



EMPLOYEE : Please complete and submit to HR/Payroll Department

Employee Name: _____ Date of Hire: _____

Position: _____ Supervisor: _____

Date Military Orders Begin: _____ Date Military Orders End: _____

Order Number: _____ Anticipated Return to Work Date: _____

Type of Leave Requested: (Check One)

Full or Partial Mobilization—31 days or more

Full or Partial Mobilization—less than 31 days

Active Duty Training—31 days or more

Active Duty Training—less than 31 days

PLEASE ATTACH A COPY OF YOUR MILITARY ORDERS

In accordance with Section 37-01-25 of the North Dakota Century Code any leave of absence necessitated by a full or partial mobilization must be without loss of pay for the first thirty (30) days. Upon completion of thirty (30) days military leave, an Employee may use any accumulated annual leave. Once all military leave and annual leave have been exhausted, the Employee will be placed on leave without pay. While on leave, Employees shall retain their years of service rights and accumulated benefits, but shall earn no additional benefits during this period.

Following any paid portion of military leave I have available, I wish to use the following accrued balances as indicated: (Check One)

I choose to use _____ hours of my annual leave.

I choose not to use any annual leave.

Authorized Contact Person while on military leave:

Name: _____ Relationship: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone No. _____ Email: _____

Employee Signature: _____ Date: _____

Office Use Only:
HR has notified Supervisor _____ Date: _____