



KITSAP COUNTY

Request for Leave of Absence Without Pay

To be completed anytime an employee has unpaid leave **\*in excess of one shift per work day.**

Employee Name \_\_\_\_\_ Address Book No. \_\_\_\_\_ Department \_\_\_\_\_

Time off work **without pay** is requested from \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_ (actual number of hours = \_\_\_\_\_) due to the following reason: *(Appropriate documentation must be attached to request)*

- \_\_\_\_\_\*FMLA (to track by pay period for intermittent LWOP/FMLA)  
\_\_\_\_\_\*No leave available: (Explanation) \_\_\_\_\_  
\_\_\_\_\_\*Unauthorized absence \_\_\_\_\_  
\_\_\_\_\_\*Authorized - Disciplinary \_\_\_\_\_  
\_\_\_\_\_\*Authorized – Non-Disciplinary \_\_\_\_\_  
\_\_\_\_\_\*Medical - NOT eligible for FMLA or Workers' Comp benefit protection  
\_\_\_\_\_\*Military Leave Without Pay – NOTE: Dates are **NOT** adjusted.

\*Upon return, continuous service, step increment, evaluation, accrual (if necessary) and longevity dates will be adjusted to reflect time in unpaid status pursuant to the [Personnel Manual Chapter 8](#) (effective 5/11/2015)

If, as a result of leave without pay, the employee has less than the required number of days in a paid status to qualify for county-paid benefits in the affected month(s) for **NON** FMLA absences, the employee may be responsible for paying full premiums for coverage. Failure to pay required premiums will result in termination of coverage. *(However, employees on leave without pay have the option to continue any or all of their insurance coverage. In order to continue dependent coverage, the employee must also continue his/her corresponding coverage)* Contact Human Resources **immediately** if LWOP is to extend beyond **five working days** in a given month so employee can be notified of benefit options.

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

Supervisor Signature \_\_\_\_\_

Approved by \_\_\_\_\_  
Dept. Head/Elected Official Signature

\_\_\_\_\_ Date

\*\*\*\*\*To be completed by Human

Resources\*\*\*\*\*

The actual dates of leave without pay were from \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_ ; number of hours \_\_\_\_\_.  
The following dates have been adjusted to reflect the \_\_\_\_ month(s) and \_\_\_\_ day(s) in which employee was on leave without pay.

Date of Hire: \_\_\_\_\_

Date in Position: \_\_\_\_\_

Current Date

New Date

Initials

Continuous Service Date: \_\_\_\_\_

Step Increment Date: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_

Accrual Date: \_\_\_\_\_

Probationary Date: \_\_\_\_\_

E-Appraisal Date: \_\_\_\_\_

Continuous Date in Position \_\_\_\_\_

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**Note:** Accrual date must be on or after Continuous Service Date.

Documentation filed in employee's personnel file:	
Dates adjusted in JDE:	
Date Copy sent to: Departmental Payroll Clerk Employee Supervisor E-Appraisal Kronos	<hr/> <hr/> <hr/> <hr/> <hr/>