



SOUTHERN UNIVERSITY SYTEM SPECIAL LEAVE REQUEST FORM

Employee Name: _____ Employee 'S' #: _____

Employee Department: _____

Governor John Bel Edwards has authorized special leave for employees impacted by the 2016 Great Flood. The maximum amount of special leave that can be requested is up to five working days.

Instructions

1. This form must be signed by your Supervisor and HR before Special Leave is taken.
2. Special leave cannot be substituted for past leave already taken.
3. Special leave should be entered as Emergency Leave on Banner webtime.

A. General Information

1. Special leave requested for:

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Total hours of special leave requested: _____

B. FEMA number

What is your FEMA number? _____

C. Contact information

Cell phone number (_____) _____.

Home address impacted by the flood.

Employee signature _____ Date _____

Supervisor signature _____ Date _____

HR Signature _____ Date _____