

## REQUEST FOR LEAVE WITHOUT PAY (LWOP)

Employee Name \_\_\_\_\_ Period from \_\_\_\_\_ to \_\_\_\_\_

Campus/School/Program \_\_\_\_\_ Title \_\_\_\_\_

Professional Improvement	Personal Reasons
<p>Professional improvement leaves are granted only in cases where the recipient will enhance his/her value to the University by deliberately seeking to improve his/her professional abilities. In these leaves, the improvement of the recipient's professional abilities must be primary and direct, and not a secondary or incidental consequence, such as may result from employment by an outside agency.</p> <p>a) If the support for the leave is provided by the recipient, then the recipient's statement of purpose establishes whether the primary purpose is professional improvement.</p> <p>b) If support is provided by an outside agency, then the agency's reason for providing support defines the primary purpose of the leave.</p> <p>c) Fellowships and foundation grants awarded to enable recipients to pursue the kind of research, scholarship and creative work which improve their professional abilities and to enhance their value to the University are considered to be for professional improvement.</p>	<p>Leaves in this category are other than professional or general improvement.</p> <p>Examples: health, family leave, military service, etc.</p>

Request Type of LWOP:                      Professional Improvement                      Personal Reasons

For professional improvement, include a narrative statement describing the purpose of the LWOP and all sources of compensation for services. For personal reason, explain the purpose of the leave.

Certification statement: I apply for this leave with the intention of returning to service at the University of Hawai'i. Should I fail to do so, the University may, at its option, assume that I have resigned my position by abandonment.

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

Recommend: SUPPORT/ NOT SUPPORT                      A satisfactory temporary replacement can be secured.

Comments:

Chair/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVE / DISAPPROVE:

Comments or reason(s) for denial:

VP/Chanc/Mānoa Dean/Dir Signature \_\_\_\_\_ Date \_\_\_\_\_