

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
D.C. DEPARTMENT OF HUMAN RESOURCES**

**NOTIFICATION OF CHARGE TO ABSENCE WITHOUT LEAVE  
(AWOL)**

**TO:** \_\_\_\_\_ (Name of Employee) \_\_\_\_\_ (Date)  
\_\_\_\_\_  
(Department)  
\_\_\_\_\_  
(Organizational Unit)

You are hereby notified that you have been placed on an absence without leave (AWOL) status and will **not** receive pay for the period(s) indicated below:

**DATE(S) AND TIME OF AWOL (Specify below)** **TOTAL HOURS OF AWOL**

**REASON(S) FOR THIS ACTION (Must be completed):**

---

---

---

---

**ISSUED BY:** \_\_\_\_\_ (Supervisor's Signature) \_\_\_\_\_ (Date)

**RECEIVED BY:** \_\_\_\_\_ (Signature of Employee) \_\_\_\_\_ (Date)

**Distribution:** Copy to Employee; Copy to Supervisor; Copy to Employee's OPF; Copy to Agency Time and Attendance Clerk