



# LEAVE WITHOUT PAY NOTIFICATION FORM (LCHR-20)

Human Resources Department  
200 W. Oak St, Ste 3200  
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Phone (970) 498-5970  
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**\*Form Purpose:** *This form is to be used for Personal, FMLA, or Sick Leave Without Pay (LWOP).*

*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.***

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

Complete this form prior to the beginning of any Leave Without Pay for more than half of one 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"
- *For Non-FMLA only:* Employee forwards to Decision Maker or designee
- Decision Maker or designee forwards to Human Resources for action

## EMPLOYEE SECTION

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

UltiPro Employee #: \_\_\_\_\_ Department: \_\_\_\_\_

Requested Leave Dates: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Type of Leave Without Pay: FMLA LWOP  Personal LWOP  (requires approval)

Sick LWOP  (when sick leave has not been exhausted)

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 \_\_\_\_\_

*Continue next page...*

Additional Information (attach other documentation as needed):

\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**DECISION MAKER SECTION (Only for NON FMLA)**

Decision Maker Name: \_\_\_\_\_

Decision Maker Acknowledgement \_\_\_\_\_ Date \_\_\_\_\_

**HUMAN RESOURCES SECTION**

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Will paid leave be required to cover deductions?    No     Yes  # hours required \_\_\_\_\_

No leave accruals available