



Stephen F. Austin State University Leave Without Pay Form

This form is to be used whenever an employee goes into a Leave Without Pay status. The form should be submitted as soon as the department is made aware an employee will exhaust all paid time. Any questions regarding the use of this form should be directed to Becky Garrett, ext. 1288.

Name of Employee

Position Number

Campus ID#

Title

Department

Shift

Supervisor

Start Date(s) of Absence	Return to Work Date <small>(if return date is not known – put "Unknown")</small>	Total Hours <small>(time should be converted to hundredths from minutes) Example: 45mins/60 = .75</small>
<u>Select all that apply:</u> <input type="checkbox"/> Begin LWOP <input type="checkbox"/> Return from LWOP <input type="checkbox"/> FMLA <input type="checkbox"/> Suspension <input type="checkbox"/> Other		

Explanation of Leave Without Pay:

Routing:

Originator

Date

Department Head Approval

Date

Dean (if applicable)

Date

Human Resources

Date

HR Use Only

Dock Pay
 Status Change
 Sick Leave Pool
 LWOP w/Benefits
 LWOP w/o Benefits
 Send to Benefits
 Other

Comments:

Date Sent to Leave Admin: