# 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:

|  |
| --- |
|  |
|  |
|  |
|  |

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

[Insert Contact Name and Address]

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

**Legal Disclaimer:** This document is intended for informational purposes only, and does not constitute legal information or advice. This information and all HR Support Center materials are provided in consultation with federal and state statutes and do not encompass other regulations that may exist, such as local ordinances. Transmission of documents or information through the HR Support Center does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.