

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 Policies and Procedures 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 (**LWOP**)

Effective date (first day using LWOP): _____

Estimated return to work date: _____

- This request is for Leave Without Pay – **Family Medical Leave (FMLA-LWOP)**

Effective date (first day using FMLA-LWOP): _____

Estimated return to work date: _____

- This request is for Leave Without Pay – **Military Leave (LWOP-MIL)**

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

Estimated return to work date: _____

- This request is for Return to Work from Leave Without Pay (LWOP, FMLA-LWOP or LWOP-MIL)

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