



MILITARY LEAVE OF ABSENCE REQUEST FORM

EMPLOYEE INFORMATION		
Name (Last, First, MI)		A#
Department		Job Title
Home Address (Street, City, Zip)		
Work Phone Number:	Home Phone Number	Phone number in which you can be reached while on Military Duty (If known).
Work E-mail Address		E-mail address where you can be contacted during your Military Duty (if known)
Power of Attorney (POA) (If applicable – Attach copy)	POA Contact Phone #	POA E-mail Address

MILITARY INFORMATION		
Branch of Service		
Command Contact	Command Phone #	Command E-mail

MILITARY ORDERS		
Orders Start Date	Orders End Date	Duty Station
Are the required military orders attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)		

DATES FOR REQUESTED LEAVE OF ABSENCE	
Requested Start Date (write anticipated date if you do not know the exact date)	Return Date (write anticipated date if you do not know the exact date)

Will you be utilizing 8 hours or more of leave per month to maintain your employee benefits?

Yes No

Do you understand that you have a responsibility to contact the HRM/Payroll Office if you plan to utilize accrued leave during your leave of absence? Yes No

By my signature, I certify that this information is true and complete to the best of my knowledge. I understand that I have a responsibility to provide an updated leave of absence request form if my military leave of absence is extended.

Name:

Date:

NOTIFICATION PROCESS

Office / Department	Signature	Date
Supervisor		
Vice President		
Human Resources		
Budget		
Payroll		

COMMENTS:

APPROVAL

Office / Function	Signature	Date
AVPHRM/Representative		

COMMENTS:

Distribution:

Original maintained in Employee Personnel File

Copies distributed to:

- Payroll
- Employee
- Supervisor