**Request for Military Leave of Absence Form**

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| **Employee Information** | | | | |
| **Employee Name (First, Last, Middle Initial)** | | | | |
| Home Address | City | | State | Zip |
| Job Title & Department | Telephone Number         Home  Cell | | | |
| **Absence Information** | | | | |
| This is a new request. | | This is an update to an existing request. | | |
| Requested Start Date: | | Anticipated Return Date: | | |
| **Type of Leave** | | | | |
| Temporary Military Leave – Inactive Duty Training  Emergency Military Leave – Called to Active Duty  Indefinite Military Leave – Active Duty | | | | |
| **Signatures** | | | | |
| I’ve read the Military Leave procedure and understand my responsibilities for requesting this type of leave. I understand that HR will provide written notification of the decision to approve or deny my request for leave.  Employee Signature: Date: | | | | |
| Supervisor Name: Supervisor Signature: Date: | | | | |
| **Human Resources** | | | | |
| Approved Not Approved HR Signature: Date:  EMC National Life Company Leave of Absence Rights Form Completed | | | | |
| **President** | | | | |
| Approved Not Approved President Signature: Date: | | | | |

2/4/15