

REQUEST FOR LEAVE OF ABSENCE

Leaves of absence are to be granted in accordance with Milwaukee City Ordinances (MCO) and CSC Rules. This form is for regularly appointed employees. Employees who are exempt from CSC rules must use the Request for Leave of Absence – Exempt Employees 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 and CSC rules. 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.

Reinstatement: A Leave of Absence does not necessarily guarantee a return to your job. CSC Rule X, Section 7 allows for an employee to be reinstated into the former position if the leave of absence is less than one month. If the leave is longer than a month and the position has been filled, the employee will go on a reinstatement list. Any employee who takes a leave of absence for service in the U.S. armed forces or due to appointment to the exempt service, shall be entitled to be reinstated in a position previously held in the city service regardless of length of absence. If you have any questions regarding your status while on Leave of Absence contact the Department of Employee Relations at (414) 286-8111.

Separation: Under CSC Rule XI, Failure to return to the City Service at the expiration of a leave of absence; or revocation of a leave of absence or of an extension of a leave of absence by the appointing authority; or a denial of a request for a leave of absence or of an extension of a leave of absence by the appointing authority shall be a separation from the City Service. Employees covered under City Service Rules who are 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.

INSTRUCTIONS:

1. **Employee covered by City Service Rules** 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. CSC Rule X, Section 2 requires appropriate medical documentation if the leave is for medical reasons. 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

REQUEST FOR LEAVE OF ABSENCE

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:
<u>Reason for Leave [medical, educational, military, exempt service, or personal]:</u>			
<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>
NOTE: 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: