UNIVERSITY OF CONNECTICUT
REQUEST FOR MILITARY LEAVE

Employee's Name:

Title:

Department:

Unit:

Employee Number:

I request a leave of absence: ☐ With Pay ☐ Without Pay from to

This military leave is for:
- ☐ Required Field Training
- ☐ Unscheduled Emergency
- ☐ Active Duty

I have attached a copy of my military orders for the above dates.

_____ _____
Employee's Signature *Date*

This request conforms with the University's policy and procedure for military leave.

_____	_____	_____
Supervisor	Signature	Date
_____	_____	_____
Department Head	Signature	Date
_____	_____	_____
Dean or Director	Signature	Date

(Please forward the signed form and orders to Human Resources, with a copy to Payroll)