STATE OF WISCONSIN
Department of Employment Relations
Division of Classification and Compensation

LEAVE WITHOUT PAY REQUEST/AUTHORIZATION

Name-Last, First & Middle Initial
Agency Name
Agency No.

Address-Number & Street
Phone
Secondary Level-Unit, Division, Institution
Sec. Level No.

City
State
Zip Code
Position No.
Surplus Position Code
Class Code

Address & Phone while on leave if different than above.
Social Security No.
Class Title

REQUEST

I hereby apply for a leave of absence without pay for the purpose indicated below. I understand that if I fail to report for work on or before the scheduled return date indicated below or fail to contact my supervisor regarding my absence from work beyond such scheduled date of return, my appointing authority may take disciplinary action against me, which may include termination for cause effective the date the leave expired, in accordance with ER 18 and 21.03, Wis. Adm. Code. I also understand that if I fail to return to work or contact my supervisor for a minimum of five (5) consecutive working days following the end of my leave of absence, my appointing authority shall consider that I have abandoned my position and may discipline me or treat me as having resigned my position, in accordance with s. 230.34(1)(am), Wis. Stats., and ER 21.03, Wis. Adm. Code.

REASON FOR LEAVE

☐ Maternity-Anticipated delivery date
☐ Paternity of Adoption
☐ Medical
☐ Educational
☐ Filling Unclassified Position
☐ Exceptional Personal Reasons
☐ Other Work

Explanation of Reason for Leave

Beginning Date
Scheduled Return Date
Employee’s Signature
Date

☐ Request for extension approved to extend from ____________________ to ____________________

Action Recommended by Unit Supervisor
☐ Approval
☐ Denial and Reason

Supervisor Signature
Civil Service Title
Date

Agency Action:
☐ Approval granted
☐ Denied for the following reason:

Signature of Appointing Authority
Date

Leaves of absence are granted with the understanding that upon expiration the employee is entitled to return to his/her position or one of like nature or to a position in a counterpart pay range for which the employee is qualified as provided in s. ER-Pers 16.03(6) Wis. Adm. Code Rules of the Administrator.

SEND COPIES TO:
CHR ___ P-FILE ___ EMPLOYEE
___ STATE DIVISION OF CLASSIFICATION AND COMPENSATION ___ PAYROLL UNIT