



DEPARTMENT OF ADMINISTRATIVE SERVICES  
STATEWIDE HUMAN RESOURCES  
BENEFITS AND LEAVES

**MILITARY LEAVE REQUEST FORM**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Bargaining Unit

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

I am requesting military leave effective: \_\_\_\_\_ through \_\_\_\_\_.

Approval of military leave and any subsequent payment is contingent upon statutory eligibility and maximum number of days per bargaining unit contract. Submission of official military orders will be required to approve military leave (whether paid or unpaid).

In order to determine whether your leave will qualify for pay, please indicate whether your military leave is due to:

\_\_\_\_ Drill/Training or \_\_\_\_ Unscheduled emergency call-up

If it is determined that you have exhausted your paid military leave entitlement, or if during the course of your leave your entitlement exhausts, please select a supplemental option. Each request **MUST** have one of the below sections completed.

\_\_\_\_ Military Leave without pay

\_\_\_\_ Military Leave supplemented with accrued leave time\*

\*If electing to supplement with accrued leave, please indicate which leave time you want to use 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup>. If electing not to use the time, please leave blank.

\_\_\_\_ Vacation \_\_\_\_ Holiday/Comp \_\_\_\_ Personal Leave

If you are approved for military leave and you return early or your leave is extended, you must notify DAS Benefits & Leaves as soon as you can to adjust your records accordingly. Failure to do so may result in delays in processing any pay due to you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date submitting form to DAS

Return completed form by fax: 860-622-4928 or email: [DAS.BenefitsandLeavesPod5@ct.gov](mailto:DAS.BenefitsandLeavesPod5@ct.gov).