



REQUEST FOR MILITARY LEAVE

Personnel Board Rule 3.7
(effective 1/1/19)

Date of Request: _____

Check one: _____ **US/FEDERAL MILITARY TRAINING/SERVICE** _____ **STATE MILITARY SERVICE**

First Name _____ **MI** _____ **Last Name** _____

Department _____ **Jurisdiction** _____ **Title** _____

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.

NOTE: Signature must be in the presence of a Department Head, Human Resource Representative, Appointing Authority or Payroll Clerk.

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

Witness Signature

Date

Witness Title

APPROVED BY:

Signature

Date

Title

MCPB ONLY - APPROVED: _____

Personnel Director or Assistant Director

Date

Remarks