

City of Milwaukee
Department of Employee Relations
Board of City Service Commissioners

TEMPORARY HARDSHIP
Request For Temporary Residence Outside of the City of Milwaukee

Instructions:

- Complete the Employee Section of this form.
- Attach a separate page to provide a detailed explanation of the reason for the request, along with any supporting documentation.
- Forward the completed form to your Department Head for review and recommendation.
- Submit the completed form to:

City of Milwaukee
Department of Employee Relations
Administration Division
City Hall, Room 706
200 E Wells St
Milwaukee WI 53202

This Temporary Hardship Form is to be used by employees who are City of Milwaukee residents who need to request permission from the City Service Commission to live outside of the City of Milwaukee for a temporary period due to a hardship. Temporary hardships are generally related to an employee's immediate need to move outside of the City of Milwaukee for a short period of time to take care of family or personal emergencies. The City Service Commission will require the employee to demonstrate/document his/her intention to re-establish residency within the City of Milwaukee as soon as possible.

Questions should be directed to the Department of Employee Relations.

EMPLOYEE REQUEST

(To be completed by the employee)

Employee's Name:

Job title of present position:

Department in which employed:

City start date (most recent employment date):

Present or last address:

Intended address outside city limits:

Length of time requested: month(s) End date:

Reason for the request: *(You MUST provide a detailed statement and attach any supporting documentation you wish to have considered by the Commission).*

I hereby request authorization to temporarily live outside the city limits of Milwaukee for the hardship reasons described above.

Employee Signature:

Date of Request:

Note: Any permission granted hereby is only temporary. There must be documented intention to re-establish residency within the city limits of Milwaukee as soon as possible.

DEPARTMENT ENDORSEMENT

(To be completed by the Department or Bureau Head or authorized designee)

- This request is recommended.
- This request is **NOT** recommended.

Signature of Department Head:

Date Signed: