

## LEAVE WITHOUT PAY (LWOP) REQUEST FORM

Note: A request for LWOP must be approved in advance. All applicable leave time must be exhausted prior to LWOP commencing. Any LWOP absence may affect medical premiums and/or eligibility for health insurance. All LWOP (including Workers Compensation Total Temporary Disability) will affect awarded accrual rates per Employee Handbook section 1.3.1. Employees hired after July 1, 2015, who are on Workers Compensation Total Temporary Disability will earn accruals prorated based on actual hours worked regardless of applicable accrual balances. Do not use this request for Family Medical Leave absences.

**EMPLOYEE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
(please print)

**DEPARTMENT:** \_\_\_\_\_ **SUPERVISOR NAME:** \_\_\_\_\_

DATES OF REQUESTED LEAVE	
<p style="text-align: center;"><b>Structured Time Off</b></p> <p>1<sup>st</sup> Day off Date: _____</p> <p>End Date: _____</p> <p>Return date: _____</p>	<p>Current Sick Accrual Amount _____</p> <p>Current Vacation Accrual Amount _____</p> <p>Supervisor Initials that are accurate. _____</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**

_____		<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Disapproved</b>
<b>Supervisor</b> (print name and sign)	<b>Title</b>		
_____		<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Disapproved</b>
<b>Department Director</b> (print name and sign)	<b>Title</b>		
_____		<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Disapproved</b>
<b>Human Resource</b> (print name/sign)	<b>Title</b>		

Instructions: Forward completed request to Division Director for processing.