



Stephen F. Austin State University

Leave Without Pay Form

Departmental Approval

This form is to be used whenever an employee goes into a Leave Without Pay status with a **duration of 5 working days or less or that has been approved for Family Medical Leave/Sick Leave Pool by the Human Resources Department**. The form should be submitted as soon as the department is made aware an employee will exhaust all paid time. 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 Absence	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 ☐ FMLA ☐ Suspension ☐ Other

Explanation of Leave Without Pay:

Routing:

		Approve	Deny
_____ Originator	_____ Date	<input type="checkbox"/>	<input type="checkbox"/>
_____ Department Head	_____ Date	<input type="checkbox"/>	<input type="checkbox"/>
_____ Dean (if applicable)	_____ Date	<input type="checkbox"/>	<input type="checkbox"/>
_____ Human Resources	_____ Date	<input type="checkbox"/>	<input type="checkbox"/>

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: _____