

Adjutant General's Department Military Leave Request

Employee Name: _____

Agency Name: _____

I request Military Leave beginning on _____ and ending on _____ (projected).
(Date) (Date)

I am allowed to use my other available leave balances (except sick leave) immediately after I have exhausted my 176 hours of military leave each calendar year. Requested hours may not exceed my current leave balance. If 'Hours Requested' areas are blank, I am requesting 0 hours. If the 'Order of Usage' is blank, I will allow my agency to determine the order.

Leave Type	Hours Requested	Order of Usage (1 st - 2 nd - 3 rd)
Compensatory Time		
Personal		
Vacation		

Once my available Military Leave is exhausted and I have used the other available leave I have chosen above, I authorize my agency to place me in "Military Leave of Absence without Pay."

Continuation of Health Insurance (please initial one of two listed choices)

_____ **Choice 1.** I do desire to retain my health insurance during this period. (initial one of two payment options below, if indicating continuation of health insurance)

_____ Choosing to retain my health insurance coverage, I will make a direct pay of employee share of health insurance (coordinated with the Human Resource Office).

_____ Choosing to retain my health insurance coverage, I request an advance of money (up to \$1500) to cover the employee share of health insurance.

_____ **Choice 2.** I do not desire to retain my health insurance or I currently have no insurance.

I have attached a copy of my military orders or a copy of a letter from my military commander for the above listed dates. I have read the union contract and/or Sections 5903, 5923.05, ORC, 123:1-34-04-05, OAC.

(Employee Signature) (Date)

** Agency Contact _____ Phone number (____) _____

You have full reinstatement rights after release from active duty **if** you submit a written request for reinstatement within 90 days from completion of service.

****PLEASE PROVIDE EMPLOYEE WITH COPY OF SIGNED FORM****

Revised JAN 2003