

# WALWORTH COUNTY LEAVE OF ABSENCE REQUEST

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

County Department: \_\_\_\_\_

FTE: \_\_\_\_\_

**TYPE OF LEAVE REQUESTED:**

- EMPLOYEE COUNTY LEAVE - MEDICAL** – Due to condition or eligibility, I do not qualify for state or federal FMLA leave.
- PERSONAL LEAVE - EDUCATION** (Attach copy of school registration)
- PERSONAL LEAVE - MILITARY** (Attach copy of orders)
- OTHER PERSONAL LEAVE** - Specify reason: \_\_\_\_\_

*All leaves shall specify a beginning and end date. All personal leaves must be approved by the County.*

As a condition of return to work, an employee who has taken a personal leave due to the employee's medical needs, is required to present a fitness for duty form.

**PERIOD OF LEAVE**                      Start date (first day of leave): \_\_\_\_\_ Expected return date: \_\_\_\_\_

Do you intend to return to work at the expiration of leave?             Yes                       No

Pay and Benefit Status During Leave. County policy requires you to exhaust all applicable accrued benefits before an unpaid leave is approved.

	Available Balance	Order Employee Requests to Use Banks	Comments
Vacation			
Sick – If Qualifying Reason			
Holiday			
Comp Time			

EMPLOYEE SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**Please forward this completed form to your immediate supervisor for signature prior to sending to Human Resources. Any documentation related to your need for leave may be marked CONFIDENTIAL and sent directly to the Human Resources Department. If you have any questions regarding personal leave, contact the Human Resources Department at (262) 741-7950.**

**DEPARTMENT REVIEW AND RECOMMENDATION:**

Identify any basis for denying this leave: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ Date: \_\_\_\_\_

DEPT. HEAD/DESIGNEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

HUMAN RESOURCES     Approved     Not approved    Reason: \_\_\_\_\_