MSFC EDUCATIONAL PROGRAM - REQUEST FOR LEAVE WITHOUT PAY (LWOP)

Type or print all information and sign the form

Date: _____

TYPE OF PROGRAM:

☐ *Associate* ☐ *Baccalaureate* ☐ *Graduate* ☐ *Ph.D*

TO:	FROM: *(NAME OF STUDENT AND ORGANIZATIONAL SYMBOL)*

I REQUEST LWOP IN ORDER THAT I MAY RESUME THE ACADEMIC PHASE OF THE EDUCATION PROGRAM AT: _____

NAME OF COLLEGE / UNIVERSITY

OFFICIAL EXCHANGE DATE IS: *(LAST DAY ON PAYROLL)*	MY LAST WORKING DAY WILL BE: *(LAST DAY "PHYSICALLY" AT WORK)*
SCHEDULE AL ☐ YES ☐ NO #HOURS _____	APPROVAL BY SUPERVISOR ☐ YES ☐ NO
MY PLANNED RETURN TO DUTY DATE WILL BE:	MY PROJECTED DATE OF GRADUATION IS:
MY CURRENT MAJOR FIELD OF STUDY IS:	MY LAST WORK SCHEDULE WILL BE:
STUDENT'S SIGNATURE AND DATE:	MY MAJOR FIELD OF STUDY UPON ENTRY INTO THE PROGRAM WAS:

NOTE: STUDENTS MAKE SURE THE INFORMATION YOU PROVIDE CORRESPONDS TO YOUR CURRENT WORK SCHEDULE.

IF YOU DO NOT PLAN TO CONTINUE IN THE PROGRAM, PLEASE COMPLETE THE FOLLOWING INSTEAD OF THE LWOP PORTION ABOVE.

I RESIGN FROM THE EDUCATIONAL PROGRAM EFFECTIVE:

MY REASONS ARE:

MY FORWARDING ADDRESS: *(NAME, STREET, CITY, STATE & ZIP CODE)* **COMPLETE THIS BLOCK WHETHER RESIGNING OR LWOP.**	PHONE NUMBERS: *(INCLUDE AREA CODE)*
	HOME:
	CELL:
HOME E-MAIL ADDRESS:	SCHOOL:

LWOP APPROVAL

☐ APPROVED ☐ DISAPPROVED	CO-OP MANAGER:	DATE:	EMPLOYEE SERVICES DEPARTMENT:	DATE: