

REQUEST FOR SPOUSAL MILITARY LEAVE

Employee Name:	Social Security Number (last 4 digits only)	CBID
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Immediate Supervisor Name/Phone Number

Please check all that apply:

I work at least 20 hours per week.

My spouse is a qualified member of the: United States Armed Forces
 National Guard or Reserves

I have received official notice certifying my spouse will be on leave from deployment. (You are required to attach a copy of the official notice to this form.)

LEAVE OF ABSENCE Beginning Date:	Ending Date:
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A copy of the Military Orders must be attached.

Up to 10 days of unpaid leave may be taken.

If this leave is to be paid or be a combination of paid and unpaid leave, please show the number of hours of leave to be taken.

_____ Unpaid _____ Vacation/Annual Leave _____ Other, please specify _____

You must have positive leave balances under these plans to receive payment. Your use of any leave time must be appropriate to the situation and consistent with current leave policies.

_____ Employee Signature	_____ Date
_____ Supervisor Signature	_____ Date

This section to be completed by Human Resources

You are eligible (_____) not eligible (_____) for Spousal Military Leave.

Leave credits available as of: _____

Vacation/Annual Leave: _____ Holiday/PH: _____

CTO/Excess: _____ Other (specify): _____