PAID MILITARY LEAVE REIMBURSEMENT REQUEST

Agency Name:

Name: _____

Address: _____

Contact person name: _____

Telephone number: _____

FAX number: _____

E-mail address: _____

Employee:

Name First: _____ Last: _____ Mi: ___

Employment status: ☐ Permanent ☐ Temporary: Start Date: _____

If temporary: ☐ Full-time ☐ Part-time

Working Test period completed? ☐ Yes ☐ No

If NO, does the individual have underlying permanent civil service status? ☐ Yes ☐ No

Full-time employment start date: _____

Military Branch: ☐ Army ☐ Marines ☐ Navy ☐ Air Force

☐ Coast Guard

Reserve Component Type: ☐ Reserve

☐ National Guard (State of _____)

Military Leave Chart: **List all Leaves for the Entire Calendar Year**

Duty Type	Start Date	End Data	# Total Days	# Workdays

Please review this form's instruction sheet for the required attachments.