



STATE OF WEST VIRGINIA

APPLICATION FOR LEAVE OF ABSENCE WITHOUT PAY

NAME:					
WORK UNIT/SECTION:	DIVISION:				
I AM MAKING APPLICATION FOR THE FOLLOWING LEAVE OF ABSENCE:					
<input type="checkbox"/> Personal Without Pay <input type="checkbox"/> Educational Without Pay <input type="checkbox"/> Military Without Pay					
PERIOD OF LEAVE:					
FROM Date: _____	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.				
TO Date: _____	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.				
REASON (a separate letter may be attached if necessary):					
<p>I understand that if I do not return at the expiration of an approved leave of absence, my employment may be terminated, unless an extension has been approved in advance.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">EMPLOYEE</td> <td style="width: 40%; border: none;">APPLICATION</td> </tr> <tr> <td style="border: none;">SIGNATURE:</td> <td style="border: none;">DATE:</td> </tr> </table>		EMPLOYEE	APPLICATION	SIGNATURE:	DATE:
EMPLOYEE	APPLICATION				
SIGNATURE:	DATE:				
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	IMMEDIATE SUPERVISOR SIGNATURE: DATE:				
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	AGENCY-AUTHORIZED SIGNATURE: DATE:				

- An official order from the appropriate military officer must be attached when requesting a military leave of absence without pay.
- **Do NOT use this form for requesting a medical leave of absence without pay under the Division of Personnel's *Administrative Rule*, W. VA. CODE R. §143-1-1 et seq., and/or leave with or without pay under the federal Family and Medical Leave or State Parental Leave Acts. Instead, use forms DOP-L3 through DOP-L8 (as applicable).**