

Military Leave of Absence Request Form

Instructions: This template is designed to be printed and filled out. Please complete all sections below. Attach a copy of your official military orders to this request and submit it to your Human Resources department prior to the commencement of your leave, or as soon as practicable.

1. Employee Information

Full Name:	<input type="text"/>
Employee ID Number:	<input type="text"/>
Job Title:	<input type="text"/>
Department:	<input type="text"/>
Supervisor/Manager Name:	<input type="text"/>
Personal Phone Number:	<input type="text"/>
Personal Email Address:	<input type="text"/>

2. Military Service & Leave Details

Branch of Military Service:	<input type="text" value="e.g., Army, Navy, Air Force, National Guard"/>
Type of Duty / Nature of Orders:	<input type="text" value="e.g., Active Duty, Annual Training, Emergency"/>
First Day of Absence (MM/DD/YYYY):	<input type="text"/>
Estimated Last Day of Absence (MM/DD/YYYY):	<input type="text"/>
Expected Date of Return to Work (MM/DD/YYYY):	<input type="text"/>

3. Compensation & Pay Election

Please indicate how you would like your compensation handled during your period of military leave (subject to company policy and legal requirements):

Option A: Paid Leave (Specify use of Accrued PTO, Vacation, or Sick Leave):	<input type="text" value="e.g., Use 5 days of PTO"/>
Option B: Unpaid Leave (Check if you request leave without pay):	<input type="text" value="e.g., Unpaid Leave for duration"/>
Option C: Military Differential Pay (If eligible per company policy):	<input type="text" value="e.g., Requesting differential pay"/>

4. Supporting Documentation

Are copy of official military orders attached? (Write YES or NO):	<input type="text"/>
If NO, please specify date orders will be provided to HR:	<input type="text"/>

5. Acknowledgment & Signatures

By signing below, I certify that the information provided is true and accurate. I understand my reinstatement rights and obligations under the Uniformed Services Employment and Reemployment Rights Act (USERRA), and that I must report back to work or apply for reemployment in accordance with USERRA timelines upon completion of service.

Employee Signature: _____	Date: <input type="text" value="MM/DD/YYYY"/>
Supervisor Signature: _____	Date: <input type="text" value="MM/DD/YYYY"/>
HR Representative Signature: _____	Date: <input type="text" value="MM/DD/YYYY"/>