LWOP Status Change Form

When an employee is in a nonpaid status for more than five workdays, the agency is required to notify the Department of Human Resources (HR) using this form. See Policies and Procedures section 8.8 for more information on Leave Without Pay. Please email completed form to HR at wit018@henrico.gov.

Employee Information

Employee Name _____ Employee Number _____

Supervisor Name _____ Department Name _____

Starting Leave

Please select Leave Without Pay type that the employee is starting and fill in the effective date and estimated return to work date.

◉ *This request is for Leave Without Pay* ***(LWOP)***

- *Effective date (first day using LWOP):* _____
- *Estimated return to work date:* _____

❍ *This request is for Leave Without Pay –* ***Family Medical Leave (FMLA LWOP)***

- *Effective date (first day using FMLA-LWOP):* _____
- *Estimated return to work date:* _____

❍ *This request is for Leave Without Pay –* ***Military Leave (LWOP-MIL)***

- *Effective date (first day using Leave Without Pay – MIL):* _____
- *Estimated return to work date:* _____

Return to Work

After the employee has returned to work, please submit the date of return.

❍ *This request is for Return to Work from Leave Without Pay* (LWOP, FMLA-LWOP or LWOP-MIL)

- Actual return to work date: _____

Approval Signatures

Agency Head (or designee) Approval Date: _____

HR signature Date: _____