**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