

UNIVERSITY OF HAWAII

REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY

This is a request to initiate the appropriate Payroll Notification Form (PNF) and process to UH Payroll to take the following action:

- ☐ Designate and return the employee from LWOP.
- ☐ Designate the employee on LWOP with no return date.
- ☐ Return the employee from LWOP.

EMPLOYEE INFORMATION

College /School /Department /Institute /Office: _____

Name of Employee: _____ Employee ID: _____

Class Title: _____ BU: _____

Position Number: _____ Payroll Number: _____

Work Week Schedule: _____ to _____ Work Hours: _____ to _____

LEAVE OF ABSENCE REQUEST

(Note: If employee is to be placed on LWOP for a partial day, specify the number of hours / minutes and date to be charged LWOP.)

Effective Date of LWOP: _____

Hours/Minutes of LWOP (if partial day): _____ First Day ___ On Going

Effective Date to Return to Active Payroll Status: _____

Hours/Minutes of LWOP (if partial day): _____

[If return date is a holiday, indicate holiday.]

Holiday: _____

Reason for LWOP: (check appropriate choice)

- | | |
|---|--|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Military Service |
| <input type="checkbox"/> Personal Reasons | <input type="checkbox"/> Unauthorized Absence |
| <input type="checkbox"/> Disciplinary (i.e. Suspension) | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Family Leave* (birth of child, to care for a seriously ill family member, or personal illness) | |

*must be reviewed and approved according to UH Family Leave Procedures

LEAVE OF ABSENCE APPROVAL

I certify that all statements herein are true and correct to the best of my knowledge and in accordance with all applicable provisions of the collective bargaining unit agreement, state personnel policies and procedures, etc.

Recommend by: _____

Date: _____

Approve / Disapprove: _____

Date: _____