

COOPERATIVE EDUCATIONAL SERVICES
LEAVE WITHOUT PAY REQUEST (LWP)

DATE: _____

EMPLOYEE NAME: _____

DEPARTMENT: _____

DATE(S) REQUESTED: _____

REASON FOR REQUEST:

Employee Signature _____

Step Two: Employee's Supervisor Review and Approve/Deny

- APPROVED
- NOT APPROVED (State Reason):

Division Director Signature: _____
Date _____

Step Three: Executive Director Review and Approve/Deny

- APPROVED
- NOT APPROVED (State Reason):

Executive Director Signature: _____
Date _____