

## Projected Time Record

Employees who will have Leave Without Pay (LWOP) for any period of time must communicate this LWOP to Human Resources prior to taking LWOP. If LWOP is taken before Human Resources is notified, this will result in an overpayment. Complete and submit this form to payroll@wou.edu before the 15<sup>th</sup> of the month that LWOP with occur. For example, if you plan to take LWOP on June 20<sup>th</sup>, you must submit this form by June 15<sup>th</sup>.

### General Information

Name:	
V#:	V00
Reason for LWOP:	
Expected Duration of LWOP: (i.e. 1 Day, 3 Weeks, etc.)	

Projected Time Record: \_\_\_\_\_  
 (Month) (Year)

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Sick																																	
Vac.																																	
LWP																																	
LWOP																																	

Projected Time Record: \_\_\_\_\_  
 (Month) (Year)

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
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Sick																																	
Vac.																																	
LWP																																	
LWOP																																	

### Authorization

By signing below, I attest that the information above is accurate and true.

Employee			
	Printed Name	Signature	Date
Supervisor			
	Printed Name	Signature	Date

Cc: Employee Personnel File