

Military Leave of Absence Request Form

Instructions: Please complete all sections of this form. Print the completed form, sign and date it, and submit it to Human Resources along with a copy of your military orders.

Employee Information

Employee Full Name: Employee ID:
Department: Job Title:
Email Address: Phone Number:

Military Leave Details

Military Branch: Type of Duty / Service:
Leave Start Date: Expected Return Date:
Commanding Officer Name: Command Contact Phone:

Emergency Contact Information (During Leave)

Contact Person Name: Relationship:
Contact Phone Number: Contact Address:

Authorization Signatures

By signing below, the employee requests military leave for the period specified and certifies that the provided information and attached orders are authentic.

Employee Signature: Date:
Supervisor Signature: Date:
HR Representative Signature: Date: