Employee Leave Without Pay (LWOP) Request

In accordance with the Employee Handbook, an Appointing Authority may approve requests for a short-term leave without pay of up to four weeks. Employees desiring an extended leave without pay (greater than four weeks) must complete this form and submit it to the immediate supervisor. **The request must then be received by the responsible Vice-President and the Director for Human Resources at least ten days prior to the beginning of the proposed leave and be approved by these two people before the leave may be granted.**

Name: _____ _____ Date of Request: _____
Last First

Department: _____ Position Title: _____

I hereby request an extended leave of absence without pay for the period beginning _____
MM/DD/YY

through _____ . I will return on _____. Total #LWOP work days:_____
MM/DD/YY MM/DD/YY

Reason for request:

I understand that:

- All compensatory time and accrued vacation must be used before LWOP. All accrued sick leave also must be used before LWOP for medical reasons unless I am receiving a Temporary Total Disability benefit from Workers' Compensation.
- Sick leave and vacation credits are not earned during LWOP.
- I will likely lose eligibility for health and dental insurance and be offered COBRA coverage for which I would be responsible to pay. When I return to work, I will need to re-enroll in employee coverage.
- My life insurance and long term disability insurance will end unless I choose to convert them to an individual policy.

_____ _____
Employee signature Date

The requested LWOP is approved with the understanding that the employee (check one) ____ will ____ will not be reinstated to the same or comparable position within the department.

_____ _____
Supervisor signature Date

_____ _____
Appointing Authority signature Date

_____ _____
Vice President signature Date

_____ _____
Director for Human Resources signature Date

NOTE: Please return the completed form to the Human Resources Department. Revised 2/6/13