

**Clark County, Wisconsin
Policy 400.404**

Series: 400 – Time At Work & Time Away from Work	§ 404 Leave of Absence
Title: Leave of Absence	Effective Date: December 15, 2022
	Adoption/Revision Date: December 15, 2022
Custodian: Personnel Manager	Approving Body: Personnel Committee

1. Authority

- a. Wis. Stat. 59.02, 59.03, 59.51, 59.52, 101, 103, and 111
- b. Clark County Code of Ordinances, Section 2-48

2. References

- a. Adopting Resolution/Ordinance/Motion: 52-12-22
- b. Other Resolution/Ordinance/Motion: N/A

3. Purpose/Policy Overview

- a. To provide an option for employees to be off for reasons not eligible under family medical leave or due to extenuating circumstances for an extended period of time.

4. Definitions

- a. The terms below have the following meanings in this policy:
 - i. **Paid Leave:** leaves of absence where compensatory time, paid time off, and extended leave bank are utilized to continue receiving compensation when the employee is off for an extended period of time.
 - ii. **Unpaid Leave:** leaves of absence where no compensatory time, paid time off, or extended leave bank are available to an employee when the employee is off for an extended period of time.
 - iii. **Short Term Leave:** leave of 30 days or less
 - iv. **Extended Leave:** leave over 30 days.

5. Policy

- a. A leave may only be granted when it is reasonably expected that the employee will return to employment when the condition(s) necessitating the leave permit, subject to (with the exception of Disabled Veteran leave) the staffing needs of the department, and when granting a leave is in the best interest of the county.
- b. Leaves without pay may be requested after all compensatory time, paid time off, and extended leave bank (if applicable as defined in Policy) has been exhausted.
- c. Paid time off accrual and holiday benefits will be suspended during any unpaid leave and will resume upon the employee’s return to their normal work schedule for one full pay period.

6. Authorization

- a. Short Term
 - i. Any leave request for 30 days or less will be submitted in writing utilizing Attachment A to the Department Head. The Department Head may grant the leave and will notify the Personnel Manager.
- b. Extended Leave
 - i. Any leave request extending over 30 days will be submitted in writing to the Department Head utilizing Attachment A. The Department Head will submit their approval or denial to the Personnel Manager for review.
- c. Employees who are not eligible for participation under the Family Medical Leave Act or who have exhausted their Family Medical Leave may be granted a leave of

**Clark County, Wisconsin
Policy 400.404**

absence, supportable by medical evidence, of up to six months inclusive of paid time off or extended leave bank.

- d. Disabled Veteran Leave
 - i. Employees who are Veterans of the Armed Forces who have incurred a serious injury or illness while serving in the line of duty will be entitled to a leave of absence, of up to six months inclusive of paid time off or extended leave bank to receive medical treatment for the service-connected disability. Requests must be supported by evidence of a service-connected disability and medical evidence supporting the need for leave.
- e. Personal Leave
 - i. Personal leave may be granted by the Department Head for up to three months for the employee's personal convenience or to relieve hardship to the employee and his or her immediate family.

7. Procedure

- a. Any employee's request for leave of absence will be submitted in writing to the Department Head at least 30 days in advance and will state the reason for such leave and the period of time to be absent. Employees requesting to leave will utilize Attachment A when submitting the request. The 30-day notice may be waived under emergency circumstances by the Personnel Manager.
- b. Advance notice of military service is required, unless military necessity prevents such notice, or it is otherwise impossible or unreasonable.
- c. Employees will make their own arrangements in advance for payment of benefits for any full calendar month they are on unpaid leave of absence by remitting monthly premium payments to the finance department. Insurance will be cancelled if the employee fails to remit payment upon notice of delinquency.

8. Return to Active Employment

- a. An employee may return to work at an earlier date than scheduled if approved by the Department Head.
- b. Any employee failing to return to work upon expiration of unpaid leave will be considered to have resigned, not in good standing.
- c. The employee will be eligible for reinstatement to a vacant position or equivalent position, provided stated qualifications are met. If no vacant position is available the employee is qualified for, the employee will be terminated.

9. Leave Restrictions

- a. Unpaid leave of absence will not be granted for periods exceeding six months to permit an employee to seek other employment or work at some other paid employment.
- b. Attachment A – Unpaid Leave of Absence Request Form

**ATTACHMENT A
Unpaid Leave of Absence Request Form**

An unpaid leave of absence is available in certain circumstances as described in Clark County's Policy 400.404 UNPAID LEAVE OF ABSENCE. Employees who meet the eligibility criteria for a leave of absence must complete this form at least 30 days prior to the commencement of leave or as soon as practicable in the event of an unforeseeable absence. Please note:

- If an employee needs a leave of absence and paid time off benefits or FMLA are not available, then the employee can request an unpaid leave of absence.
- A leave of absence must be requested in writing by the employee.
- The requested leave may or may not be approved by the Department Head or by the Supervising Committee, as appropriate.
- Accrual of length of service based benefits for all non-union, non-exempt personnel shall cease during a leave of absence.
- The written approval shall include but not be limited to, the start date of the leave, the expected end date of the leave and any conditions for return to work.
- The County may not be able to guarantee employment in the employee's previous position or at the previous rate of pay to an employee returning to work after an unpaid leave of absence.
- If an employee fails to return to work at the end of the leave of absence, the employee shall be terminated.
- The full cost of health insurance premiums will be paid by the employee while on unpaid leaves of absence which are not taken under or exceed those covered by the Wisconsin Family and Medical Leave Act.
- PTO shall not be accumulated during those absences. All leaves of absence must be approved in advance by Personnel Manager and the employee's supervisor.
- If the dates of requested leave change, a new leave of absence request form must be submitted for approval.
- Employees returning from a leave of absence must contact the Personnel department at least one week in advance of the projected return date.

This form should not be used to request leave under the Family and Medical Leave Act (FMLA) or to request leave as an accommodation under the Americans with Disabilities Act (ADA). Employees should consult with Personnel to request leave under the FMLA or ADA.

To be completed by the employee:

Date of request: _____ Employee name: _____

**Clark County, Wisconsin
Policy 400.404**

Department: _____ Job title: _____
Date of hire: _____

Employee status: () Exempt () Nonexempt () Full time () Part time

Requested leave dates (mm/dd/yy): _____ to _____.

Reason for the leave of absence: _____
_____.

I have read and fully understand the information contained in Clark County's leave of absence policy.

Employee signature _____ Date _____

To be completed by the employee's supervisor (if applicable):

Leave request is: ____ Approved ____ Not approved

If not approved, provide an explanation: _____
_____.

Supervisor signature: _____ Date: _____

To be completed by the Department Head:

Leave request is: ____ Approved ____ Not approved

If not approved, provide an explanation: _____
_____.

Department Head signature: _____ Date: _____

To be completed by Personnel:

Leave request is: ____ Approved ____ Not approved

If not approved, provide an explanation: _____
_____.

Personnel Manager signature: _____ Date: _____

Employee's last day worked: _____ Employee's return-to-work date: _____

Insurance to be continued and the weekly/monthly cost to employee:
() Yes () No () N/A _____\$

**Clark County, Wisconsin
Policy 400.404**

Medical

Dental Yes No N/A _____ \$

Other: _____ Yes No N/A _____ \$

Total insurance premium due per week: \$ _____

Total insurance premium due per month: \$ _____

File original in the employee's leave records and provide a copy to the employee and the employee's supervisor.