

SECTION A: EMPLOYEE INFORMATION

First Name _____ Middle _____ Last Name _____

Employee ID _____ Branch of Service _____

Phone Number _____ Military Years of Service _____

Email _____ Military Pay Grade/ Rank _____

Department _____ Report Date Listed on Orders _____

Classification : EPA SPA Temp Postdoc

Will military leave exceed 31 days? Yes No

Employment Status: Full-time Part-time

Expected Duration (in months) _____

I understand that I am entitled to receive up to 30 calendar days of pay based on my current NCSU salary for periods of active duty which exceed 30 calendar days. Thereafter, I choose to: exhaust all vacation leave receive differential pay only (if applicable)

Signature _____ Date _____

SECTION B: DEPARTMENTAL ACKNOWLEDGMENT

Department Contact _____ Phone Number _____

Email _____

1. Has the employee provided a copy of his/her military orders for the departmental personnel file? If not, please advise the employee to do so before entering any action in the HR System referencing military leave of absence. Attach a copy of the military orders to this request.

2. Does the employee qualify for the differential pay during this military leave of absence? If so, please contact the Leave Administration Unit for details on entering this action in the HR System.

Supervisor Signature _____ Date _____

SECTION C: BENEFITS DEPARTMENT ACKNOWLEDGEMENT

1. Does the employee have life insurance, accidental death and dismemberment or disability coverage? If so, has the employee been informed of the "war exclusion clause"?

2. Does the employee have a spouse or dependent children covered by medical, dental, vision or other benefits? If so, provide the employee with continuation of benefits information.

Leave Coordinator Signature _____ Date _____

Submit completed form to the Leave Administration Unit

Mailing Address:
Campus Box 7215
Raleigh, NC 27695

Fax Number: (919) 513-2528

Physical Address:
Administrative Services - Bldg II
2711 Sullivan Dr., Suite 200