

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: | | | | | |
| ☐ Personal Without Pay | ☐ Educational With | ☐ Educational Without Pay | | | |
| ☐ Military Without Pay | | | | | |
| PERIOD OF LEAVE: | | | | | |
| FROM Date: | | _ 🗆 | A.M. | | P.M. |
| TO Date: | | _ 🗆 | A.M. | | P.M. |
| REASON (a separate letter may be a | ttached if hecessary). | | | | |
| 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. EMPLOYEE APPLICATION SIGNATURE: DATE: | | | | | |
| □ Approved | IMMEDIATE SUPERVISOR S | SIGNA | TURE: | | |
| □ Disapproved | DATE: | | | | |
| ☐ Approved | AGENCY-AUTHORIZED SIG | NATU | JRE: | | |
| ☐ Disapproved | 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).