UNIVERSITY OF HAWAI'I

TO: Civil Service
Office of Human Resources

Date: _____

SUBJECT: **Leave of Absence Without Pay (LWOP)**

This is a request to initiate the appropriate Payroll Notification Form (PNF) and process to UH Payroll to take the following action:

____ Designate and return the employee from LWOP.
____ Designate the employee on LWOP with no return date.
____ Return the employee from LWOP.

College / School / Department / Institute / Office: _____
Name of Employee: _____
Position Number: _____
Class Title: _____
Rank (SR / BC / WS etc.) _____ BU: _____

Work Week Schedule: _____ To: _____ Payroll Number: _____
Work Hours: _____ To: _____ Payroll Distribution Code: _____

Effective From: _____ **To:** _____. In accordance with the respective collective bargaining agreements, the LWOP shall end the day before the 1st working day that an employee reports to work.

(*Note: If employee is to be placed on LWOP for a **partial day**, you **must** specify the number of hours / minutes and date to be charged LWOP. Also, indicate if employee's return date is **partial day LWOP**.*)

Date: _____ Hours / Minutes of LWOP: _____
Date: _____ Hours / Minutes of LWOP: _____

Employee should be returned to active payroll status effective _____ [Please indicate date and time. If date of return is a holiday, insert (holiday) after date]. Attach a copy of the UH Form 1 – Application for Leave of Absence.

Employee's LWOP is: (must check one) ____ Authorized ____ Unauthorized

Reason for LWOP: (check appropriate choice)

____ Health
____ Family leave
____ Personal business of an emergency nature
____ Extend an annual vacation leave
____ Child or pre-natal care
____ Care for immediate family member who ill or injured
____ Care for parents, spouse, children and/or grandparents who are unable to perform ADL
____ Militarv
____ Other: _____

I certify that all statements herein are true and correct to the best of my knowledge and in accordance with all applicable provisions of the collective bargaining unit agreement, state personnel policies and procedures, etc.

Recommend by: _____ _____
Signature of Supervisor Date

Approve / Disapprove: _____ _____
Signature of Authorized Representative Date

Acknowledge Receipt: _____ _____
Office of Human Resources Date

Revised: June 8, 2006