



CBP-129, R. 11/2010

REQUEST FOR LEAVE OF ABSENCE

DER REPORT NO.

INSTRUCTIONS:

- Employee** must sign this form and give it to his/her immediate supervisor.
- Supervisor** must transmit the copy for Reporting Officers and/or Approving Officer's signature.
- Department** must distribute copies as follows:
 - Employee
 - Department
 - Employees' Retirement System
 - Dept. of Employee Relations – Pay Services Section

Date: _____

Employee:		Employee ID No.:	
Address:		Payroll Location No.:	
Department:			
Division:			
Job Title:			
Leave to take effect (last day on payroll):	Anticipated return date:	Length of Leave:	Months:

Reason for Leave:

I understand that failure to return from leave on the anticipated return date or request a leave extension prior to the expiration of this leave may result in separation. I also understand that reporting to work at the expiration of the leave without a full medical release may result in separation and that a denial of an extension will result in separation.

Note: Employees separated from service due to any of the aforementioned reasons are entitled by state law to a just cause hearing before the City Service Commission. An appeal must be filed in writing with the Department of Employee Relations within three days of receipt of the separation notice.

_____ *Employee Signature* _____ *Date*

NOTE: Department must obtain City of Milwaukee Identification Card from employee if leave exceeds 60 days.

Signature:		
Title:		Date:
Signature:		
Title:		Date:

NOTE: A Leave of Absence does not necessarily guarantee a return to your job. If you have any questions regarding your status while on Leave of Absence contact the Department of Employee Relations. This form is not used for leave requested under the Federal or Wisconsin Family and Medical Leave Acts.

