



LEAVE WITHOUT PAY NOTIFICATION FORM

Complete this form prior to the beginning of any Leave Without Pay for a period of more than half the pay period.*

- Employees must be in paid status or on FMLA for at least half of the regularly scheduled work hours in a pay period to accrue leave.
- Employees are required to use sufficient leave balances each pay period to cover the cost of any insurance premiums or other appropriate deductions. See Larimer County Human Resources Policy and Procedure 331.6 (Benefits) or 331.6.24 (FMLA) for more information.

Prior to taking Personal Leave Without Pay (PLWOP) and/or FMLA Leave Without Pay (FMLA LWOP), the following steps must be taken:

- *If all paid leave balances have not been exhausted* - employee must contact Human Resources to determine number of paid leave hours required to cover premiums or other appropriate deductions.
- Employee completes "Employee Section"
- Employee forwards to Appointing Authority or designee
- Appointing Authority or designee forwards to Human Resources for action.

Short Term Disability: If you apply and are approved for short term disability, you can use vacation, comp, and holiday balances to supplement the 60% disability benefit, not to exceed 100% of your salary. Contact HR for more information. (You must complete the greater of a 2-week waiting period or exhaust your sick leave before STD benefits would be payable.)

* **Sick Leave Without Pay – complete form LCHR-14 (when all leave balances have been exhausted)**

EMPLOYEE SECTION

Employee Name: _____ Date: _____

Employee #: _____ Department: _____

Type of Leave Without Pay: Personal LWOP FMLA LWOP
Sick LWOP (when sick leave has not been exhausted)

Leave Dates: From _____ To _____
Is this less than one full pay period? Yes No

If more than one full pay period:
I need to use accrued paid leave during this LWOP: Yes No

If "Yes", please indicate how many hours of each leave will be used per pay period:
Sick _____ Vacation _____ Floating/Accrued Holiday _____ Comp Time _____

Additional Information (attach other documentation as needed):

Employee Signature _____ Date _____

APPOINTING AUTHORITY SECTION

Appointing Authority Name : _____

Appointing Authority Acknowledgement

Date

HUMAN RESOURCES SECTION

Accepted by: _____ Date: _____

Will paid leave be required to cover deductions? Yes No

No leave accruals available

***Form Purpose:** *This form is to be used for Personal, FMLA, or Sick Leave Without Pay.*

*The employee **has not exhausted** their leave balances. Employee has already requested to take leave and has supervisory approval. It's then up to the employee's discretion as to whether they want to take paid leave or LWOP. No medical certification is required as the intent of this form is only to notify the department and HR of the employee's desire to use LWOP and the leave hours they will be using to cover their benefits costs. **This is shared with the payroll rep and Benefits.***

Since this is not a request for leave, it does not require Appointing Authority approval.