



Military Leave Reporting Form

Employee Name:	Employee ID:
Title:	
Dept. Name:	Dept. ID:

1. Date(s) of military leave to be taken: _____
2. Will this military leave be for an extended period of time (30 days or more)?: No Yes
3. Including the above dates, have/will you exceed 18 workdays of paid military leave for the current federal fiscal year (October 1 - September 30)?
 - No - Dates of leave should be paid per policy.
 - Yes - All or some of the above military leave will not be paid (exception: state declared emergency). I wish to:
 - Substitute _____ days of accrued vacation for unpaid military leave taken. (If accrued vacation is exhausted, employee will be placed on unpaid military leave of absence).
 - Be placed on an unpaid military leave of absence
4. This military leave is for: Required Field Training
 - Active Duty
 - Governor declared State of Emergency (National Guard only)
 - Other: _____

I have attached a copy of my military orders for the above dates.

Employee's Signature

Date

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Supervisor Signature

Date

Department Head Signature

Date

HR Representative/Contact Signature

Date