

**UNIVERSITY OF CONNECTICUT  
REQUEST FOR MILITARY LEAVE**

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Employee's Name:

Title:

Department:

Unit:

Employee Number:

I request a leave of absence:  With Pay  Without Pay from \_\_\_\_\_ to \_\_\_\_\_

This military leave is for:  Required Field Training  
 Unscheduled Emergency  
 Active Duty

I have attached a copy of my military orders for the above dates.

\_\_\_\_\_  
*Employee's Signature* \_\_\_\_\_  
*Date*

.....  
This request conforms with the University's policy and procedure for military leave.

\_\_\_\_\_  
Supervisor \_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head \_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Dean or Director \_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**(Please forward the signed form and orders to Human Resources, with a copy to Payroll)**