



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 474-7 00.

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:

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	
Den. BC	