Leave Without Pay (LWOP) and/or Deduct Days Request Form 2024-2025

RETURN COMPLETED FORM TO:
Attn: Business Office-Payroll
Schuylkill Intermediate Unit #29
17 Maple Avenue
P.O. Box 130
Mar Lin, PA 17951
Phone: 570-544-9131
Fax: 570-544-2169

Per School Board Policy: #334:
Leave without pay (LWOP) requests and/or deduct days are a result of the employee exhausting all available leave and requesting an absence from work for a non-qualifying event. FMLA or an injury covered by a workman's compensation would be considered qualifying events.

All leave without pay requests **MUST** be submitted in advance to the supervisor and are subject to Board approval. All LWOP requests not requested in advance will be denied unless extenuating circumstances exist and the leave is ratified by the Board of Directors.

If the LWOP request is approved, the employee shall reimburse the employer for the cost of all medical benefits on a per diem basis for any day the employee is absent without pay. Such reimbursement may be accomplished by a deduction from the employee's pay as per Business Office procedures.

If the LWOP is not approved and the employee is absent from work, the employee shall reimburse the employer for the cost of all medical benefits as described above and the employee may be subject to other disciplinary action for being absent from work without permission.

Employee Name:	Date:	
Program/Position:	☐ Schuylkill IU #29 ☐ Schuylkill Tech. Center	☐ Full-Time ☐ Part-Time
Dates Requested for LWOP:		
Detailed Explanation for LWOP Request:		

I understand the Business Office will reduce my pay for the above leave without pay date(s). In addition, the Business Office will deduct from my pay the cost of medical benefits in accordance with the approved policy.

Employee Signature ____________________ Date ____________

Supervisor Signature ____________________ Date ____________

Executive Director Signature ____________________ Date ____________

Business Office Use Only (Full-Time Employees Only):

Full-Time Employee Total Salary Reduction	Salary:		Benefits:
Medical Benefit Deduction	☐ Single: $69.48	☐ Two-party: $138.98	☐ Family: $173.70
Payroll Specialist Signature and Date:			