Voluntary Leave Without Pay Request

Name: _____EID:_____

Date(s) Requested: _____ Work Location: _____

Reason for Request:

_____
_____
_____
_____
_____
_____

Employee Signature: _____Date:_____

Supervisor Signature: _____ Date: _____

Human Resources Signature: _____Date: _____

_____ Approved **_____ Denied**

If denied, reason for denial:

_____
_____
_____
_____

Voluntary LWOP form must be submitted at least 7 work days prior to requested absence.
Please submit to Joseph Hernandez for HR Approval