# PERSONAL INFORMATION

 Complete all Sections

|  |  |  |  |
| --- | --- | --- | --- |
| Agency Name |  | Agency Number |  |
| Employee Name |  | Employee ID No. |  |
| Employee Address |  | Employee Phone Number |  |
| Employee Personal Email Address |  |  |  |
| Emergency Contact Name |  | Contact’s Phone Number |  |
| Emergency Contact Email Address |  |  |  |
| Branch of Military Service |  |  |  |

# MILITARY LEAVE NOTIFICATION

I have been ordered to **military duty** effective .

* + Attached is a copy of my orders.
	+ Official verbal notification was received from .

# MILITARY LEAVE WITH PAY

* **MILITARY LEAVE WITH PAY.** I may use up to 21 days of military leave with pay per federal fiscal year, not more than 21 days per deployment.
	+ I have not used my 21 days of military leave with pay and want to use the balance due me before being placed on military leave without pay status.
	+ I have used my 21 days of paid military leave and want to use my leave as indicated below to continue in a paid status. I realize that when my personal balances are exhausted, or if I choose not to use my personal leave balances, I will be placed on military leave *without* pay as outlined on the next page.

* **JOB.** My job will remain the same.

* **PAY.** My pay will remain the same.

* **BENEFITS.** My benefits will remain the same. Before I am placed on leave without pay, I know I must decide whether to retain, use, or be paid for other leave balances available to me. My choices are indicated below.

|  |  |
| --- | --- |
|   | **MILITARY LEAVE BANK**  |

I have Military Bank leave converted from excess annual leave. I was eligible as a member of the National Guard or Military Reserves to accrue these Military Bank leave hours.

* + - I want to **retain** my banked military leave balance as follows:  *Amount:* ❏ Entire Balance, or ❏ \_\_\_\_hours.
		- I want to **use** my banked military leave balance before going on military leave without pay as follows:

 Amount: ❏ Entire balance, or ❏\_\_\_\_hours.

 *Usage: Continuous on regular payroll schedule.*

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|   | **ANNUAL LEAVE**  |

I will not accrue any annual leave when I am on leave without pay and cannot repurchase Annual Leave more than 180 days after payment.

  I want to **retain** my annual leave balance as follows: *Amount*: ❏ Entire balance, or ❏\_\_\_\_hours.

* + - I want to **use** my annual leave balance before going on military leave without pay as follows:

*Amount*: ❏ Entire balance, or ❏ \_\_\_\_hours.

*Usage:* Continuous on regular payroll schedule.

* + - I want to be **paid** up to my allowable payment limit as follows: *Amount*: ❏ Entire balance, or ❏ \_\_\_\_hours.

*Payment*: ❏ Lump sum, or ❏ on a regular payroll schedule

|  |  |
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|   | **COMPENSATORY LEAVE**   |

* + - I want to **retain** my compensatory leave balance as follows:

*Amount*: ❏ Entire balance, or ❏ \_\_\_\_hours which must be used within one year following reinstatement.

* + - I want to **use** my compensatory leave balance before going on military leave without pay as follows:

*Amount*: ❏ Entire balance, or ❏ \_\_\_\_hours.

*Usage:* Continuous on regular payroll schedule.  I want to be **paid** as follows:

 *Amount*: ❏ Entire balance, or ❏ hours.

*Payment*: ❏ Lump sum, or ❏ on a regular payroll schedule.

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| --- | --- |
|   | **OVERTIME LEAVE**  |

* + - I want to **retain** my overtime leave balance as follows: *Amount*: ❏ Entire balance, or ❏ hours.
		- I want to **use** my overtime leave balance before going on military leave without pay as follows:

 *Amount*: ❏ Entire balance, or ❏ hours.

*Usage:* Continuous on regular payroll schedule.  I want to be **paid** as follows:

 *Amount*: ❏ Entire balance, or ❏ hours.

*Payment*: ❏ Lump sum, or ❏ on a regular payroll schedule.

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|   | **TRADITIONAL SICK LEAVE**   |

I will not accrue any sick leave when I am on leave without pay.

* + - I have less than 5 years of continuous service and must **retain** all my sick leave balance.
		- I have 5 or more years of continuous service and I want to **retain** all my sick leave balance.
		- I have 5 or more years of continuous service and I want to be **paid** 25% of my balance up to $5000 in a lump sum. I know my sick leave balance will be zeroed and that I must serve a new 5-year period of continuous service to be eligible for another sick leave payment.

#  VSDP SICK AND FAMILY AND PERSONAL LEAVE

I will not be credited any sick or family and personal leave while I am on leave without pay.

* I want to **retain** all my sick and family and personal leave balance. I know my balances lapse on January 9th each year.
* I want to **use** all my family and personal leave balance before going on military leave without pay. I know I may not use my sick leave balance.

## MILITARY LEAVE WITHOUT PAY

* **MILITARY LEAVE WITHOUT PAY.** Upon exhausting any accrued leave I have chosen to take,I will be placed in LWOP Military status for up to 5 years (as described in the Uniformed Services Employment and Reemployment Rights Act) as ordered.
* **JOB.** Upon requesting reinstatement to state employment from military service, I will receive a comparable job, but not necessarily the same job.
* **PROBATIONARY PERIOD.**  If my probationary period was interrupted, I will complete it when I return to state service, according to the policy at the time of my reinstatement.
* **PAY.** I will not receive my regular state pay during Military Leave without Pay, but l will receive federal pay. However, if my gross military salary plus allowances is less than my total gross state salary, I will be eligible for the Active Military Supplement. To receive the supplement I understand that I must provide a current Leave and Earnings Statement (LES) to my agency and an updated LES following any changes in my military salary or orders. If I am unable to provide the LES, I will ask my designated contact to provide the agency with the information.[[1]](#footnote-1)
* **BENEFITS.** My benefits will be impacted during the Military Leave without Pay. I must submit my benefit choices before I am placed on military leave without pay status. My benefit choices are indicated on Page 3 of this form.

Select one of the options listed in each section

|  |  |  |
| --- | --- | --- |
|  |   | **HEALTH INSURANCE**  |
|  | An Extended Coverage package will be sent to my home address for my review and completion. While I am on military leave without pay, I elect to:* **continue** my health insurance coverage for up to 24 months from the start of leave without pay. I will continue to pay the employee portion for the plan in which I am currently enrolled. I will pay my health care plan on the 1st of each month for insurance for that month.
* **discontinue** my state health insurance coverage.
 |
|   | **MEDICAL EXPENSE FLEXIBLE REIMBURSEMENT ACCOUNT**  |
|  | An Extended Coverage package will be sent to my home address for my review and completion. I elect to:* **continue** my medical expense flexible reimbursement account and I will have payment options of alump sum for the rest of the year or monthly on the 1st of each month; or
* **discontinue** my medical expense flexible reimbursement account.
 |
|   | **DEPENDENT CARE FLEXIBLE REIMBURSEMENT ACCOUNT**  |
|  | I may file and be reimbursed for dependent care claims incurred before I go on leave without pay. My dependent flexible reimbursement account will not continue when I am on leave without pay. |
|   | **LONG-TERM CARE INSURANCE**  |
|  |  I want to **continue** long-term care insurance and will contact Genworth for direct billing.  I want to **discontinue** long-term care insurance and I will stop making payments.  |
|   | **BASIC GROUP LIFE INSURANCE**  |
|  | My basic group life insurance will continue as a state paid benefit for 24 months after I am placed on military leave without pay. After that period, I may convert to an individual policy and pay the premium to the Agency.  |
|   | **OPTIONAL LIFE INSURANCE**  |
|  | * I want to **continue** optional life insurance for up to 24 months and I will continue to pay the cost. After that period, I may convert to an individual policy.
* I want to **discontinue** my optional life insurance and I will stop making payments. Immediately upon re-entry into state service, I have the choice of being reinstated to the optional life insurance plan and I will pay the cost.
 |
|   | **RETIREMENT SERVICE CREDIT AND PURCHASED SERVICE CREDIT**  |
|  | Retirement service credit will not accrue while I am on military leave without pay. If I return to state service within12 months after an honorable or general discharge, my military service is credited towards my retirement service. I understand that I cannot continue to purchase service credit on a pre-tax or after tax basis.  |
|   | **DEFERRED COMPENSATION AND CASH MATCH**  |
|  | Contributions cannot be made to the deferred compensation plan while I am on military leave without pay. When I return to state service, I may make up any missed contributions when I provide appropriate information. Because no contributions will be made when I am on leave without pay, I will not receive any cash match contributions. ***If I receive an Active Military Supplement and choose to contribute at least $10 per pay period to Deferred Compensation, the contribution and Cash Match deduction may continue.***   |
|   | **OTHER PAYROLL DEDUCTIONS**  |
|  | All payroll deductions will cease while I am in a Military Leave without Pay status. I will make appropriate arrangements to pay for the benefits and services I want to continue. If I receive Active Military Supplements certain deductions may continue to be withheld: optional group life, annuities, CVC, Savings Bonds. Military pay is subject to court-ordered withholdings. I also understand that taxes and other required deductions will be taken from Active Military Supplement pay..   |
| **SIGNATURE**  |

*The details concerning Military Leave are contained in Human Resource Policy 4.50. I must contact my Human Resource Officer to discuss the impact on specific agency provided benefits and any other questions that I may have. I understand that I may have to complete additional forms to process the selected changes.*

**Date** **Signature**

**Distribution:** Agency Human Resource Officer

1. If it is impossible for me to supply the required LES, I authorize the Department of Human Resource Management to inquire to a responsible military authority about my military pay. I also agree to provide the required documentation upon my reinstatement to receive any supplement that may be due me. [↑](#footnote-ref-1)