

Name	Employee ID	Date
Title		Hire Date
Department		

## Reason for Leave of Absence without Pay

State specifically the purpose(s), institution(s) to be attended, degree(s) to be sought, if any, and other appropriate information.

LWOP Beginning Date	LWOP Ending Date

By signing below I acknowledge:

- 1) A request for leave of absence without pay cannot be granted for a period of greater than six (6) months.
- 2) If an unpaid leave of absence is granted to me as an Employee of the University, I agree to return to my employment at the end of the approved leave period. If I fail to return at that time, my employment with the University can be terminated.
- 3) Retention of Fringe Benefits I understand that in order to retain my fringe benefits, including but not limited to any group insurance plan I participate in as an employee of Arkansas State University, while I am on leave of absence without pay, it is my responsibility to pay the entire premium associated with my participation and to contact the Office of Human Resources regarding payment procedures. I also understand that if I do not retain my fringe benefits, I will be required to provide evidence of insurability at my expense and make application to the insurance companies.

Aı	oplicant Signature:	Date:	
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Name	Employee ID	Date

## To ensure equitable treatment of employees, Human Resources will make a final decision in conjunction with the Vice Chancellor for the applicable Division. Human Resources will notify the employee of the final determination once a final determination has been made.

## **APPROVALS**

PLAN OF ACTION for coverage of the duties and responsibilities related to the applicant's position during the leave of absence period.

I approve this request.	I do not support this request.		
Supervisor or Department H	ead	Date	
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$\Box$ I approve this request .	I do not support this request.		
Dean		Date	
$\Box$ I approve this request .	I do not support this request.		
Vice Chancellor		Date	
□ I approve this request .	I do not support this request.		
Human Resources Represen	tative	Date	