



REQUEST FOR MILITARY LEAVE

Section I: To be Completed by Employee Requesting Military Leave

First Name: _____ M.I.: __ Last Name: _____ Emp. ID: _____

Job Title: _____ Dept: _____ Home Phone: _____

Work Schedule: _____

I hereby request military leave to perform Ordered Military Duty as authorized by military regulations, statute or applicable rule of the Long Island Rail Road as follows:

Military Unit: _____ Branch of Service: _____

Inclusive dates of ordered military duty (include relief days, holidays & vacation days):

From: _____ To: _____

Actual time of ordered drill attendance:

From: _____ To: _____

Is this a scheduled Unit Drill? Yes No

Attach written orders and other relevant documentation of request. Sign below and submit to your Department Head.

Employee Signature: _____ Date: _____

Section II: To be Completed by the Department Head Date Request Received: _____

THE FOLLOWING MILITARY LEAVE HAS BEEN APPROVED:			MILITARY LEAVE BALANCE WORKSHEET:	
Military Leave Approved	# Days w/Pay	# Days w/o Pay	Category	# Days
Scheduled Work Days			Annual Allowance	
Holidays			Balance After Last Request	
Vacation Days			Paid This Request	
Relief Days			Remaining Balance	
TOTALS:			Notes:	

Department Head Signature: _____ Date: _____

SECTION III: To be completed by Human Resources

Executive Director – HR Signature: _____ Date: _____