



Human Resources MILITARY LEAVE REQUEST FORM

UNIVERSITY OF CENTRAL FLORIDA

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: Active Duty Military Leave Military Training (active or inactive duty)
A copy of your military order(s) must be submitted no later than 30 days after the start of this leave.

Last Day of Work: _____ **Leave Start Date:** _____ **Leave End Date:** _____
While on military leave I will use: (check all that apply)
 Military Training Leave (May use up to 240 hours Admin. leave for Active or Inactive Duty for Training) From _____ to _____
 Military Leave with pay (First 30 calendar days of Admin. leave for Active Duty not for Training per order No.) From _____ to _____
 Military Leave with pay (After first 30 days of Active Duty) From _____ to _____
 While on leave with pay I will use Annual Leave Compensatory Leave Military Pay Supplement
 I wish to use a minimal amount of accrued leave to maintain my insurance benefits.
 Military Leave without pay (After using maximum Admin leave for training or active duty) From _____ to _____
 Military Personal Leave (Based on time limits for returning from Active Duty) From _____ to _____
While on personal leave I will use Annual Leave Compensatory Leave Leave without Pay

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 and must provide 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 understand and accept a leave of absence as stated on this page. I further acknowledge that I have read the "Employee and Department Responsibilities for Completion" page accompanying this form and I understand all of my leave responsibilities and the information provided therein:

Employee Signature: _____ **Date:** _____

For Use By Department and Human Resources
Department (Supervisor) must complete (Please type or print legibly):

Payroll Processor: _____ email: _____
EPaf Processor: _____ email: _____
HR Liaison: _____ email: _____

Approved

Yes: No: **Signature Chair/Supervisor:** _____ **Date:** _____
Print Full Name: _____ Campus Extension: _____
Email Address: _____

Yes: No: **Signature Dean/Director:** _____ **Date:** _____
Print Full Name: _____ Campus Extension: _____
Email Address: _____

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: By: _____ Date: _____
Comments: _____

**Employee and Department Responsibilities and
Instructions for Completion of Military Leave Request Form**

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 the Intent to Return to Work Form. If I am not returning on the date stated on my request form, I must 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 the university's leave procedure.
3. **This request for leave must have Departmental Approval/Signature by the Chair and Dean for Faculty or by the Supervisor and Director/Dean for USPS and A&P. I will submit the request to my supervisor.**
4. I understand it is my responsibility to cancel, change or pay my insurance premiums during my military leave. To cancel or change coverage I must contact People First directly at 1-866-663-4735 within 60 days of the start of my military leave. If I do cancel or change my benefits I must contact People First directly within 60 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 on unpaid leave, I must contact the HR Benefits section immediately at 407-823-2771 to make arrangements to pay my insurance premiums or my benefits will be suspended and unusable until all back payments are received and processed.
5. 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.
6. 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.
7. **Please do not leave any sections blank.** Enter your department name, College/Division, Employee Identification number, position title, and check the appropriate pay plan to indicate whether you are a USPS, A&P, or Faculty employee. Enter your last name, first name, and middle initial. Enter your home mailing address, home email address and campus email address. Enter your campus phone number, home phone and cell phone numbers (including area codes).
8. 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 no later than 30 days after the start of this leave.
9. Check the type of leave you will use while on military leave. For active military duty you are eligible to use up to 30 calendar days of administrative leave. When absent for military training (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.
10. This form must be signed by the employee, supervisor and/or chair, dean and/or director. The final approval/denial authority for a military leave of absence has been delegated to the Director of Human Resources.
11. **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 appropriate retirement credit and leave accruals for your period of active military service.**
12. **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 the Leave Administration Section at 407-823-2771 or you may email questions to loandworkcomp@ucf.edu.