

LWOP Status Change Form

Date: _____

When an employee is in a nonpaid status for more than five workdays, the agency is required to notify the Department of Human Resources using this form. See Rules & Regulations section 8.7 for more information on Leave Without Pay.

Employee name

Employee #

Supervisor name

Department

Timekeeper name

- This request is for Leave Without Pay – Family Medical Leave (FML)

Effective date (first day using Leave Without Pay – FML): _____

Estimated return to work date: _____

- This request is for Leave Without Pay (LWOP)

Effective date (first day using LWOP): _____

Estimated return to work date: _____

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- This request is for Return to Work from Leave Without Pay -FML:

Actual return to work date: _____

- This request is for Return to Work from Leave Without Pay (LWOP):

Actual return to work date: _____

- This request is for Return to Active Assignment status from Leave Without Pay (LWOP) status:

Employee remains out of work, but began using paid leave on: _____

Agency Head (or designee) Approval

Date

HR signature

Date