



APPLICATION FOR LEAVE OF ABSENCE WITHOUT PAY (LWOP)

Table with fields: 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.

Table with columns: 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.
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...

Applicant Signature: _____

Date: _____

Name	Employee ID	Date
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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 Head	Date
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I approve this request . *I do not support this request.*

Dean	Date
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I approve this request . *I do not support this request.*

Vice Chancellor	Date
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I approve this request . *I do not support this request.*

Human Resources Representative	Date
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