**Leave Without Pay (LWOP) Form**

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | Sarah Johnson | | |
| Employee ID | EMP-0245 | Department | Human Resources |
| Position / Title | HR Coordinator | Supervisor’s Name | Michael Reed |
| Date of Request | 07-Oct-2025 |  |  |

**Leave Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Leave Type | Leave Without Pay (LWOP) | Start Date | 14-Oct-2025 |
| End Date | 18-Oct-2025 | Total Leave Days |  |
| Reason for Leave | Family emergency | | |

**Leave Balance Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| Total Annual Leave Entitlement | 20 | Leave Taken to Date | 20 |
| Paid Leave Balance | 0 | Leave Without Pay (LWOP) Days | 5 |
| **Updated Leave Balance** | =Total Annual Leave Entitlement - Leave Taken to Date → 0 | | |

**Payroll Adjustment Section**

|  |  |  |  |
| --- | --- | --- | --- |
| Basic Salary | 3,000 | No. of LWOP Days | 5 |
| Deduction Per Day |  | **Total Deduction** |  |
| **Revised Net Pay** |  | | |

**Approvals**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Signature** | **Date** |
| Employee | Sarah Johnson |  | 07-Oct-2025 |
| Supervisor | Michael Reed |  | 08-Oct-2025 |
| HR Manager | Emily Carter |  | 09-Oct-2025 |
| Payroll Officer | John Smith |  | 09-Oct-2025 |

**Notes:**

* This form must be submitted **before the start date** of the leave, unless due to emergency circumstances.
* Payroll deductions will automatically apply based on the number of LWOP days approved.
* HR will update the employee’s leave records upon return.