



Supervisors record Leave Without Pay (LWOP) within the current month the LWOP occurs.

- Submit all LWOP for a single month for an employee on one form, not multiple forms.
- **Do not use the LWOP code in WyoCloud HCM.**
 - A manual adjustment will be made to the employee’s pay after the form is received and processed by HR and Payroll.
- Please complete this form and email to Christian Carter at ccarter8@uwyo.edu.

DEADLINE FOR THIS FORM TO BE RECEIVED IN HR BENEFITS OFFICE IS THE 15TH OF THE MONTH.

Employee Name: _____

Employee ID #: _____

Position #: _____

Reason for LWOP: _____

Is all available applicable leave time posted to the hundredth decimal? In not, post the time in WyoCloud HCM. *Attach any relevant documents, time / leave reports.*

Last day employee worked: _____

Was this a partial day? ___ Yes ___ No | If yes, how many hours: _____

Start date of LWOP: _____ End date of LWOP: _____

Total Hours of LWOP: _____

Comments and Details: _____

Supervisor Name (Print)

Phone

Supervisor Signature

Date

Christian Carter, Benefits Specialist

HR: Is time posted?