



## Military Leave Request Form

Employee complete form and submit to supervisor or director for signature. Send completed form to the Human Resources Office with a copy of military orders.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Requested Dates From: \_\_\_\_\_ (first day of leave)

To: \_\_\_\_\_ (approx. return to work date)

Name of military Command issuing orders: \_\_\_\_\_

Order number: \_\_\_\_\_ Date of order: \_\_\_\_\_

Date to report for active duty: \_\_\_\_\_ Anticipated length of duty: \_\_\_\_\_

Current Rank/Pay Grade: \_\_\_\_\_ Monthly Active Duty Pay Amount: \_\_\_\_\_

Do you intend to maintain City Health Benefits while deployed: Yes \_\_\_ No \_\_\_

Please review the City of Idaho Falls Military Leave Policy for full details and process.

**Please attach a copy of your military orders and LES if available**

### Authorized contact person while I am on military leave:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that I must keep my supervisor and the Human Resources Department informed of any modifications in my length of duty. I also have read and understand the Military Leave Policy and will comply with the requirements within.

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date