



REQUIREMENTS FOR LEAVE WITHOUT PAY REQUESTS

The purpose of this document is to provide an employees and supervisors and/or approving officials overview of the pertinent procedures and forms required for Leave Without Pay (LWOP) request.

When an eligible NAF employee request LWOP in excess of five (5) workdays:

- a) Employee should:
 1. Submit the Leave Without Pay (LWOP) request to first level supervisor or approving official.
 2. Receive supervisor or approving official's decision.
 3. Fill out the Statement of Understanding (SOU) and Disposition of NAF Health, Dental and Life Insurance During Leave Without Pay documenting their continuation or non-continuation of Health, Dental and/or Life insurance while in a Leave Without Pay (LWOP) status.
 4. Sign document and provide to their supervisor or approving official, (as applicable).

- b) Supervisor or Approving Official should:
 1. Receive employee's request for LWOP.
 2. Approve/Disapprove employee's request.
 3. Provide the SOU and Disposition of NAF Health, Dental and Life Insurance During Leave Without Pay Form to employee for completion.
 - **Note:** The supervisor or approving official will fill in the Financial Management Division (FMD) address on the SOU to where check payment should be submitted.
 4. Create Request for Personnel Action (RPA) and submit to servicing Human Resources (HR) Representative along with a copy of the signed SOU.

Questions regarding this process should be submitted to the servicing NAF HR Representative via email.