

**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

From _____ months _____ hours per week		
To _____ months*		