

Department of Human Resource Management Military Leave Worksheet

Please discuss and complete the following information with the employee requesting military leave, military leave-without-pay, or use of any other type of accrued leave for military purposes. Please forward a copy of this worksheet to PEHP and DHRM.

Section I Employee Information (Complete All Fields)	
Employee Name: _____	SSN: _____
Last Day Worked: _____	Expected Return Date: _____
Agency/Dept: _____	Agency & Low Org #: _____
Position ID #: _____	Job Title: _____

Section II Leave Options (After 15 days of Military Leave have been exhausted)	
<input type="checkbox"/>	I wish to be placed on Military LWOP and discontinue all insurance benefits
<input type="checkbox"/>	I wish to be placed on Military LWOP and wish to be billed for all options selected below.
	Billing address: _____
<input type="checkbox"/>	I wish to use only enough accrued leave to cover all options selected below. (Go to Section IV)
	Indicate the order you would like your leave used*: _____
<input type="checkbox"/>	I wish to use accrued leave in excess of the amounts needed to cover insurance options.
	Indicate the order you would like your leave used*: _____
	Indicate the number of hours you would wish to use per pay period: _____
* Once all leave balances are exhausted, you will automatically be billed for the remainder of the amounts not covered.	

Section III Insurance Options		
Please check one of the following options:		
<input type="checkbox"/>	Discontinue all insurance options. (Go to Section V)	
<input type="checkbox"/>	Continue the following options:	
<input type="checkbox"/>	Life Insurance	<u>Employee Biweekly Amount</u>
<input type="checkbox"/>	Met Pay Insurance	_____
<input type="checkbox"/>	Health Insurance	_____
<input type="checkbox"/>	Dental Insurance	_____
<input type="checkbox"/>	Vision Insurance	_____
<input type="checkbox"/>	AD&D Insurance	_____
<input type="checkbox"/>	401(k) & 457 Contributions	_____
<input type="checkbox"/>	Flex\$	_____
<input type="checkbox"/>	Other _____	_____
	Total:	_____

*Defined Benefit Retirement contributions partially paid by the employee and garnishment amounts will also need to be included in the total and cannot be discontinued unless completely on LWOP. Use the Other line for these amounts.

Section IV Use of Accrued Leave	
Please indicate your current hourly rate:	_____
Please indicate the total of all biweekly amounts from Section III:	_____
Divide the biweekly total by the hourly rate and round up to the nearest whole hour*:	_____
*This is the minimum number of hours you must have during each pay period in order to maintain the options you have selected. If the amounts in Section III change, these hours will be adjusted to cover all additional employee biweekly costs. When your accrued leave balances are exhausted, you will automatically be billed.	

Section V Signature			
_____	_____	_____	_____
Employee	Date	HR Representative	Date

cc: PEHP
DHRM