

REQUEST FOR LEAVE WITHOUT PAY

Employee No. : _____ Name : _____

Position Title : _____ Employment Date : _____

Type of Contract : _____ Expiration Date : _____

Department : _____ Cost Center : _____

I hereby request a leave without pay as follows:

Beginning Date : _____ Ending Date : _____

Reason for the leave : _____

I understand that I can not cancel my leave without the approval of the University Administration and that :

- If I fail to return to work without prior notification within five working days after the expiration of my leave, I shall be considered to have voluntarily resigned, and thus forfeit continuous service and benefits.
- After returning from my leave, I may be reinstated to a position other than the one I held prior to the leave, but with comparable salary and level.
- After the approval of my leave, I must make arrangements with the Human Resources Office at least one week before starting the leave as to whether to continue social insurance and other benefits by direct payments or not.
- In case that the effective date of returning from the LWOP is a weekend or an official holiday, the starting date of work will be considered on the first working day (following the holiday) where the staff has actually assumed work.

Employee Signature : _____ Date : _____

Before signing the leave, please make sure that the employee has completed the required service period qualifying him for the leave as indicated below : *

<p><i>FOR HR STAFF USE ONLY:</i></p> <p>Employment Date : _____</p> <p>Comments of HR Director : _____</p> <p>Date : _____</p>
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Approvals :

Dept. Chair/ Administrative Director
Approval : _____ Date : _____

Dean of School/ Area Head:
Approval: _____ Date : _____

- * A. LWP in compliance with the labor law :
- I) Military Service = no service required
 - ii) Child Care = 6 months service

- B. LWP for other reasons :
- i) One year = 5 years service
 - ii) Six months = 3 years service
 - iii) One month = 1 year service