

Military Leave

Request for up to Fifteen (15) Days Paid Leave

In accordance with military orders submitted, I _____
Employee's Name (printed)
request paid leave for each day I am scheduled to work during the time period covered
by these orders up to a maximum of fifteen (15) days.

This request is for calendar year _____.

Employee's Signature

Date

Check appropriate box:

- Copy of new military orders attached.
- Refer to military orders already submitted.

For Agency HR Office Use Only

Date Received in HR Office (date stamp here)

Check box when action is properly completed:

For Leaves where Employee remains on payroll:

- Attendance Form properly completed and submitted.
- Appropriate number of paid leave days deducted from available paid leave days.
- Number of paid leave days remaining in Calendar Year _____ is _____.

For Leaves where Employee is not on payroll at the time of the request:

- Special Warrant requested on properly completed form in timely manner.
- Differential Pay, if applicable, suspended during these paid leave days.
- Tracking information added to the Military Leave Agency Checklist.
- This form & supporting documentation attached to Employee's Military Leave File.
- All information & documentation communicated to the Military Leave Contact at the State Personnel Department.

Signature of HR staff processing request: