



Stephen F. Austin State University Leave Without Pay Form

This form is to be used whenever an employee goes into a Leave Without Pay status. The form should be submitted as soon as the department is made aware an employee will exhaust all paid time. Any questions regarding the use of this form should be directed to John Wyatt at ext. 4075.

Name of Employee

Position Number

Campus ID#

Title

Department

Shift

Supervisor

Start Date(s) of Absence	Return to Work Date	Total Hours
01/06/2011	01/08/2011	16.00

Explanation of Leave Without Pay:

Routing:

Originator

Date

Department Head Approval

Date

Dean (if applicable)

Date

Human Resources

Date

HR Apply

Date

Payroll Office

Date