



Request to Review Sick Leave Reduction

Any faculty, academic staff, or limited appointee who fails to file one or more monthly leave reports for any position held during any fiscal year shall be subject to sick leave reduction. Leave reports are required even if no leave is taken. Refer to [UW System Administrative Policy 1212 \(formerly BN 3\) Sick Leave](#) section 6.G.III and VII. For [UW-Madison Sick Leave Policy](#) see Section VIII and XI.

Instructions

To request a review of your recent sick leave balance reduction, complete and submit this form within thirty (30) days of receiving notification that your sick leave balance was reduced to your institution Payroll Contact:

- UW-Shared Services, Service Operations: GetHelpUW@support.wisconsin.edu
- UW-Madison employees: [Division Human Resources Representative](#)

Section A: Personal Information (completed by employee)		
Name (First Name, Middle Initial, Last Name):		Today's Date:
Employee ID:	Institution:	Division/Department:
Email Address:	Phone Number:	

Section B: Reason for Missed Leave Report(s) (completed by employee)
☐ A paper leave form was submitted to institution's human resources office instead of entering report(s) into the human resource system. (Attached substantiating documentation.)
☐ All leave reports were entered for my primary appointment, but I failed to enter leave report(s) for my secondary position(s).
☐ I attempted to enter all leave reports within the human resource system (subject to verification).
☐ Other (Please explain):

Section C: Employee Signature and Date (completed by employee)
By signing this form, I acknowledge the information I have provided is true, correct and complete information. You will be notified of the final decision regarding your sick leave reduction within sixty (60) days of your request.
Employee Signature: _____ Date: _____
Submit this form within thirty (30) days of receiving notification that your sick leave balance was reduced to your institution Payroll Contact:
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Section D: Institution Payroll Contact

Date Sick Leave Reduction Review Request Received by Institution Payroll Contact: _____

Institution Payroll Contact Signature: _____ Date: _____

Type of Print Name: _____

Additional Information (if any):

Submit completed form to GetHelpUW@support.wisconsin.edu.

UW-Shared Services, Service Operations and the Universities of Wisconsin Office of Human Resources will review the request. UW-Shared Services, Service Operations will communicate final determination directly to the employee. For UW-Madison employees the Division Human Resource Representative will be provided the final determination to relay to the employee.

Section E: UW-Shared Services, Service Operations

Date of Employee Record Review: _____

Reviewer: _____

☐ Approved ☐ Denied ☐ Further Review

Reason:

Section F: Universities of Wisconsin Office of Human Resources

Date of Employee Record Review: _____

Reviewer: _____

☐ Approved ☐ Denied ☐ Further Review

Reason: