

**LEAVE OF ABSENCE REQUEST/AUTHORIZATION**

<input type="checkbox"/> New
<input type="checkbox"/> Extension

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 ER-MRS 16.03(6) Wis. Adm. Code.

Employee Name (Last, First, MI)		Job Classification Title	
Division	Facility	Bureau	Office
Work Address			Work Phone
Address While on Leave			Phone Number While on Leave
<b>Beginning Date</b>		<b>Scheduled Return Date</b>	

**Type for Leave**

- Permissive leave of absence for personal or other reasons
- Parental leave of absence (including maternity leave)
- Serve in a project or unclassified appointment
- Serve as a bone marrow donor or human organ donor
- Provide specialized disaster relief services
- Family & Medical Leave Act (If selected, complete applicable FMLA forms)
- Military leave of absence
- Other:

**Military Authorization**

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.

You may request a reasonable accommodation under the Americans with Disabilities Act and the Wisconsin Fair Employment Act if your condition represents a substantial limitation on a major life function (such as seeing, hearing, walking, learning, working, etc.) or limits your capacity to work. If you believe that your condition qualifies as a disability, please complete the Disability Accommodation Request form (OSER-DAA-10) and return it to the DHS AA/CRC Director by fax at (608) 267-2147 or mail to 1 W Wilson St, Room 565, Madison, WI 53713. The AA/CRC office will work with you to provide you with a reasonable accommodation, if one is needed.

**Type of Leave**

- |   |       |   |       |  |       |
|---|-------|---|-------|--|-------|
| <input type="checkbox"/> Vacation         | hours | <input type="checkbox"/> Sick Leave (if eligible) | hours | <input type="checkbox"/> Leave Without Pay | hours |
| <input type="checkbox"/> Personal Holiday | hours | <input type="checkbox"/> Other (specify)          | hours |  |       |

**Reason for Leave**

I hereby request a leave of absence for the purpose indicated above. I understand that in accordance with ER 21.03, Wis. Admin. Code, if I fail to return from an approved leave of absence, or to contact my employer for a minimum of five (5) consecutive working days, the appointing authority may consider my position abandoned and will treat me as having effectively resigned as of the end of the leave of absence.

<b>SIGNATURE</b> - Employee	Date
Action Recommended by Supervisor	
<input type="checkbox"/> Approval Recommended <input type="checkbox"/> Denial and Reason:	
<b>SIGNATURE</b> - Supervisor	Job Classification Title
<b>SIGNATURE</b> - Appointing Authority	Date
<b>SIGNATURE</b> - BHR Director (if leave of absence/extension is greater than six months)	Date

Agency Action

- Approval Granted       Denied for the following reason:

Distribution of Copies of Signed Form to:       Personnel File (P-File)       Employee       Employing Unit Payroll