

FACULTY PERSONAL DAY

Employee Name:

Date(s) of requested personal day:
(Limit of two days per academic year)

Reason for personal day:

I have given my supervisor at least twenty-four (24) hours notice prior to taking this leave. I understand that my accrued sick leave will be deducted for personal days as provided by R.S. 17:3312(b).

Employee: _____ Date

Dean: _____ Date _____

Vice Chancellor for Academic Affairs: _____ Date _____

Approved _____

Disapproved _____

Appointing Authority: _____ Date _____