## THE NEW YORK CITY DEPARTMENT OF EDUCATION DIVISION OF HUMAN RESOURCES AND TALENT - HR CONNECT OFFICE OF MEDICAL, LEAVES AND RECORDS ADMINISTRATION 65 Court Street, Brooklyn, NY 11201

## **OP 160-1: Application for Military Leave of Absence**

## PLEASE TYPE AND PRINT.

To be completed at school or Unit Level and forwarded to HR Connect

APPLICANT INFORMATION: To be completed by employee	
Employee's First Name	File #     Social Security Number
Employee's Last Name	Employee ID #
Maiden Or Other Name Used	CFN District Borough
Home Address	School Name School Phone #
City State Zip	Employee's DOE Email Address
Home Phone #	Cellphone #
MILITARY LEAVE OF ABSENCE REQUEST: To be completed and signed by employee and signed by school secretary	
First Physical Day of Absence	Expected Date of Return
<b>REQUIRED DOCUMENTATION:</b> (You must submit these documentation below along with this form to HR Connect Medical, Leaves & Records Administration)	
For Military Leave without Pay:For- A copy of military ordersIn	or Military Leave with Pay: (Covered operations only - i.e., Operation Enduring Freedom, Operation aqi Freedom, Operation Noble Eagle or operations specifically connected with Homeland Security) - A copy of military orders - Most recent Leave and Earnings Statement (LES) from the United States Defense Finance &
	Accounting Service - A notorized Extended Military Benefits Program (EMBP) Enrollment Form (DP-2520)
For more information on Military Leave and EMBP, visit: www.nyc.gov/html/dcas/html/employees/embp.shtml	
I hereby request a Military Leave of Absence. I understand that Military Leave of Absence begins and terminates according to the nature of military orders.	
	initary leave of Absence begins and terminates according to the nature of minitary orders.
Signature of Employee	Date
I hereby certify that applicant is regularly appointed and that the al	bove is accurate.
Signature of School Secretary	Date
EMERGENCY CONTACT INFORMATION: To be completed by employee	
Contact Person 1 (must be in the USA):	
Name	Relationship to Employee
Address	
Phone # Email Address	
Contact Person 2 (must be in the USA):	
Name	Relationship to Employee
Address	
Phone # Email Address	
Phone # Email Address PRINCIPAL ACKNOWLEDGEMENT: To be completed and signed by	/ principal / supervisor
	y principal / supervisor
PRINCIPAL ACKNOWLEDGEMENT: To be completed and signed by	/ principal / supervisor
PRINCIPAL ACKNOWLEDGEMENT: To be completed and signed by         Acknowledge         (Insert comments below)	y principal / supervisor
PRINCIPAL ACKNOWLEDGEMENT: To be completed and signed by         Acknowledge       (Insert comments below)         Comments	Date