

# MILITARY LEAVE WORKSHEET

## PERSONAL INFORMATION

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Agency Number \_\_\_\_\_

\_\_\_\_\_

Emergency Contact \_\_\_\_\_

Banner Id \_\_\_\_\_

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

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

Emergency E-mail \_\_\_\_\_

E-mail Address \_\_\_\_\_

## MILITARY LEAVE NOTIFICATION

- I have been ordered to **military duty** effective \_\_\_\_\_.
  - Attached is a copy of my orders.
  - Official verbal notification was received from \_\_\_\_\_.

## MILITARY LEAVE WITH PAY

- **MILITARY LEAVE WITH PAY.** I may use up to 15 days of military leave with pay per federal fiscal year.
  - I have not used my 15 days of military leave with pay and want to use the balance due me before being placed on military leave without pay status.
  - I have used my 15 days of paid military leave.
- **JOB.** My job will remain the same.
- **PAY.** My pay will remain the same.
- **BENEFITS.** My benefits will remain the same. Before I am placed on leave without pay, I know I must decide whether to retain, use, or be paid for other leave balances available to me. My choices are indicated below.

### ❖ ANNUAL LEAVE

I will not accrue any annual leave when I am on leave without pay.

- I want to **retain** my annual leave balance as follows:  
*Amount:*  Entire balance, or  \_\_\_\_\_ hours.
- I want to **use** my annual leave balance before going on military leave without pay as follows:  
*Amount:*  Entire balance, or  \_\_\_\_\_ hours.  
*Usage:* Regular payroll schedule.
- I want to be **paid** up to my allowable payment limit as follows:  
*Amount:*  Entire balance, or  \_\_\_\_\_ hours.  
*Payment:*  Lump sum, or  on a regular payroll schedule.  
I know I cannot repurchase any annual leave more than 180 days after payment.

### ❖ COMPENSATORY LEAVE

- I want to **retain** my compensatory leave balance as follows:  
*Amount:*  Entire balance, or  \_\_\_\_\_ hours.  
I know this leave must be used within one year following reinstatement.
- I want to **use** my compensatory leave balance before going on military leave without pay as follows:  
*Amount:*  Entire balance, or  \_\_\_\_\_ hours.  
*Usage:* Regular payroll schedule.
- I want to be **paid** as follows:  
*Amount:*  Entire balance, or  \_\_\_\_\_ hours.  
*Payment:*  Lump sum, or  on a regular payroll schedule.

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## ❖ OVERTIME LEAVE

- I want to **retain** my overtime leave balance as follows:  
*Amount:*  Entire balance, or  \_\_\_\_\_ hours.
- I want to **use** my overtime leave balance before going on military leave without pay as follows:  
*Amount:*  Entire balance, or  \_\_\_\_\_ hours.  
*Usage:* Regular payroll schedule.
- I want to be **paid** as follows:  
*Amount:*  Entire balance, or  \_\_\_\_\_ hours.  
*Payment:*  Lump sum, or  on a regular payroll schedule.

## ❖ TRADITIONAL SICK LEAVE

I will not accrue any sick leave when I am on leave without pay.

- I have less than 5 years of continuous service and must **retain** all my sick leave balance.
- I have 5 or more years of continuous service and I want to **retain** all my sick leave balance.
- I have 5 or more years of continuous service and I want to be **paid** 25% of my balance up to \$5000 in a lump sum. I know my sick leave balance will be zero and that I must serve a new 5 year period of continuous service to be eligible for another sick leave payment.

## ❖ VSDP SICK AND FAMILY AND PERSONAL LEAVE

I will not be credited any sick nor family and personal leave while I am on leave without pay.

- I want to **retain** all my sick and family and personal leave balance. I know my balances lapse on January 9<sup>th</sup> each year.
- I want to **use** all my family and personal leave balance before going on military leave without pay. I know I may not use my sick leave balance.

## MILITARY LEAVE WITHOUT PAY

- **MILITARY LEAVE WITHOUT PAY.** After I have used 15 days of military leave with pay per federal fiscal year and any other leave I have selected, I will be placed in military leave without pay status for up to 5 years as ordered.
- **JOB.** When I request reinstatement to state employment from military service, I will receive a comparable job, but not necessarily the same job.
- **PROBATIONARY PERIOD.** If my probationary period is interrupted, I will complete it when I return to state service.
- **PAY.** I will not receive state pay, but I will receive federal pay.
- **BENEFITS.** I know my benefits will change and that I must make some decisions before I am placed on military leave without pay status. My benefit choices are indicated below.

## ❖ HEALTH INSURANCE

An Extended Coverage package will be sent to my home address and I know that I must submit additional information. While I am on military leave without pay, my options will be:

- ◆ to **continue** my health insurance coverage for up to 18 months from the start of leave without pay. I will continue to pay the employee portion for the plan in which I am currently enrolled. I will pay my health care plan on the 1<sup>st</sup> of each month for insurance for that month.
- ◆ to **discontinue** my health insurance coverage.

## ❖ MEDICAL EXPENSE FLEXIBLE REIMBURSEMENT ACCOUNT

An Extended Coverage package will be sent to my home address and I know that I must submit additional information. My options will be:

- ◆ to **continue** my medical expense flexible reimbursement account and I will have payment options of a lump sum for the rest of the year or monthly on the 1<sup>st</sup> of each month; or
- ◆ to **discontinue** my medical expense flexible reimbursement account.

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## ❖ DEPENDENT CARE FLEXIBLE REIMBURSEMENT ACCOUNT

I may file and be reimbursed for dependent care claims incurred before I go on leave without pay. I understand that my dependent flexible reimbursement account will not continue when I am on leave without pay.

## ❖ LONG-TERM CARE INSURANCE

- I want to **continue** my long-term care insurance and I will contact Aetna for direct billing.
- I want to **discontinue** my long-term care insurance and I will stop making payments.

## ❖ BASIC GROUP LIFE INSURANCE

My basic group life insurance will continue as a state paid benefit for 24 months after I am placed on military leave without pay. After that period, I know that I may convert to an individual policy and I will pay my own premium.

## ❖ OPTIONAL LIFE INSURANCE

- I want to **continue** optional life insurance for up to 24 months and I will continue to pay the cost. After that period, I may convert to an individual policy.
- I want to **discontinue** my optional life insurance and I will stop making payments. Immediately upon re-entry into state service, I have the choice of being reinstated to the optional life insurance plan and I will pay the cost.

## ❖ RETIREMENT SERVICE CREDIT AND PURCHASED SERVICE CREDIT

I know retirement service credit will not accrue while I am on military leave without pay. If I return to state service within 12 months after an honorable or general discharge, my military service will be reinstated. I understand that I cannot continue to purchase service credit on a pre-tax basis, and I must decide whether to continue the purchase on an after-tax basis.

- I want to **continue** my after-tax purchase of service credits and I will continue to make the payments.
- I want to **discontinue** my after-tax purchase of service credits and I will stop making payments.

## ❖ DEFERRED COMPENSATION AND CASH MATCH

I understand that contributions cannot be made to the deferred compensation plan while I am on military leave without pay. When I return to state service, I may make up any missed contributions when I provide appropriate information. Because no contributions will be made when I am on leave without pay, I will not receive any cash match contributions.

## ❖ OTHER PAYROLL DEDUCTIONS

Since I will not be on the state payroll when I am on military leave without pay, all my payroll deductions will cease. I will make appropriate arrangements to pay for those things I want to continue on my own.

## SIGNATURE

*The details concerning Military Leave are contained in Human Resource Policy 4.50. I know to contact my Human Resource Officer to discuss the impact on specific agency provided benefits and any other questions that I may have. I understand that I may have to complete additional forms to make the changes I have selected.*

Date \_\_\_\_\_

Signature \_\_\_\_\_

### Distribution

Agency Human Resource Officer  
Employee