



DEPUTY SHERIFFS' SUPPLEMENTAL PAY BOARD

Members:

Gary Bennett
Louisiana Sheriffs' Association

John Fleming, MD
State Treasurer

Taylor F. Barras
Commissioner of Administration

LEAVE OF ABSENCE APPROVAL FORM

Name: _____

Social Security Number (last 4 digits): _____

Period of absence: From _____ To _____

Reason for leave of absence:

Sheriff - Signature

Parish

Date

Medical - attach doctor's statement/upon return attach doctor's release to work statement

Military - attach copy of military orders/upon return attach copy of military discharge papers

Budgetary Cutback - attach sheriff's letter/upon return attach sheriff's letter with date of return