

LSAG Request Form



LOUISIANA
**DEPARTMENT OF
HEALTH**

Instructions

Special Leave Act of God (LSAG) may be granted on a case-by-case basis to the affected employee. This form must be completed by the employee requesting LSAG and submitted to their supervisor. It must also include documentation of the situation preventing an employee from working if the particular circumstance is not specifically covered in the guidance provided by Human Resources. For example: photos of damaged home, notifications of power outages, or any documents that can be verified and support the reason for LSAG request.

Employee Information

Name of Employee	<input type="text"/>	Date of Request	<input type="text"/>
	<input type="text"/> Event, if Applicable	Personnel Number	<input type="text"/>
Employee Work Domicile	<input type="text"/>	Documents included	<input type="text"/>
Requested Reason for LSAG	<input type="text"/>		
Reasons why LSAG was Approved/Denied	<input type="text"/>		

Dates requested

Times requested

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Supervisor Recommended Yes No

AA Approved AA Denied

AA Signature

Name

Signature of Appointing Authority

Name of Appointing Authority (print)

Date of Signature

Month

Date

Year