UNIVERSITY OF HAWAI'I

TO:	Civil Service Office of Human Resources		Date:		
SUBJECT:	Leave of Absence Without Pay				
This is a requ	est to initiate the appropriate Payroll 1	Notification Form (PNF) an	nd process to UH Payroll to ta	ke the following action:	
	Designate and return the employee from LWOP with Return the employee from LWOP.				
Name of Emp Position Num		-			
Class Title: Rank (SR / Bo	C / WS etc.)	BU:	<u> </u>		
Work Week S Work Hours:	Schedule:	To:	Payroll Number: Payroll Distributi	on Code:	
Effective Fro	e bargaining agreements, the LWOP s	To: hall end the day before the	. In accordance 1st working day that an emplo	ce with the respective byee reports to work.	
charged I	employee is to be placed on LWOP fo LWOP. Also, indicate if employee's r Date: Date:	Hours / Minutes of LWC Hours / Minutes of LWC	(WOP.) OP: OP:		
If date of ret	ould be <u>returned to active payroll s</u> urn is a holiday, insert (holiday) aft	er date]. Attach a copy of	the UH Form 1 – Application	of Absence.	
Employee's I	LWOP is: (must check one)	Authorized	Unauthorized		
Reason for LWOP: (check appropriate choice) Health Family leave Personal business of an emergency nate Extend an annual vacation leave Child or pre-natal care		Care f ture who a Milita	<u> </u>		
	hat all statements herein are true and the collective bargaining unit agreement			vith all applicable	
Recommend b	oy:				
		Signature of Supervisor		Date	
Approve / Disapprove:		Signature of Authorized Representative		Date	
Acknowledge	Receipt:	Office of Human Resou	***************************************	Data	
		Office of Human Resolu	rces	Date	