



LEAVE OF ABSENCE REQUEST FORM - EMPLOYEE MILITARY

SUPERVISOR: FAX TO 480.993.0007

EMPLOYEE SECTION: COMPLETE & SUBMIT TO DEPARTMENT

Employee Name: _____ Date: _____

Employee 10-digit ID Number: _____

Requested Dates: From: _____ (first day of leave) To: _____ (proposed return to work date)

Type of Leave Requested: Annual Training Active Duty Branch _____

Name of military headquarters issuing orders: _____

Order Number: _____ Date of Order: _____

Date to report for active duty: _____ Anticipated length of duty: _____

PLEASE ATTACH A COPY OF YOUR MILITARY ORDERS

ASU policy allows for a paid military leave of absence for a period not to exceed 30 calendar days in any two consecutive federal fiscal (October 1-September 30) years. Any military leave in excess of 30 calendar days during the two year period must be taken as leave without pay or by using accrued vacation or compensatory time.

Following any paid portion of leave I have available, I wish to use the following accrued balances in order to maintain a paid status: Vacation Compensatory Time - OR - I do not want to use any accrued balance

Authorized contact person while you are on Military Leave:

Name: _____ Relationship: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

I understand that If I do not return from my leave of absence at the expiration of this leave, unless prior written approval of an extension has been obtained, my employment may be terminated per the terms of SPP 1011 or ACD 707.

Employee Name Employee Signature Date

SUPERVISOR SECTION: COMPLETE & FAX TO HR DISABILITY & LEAVES PROGRAM MANAGEMENT

Paid Leave Unpaid Leave

Last Day Worked _____ OR Estimated Last Day of Work _____

Department Name: _____ Department Number: _____

Data Time Administrator Name: _____ Telephone Number: _____

Supervisor/Designee Name Supervisor/Designee Signature Date

Budgetary Approval: VP/Dean/Designee Name VP/Dean/Designee Signature Date