TEXAS TECH LEAVE WITH/OUT PAY FORM

Use this Form to report (Please Print):
* Exempt and Non-Exempt employees Leave Without Pay for a full calendar month or more
* Exempt and Non-Exempt employees for all types of Administrative or 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
* Leave Return

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.

Employee Legal Name

Banner ID

Department

Leave Begin Date

Leave Return Date

If Return Date is unknown or if it changes please submit a new form with the actual Return Date

Choose the type of Leave:

○ Administrative Leave with Pay
○ Between Term Leave
○ Disciplinary Leave Without Pay
○ Education Leave of Absence
○ Faculty Development Leave
○ Family Medical Leave (FMLA) without Pay
○ Personal Leave Without Pay
○ Illness Leave Without Pay (Disability)
○ Extended Military Leave Without Pay
○ State Parental Leave Without Pay
○ Extended Disability Workers Compensation Without Pay

Departmental Acknowledgment:

Supervisor Name

Signature

Date of Approval

Email

The completed and signed form should be delivered to Human Resources – Benefits

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