

# UW EMPLOYEE LEAVE WITHOUT PAY (LWOP) PAYROLL ADJUSTMENT FORM

Supervisors record LWOP for employees the month of, or the month after the LWOP occurs. Submit all LWOP for a single month for an employee on one form, not multiple forms. Please fill form out completely and email to David Heath, at [DaHeath@uwyo.edu](mailto:DaHeath@uwyo.edu) in Human Resources. **Do not use the LWOP code in HCM.** A manual adjustment will be done to the employee's pay after the form is received and processed by HR and Payroll.

**DEADLINE FOR THIS FORM IS THE 15<sup>TH</sup> OF THE MONTH.**

Employee Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Position #: \_\_\_\_\_

Reason for LWOP: \_\_\_\_\_

Is all available applicable leave time posted to the 2 decimal? *Attach any relevant documents, time / leave reports.*

Is this a partial day? Please check: \_\_\_ Yes \_\_\_ No

Last Day Worked: \_\_\_\_\_

**Total Hours of LWOP:**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Comments & Details: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Name (Print)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

David Heath, *Benefits and Leave Specialist*

**HR: Is time posted?**

Return to: Hill Hall 343, PHONE: 307.766.5693, [DaHeath@uwyo.edu](mailto:DaHeath@uwyo.edu) FAX: 307.766.5636