

Employee's Request for Military Family Leave

Employee's Name (printed) _____

Agency/Facility/Office _____

Calendar Year _____ Date(s) of Leave requested _____

Request to use accrued leave AND/OR Compensatory Time :

Vacation Yes No # days/hours requested _____

Personal Yes No # days/hours requested _____

Comp Time Yes No # days/hours requested _____

Employee's Signature

Date

Verifications by HR Office

Employee has been employed at least 12 months: Yes No

Employee has worked at least 1500 hours in 12-month period immediately-preceding beginning of leave? Yes No

Copy of active duty orders submitted? Yes No

If no, did employee explain why orders were not available? Briefly describe the explanation _____

Requested # days of accrued leave or earned comp time available? Yes No*

*If No, identify discrepancy and notify Employee.

days Military Family Leave previously taken in this Calendar Year _____

days Military Family Leave available in this Calendar Year prior to this leave _____

days Military Family Leave available in this Calendar Year after this leave _____

Maximum Available = 10

Name/Title of Person completing verification

Printed Name/Title

Date

Signature

Approval/Denial of Request

Request is Approved Denied

Name/Title of Person approving/denying request

Printed Name/Title

Date

Signature