

Application for Approval of Leave Without Pay

Please utilize this form for requesting Leave Without Pay. This form is to be completed, submitted, and approved in advance of requested Leave Without Pay.

Date of Request: _____
Employee Name: _____ Employee ID: _____
Department: _____ Email Address: _____
LWOP Start Date: _____ LWOP End Date: _____
Total LWOP Hours Requested: _____

Reason for Leave Without Pay

Explanation of How Your Duties Will Be Covered During Your Absence

Check if relevant documentation is attached.

I hereby certify that the previous statements are true and correct.

Signature Date

Approved Denied

Explanation is Disapproved

President/CEO Signature Date