



Louisiana State University
Health Sciences Center - Shreveport

Time Adjustments / Leave Application

SHREVEPORT

Employee Name: _____ Employee ID #: _____ Date: ____/____/____

Home Department: _____ Float Department: _____

TACS Time Adjustment

Requested Clock Code: _____ Adjustment Date: ____/____/____

Adjustment Time In: _____ Time Out: _____

Reason for Adjustment: _____

Application for Leave

Hours of leave requested: _____

- | | |
|-----------------------|-------------------------|
| _____ Annual Leave | _____ Sick Leave |
| _____ Civil Leave | _____ Educational Leave |
| _____ Maternity Leave | _____ Leave Without Pay |
| _____ Special Leave | _____ Military Leave |

For the period beginning: ____/____/____ Time: _____ AM PM

For the period Ending: ____/____/____ Time: _____ AM PM

If a Physician Certificate is required, please attach.

Signature of Employee

Supervisor / Manager / Department Head Signature

Timekeeper Signature