

LEAVES FOR MILITARY FAMILIES

EMPLOYEE REQUEST FORM

**IMPORTANT INFORMATION—PLEASE READ BEFORE COMPLETING THIS FORM**

Please type or print all information legibly. Submit this form to your department supervisor and retain a copy for yourself. The original form and a copy of the active duty orders are maintained in the department file. Indiana law allows family members of individuals on active duty in the uniformed services to take temporary leaves of absence within specified time frames. Further information on Military Leave Policy & Procedures, including the terms and conditions of Military Leave can be found at hr.iu.edu/employment/rights.html#military.

SECTION 1—TO BE COMPLETED BY EMPLOYEE

Employee Name:		10-Digit UID:	
Department:		Classification: <input type="checkbox"/> Staff <input type="checkbox"/> Part-Time Employee	
Name of person on military duty:		Relationship to person on military duty:	
Number of days requested off for military family leave:		Date(s) requested:	
Have you provided a copy of the active duty orders 30 days in advance? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			
Employee Signature:		Date:	

SECTION 2—TO BE COMPLETED BY DEPARTMENT ONLY

Type or print all information. Maintain this original form and a copy of the active duty orders in the department file. Employee should retain a copy.

EMPLOYEE ELIGIBILITY

Has the employee been employed at IU for 12 months? Yes No

Has the employee worked 1,500 hours in the last 12 months as of the date leave is requested? Yes No

Is this the first such leave requested this calendar year? Yes No If no, dates of the last leave: _____

An employee is eligible to take up to 10 workdays of Military Family Leave in a calendar year.

How many days of eligibility does the employee have remaining in this calendar year prior to this request? _____

 APPROVAL **DENIAL**

Request is approved for _____ number of workdays.

Dates off approved _____

Employee does not meet employment eligibility.

Employee has used all 10 workdays this calendar year.

Department Representative Printed Name:

Department Representative Title:

Department Representative Signature:

Date: