

State of Nevada
VOLUNTARY LEAVE WITHOUT PAY
Authorized pursuant to NAC 284.580

In response to the shortfall in revenues or fiscal emergency declared by the Governor,

I, _____, am requesting a Voluntary Leave Without Pay (UVLWP) on the
print name

following date(s) and for the number of hours specified:

DATE(S)	HOURS PER DAY*
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

* NOTE: Exempt employees do not need to list the hours per day. An appointing authority shall not approve UVLWP that consists of any partial working days for exempt employees. An exempt employee is defined in NRS 284.148.

The time designated for UVLWP is subject to mutual agreement by me and my appointing authority. I understand this agreement provides for the continuation of benefits provided by Chapter 284 of the Nevada Administrative Code. I understand that my group insurance will be affected if I have less than 80 hours of paid work and paid leave in a calendar month. I understand my service credit for retirement will be reduced and it could also reduce my retirement benefit.

Further, I understand that this mutual agreement will terminate when the shortfall in revenues or fiscal emergency ends and can be terminated by the employer or myself at any time.

Employee Signature Date

Approved Disapproved

Appointing Authority Signature Date

Distribution: Original to Agency Personnel Office, one copy to Agency Payroll Office and one copy to DHRM Central Payroll