

University of Maryland
Request for Leave of Absence Without Pay (LWOP)
Of More Than 30 Days

Name of Department: _____ **Date:** _____

Name of Employee: _____

UID#: _____

Specify Reason for Leave Without Pay (Illness, Study, Personal Reason, or Other Reason)

Beginning and Ending Dates of LWOP: _____

Date: _____ **Employee Signature:** _____

Recommendation of Department Chairperson:

Approved ☐

Disapproved ☐

Date: _____ **Signature:** _____

Action of Director of University Human Resources:

Approved ☐

Disapproved ☐

Date: _____ **Signature:** _____

Note: Forward approved form to the Employee Benefits Office, University Human Resources, 1101 Chesapeake Bldg. for Director of UHR's approval.

To provide for the continuation of fringe benefits such as Retirement System and Health Insurance While on LWOP, the employee should contact University Human Resources Benefits Section, ext. 55654, for instructions.

Reinstatement rights for Classified Employees will be accordance with provisions of the Personnel Practices for Classified Employees of the College Park Campus, Section 7, "Leave Without Pay."