

**LEAVE OF ABSENCE for MILITARY DUTY**  
**Employment Status Documentation**

**NOTE:** Use of this form is advised for all extended military service (other than two-week annual training).  
Instructions: Form should be completed interactively by Employer and Employee.

Employee Name: \_\_\_\_\_ SSN (Last 4 Digits Only): \_\_\_\_ \_  
Official Title: \_\_\_\_\_ Agency: \_\_\_\_\_

**MILITARY ORDERS**

**NOTE:** Eligibility for Subpart (a) and Subpart (b) paid military leave requires documentation and/or verification of military call to duty and authority citation.

Date Ordered to report to duty (Per Orders): \_\_\_\_\_

Period of Service (Per Orders): From \_\_\_\_\_ To \_\_\_\_\_

Date departing State employment (Last Day of Work): \_\_\_\_\_

Duty authority citation (Per Orders): \_\_\_\_\_ U. S. C. \_\_\_\_\_

Name of Military Unit: \_\_\_\_\_

Address of Military Unit: \_\_\_\_\_

Commanding Officer: \_\_\_\_\_

Are you requesting to use paid military leave: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Note:** If Yes, attach completed leave slip(s).

Are you requesting to use other accumulated leave: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Note:** If Yes, attach completed annual, holiday or compensatory time leave slips.

Will you exhaust paid leave entitlements? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Note:** If Yes, attach a request for a Personal Leave of Absence without Pay.

If you will be on a Personal Leave of Absence without Pay:

Do you wish to continue State medical and life insurance for yourself? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you wish to continue State medical and life insurance for dependants? \_\_\_\_\_ Yes \_\_\_\_\_ No

To determine premiums due for continued coverage, contact: \_\_\_\_\_

If medical insurance is suspended, the last day of coverage is: \_\_\_\_\_

You may be entitled to make-up missed payments to your retirement account upon your return.

For information regarding retirement service and contributions contact: \_\_\_\_\_

You were originally appointed/hired as a (official classification) \_\_\_\_\_ on (date) \_\_\_\_\_.

You  **are**  **are not** currently serving a probationary period. If you are serving a probationary period the time remaining must be completed upon return to State employment.

You  **are**  **are not** presently eligible for the Annual Incremental Salary Increase payment to qualifying permanent State employees each July.

The person who will maintain contact with you during your military duty:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

The person who has legal authority to act on your behalf regarding employment issues during your absence:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Do you wish to receive vacancy announcements during your absence?  Yes  No  
If yes, where should they be mailed?

Name \_\_\_\_\_  
Address \_\_\_\_\_

Immediately prior to leaving for military duty:

Your working title was: \_\_\_\_\_  
Your work location was: \_\_\_\_\_  
Your unit assignment was: \_\_\_\_\_  
Your work schedule / shift assignment was: \_\_\_\_\_

Any other employment status conditions at the time of your departure/separation: \_\_\_\_\_

\_\_\_\_\_  
Signature/Title of Employer Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

c: Employee, Agency Employee Personnel File