**SLWOP Details Form**

SLWOP can be requested via [Atlas HCM](https://hr.partneragencies.org/psp/UNDPP1HR/EMPLOYEE/HRMS/h/?tab=DEFAULT)eServices My Leave module. Please attach this document.

**Staff Member Details**

Name:

Index No:

Email address:

Entry on Duty in the UN Common system (dd/mm/yyyy):

Appointment Expiration Date (dd/mm/yyyy):

Appointment type:

Grade:

Step:

Current (or last if already on SLWOP) Duty Station - Country:

Current (or last if already on SLWOP) Duty Station - City:

Supervisor – Name:

Supervisor – E-mail Address:

SLWOP HR Certifying Officer - Name:

SLWOP HR Certifying Officer - E-mail Address:

SLWOP Approving Authority - Name:

SLWOP Approving Authority - E-mail Address:

**Details on your SLWOP request**

**Purpose for requesting SLWOP** (supporting documents required)**:**

[ ]  Accompany a spouse or legally recognized partner for his/her work to a different location

[ ]  Childcare following maternity/paternity or adoption leave

[ ]  Academic studies

[ ]  Military service
[ ]  Other compelling/personal reasons, such as serious illness of family members, time-off upon return from a non-family duty station

[ ]  Carry out a technical assignment with a governmental, non-governmental or private institution in the interest of the Organization

[ ]  Outside employment or activity

[ ]  Search purposes when on unassigned status

[ ]  Pension purposes to protect the pension benefits of staff who are within two years of achieving 55 years of age, or who are above that age and within two years of important Pension Fund thresholds (i.e. 25 or 30 years of contributory service)

[ ]  Other (please make sure to elaborate in the following text box)

Please briefly elaborate the reasons for requesting SLWOP:

Last Day of Duty in Office (dd/mm/yyyy):

Departure Date from Duty Station, if applicable (dd/mm/yyyy): From       To

**Mailing/Contact during SLWOP if granted**

Mailing Address – No. and Street Name:

Mailing Address - City:

Mailing Address - Country:

Non-UNDP E-mail Address:

**Annual Leave / Home Leave**

Current Annual Leave balance (in days):

Last Home Leave taken (if applicable) (dd/mm/yyyy):

**Bank Information**

Bank Name:

Bank Address:

Account Number:

IBAN Number:

SWIFT Number:

**Pension/Insurance Coverage**

Continued Pension Fund Contribution: [ ]  Yes [ ]  No

Continued Medical/Dental Insurance Coverage: [ ]  Yes [ ]  No

Continued Group Life Insurance Coverage: [ ]  Yes [ ]  No

[ ]  I hereby certify that I have read and understood the content of the following documents, and confirm that I am well-informed in making this request for SLWOP:

* [**Special Leave Policy**](http://content.undp.org/go/userguide/HR/hour-hday-leave/typesofleave/special-leave/?lang=en#top)
* [**SLWOP Administrative actions for IP staff and for GS staff at UNDP HQ**](http://sas.undp.org/MySAS/SLWOP/Admin_Actions_SLWOP_CO.doc) (if applicable)
* [**SLWOP Administrative actions for local staff in UNDP Country offices**](http://sas.undp.org/MySAS/SLWOP/Admin_Actions_SLWOP_IP_GSHQ.doc) (if applicable)

Staff Member Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Leave Monitor Signature**1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Approving Authority Signature**2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

***1*** *To confirm AL was exhausted*

***2*** *For local staff Head of Office and for IP staff the HR Director (for IP staff forward to the respective HR BAS Advisor for HR Director signature)*