

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Agency Name \_\_\_\_\_  
 Address \_\_\_\_\_ Agency Number \_\_\_\_\_  
 \_\_\_\_\_ Emergency Contact \_\_\_\_\_  
 Banner ID \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Emergency E-mail \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Branch of Service \_\_\_\_\_

**MILITARY LEAVE NOTIFICATION**

- I have been ordered to **military duty** effective \_\_\_\_\_.  
 Attached is a copy of my orders.  
 Official verbal notification was received from \_\_\_\_\_.

**MILITARY LEAVE WITH PAY**

- **MILITARY LEAVE WITH PAY.** I may use up to 15 days of military leave with pay per federal fiscal year, not more than 15 days per deployment.  
 I have not used my 15 days of military leave with pay and want to use the balance due me before being placed on military leave without pay status.  
 I have used my 15 days of paid military leave and want to use my leave as indicated below to continue in a paid status. I realize that when my personal balances are exhausted, or if I choose not to use my personal leave balances, I will be placed on military leave *without* pay as outlined on the next page.
- **JOB.** My job will remain the same.
- **PAY.** My pay will remain the same.
- **BENEFITS.** My benefits will remain the same. Before I am placed on leave without pay, I know I must decide whether to retain, use, or be paid for other leave balances available to me. My choices are indicated below.

❖ **MILITARY LEAVE BANK**

I have Military Bank leave converted from excess annual leave. I was eligible as a member of the National Guard or Military Reserves to accrue these Military Bank leave hours.

- I want to **retain** my banked military leave balance as follows:  
*Amount:*  Entire Balance, or  \_\_\_\_ hours.
- I want to **use** my banked military leave balance before going on military leave without pay as follows:  
*Amount:*  Entire balance, or  \_\_\_\_ hours.  
*Usage:* *Continuous on regular payroll schedule.*

❖ **ANNUAL LEAVE**

I will not accrue any annual leave when I am on leave without pay.

- I want to **retain** my annual leave balance as follows:  
*Amount:*  Entire balance, or  \_\_\_\_ hours.
- I want to **use** my annual leave balance before going on military leave without pay as follows:  
*Amount:*  Entire balance, or  \_\_\_\_ hours.  
*Usage:* *Continuous on regular payroll schedule.*
- I want to be **paid** up to my allowable payment limit as follows:  
*Amount:*  Entire balance, or  \_\_\_\_ hours.  
*Payment:*  Lump sum, or  on a regular payroll schedule.  
 I know I cannot repurchase any annual leave more than 180 days after payment.

# MILITARY LEAVE WORKSHEET

## ❖ COMPENSATORY LEAVE

- I want to **retain** my compensatory leave balance as follows:  
*Amount:*  Entire balance, or  \_\_\_ hours.  
I know this leave must be used within one year following reinstatement.
- I want to **use** my compensatory leave balance before going on military leave without pay as follows:  
*Amount:*  Entire balance, or  \_\_\_ hours.  
*Usage:* Continuous on regular payroll schedule.
- I want to be **paid** as follows:  
*Amount:*  Entire balance, or  \_\_\_\_\_ hours.  
*Payment:*  Lump sum, or  on a regular payroll schedule.

## ❖ OVERTIME LEAVE

- I want to **retain** my overtime leave balance as follows:  
*Amount:*  Entire balance, or  \_\_\_ hours.
- I want to **use** my overtime leave balance before going on military leave without pay as follows:  
*Amount:*  Entire balance, or  \_\_\_ hours.  
*Usage:* Continuous on regular payroll schedule.
- I want to be **paid** as follows:  
*Amount:*  Entire balance, or  \_\_\_ hours.  
*Payment:*  Lump sum, or  on a regular payroll schedule.

## ❖ TRADITIONAL SICK LEAVE

- I will not accrue any sick leave when I am on leave without pay.
- I have less than 5 years of continuous service and must **retain** all my sick leave balance.
  - I have 5 or more years of continuous service and I want to **retain** all my sick leave balance.
  - I have 5 or more years of continuous service and I want to be **paid** 25% of my balance up to \$5000 in a lump sum. I know my sick leave balance will be zeroed and that I must serve a new 5-year period of continuous service to be eligible for another sick leave payment.

## ❖ VSDP SICK AND FAMILY AND PERSONAL LEAVE

- I will not be credited any sick or family and personal leave while I am on leave without pay.
- I want to **retain** all my sick and family and personal leave balance. I know my balances lapse on January 9<sup>th</sup> each year.
  - I want to **use** all my family and personal leave balance before going on military leave without pay. I know I may not use my sick leave balance.

## MILITARY LEAVE WITHOUT PAY

- **MILITARY LEAVE WITHOUT PAY.** Upon exhausting any accrued leave I have chosen to take, I will be placed in LWOP-Military status for up to 5 years (as described in the Uniformed Services Employment and Reemployment Rights Act) as ordered.
- **JOB.** When I request reinstatement to state employment from military service, I will receive a comparable job, but not necessarily the same job.
- **PROBATIONARY PERIOD.** If my probationary period was interrupted, I will complete it when I return to state service, according to the policy at the time of my reinstatement.
- **PAY.** I will not receive my regular state pay, but I will receive federal pay. However, if my gross military salary plus allowances is less than my total gross state salary, I will be eligible for the Active Military Supplement. To receive the supplement I understand that I must see that my agency receives my LES (Leave and Earnings Statement) for my initial pay and a new LES after any changes in my salary or orders. If I am unable to provide the LES, I will ask my designated contact to provide the agency with the information.
- **BENEFITS.** I know my benefits will change and that I must make some decisions before I am placed on military leave without pay status. My benefit choices are indicated below.

\* If it is impossible for me to supply the required LES, I authorize the Department of Human Resource Management to inquire to a responsible military authority about my military pay. I also agree to provide the required documentation upon my reinstatement to receive any supplement that may be due me.

# MILITARY LEAVE WORKSHEET

## ❖ HEALTH INSURANCE

An Extended Coverage package will be sent to my home address and I know that I must submit additional information. While I am on military leave without pay, my options will be:

- ◆ to **continue** my health insurance coverage for up to 24 months from the start of leave without pay. I will continue to pay the employee portion for the plan in which I am currently enrolled. I will pay my health care plan on the 1<sup>st</sup> of each month for insurance for that month.
- ◆ to **discontinue** my state health insurance coverage.

## ❖ MEDICAL EXPENSE FLEXIBLE REIMBURSEMENT ACCOUNT

An Extended Coverage package will be sent to my home address and I know that I must submit additional information. My options will be:

- ◆ to **continue** my medical expense flexible reimbursement account and I will have payment options of a lump sum for the rest of the year or monthly on the 1<sup>st</sup> of each month; or
- ◆ to **discontinue** my medical expense flexible reimbursement account.

## ❖ DEPENDENT CARE FLEXIBLE REIMBURSEMENT ACCOUNT

I may file and be reimbursed for dependent care claims incurred before I go on leave without pay. I understand that my dependent flexible reimbursement account will not continue when I am on leave without pay.

## ❖ LONG-TERM CARE INSURANCE

- I want to **continue** my long-term care insurance and I will contact Aetna for direct billing.
- I want to **discontinue** my long-term care insurance and I will stop making payments.

## ❖ BASIC GROUP LIFE INSURANCE

My basic group life insurance will continue as a state paid benefit for 24 months after I am placed on military leave without pay. After that period, I know that I may convert to an individual policy and I will pay my own premium.

## ❖ OPTIONAL LIFE INSURANCE

- I want to **continue** optional life insurance for up to 24 months and I will continue to pay the cost. After that period, I may convert to an individual policy.
- I want to **discontinue** my optional life insurance and I will stop making payments. Immediately upon re-entry into state service, I have the choice of being reinstated to the optional life insurance plan and I will pay the cost.

## ❖ RETIREMENT SERVICE CREDIT AND PURCHASED SERVICE CREDIT

I know retirement service credit will not accrue while I am on military leave without pay. If I return to state service within 12 months after an honorable or general discharge, my military service credited toward retirement service. I understand that I cannot continue to purchase service credit on a pre-tax or after tax basis.

## ❖ DEFERRED COMPENSATION AND CASH MATCH

I understand that contributions cannot be made to the deferred compensation plan while I am on military leave without pay. When I return to state service, I may make up any missed contributions when I provide appropriate information. Because no contributions will be made when I am on leave without pay, I will not receive any cash match contributions. ***If I receive an Active Military Supplement and choose to contribute at least \$10 per pay period to Deferred Compensation, the contribution and Cash Match deduction may continue.***

## ❖ OTHER PAYROLL DEDUCTIONS

Since I will not be on the state payroll when I am on military leave without pay, all my payroll deductions will cease. I will make appropriate arrangements to pay for those things I want to continue on my own. If I receive Active Military Supplements certain deductions can continue to be withheld: optional group life, annuities, CVC, Savings Bonds. Military pay is subject to court-ordered withholdings. I understand that taxes and other required deductions will be taken from any Active Military Supplement I receive.

## SIGNATURE

*The details concerning Military Leave are contained in Human Resource Policy 4.50. I know to contact my Human Resource Officer to discuss the impact on specific agency provided benefits and any other questions that I may have. I understand that I may have to complete additional forms to make the changes I have selected.*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Distribution: Agency Human Resource Officer  
Employee

Military Leave Worksheet - 2022 Nov.pdf  
Revised 11/2/22