

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 #	Title / Position	
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
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First Physical Day of Absence	Expected Date of Return
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REQUIRED DOCUMENTATION: (You must submit these documentation below along with this form to HR Connect Medical, Leaves & Records Administration)

<p>For Military Leave without Pay: - A copy of military orders</p>	<p>For Military Leave with Pay: (Covered operations only - i.e., Operation Enduring Freedom, Operation Iraqi 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 notarized Extended Military Benefits Program (EMBP) Enrollment Form (DP-2520)</p>
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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.

Signature of Employee	Date
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I hereby certify that applicant is regularly appointed and that the above is accurate.

Signature of School Secretary	Date
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EMERGENCY CONTACT INFORMATION: To be completed by employee
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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

PRINCIPAL ACKNOWLEDGEMENT: To be completed and signed by principal / supervisor

Acknowledge (Insert comments below)

Comments

Signature of Principal	Date
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OFFICE USE ONLY (FOR HR CONNECT MEDICAL, LEAVES & RECORDS ADMINISTRATION PERSONNEL ONLY)
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Employee Type	Employee Status
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