



**CITY OF DULUTH**  
**REQUEST FOR UNPAID LEAVE OF ABSENCE**  
(Please print or type)

Employee Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Position Title: \_\_\_\_\_

**SECTION A: To Be Completed by Employee**

**I hereby request an unpaid leave of absence for the following purpose:**

- The City will benefit
- Personal
- Union business as an elected or appointed official
- Service on a board or commission
- Military
- Other

Explanation of Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Start Date (first day of leave):** \_\_\_\_\_ **End Date (last day of leave):** \_\_\_\_\_

**Check one of the statements below:**

- I request reinstatement to my former position upon expiration of this leave.
- I request placement on the re-employment list for my class upon expiration of this leave.

I understand that I will not be granted unpaid leave unless I have used all accumulated vacation and accrued compensatory leave. Furthermore, I also understand that if my extended leave is approved, I must schedule an appointment with a Benefits Representative in Human Resources prior to beginning my leave to arrange for continuation or cancellation of benefits during the leave.

**SECTION B: Signatures and Approvals**

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Department Director (Check One):**

- Request approved
- Request denied; reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Department Director Signature**

\_\_\_\_\_  
**Date**

**NOTE:** All leave requests **over** 30 days must be approved by the Human Resources Manager. The Department Director's approval is a recommendation that the Human Resources Manager approve this request.

**Human Resources Manager (Check One):**

- Request approved with reinstatement to former position upon expiration of leave.
- Request approved with placement of name on re-employment list for the classification of \_\_\_\_\_ . (Placement on list will occur the first day following expiration of the leave of absence. Name will remain on the re-employment list for one year unless the period is extended by the Civil Service Board, in accordance with Civil Service Rule 13-18.)
- Request denied; reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Human Resources Manager Signature**

\_\_\_\_\_  
**Date**

\*\*\*\*\*  
ORIGINAL TO: Human Resources/Personnel File  
SIGNED COPIES TO: Employee; Immediate Supervisor; Department Director; Employee Benefits; Payroll