Stephen F. Austin State University
Leave Without Pay Form
Presidential Approval

This form is to be used whenever an employee goes into a Leave Without Pay status with a **duration of MORE than 5 working days or when multiple intermittent Leaves Without Pay are requested** and Family Medical Leave/Sick Leave Pool has not been approved by the Human Resources Department. For questions regarding this form, contact Human Resources, ext. 2304.

| Name of Employee | Campus ID# | Position Number |

| Title | Department |

| Shift | Supervisor |

Start Date(s) of Leave Without Pay	Return to Work Date (if return date is not known, put "Unknown")	Total Hours (time should be converted to hundredths from minutes) Example: 45 mins/60 = .75

Select all that apply: ☐ Begin LWOP   ☐ Return from LWOP   ☐ Suspension   ☐ Other

Explanation of Leave Without Pay:

Routing:

		Approve	Deny
Originator	Date	☐	☐
Department Head	Date	☐	☐
Dean (if applicable)	Date	☐	☐
President	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: _____