

## 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:							
G Personal Without Pay	G Educational Without Pay						
G Military Without Pay							
PERIOD OF LEAVE:							
FROM Date:				G	A.M.	G	P.M.
TO Date:				G	A.M.	G	P.M.
REASON (a separate letter may be a information/diagnosis when requesting l		•	not include	medi	ical		
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:							
G Approved	IMMEDIA	ATE SUPER	VISOR SI	GNA	ATURE:		
G Disapproved	DATE:						
G Approved	AGENCY	-AUTHORI	ZED SIGN	ATU	URE:		
G 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).