

**REQUEST FOR
ACTIVE MILITARY LEAVE/MILITARY TRAINING/SUPPLEMENTAL MILITARY PAY**

Date of Request: _____

Check one: MILITARY LEAVE
 MILITARY TRAINING

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

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