



UCF Human Resources
MILITARY LEAVE REQUEST FORM

Please Print, Type or Write Legibly

Check one: New Leave of Absence: Revision of original request (superseding): Extension of Leave:

Department Name: _____ College/Division: _____

Employee ID #: _____ Position Title: _____ Check one: USPS: A&P: Faculty:

Employee's Name: _____
Last name First name Middle Initial

Home Mailing Address: _____
Street Address/P.O. Box City State Zip

Home Email Address: _____ Campus Email Address: _____

Campus Phone #: _____ Home Phone #: _____ Cell Phone#: _____

Reason for Leave (Please check one): Active Duty Military Leave <input type="checkbox"/> Military Training (active or inactive duty) <input type="checkbox"/>	
<i>This form must be submitted when absent for 10 or more consecutive days for active military duty or training for active or inactive duty. A copy of your military order(s) <u>must</u> be submitted no later than 30 days after the start of this leave.</i>	
Last Day of Work: _____ Leave Start Date: _____ Leave End Date: _____	
While on military leave I will use: (check all that apply)	
<input type="checkbox"/> Military Training Leave <i>(May use up to 240 hours Admin. leave for Active or Inactive Duty for Training)</i>	From _____ to _____
<input type="checkbox"/> Military Leave with pay <i>(First 30 calendar days of Admin. leave for Active Duty not for Training per order No.)</i>	From _____ to _____
<input type="checkbox"/> Military Leave with pay <i>(After first 30 days of Active Duty)</i>	From _____ to _____
While on leave with pay I will use <input type="checkbox"/> Annual Leave <input type="checkbox"/> Compensatory Leave <input type="checkbox"/> Military Pay Supplement	
<input type="checkbox"/> I wish to use a minimal amount of accrued leave to maintain my insurance benefits.	
<input type="checkbox"/> Military Leave without pay <i>(After using maximum admin leave for training or active duty)</i>	From _____ to _____
<input type="checkbox"/> Military Personal Leave <i>(Based on time limits for returning from Active Duty)</i>	From _____ to _____
While on personal leave I will use <input type="checkbox"/> Annual Leave <input type="checkbox"/> Compensatory Leave <input type="checkbox"/> Leave without Pay	
<input type="checkbox"/> While on active military duty my military pay will be lower than my UCF Salary. After receiving full pay for 30 days, I understand that I am eligible for a military pay supplement. I understand that I must provide to UCF Human Resources a copy of my Military Leave and Earnings Statement for my first 30 days of active military service. _____ Initials	
I anticipate returning to my normal work schedule and duties on: Date: _____ Time: _____	

I acknowledge that I have read the "Instructions for Completion" page understand and accept a military leave of absence as stated.

Employee Signature: _____ **Date:** _____

Approved
 Yes: No: **Signature Chair/Supervisor:** _____ **Date:** _____

Print Name: _____ Email Address: _____

Campus Extension: _____ Fax Number: _____

Yes: No: **Signature Dean/Director:** _____ **Date:** _____

Print Name: _____ Email Address: _____

Campus Extension: _____ Fax Number: _____

Comments: _____

For HR Use Only The Human Resources Director has Final Approval for all military leaves of absence.

This request for leave of absence is approved: YES: NO: Employee is on paid leave: Employee is on unpaid leave:
 Human Resources Director: _____ Date: _____

Comments: _____

INSTRUCTIONS FOR COMPLETING MILITARY LEAVE FORM

Employee Name: _____ Employee ID: _____

Please provide the names of your Payroll Processor, EPaF Processor, and HR Liaison:

Payroll Processor: _____ email: _____

EPaF Processor: _____ email: _____

HR Liaison: _____ email: _____

1. *Falsification* of this request, or any documentation provided to support this request, is cause for immediate dismissal.
2. **I understand** that no later than two (2) weeks before my scheduled date to return to work, or by the date stated in my leave letter, I **must** complete and submit to my supervisor or Human Resources, the Intent to Return to Work Form, request an extension of this leave of absence, or I must submit my written resignation. Any issues in obtaining forms or documentation by the date provided in my leave approval letter must be reported to my supervisor and/or the HR Leave Coordinator prior to the deadline for the submission of documentation in order for me to be in compliance with university leave procedure.
3. **I understand** it is my responsibility to cancel, change or pay my benefits during my military leave. To cancel or change coverage I must contact People First directly at 1-866-663-4735 within 30 days of the start of my military leave. If I do cancel or change my benefits I must contact People First directly within 30 days of the end of my leave to reinstate any cancelled benefits I wish to retain. If I choose not to cancel my benefits, and I am not using administrative or accrued leave, or it is past my 30 days of active duty paid leave, than I must contact the UCF HR Benefits section at 407-823-2771 immediately to make arrangements to pay my insurance premiums or my benefits will be suspended and unusable until all back payments are received and processed.
4. **I understand** I am entitled to reinstatement to my position or to an equivalent position following separation from active duty as long as I return within the time lines established under USERRA. I am entitled to all seniority rights, performance ratings and promotional status.
5. **Please do not leave any sections blank.** If this is the first time you are requesting a military leave of absence check the *new leave of absence* box; if you have already submitted a request for this leave, but the dates for the leave of absence or other information has changed since the original request was submitted, check *revision of original request*; if you are requesting an extension of a previously approved military leave of absence that is ending, check the *extension of leave* box.
6. Enter your department name, College/Division, Employee Identification number, job title, and check the appropriate pay plan to indicate whether you are a USPS, A&P, or Faculty. Enter your last name, first name, and middle initial. Enter your home mailing address, home email address and campus email address. Enter your department name, campus phone number, home phone and cell phone numbers (including area codes).
7. Check the type of military leave you are requesting and be sure to attach the proper documentation (Orders, Certifications, or other documentation you deem necessary). A copy of your written military orders must be submitted as soon as possible but not later than 30 days after the start of this leave. Your start and end date for this leave must match your military orders.
8. Check the type of leave you will use while on military leave. For active military duty you are allowed to use up to 30 calendar days of administrative leave. When absent for military training for active or inactive duty an employee may use up to 240 hours of administrative leave per fiscal year. After exhausting administrative leave, employees may be on leave without pay or use their accrued annual and/or compensatory leave in their account at the start of their leave.
9. This form must be signed by the employee, supervisor or Chair, Dean or Director. The final approval/denial authority for a military leave of absence has been delegated to the Director of Human Resources.
10. ***When you return from an active duty military leave of absence you must provide a copy of your discharge papers to your HR Leave Coordinator to ensure that you receive full retirement credit for your period of active military service.***
11. ***Please note that the department must process an ePAF when an employee returns to work from a military leave of absence in order to return the employee back to active pay status.***

You will receive notification of approval/denial of the requested leave of absence via email (if address is provided) and regular mail. Questions regarding this form should be directed to your Human Resource Leave Coordinator at 407-823-2771 or you may email questions to loandworkcomp@mail.ucf.edu.