Military Spouse Leave Request Form

Name: Program/Department: Employee ID#: Date: B. Eligibility	A. Personal Information				
Please check all that apply: I am regularly scheduled to work a minimum of 20 hours per week. My spouse is a qualified member of the United States Armed Forces, National Guard or Reserves. My spouse has been deployed for active duty (a) as a member of the U.S. Armed Forces during a period of military conflict to an area designated as a combat theater or combat zone by the U.S. President, or (b) as a member of the National Guard or Reserves during a period of ficial notice certifying that my spouse will be on leave from deployment during a period of military conflict (Please attach a copy of the official notice to this form.) • Date official notice was received:	Name:	Program/Department:	Employee ID#:	Date:	
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C. Duration of Leave I am requesting days of leave during my spouse's leave from deployment for the following dates: to D. Employee Request I understand this leave is unpaid unless I have available vacation or personal time I am requesting to use available vacation/personal time during my leave. Employee Signature Date	Date official notice was received:				
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	Employee Signature		Date		
Supervisor Signature Date			2.000		
	Supervisor Signature		Date		

E. Trust Human Resources Action		
Approved Denied (provide explanation)		
HR Specialist Signature	Date	