

LSUHSC Department of Physiology

Request for Leave - Postdoctoral Fellows

SECTION I. TO BE COMPLETED BY POSTDOCTORAL FELLOW AND SUBMITTED TO SUPERVISOR

Postdoctoral Fellow's name (print): _____

Dates of requested absence: From _____ To _____

Leave designation: **short-term absence (2 weeks or less)** **leave of absence (over 2 weeks)**

Check short-term absence or leave of absence and reason for request.

personal illness/injury

death in family

personal leave (vacation)

other (explain)

personal serious health condition

care for an immediate family member with a serious health condition

childbirth or adoption

other (explain)

Postdoctoral Fellow's signature: _____ Date: _____

I certify that the information provided as part of this request is true, accurate, and complete. I acknowledge receipt of the leave policy, and this request is in compliance with the graduate student leave guidelines.

SECTION II. TO BE COMPLETED BY SUPERVISOR (In the absence of the supervisor, the department head would be considered the supervisor)

ACTION:

Approved

Not Approved. Comments (or attach explanation):

Continue stipend _____

Discontinue stipend during dates of absence _____

Supervisor's signature: _____ Date: _____

T32 program director's signature: _____ Date: _____

The postdoctoral fellow's supervisor must approve the leave request. T32-supported trainees must also obtain approval from the T32 program director. Upon approval, the postdoctoral fellow must submit the form to the appropriate office staff.

Comments: