

Leaves for Military Families EMPLOYEE'S REQUEST FORM

Employee: Please type or print all information. Submit this form to the department supervisor. Retain a copy for yourself. The original form and a copy of the active duty orders are maintained in the department file.

Employee name _____ Date _____

Department _____

Choose one: Staff or Temporary employee

Number of days requested off for Military Family Leave _____ Date(s) requested _____

Relationship to person on military duty _____

Have you provided a copy of the active duty orders 30 days in advance? Yes No

If no, explain _____

Employee signature _____

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For department use only: Please type or print all information. Maintain this original form and a copy of the active duty orders in the department file. Employee should retain a copy.

EMPLOYEE ELIGIBILITY

Has the employee been employed at IU for 12 months? Yes No

Has the employee worked 1500 hours in the last 12 months as of the date leave is requested? Yes No

Is this the first such leave requested this calendar year? Yes No

If no, what were the dates of the last leave? _____

An employee is eligible to take up to 10 workdays of Military Family Leave in a calendar year.

How many days of eligibility does the employee have remaining in this calendar year prior to this request? _____

APPROVAL

Request is approved for _____ number of workdays.

Dates off approved _____

DENIAL

Employee does not meet employment eligibility.

Employee has used all 10 workdays this calendar year.

Print name and title of person approving/denying request

Signature

Date