



LEAVE OF ABSENCE FOR MILITARY DUTY

EMPLOYMENT STATUS DOCUMENTATION

Use of this form is advised for all extended military service (other than two-week annual training). This form should be completed interactively by both the employee and the agency.

EMPLOYEE NAME	OASIS ID
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SECTION 1 – MILITARY ORDERS

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 Employment (Last Day of Work)	Duty Authority Citation (Per Orders)	
Name of Military Unit	Name and Rank of Commanding Officer	Military Unit Address

SECTION 2 – EMPLOYMENT/LEAVE INFORMATION

<input type="radio"/> YES <input type="radio"/> NO	Are you requesting to use paid military leave? If yes, attach a completed leave slip(s).
<input type="radio"/> YES <input type="radio"/> NO	Are you requesting to use other accumulated leave? If yes, attach a completed annual, holiday, or compensatory time leave slip(s).
<input type="radio"/> YES <input type="radio"/> NO	Will you exhaust your paid leave entitlements? If yes, attach a request for a Personal Leave of Absence without Pay.
<input type="radio"/> YES <input type="radio"/> NO	If you will be on a Personal Leave of Absence without Pay, do you wish to continue State medical and life insurance for yourself?



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SECTION 2 – EMPLOYMENT/LEAVE INFORMATION CONTINUED	
	Contact the person named to the left to determine premiums due for continued insurance coverage.
	If your medical insurance is being suspended, your last day of coverage is the date stated to the left.
	You may be entitled to make up missed payments to your retirement account upon your return to work. For information on retirement services and contributions, contact the person named to the left.
Title Hire Date	Your original appointment/hire job title and effective date are stated to the left.
	Immediately prior to leaving for military duty, your work schedule/shift assignment was that which is stated to the left. (If more room is needed, use the comments section below)
<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT	Your status as to serving a probationary period is marked to the left. If you are serving a probationary period, the time remaining must be completed upon your return to employment.
<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT	Your status as to eligibility for the Annual Increment Payment received by qualifying permanent State employees is marked to the left.
OTHER EMPLOYMENT STATUS CONDITIONS AT THE TIME OF YOUR DEPARTURE AND/OR COMMENTS	



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SECTION 3 - CONTACT INFORMATION		
The person who will maintain contact with you during your military duty is:		
NAME	ADDRESS	PHONE
The person who has the legal authority to act on your behalf regarding employment issues during your absence is:		
NAME	ADDRESS	PHONE
☞ YES ☞ NO	Do you wish to receive vacancy announcements during your absence? If yes, to whom and where should they be sent?	
NAME	ADDRESS	EMAIL

SECTION 4 – SIGNATURES	
EMPLOYEE SIGNATURE	DATE
AGENCY REPRESENTATIVE NAME (Type or Print)	AGENCY REPRESENTATIVE TITLE (Type or Print)
AGENCY REPRESENTATIVE SIGNATURE	DATE