This is a fill in form. Place the cursor in the appropriate field and enter data. For check boxes, place the cursor in the appropriate box and left click your mouse

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.
		UW-System; UW-Superior		283
Address-Number & Street	Phone	Secondary Level-Unit, Division, Institution		Sec. Level No.
				925
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

AUTHORIZATION

☐ **Military**

This is to certify that the employee identified above has presented evidence that (he, she) has enlisted or is inducted or ordered into active service of the armed forces of the United States, or the employee's services have been specifically requested by the federal government for national defense work during a national emergency and is entitled to military leave without pay under provisions of s. 230.32, Wis. Stats.

In accordance with s. 230.32, Wis. Stats., an employee on military leave is entitled to reinstatement to his/her former position or a similar position of like seniority, status, pay, and salary advancement provided that (a) the employee presents a certificate or other evidence that he/she has satisfactory completed his/her period of training or service, (b) the employee is still qualified to perform the duties of such of such position, (c) he/she makes application for reemployment within 180 days after being released from such training or service, (d) the employer(s) circumstances have not so changed as to make it impossible or unreasonable to so restore such person, and (e) the period of service is not more than four years unless the person has been involuntarily retained for a long period.

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:
___ CPO ___ P-FILE ___ EMPLOYEE
___ STATE DIVISION OF CLASSIFICATION AND COMPENSATION ___ PAYROLL UNIT