



# REQUEST FOR LEAVE OF ABSENCE Exempt Employees

CBP-129, R. 01.14.2020

**Leaves of absence are to be granted in accordance with Milwaukee City Ordinances (MCO). This form is for CSC Exempt employees only.** Employees in regular appointments must use the Request for Leave of Absence Form. This form is not used for leave requested under the Federal or Wisconsin Family and Medical Leave Acts.

**Benefits:** During leave, the City of Milwaukee may maintain the employee's health and dental insurance coverage depending on the length of employment, type of leave, and length of leave as set forth in the MCO. Alternatively, the employee will be provided with COBRA information. Questions should be directed to the Department of Employee Relations-Employee Benefits Division at (414) 286-3184.

**Return From Leave:** A Leave of Absence does not necessarily guarantee a return to your job. None of the CSC protections apply to CSC Exempt employees on a Leave of Absence. If you have any questions regarding your status while on a Leave of Absence, contact the Department of Employee Relations at (414) 286-8111.

## **INSTRUCTIONS:**

1. **Exempt employees** must complete and sign this form and give it to the employee's immediate supervisor. If leave is foreseeable, this form should be presented at least 15 days in advance of the anticipated beginning of the leave. MCO 350-36(2)(a-5) requires the employee provide satisfactory evidence for a military leave of absence. Employees cannot request a leave in excess of one year at any one time, but a leave may be extended beyond a year for a cause of an exceptional nature. An employee is not on a medical leave of absence while on FMLA, even if the employee is taking unpaid FMLA.
2. **Special Instructions for medical leave** Medical leaves of absence are only granted if an employee has exhausted all available sick leave. At the expiration of a medical leave, the employee is required to provide medical documentation indicating clearance to return to work with or without restrictions before returning to work. Failure to provide this information may result in separation from employment.
3. **Department Heads** may approve a leave of absence without employee signature in case of sudden sickness, injury or pregnancy-related disability.
4. **Supervisor** must transmit the copy for the Department Head's (or designee) signature
5. **Department** must distribute copies as follows:
  - Employee
  - Department (including HR/Payroll)
  - Employees' Retirement System
  - Dept. of Employee Relations – send within 48 hours of receipt of documentation to [DERpersonnelforms@milwaukee.gov](mailto:DERpersonnelforms@milwaukee.gov)



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Employee:		Employee ID No.:	
Address:		Payroll Location No.:	
Department:			
Division:			
Job Title:			
Leave to begin <i>(first day on leave):</i>	Anticipated return date:	Length of Leave:	[use only if submitting this form as an extension of a leave] Revised Return to Work Date:
<b><u>Reason for Leave [medical, educational, military, or personal]:</u></b>			
<i>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>			
<i>Employee Signature</i>			<i>Date</i>
<b>NOTE:</b> Department must obtain City of Milwaukee Identification Card from employee if leave exceeds 60 days.	Signature:		
	Title: Manager/Supervisor		Date:
	Signature:		
	Title: Department Head or Designee		Date: