



Leave Without Pay Application
for all 12-month employees of UNC Charlotte

*(Complete this and submit this to your supervisor for a determination.
The completed form should then be submitted to the Benefits office.)*

TO BE COMPLETED BY EMPLOYEE (Please Print or Type)	
Name:	Department:
Employee ID Number:	Supervisor:
Home Phone:	Supervisor's Campus Phone:
1. Reason for Request: 	2. Supervisor's Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied 3. Type of Leave Without Pay: <input type="checkbox"/> Medical (including Extended STD) <input type="checkbox"/> Personal <input type="checkbox"/> Other: _____
4. Duration of Leave Without Pay: 4a. Date Leave Begins _____ 4b. Anticipated Date of Return _____	
5. Terms of Leave Requests for leave without pay from employees must be submitted in writing through the appropriate supervisor to the Benefits Office. Approval of an employee's request for leave without pay requires the favorable recommendation of the appropriate supervisor as determined by the department/office head. Factors to be considered by the supervisor when responding to individual requests for leave without pay are: employee's need for leave; workload; ability to fill the position during the employee's absence; willingness to reinstate the employee; and chances of employee returning to work. The supervisor must administer leave without pay in a manner that is equitable to all employees within the work unit. If the supervisor recommends approval of the request, the Benefits Director/Manager will inform the employee of (1) their benefit entitlements during leave without pay and (2) obligations regarding return to work. These matters must be discussed with the employee before leave without pay is approved. Upon final approval of the request for leave without pay, the Benefits Manager/Director will notify the employee and supervisor in writing. Employees returning to work from leave without pay must meet with the Benefits Office before returning to work status. For more detailed terms of leave without pay please refer to PIM 5 a copy of which is available upon request.	

Employee Signature: _____ Date: _____
