Request for Leave of Absence Without Pay (LOAWP)

PLEASE COMPLETE AND RETURN THIS FORM 30 DAYS IN ADVANCE OF LEAVE IF POSSIBLE

EMPLOYEE INFORMATION

Employee Name (First, Middle Initial, Last)			Employee ID #
Home Address	**City**	**State**	**Zip**
Job Title / Department	**Telephone Number** HOME CELL		

ABSENCE INFORMATION

Within any twelve month period, no more than two (2) occurrence of LOAWP may be approved. Employees may not exceed the cumulative total of six (6) weeks. A leave may not be requested on an intermittent basis.

Requested Start Date:	Anticipated Return Date:
Number of Weeks Approved in the last 12 Months:	**Date of Last LOAWP Request:**

REASON(S) FOR LEAVE OF ABSENCE

EMPLOYEE ILLNESS (MEDICAL)	EDUCATION (NON-MEDICAL)	
FAMILY ILLNESS (MEDICAL)	PERSONAL (NON-MEDICAL)	

If leave request is medically related, a medical certification form must be returned to human resources.

PAID LEAVE AVAILABLE

I request to use the following leave categories:

Type	Number of Hours	Dates: From	Through
Sick Leave			
Vacation			
Leave w/o Pay			

PROCESSING INSTRUCTIONS

	Employee requests supervisor approval if leave is a non-medical request.
	If leave request is medically related, employee returns LOAWP form directly to human resources with completed medical certification attached. Medical requests that meet Family and Medical Leave (FML) or American with Disabilities (ADA) requirements do not need supervisor approval.
	Employee is required to pay 100% of the premium rates for health, dental and life insurance benefits including any portion that Forsyth County now pays on an employees' behalf) for any pay period in which no hours worked or paid.
	If LOAWP approved by the department, attach a status report to this form and return to the Human Resources Department.
	The Human Resources Department notifies employee of decision for medically related LOAWP request.

Employee Signature:	**Date:**
Supervisor Signature: (If applicable)	**Date:**
Department Director Signature: (If applicable)	**Date:**

DECISION

Human Resources Representative Signature (if applicable):	☐ APPROVED ☐ DENIED