

LEAVE WITHOUT PAY (LWOP) REQUEST FORM

Note: A request for LWOP must be approved in advance. All vacation and compensatory time (if applicable) must be exhausted prior to LWOP commencing. Any LWOP absence may affect medical premiums and/or eligibility for health insurance. Do not use this request for Family Medical Leave absences.

EMPLOYEE: _____ **TITLE:** _____ **Employee ID:** _____
(please print)

DEPARTMENT: _____ **EXT:** _____ **MS:** _____

DATES OF REQUESTED LEAVE		
<p style="text-align: center;">Structured Time Off</p> <p>From _____ months _____ hours per week</p> <p>To _____ months* _____ hours per week*</p> <p>Start Date: _____ End Date: _____</p>	OR	<p style="text-align: center;">Sporadic Time Off</p> <p>_____ Days per year* or _____ Hours per year*</p> <p><i>Provide schedule of dates for unpaid absences</i></p>

JUSTIFICATION (To be completed by employee - please provide reasons for request):

SUPERVISOR SECTION

Please provide details on how work will be accomplished is leave is approved:

APPROVAL SECTION

	[]	Approved	[]	Disapproved
Supervisor <i>(print name and sign)</i>				
Title				
	[]	Approved	[]	Disapproved
Dean/Director <i>(print name and sign)</i>				
	[]	Approved	[]	Disapproved
Human Resource Services Rep <i>(print name/sign)</i>				
Title				

Instructions: Forward completed request to HR once supervisor/Dean/Director have authorized for processing. HR will disburse final request action to: