

MILITARY LEAVE REPORTING FORM

PLEASE TYPE OR PRINT

Name	Employee ID# (PeopleSoft)	Title
Work Unit/Department	Department ID	

1. Date(s) of military leave taken: _____

2. Will this military leave be for an extended period of time (30 days or more)? _____

3. Including the above days, have/will you exceed 18 workdays of paid military for the current federal fiscal year (Oct. 1 - Sept. 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

Do you wish to continue benefits?

Yes. Please provide address for benefits billing: _____

No. Please note, you will need to contact OneUSG (844-587-4236)

4. The 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 Signature	Date
--------------------	------

Supervisor Signature

Date

Department Head Signature

Date

HR Representative/Contact Signature

Date

Please forward signed form and orders to OHR Benefits (mail code 0435) and retain copy for department files