NOVA | Northern Virginia Community College

Form 105–038
Rev. 02/14

Leave Without Pay (LWOP) Notification

Employee Name: _____ EMPLID: _____

Division/Department: _____ Supervisor Name: _____

Campus (check the appropriate location): ☐ AL ☐ AN ☐ CS ☐ LO ☐ MA ☐ MEC ☐ WO

Date(s) LWOP Used:
(Please list each date separately)

Number of Hours:

_____ _____

_____ _____

_____ _____

Reason for LWOP: _____

_____

By signing below, I understand that this form must be completed and submitted to Human Resources as soon as LWOP is taken, prior to the end of the pay period in which it is taken.

_____ _____
Employee Signature Date

Immediate Supervisor Action:

☐ Approve ☐ Deny (state specific reasons for denial)

Comments: _____

_____

_____ _____
Supervisor Signature Date

If you have any questions or need assistance, please contact *AskHR@nvcc.edu.*