This is a fill-in form. Please click on the appropriate area to enter information. Tab between fields and PRINT when completed.

State of Wisconsin
Office of State Employment Relations
Division of Compensation & Labor Relations

LEAVE WITHOUT PAY REQUEST/AUTHORIZATION

Name—Last, First & Middle Initial:	Agency Name:		Agency No.:
Address—Number & Street:	Phone Number:	Secondary Level: (Unit, Division, Institution)	Sec. Level No.:
City, State, ZIP:	Position No.:	Surplus Position Code:	Class Code:
Address & Phone while on leave (if different from above):		Job Classification 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 or 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 the 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 the 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 satisfactorily completed his/her period of training/service, (b) the employee is still qualified to perform the duties 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 for 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:	Job Classification Title:	Date:

Agency Action: ___ Approval Granted ___ Denied for the following reason:

Signature of Appointing Authority:	Date:

Leaves of absences 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-MRS 16.03(6) Wis. Adm. Code Rules of the Administrator.

Distribution of Copies of Signed Form to:	___ Personnel File (P-File)	___ Employee	___ Agency Payroll

OSER-DCLR-20 (Rev. 03/08)

Print Form Clear Form