

**Use this Form to report:**

- \* Exempt and Non-Exempt employees Leave Without Pay for a full calendar month or more
- \* Exempt and Non-Exempt employees for all types of Disciplinary Leave for any amount of time
- \* Faculty Development, Education or Between Term Leave for any amount of time
- \* FMLA or State Parental Leave for any amount of time
- \* Extended Military Leave for any amount of time

***It is the department's responsibility to notify the employee of the impact to their pay by issuing a copy of this form to the employee.***

Banner ID: \_\_\_\_\_ First Date of Leave Without Pay: \_\_\_\_\_

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

Department Name: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Department Phone: \_\_\_\_\_

Choose the type of Leave:

- Between Term Leave With Benefits (Summer only)
- Disciplinary Leave Without Pay and Without Benefits (Attach documentation)
- Education Leave of Absence Without Benefits
- Faculty Development Leave Without Pay and Without Benefits
- Family Medical Leave (FMLA) Without Pay With Benefits
- Personal Leave Without Pay and Without Benefits
- Illness Leave Without Pay and Without Benefits (Disability)
- Extended Military Leave Without Pay and Without Benefits
- State Parental Leave Without Pay and Without Benefits
- Extended Disability Workers Compensation Without Pay and Without Benefits

Departmental Acknowledgment:

Supervisor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Employee's Signature (optional): \_\_\_\_\_

***Upon Return Please Submit a Return from Leave Without Pay form.***

*Note to HR: NBAJOBS: If nonexempt LWOP with Benefits, place an RGH in default earnings, remove when returned.*

The completed and signed form should be delivered to: **TTU/TTUS:** MAIL: TTU Human Resource Services, Mail Stop 1093  
EMAIL: [hvs.compensation.operations@ttu.edu](mailto:hvs.compensation.operations@ttu.edu)