University of Wisconsin
Stevens Point

Non-Medical Leave of Absence Request*

Name—Last, First & Middle Initial:	Unit/Division:
UWS Title:	Employee ID (HR Record #):

Address & Phone while on leave (if different from home address within My UW)

Reason for Leave:

Indicate Paid or Unpaid Leave of Absence: ❑ Paid leave ❑ Unpaid leave (I understand the implications to my benefits, leave, and WRS eligibility)	Type of Leave Requested: ❑ Full-time ❑ Part-time, indicate percentage of leave requested: _____
Beginning Date:	Scheduled Return Date:

If requesting a leave extension: Request for extension of leave from _____ to _____

I hereby apply for a non-medical leave of absence with or without pay for the reason(s) explained above. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to request an extension within fourteen (14) calendar days of my scheduled return date listed above, my supervisor may take disciplinary action against me, which may include termination for cause, effective the date the leave expired. I also understand that if I fail to return to work or contact my supervisor for a minimum of three (3) consecutive business days following the end of my leave of absence, my supervisor and the institution shall consider that as position abandonment and will treat that as a resignation.

Employee's Signature:	Date:

For Direct Supervisor: (After consultation with Dean/Director and Vice Chancellor's Office) ❑ Approved ❑ Approved, with below provisions/changes: ❑ Denied and Reason:

Supervisor Printed Name:		
Supervisor Signature:	UWS Title:	Date:

Distribute Signed Copies to:	❑ Dean/Director ❑ Human Resources ❑ Vice Chancellor/Division ❑ Employee Head

* Do not use this form for situations which meet the criteria for Family Medical Leave (FML) or for Military Leave. For guidance on Military Leave, visit the UWSP Time, Absence, and Earnings webpage and see the Check Your Leave Balances section.