

**UNIVERSITY OF CONNECTICUT
REQUEST FOR MILITARY LEAVE**

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
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Department Head	Signature	Date
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Dean or Director	Signature	Date
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(Please forward the signed form and orders to Human Resources, with a copy to Payroll)