

UNIVERSITY OF HAWAII
REQUEST FOR LEAVE WITHOUT PAY (LWOP)

Name of requestor _____

Period from _____ to _____

Type of LWOP requested (see reverse side for descriptions)

_____ Professional Improvement _____ Personal Reasons

I have disclosed all sources of compensation for services while on leave (for professional improvement leaves only--may be included in narrative).

I have appended a narrative statement describing the purpose of the LWOP.

I apply for this leave with the intention of returning to service at the University of Hawaii. Should I fail to do so, the University may, at its option, assume that I have resigned my position by abandonment.

Position Title/Rank _____ Signature _____

Department/Division _____

Recommend:

Approval/Disapproval (comments if any)

A satisfactory temporary replacement can be secured.

Department/Division _____ Date _____

Approval/Disapproval (comments if any)

Dean/Director _____ Date _____

Approval/Disapproval (comments if any)

Provost (Community Colleges only) _____ Date _____

Approval/Disapproval (comments if any)

Chancellor _____ Date _____

Board of Regents _____ Date _____