

Military Spouse Leave Request Form

A. Personal Information

| | | | |
|-------|---------------------|---------------|-------|
| Name: | Program/Department: | Employee ID#: | Date: |
|-------|---------------------|---------------|-------|

B. Eligibility

Please check all that apply:

- I am regularly scheduled to work a minimum of 20 hours per week.
- My spouse is a qualified member of the United States Armed Forces, National Guard or Reserves.
- My spouse has been deployed for active duty (a) as a member of the U.S. Armed Forces during a period of military conflict to an area designated as a combat theater or combat zone by the U.S. President, or (b) as a member of the National Guard or Reserves during a period of military conflict.
- I have received official notice certifying that my spouse will be on leave from deployment during a period of military conflict (Please attach a copy of the official notice to this form.)
 - Date official notice was received: _____
 - Dates of spouse's leave from deployment: _____ to _____

C. Duration of Leave

I am requesting _____ days of leave during my spouse's leave from deployment for the following dates:
_____ to _____

D. Employee Request

I understand this leave is unpaid unless I have available vacation or personal time.

- I am requesting to use available vacation/personal time during my leave.

Employee Signature

Date

Supervisor Signature

Date

E. Trust Human Resources Action

- Approved*
- Denied (provide explanation)*

HR Specialist Signature

Date