

MILITARY LEAVE REQUEST FORM

Instructions: Return completed form with a copy of your military orders attached to your agency HR Office prior to the start of your leave/deployment.

Employee Name: _____

Agency Name: _____ Division/Unit _____

I request Military Leave beginning on _____ and ending on _____ -
(projected).

Paid Leave while on Military Leave

While an employee is on military leave, the employee may use paid military leave or accrued leave (vacation, personal leave, or compensatory time) at the employee's option. This applies only to accrued leave that has been earned before the period of service begins. I am requesting to use the leave identified below. Requested hours may not exceed my current leave balance. If the 'Hours Requested' areas are blank, I am requesting 0 hours. If the 'Order of Usage' is blank, I will allow my agency to determine the order. However, I understand that unless otherwise indicated in the 'Order of Usage' my agency will use my 176 hours* of paid military leave or any remaining portion thereof before it uses any of my accrued leave. If I have opted to use leave intermittently throughout my absence, I have provided a schedule/calendar to my agency. If no schedule has been submitted, other leave requested will be used immediately following my 176 hours* of paid military leave.

Leave Type	Current Leave Balances** (available prior to period of service)	Hours Requested	Order of Usage (immediately following 176 hours of paid military leave)
Paid Military Leave			
Vacation			
Personal Leave			
Compensatory Time			
Holiday Leave (Firefighters ONLY)			

Continuation of Health Insurance (please initial one)

_____ I do desire to retain my health insurance during this period.

_____ I do not desire to retain my health insurance or I currently have no insurance. If I have elected to not retain my health insurance, my current coverage will end on _____.**

I have attached a copy of my military orders or a copy of a letter from my military commander for the above listed dates. I have read the union contract and/or Sections 5903, 5923.05, ORC, 123:1-34-04-05, OAC.

(Employee Signature)

(Date)

Agency Contact**: _____

Phone**: _____

You have full reinstatement rights after release from active duty **if** you submit a written request for reinstatement within 90 days from completion of service.

*408 hours for Firefighter/EMT public employees

**Completed by Agency Human Resource Office

REVISED September 2012

HR Operations Working Document