# Military Leave of Absence Request Form

Red text denotes a field that needs to be changed by the user.

### Please complete this form and submit it with a copy of your military orders to your supervisor.

|  |  |  |
| --- | --- | --- |
| Employee Name (Last, First, & Middle) | Employee ID Number | Date |
|  |  |  |
| Title | Supervisor | Department |
|  |  |  |

Military Leave Beginning Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Military Leave End Date (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of leave requested: [ ]  Annual Training [ ]  Active Duty Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place a check in the appropriate box below to designate how you want your accrued [vacation time/paid time off] applied in your absence.

[ ]  I request that my accrued [vacation time/paid time off] leave be applied continuously until it is exhausted; or

[ ]  I do not wish any of my accrued [vacation time/paid time off] leave to be used during my absence; or

[ ]  I request that my accrued [vacation time/paid time off] leave be applied as specified:

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Following the Start of Military Leave, Please Direct All Correspondence to the Following Address:

[Insert Contact Name and Address]

### Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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