

MILITARY LEAVE

First Name _____ MI _____ Last Name _____

Department _____ Jurisdiction _____ Title _____

Email _____ Phone: _____

Request For Leave

Leave Start Date: _____ Leave End Date: _____

1) I have included copies of my Military Orders for the period shown.

2) After my paid Military Leave is exhausted (**check one**):

_____ I request the use of accumulated Vacation Leave - _____ hours (optional) or
Comp Time - _____ hours (optional). When this time is exhausted, Unpaid Military Leave
will be charged for the remainder of the period.

_____ I choose to be charged Unpaid Military Leave (AL) for the remainder of the period.

3) I authorize the release of pertinent information that may be necessary to process this request.

If employee is unable to sign, a Department Head, Human Resource Representative, Appointing Authority or
Payroll Clerk may document same in employee signature line.

Employee Signature

Date

APPROVED BY: _____
Agency Representative

Date

Return From Leave

Return to Work Date: _____

- I have included copies of my release from Military Duty paperwork.
- I authorize the release of pertinent information that may be necessary to process this request.

Employee Signature

Date

MCS ONLY - APPROVED: _____
Civil Service Director or Designee

Date