

# Leave With Pay (LWP) Request

In accordance with Presidential Directive 4-2004-2, revised March 3, 2016, employees desiring to take emergency leave with pay must submit a written request to their supervisor. If the request is approved by the supervisor, this form will be completed by the Appointing Authority and sent to the Department of Human Resources.

Emergency leave with pay (up to two weeks) may be granted when the following conditions are met:

- i. No other leave is available to use, including Family and Medical Leave, sick leave, and vacation, and the situation can reasonably be considered an emergency. Each request will be reviewed separately.
- ii. The individual has been employed for a minimum of one (1) year.
- iii. The leave would be in the best interest of the employee and the University.

Employee Name: \_\_\_\_\_  
Last First

Department: \_\_\_\_\_ Position Title: \_\_\_\_\_

The leave with pay requested is for the period beginning \_\_\_\_\_ through \_\_\_\_\_  
MM/DD/YY MM/DD/YY

Total Number of Work Days: \_\_\_\_\_

Justification/Reason for Request:

\_\_\_\_\_  
Supervisor Date

\_\_\_\_\_  
Appointing Authority Date

\_\_\_\_\_  
Associate Vice President for Human Resources Date