



## Military Leave of Absence Form

	DATE
NAME: LAST, FIRST, MIDDLE	SOCIAL SECURITY NO.
ADDRESS: STREET, CITY, STATE, ZIP CODE	TELEPHONE NUMBER (     )

I, \_\_\_\_\_, have been activated to duty in the Armed Services. I will leave on \_\_\_\_\_ and return approximately on \_\_\_\_\_.

I have included my orders and pay stub from the military to assist in calculating the pay difference. I understand that the Company will make up the difference in pay if military pay is less for up to 6 months from the start of my active duty.

I will promptly notify the Company when I am released from active duty. I understand that I must return from military leave within the time limits set forth by law under the Uniformed Services Employment and Reemployments Rights Act to be reinstated under USERRA.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date