

Military Leave of Absence Request and Leave Use Designation

Complete this form and submit it with a copy of your military orders your supervisor or department administrator.

Military leave beginning date: _____ Military leave end date (if known): _____

Place a check in the appropriate box(es) below to designate how you want your paid leave applied in your absence. Paid Military leave, if available will be applied before annual leave or compensatory time.

Paid Leave, Compensatory Time, Personal Holiday:

Paid Military Leave

- I request that my paid military leave be applied continuously until it is exhausted: or;
- I request that my paid military leave be applied 8 hours per month while I am on active duty to retain employer paid benefits.

Note: Under current regulations, eligible employees receive 21 days of paid military leave each year from October 1, through September 30, including while on a military leave of absence. The entitlement of 21 days of paid military leave per year ceases upon your resignation, separation, or expiration of your 5-year employment restoration rights.

Annual (Vacation) Leave:

- I request that my annual leave be applied continuously until it is exhausted: or;
- I request that my annual leave be applied 8 hours per month of my absence to retain employer paid benefits
- I do not wish any of my annual leave to be used during my absence.
- Specify Other Annual Leave Use Request _____

Compensatory Time (if available)

- I request that my compensatory time be applied continuously until it is exhausted: or;
- I request that my paid compensatory time be applied 8 hours per month of my absence to retain employer paid benefits.
- I do not wish any of my compensatory time to be used during my absence.

Personal Holiday

- I request that any personal holiday time for which I am eligible be applied to my leave on the following date(s): _____

Print Name _____
Home Address _____
Home Phone _____ Mobile Phone _____
Signature _____ Date _____