



MILITARY LEAVE

EMPLOYEE INFORMATION

Name: _____ Date: _____
 Department: _____
 Primary Phone #: _____

LEAVE INFORMATION

Military Leave: Beginning Date: _____ Ending Date: _____

Orders For: Active Duty Training Duty National Guard Duty Other

While on service with the uniformed service, USERRA and the Veterans Re-Employment Rights Law (Neb Rev Stat. §55-160 to §55-166) regulations apply.

Vacation Leave

- I request that my vacation leave be applied continuously until exhausted
- I request that my vacation leave be applied _____ hours per pay period during my absence
- I do not wish any of my vacation leave to be used during my absence

Compensatory Time

- I request that my compensatory time be applied continuously until it is exhausted
- I request that my paid compensatory time be applied _____ hours per pay period during my absence
- I do not wish any of my compensatory time to be used during my absence

Insurance Coverage

I elect the following regarding my insurance coverage:

- Continue Insurance Discontinue Insurance

Specify coverages to continue: _____

EMPLOYEE AUTHORIZATION

I understand that I am entitled to leave of absence without loss of status or efficiency rating for the duration of my Military Leave, and without loss of pay as stipulated by Policy or Collective Bargaining Agreement. I further understand that any paid military leave ceases upon my resignation, separation, or expiration of my 5-year employment restoration rights. I also understand that if I choose to continue insurance coverage and do not elect to use vacation leave or compensatory time to pay for such coverage, I must make arrangements with the County Benefit's Office for remittance of my insurance premium.

Employee Signature

Date

Elected Official/Department Head Signature

Date