



Housing Authority of the City of Milwaukee

REQUEST FOR LEAVE OF ABSENCE

Instructions

Employee must sign this form and give it to their supervisor.

Supervisor must transmit the form for reporting officers and/or approving officer's signatures.

Department must distribute copies as follows:

- 1-to the Housing Authority Board
- 1-to the Annuity & Pension Board (ERS)
- 1-Employee Personnel File
- 1-to Employee

NAME		ADDRESS			
PENSION NUMBER.		EMPLOYEE NUMBER	JOB TITLE		
DEPARMENT					
PAYROLL LOCATION	LEAVE TO TAKE EFFECT (LAST DAY ON PAYROLL)	ANTICIPATED RETURN DATE	LENGTH OF LEAVE	MONTHS	
NUMBER	HA				
REASON FOR LEAVE					

IF I FAIL TO RETURN FROM THIS LEAVE, I UNDERSTAND THAT I WILL BE SEPARATED FROM THE HOUSING AUTHORITY OF THE CITY OF MILWAUKEE. IF I NEED ADDITIONAL TIME, I WILL CONTACT THE HOUSING AUTHORITY TO REQUEST AN EXTENSION.

EMPLOYEE SIGNATURE		DATE	
NOTE: DEPARTMENT MUST OBTAIN CITY OF MILWAUKEE IDENTIFICATION CARD FROM EMPLOYEE IF LEAVE EXCEEDS 60 DAYS.			
REPORTING OFFICERS SIGNATURE	DATE	APPROVING OFFICER SIGNATURE	DATE
TITLE		TITLE	

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 HOUSING AUTHORITY CITY OF MILWAUKEE HUMAN RESOURCES DIRECTOR.

This form is not used for leave requested under the Federal or Wisconsin Family and Medical Leave Acts.