



Military Leave of Absence Application

Employee's Name: _____

SSN: _____ Branch of Service: _____

Check One: Reserve member National Guard Member Volunteer

Employee Position Title: _____ Supervisor: _____

Employee Hire Date: _____ Date notified for military duty: _____

Name of military headquarters issuing orders: _____

Order Number: _____

Date of orders: _____

Date ordered to report for active duty: _____

Length of time ordered to duty: _____

Expected Return to work Date: _____

Location of Armory/meeting place of National Guard or Reserve member: _____

Contact Person while on military duty: Name: _____

Address: _____ Phone: _____

For Payroll Office to Complete

If medical insurance is discontinued, what is the last day of coverage?
Was COBRA letter given to employee: Yes _____ No _____

How much vacation time is due employee: _____

Did employee request pay for vacation due or will be held until employee returns:
Pay Held How much sick leave is due employee: _____

Was sick leave paid or being held until employee returns: Paid Held

Has all salary due been paid to employee by last day of work: Yes _____ No _____

For HR Office to Complete

If employee (and/or family members) has medical insurance, will it be continued:
Yes ___ No ___ If yes, how long? _____

Has supervisor or department head been told of rules, policies and laws such as promotion policies, salary increases and seniority of employee while on military duty: Yes _____ No _____ Date of Notification _____

Supervisor Signature _____ Date _____

What type of retirement system covers the employee: _____

How much money is accumulated in employee's retirement account: _____

List any other benefits employee qualifies for at time of leaving for military duty. Be specific. _____

Do you have copies of military deployment orders Yes _____ No _____

Personnel Action Sheet indicate "Military Leave of Absence": Yes _____ No _____

Please attach copy of position description and military orders if available.

Signature and Title of HR Representative

Date

Signature of Employee

Date