

**MILITARY DEPARTMENT
EXTENDED LEAVE REQUEST FORM
(FOR ABSENCES OF 30 DAYS OR MORE)**

EMPLOYEE INFORMATION

Name (Last, First, MI)		Personnel Number
Division		Job Classification
Home Address (Street, City, Zip)		
Work Phone Number:	Home Phone Number	Cell Phone Number
Work Email Address		Home Email Address

INFORMATION REGARDING EXTENDED ABSENCE

Requested Start Date	Return Date (write anticipated date if you do not know the exact date)
Leave is requested for the following reason(s):	
Additional information or justification (if appropriate).	
Are you requesting to utilize 8 hours or more of leave per month to maintain your employee benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you understand that you have a responsibility to contact the payroll Office if your extended absence is approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>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.</i>	
Name:	
Date:	

NOTIFICATION PROCESS

Office / Function	Recommendation	Signature	Date
Supervisor	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval		
Comments:			
Manager	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval		
Comments:			
EMT Director	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval		
Comments:			
Human Resource Director	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval		
Comments:			

APPROVAL

Office / Function	Signature	Date
Director (TAG)		
COMMENTS:		

Distribution:

Original maintained in Employee Personnel File

Copies distributed to:

- Payroll
- Employee
- Employee Supervisor