

Name:	Personnel Number:
Date Military Leave Begins:	
Agency Code/Name:	
After the above date, direct any correspondence to the following address (if applicable):	
Street Address/P.O. Box	City State Zip Code
Signature	Date Signed

Do you follow a federal fiscal year or a calendar year?

Employees who use the 15 regularly scheduled average workdays of a short-term military leave should make a one-time declaration of whether the year is a considered federal fiscal year or calendar year. Typically, this declaration is based on the year used by the employee's military unit.

Federal Fiscal

Calendar

Employees must give the employing (primary) and secondary employer advanced notice of all leaves of absence related to military service. On the Military Leave Timesheet, indicate your regular work schedule at your secondary agency. Your secondary agency should indicate the days and hours you were scheduled or expected to work absent military leave, starting on the date your military leave begins, and return the forms to your primary employer.

Please check the appropriate box(es) to indicate the type of Military Leave requested:

1. Military Leave - Short-Term (Less than 30 days):

I request to use the 15 regularly scheduled average workdays normally used annually for short-term military training.

I request that my paid military leave be applied continuously until it is exhausted, and then use my accrued annual leave and/or compensatory time until I return to work.

I request that my paid military leave be applied continuously until it is exhausted and then be placed on leave without pay status. While on leave without pay, I understand that I am responsible for following up with my benefits administrator regarding my insurance benefits.

2. Military Leave - Long-Term (30 days or more):

I request to use my additional 30 days of paid military leave in any one year.

I request that my paid military leave be applied continuously until it is exhausted, and then use my accrued annual leave (up to 45 days), accrued sick leave (up to 90 days) and/or compensatory time until I return to work.

I request that my paid military leave be applied continuously until exhausted and then use a prorated portion of my accrued annual/sick leave and/or compensatory time to retain my insurance benefits until I return to work.

I request that my paid military leave be applied continuously until it is exhausted and then be placed on leave without pay status. While on leave without pay, I understand that I am responsible for following up with my benefits administrator regarding my insurance benefits.

Once all required signatures have been obtained and all attachments uploaded, please click "Submit Form." This will route the form to the Division of State Human Resources for review.

*Attach a copy of official military orders to the email when submitting the form.