



777 Pearl Street
Denver, Colorado 80203
303/839-5419

Employee Leave Without Pay Form

*To be completed by the Hiring Authority or Payroll Clerk.

Employee name _____ Social Security # _____

Department name _____ Department number _____

Date LWOP began _____

Date Expected to return _____

Reason For Leave Without Pay

Parental

Medical

Military

Other _____

This leave without pay is in accordance with the personnel rules currently in force and the above information is the same as that supplied the City Auditor and/or Career Service Authority (if applicable) by this agency or department.

Signature: _____ Date : _____
Hiring Authority or Payroll Clerk

Position: _____ Agency: _____

For Retirement Office Use Only

File # _____