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LEAVE WITHOUT PAY (LWOP) REQUEST

Per FS Performance Standard #006 & BoR policy 04.06.147: LWOP is a discretionary benefit that may be granted for a variety of reasons. An employee may request LWOP for **up to 10 working days per calendar year** (excluding Hard Closure) with approval by the AVCFS. A request for LWOP **over 10 working days per calendar year** (excluding Hard Closure) requires approval by the Chancellor or his designee.

Note: LWOP that exceeds 10 working days in a calendar year (including LWOP taken during Hard Closure) will affect your retirement date. Please speak with UAF HR for questions regarding your retirement at 474-7700.

Employee Name: _____ **Supervisor Name:** _____
UA ID Number: _____ **Department:** _____

Please list all leave to be used in conjunction with LWOP.

Leave Type	Start Date	End Date	# of Days

**Reason for
 LWOP
 Request:**

Employee Signature: _____ **Date:** _____

****STOP** Please turn into FS HR for processing. **STOP****

Sick Leave	Annual Leave	Personal Day	LWOP (CY)	FS HR Initial

FS HR Only: Please provide current leave balances and LWOP used this calendar year.

APPROVALS: Please see reverse side for approval and comment sections.

If at any level this request is denied; please return the request to the employee with written explanation for denial.

Approved
 Denied Supervisor Signature: _____ Date: _____

Reason for approval or denial:

Approved
 Denied Director Signature: _____ Date: _____

Reason for approval or denial:

Approved
 Denied AVCFS Signature: _____ Date: _____

Reason for approval or denial:

Approved
 Denied Vice Chancellor Signature: _____ Date: _____

Reason for approval or denial: