

# 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

MCPB ONLY - APPROVED: \_\_\_\_\_  
Personnel Director or Designee

\_\_\_\_\_  
Date