



Military Leave of Absence Record

Note: Use of this form is recommended for all *extended* training (other than two-week annual).
Form should be completed by Employer and Employee.

Employee's Name: _____

SSN: _____ Branch of Service: _____

Check One: Reserve member National Guard Member Volunteer

Company Name: _____ Employee Position Title: _____

Name of Department Head or Supervisor: _____

Employee Hire Date: _____

Date Company was notified employee was leaving for military duty: _____

Military Orders: (Complete only if orders are **not** attached and information is available.)

Name of military headquarters issuing orders: _____

Order Number: _____

Date of orders: _____

Date ordered to report for active duty: _____

Length of time ordered to duty: _____

Name of military unit: _____

Location of Armory/meeting place of National Guard or Reserve member: _____

If employee (and/or family members) has medical insurance, will it be continued: Yes No
If yes, how long? _____

If medical insurance is discontinued, what is the last day of coverage? _____
Was COBRA letter given to employee: Yes No

How much vacation time is due employee: _____

Did employee request pay for vacation due or will be held until employee returns: Pay Held

How much sick leave is due employee: _____

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Was sick leave paid or being held until employee returns: Paid Held

What type of retirement system covers the employee: _____

How much money is accumulated in employee's retirement account: _____

List any other benefits employee qualifies for at time of leaving for military duty. Be specific.

Will company pay for any additional benefits such as pay difference, bonus or insurance premiums: Yes No Please Explain: _____

Has all salary due been paid to employee by last day of work: Yes No

Does Personnel Action Sheet and company records indicate "Military Leave of Absence":
 Yes No

Person who will be in contact with employee while on military duty: _____

Name: _____ Relationship: _____
Address: _____ Phone: () _____

Has supervisor or department head been told of rules, policies and laws such as promotion policies, salary increases and seniority of employee while on military duty: Yes No

Please attach copy of position description and military orders if available.

Signature and Title of Employer Representative

Date

Signature of Employee

Date

It is strongly suggest that employee communicate with company shortly after returning from active duty even if employee is not ready to return to work. This is necessary to give company planning time to accommodate you on the day you plan to return to work.

Copy: - Personnel File - Employee