

SANTA CRUZ COUNTY - EMPLOYEE REQUEST FOR MILITARY LEAVE (ACTIVE DUTY)

NOTE REGARDING LEAVE FOR INACTIVE DUTY: This form is to be used to request military leave for active duty. Request for inactive duty (weekend drills) should be submitted directly to the employee's department on form PER1082 (Employee Request for Time Off-Departmental) with a copy of the employee's orders. Should inactive duty fall on an employee's scheduled workday, the employee's first choice is leave of absence without pay. The second choice is use of accrued compensatory time. The third choice is use of accrued vacation/annual leave or administrative leave.

REQUEST FOR MILITARY LEAVE FOR ACTIVE DUTY:

Department \_\_\_\_\_ Employee Number \_\_\_\_\_

Employee Name  
(print) \_\_\_\_\_

Employee are eligible for up to 30 calendar days per year of time off with pay for training, if: (1) it is for active military training; and (2) the employee has been employed by the County for at least one year, or has one year of active military service. Such leave encompasses "summer drills" such as two week encampments or cruises, but may also include special assignments or call up for emergency duty. Under certain circumstances, employees may be called to military duty with pay for a longer period of time. Should any question arise as to the duration of or compensation for a period of leave, the operating department should fax a copy of the employee's order to and call Margo Berkowitz in Personnel (454-2945).

All requests MUST be accompanied by appropriate military orders, submitted as far in advance as possible.

Identify below the period of active duty shown on your orders:

-----FROM-----THROUGH-----

Hour \_\_\_\_\_ am/pm Date \_\_\_\_\_ Hour \_\_\_\_\_ am/pm Date \_\_\_\_\_

Identify below the period of work days absent from work on the military leave requested:

-----FROM-----THROUGH-----

Hour \_\_\_\_\_ am/pm Date \_\_\_\_\_ Hour \_\_\_\_\_ am/pm Date \_\_\_\_\_

Total work days for the period of military leave: \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Departmental Approval \_\_\_\_\_ Date \_\_\_\_\_

Personnel Approval \_\_\_\_\_ Date \_\_\_\_\_