

Employee name:
Employee EID:
Department:
Employee phone:
Employee email:

Military Leave of Absence Request and Leave Use Designation (Academic Personnel Use Only)

Complete this form and submit it with a copy of your military orders to your chair/director.

Note: Under current regulations, eligible employees receive 21 days of paid military leave each year from October 1 through September 30, which may be applied toward a military leave of absence. The entitlement of 21 days of paid military leave per year ceases upon your resignation, separation, or expiration of your 5-year employment restoration rights.

Period of military leave:
 From: (mm/dd/yyyy) To: (mm/dd/yyyy) *if known*

Paid Leave Designation – check the appropriate box to designate your choice of paid leave options

- I request that my paid military leave be applied continuously until it is exhausted, or;
- I request that my military leave be applied intermittently while I am on active duty in an amount sufficient to retain my employer-paid benefits.*

*Contact the Benefits Office for assistance with this calculation.

Employee signature _____ Date _____

Certification

The dean's or chancellor's office has reviewed this request and certifies that the dates are consistent with military orders.

 Dean's or chancellor's office signature Date

Return to:
 Academic Human Resources
 Box 351270
 Seattle, WA 98195-1270
 v(206) 543.5630 f(206) 221.4622
 acadleaves@uw.edu