



STATE OF WEST VIRGINIA

APPLICATION FOR LEAVE OF ABSENCE WITHOUT PAY

NAME:	
WORK UNIT/SECTION:	DIVISION:
<p>I AM MAKING APPLICATION FOR THE FOLLOWING LEAVE OF ABSENCE:</p> <p style="text-align: center;"> <input type="checkbox"/> Personal Without Pay <input type="checkbox"/> Educational Without Pay <input type="checkbox"/> Military Without Pay </p>	
<p>PERIOD OF LEAVE:</p> <p>FROM Date: _____ _____ G A.M. G P.M.</p> <p>TO Date: _____ _____ G A.M. G P.M.</p>	
<p>REASON (a separate letter may be attached if necessary; do not include medical information/diagnosis when requesting leave for illness):</p> 	
<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> <p>EMPLOYEE SIGNATURE: _____ APPLICATION DATE: _____</p>	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<p>IMMEDIATE SUPERVISOR SIGNATURE: _____</p> <p>DATE: _____</p>
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<p>AGENCY-AUTHORIZED SIGNATURE: _____</p> <p>DATE: _____</p>

- 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).