

Contact information while on leave												
Personal Email:												
Mailing Address:												
Phone:												
LEAVE INFORMATION												
Reason for Leave												
^ Active Duty Military Training Leave			From:					To:				
^ Inactive Duty Military Training Leave			From:					To:				
^ Active Duty Military Leave with Pay			From:					To:				
^ Active Duty Military Leave without Pay			From:					To:				
Submit a copy of your current orders with this request.												
I anticipate returning to my normal work schedule and duties on:												
Date:												
COMPENSATION DURING MILITARY LEAVE												
Specify the types of leave you wish to use, the dates on which to apply it, and total.												
^ Military Leave*			^ Vacation			^ Compensatory Time (Classified only)			^ Leave without Pay			
From	To	Hours	From	To	Hours	From	To	Hours	From	To	Hours	
Total Sick			Total Vacation			Total Comp						