



**Louisiana State University  
Health Sciences Center - Shreveport**

**Time Adjustments / Leave Application**

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Home Dept: \_\_\_\_\_ Float Dept: \_\_\_\_\_

**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 Physician Certificate is required, please attach.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor/Manager/Dept. Head Signature

\_\_\_\_\_  
Timekeeper Signature