

Application for Military Leave Bank

*Please complete and submit this form to your agency Human Resource office by December 1 **for each year** you wish to have qualifying annual leave hours converted to Military Bank hours.*

I hereby request that any accrued annual leave hours above the carryover maximum for my state service level for leave year January 10, XXXX – January 9, XXXX, be converted to Military Bank hours. These leave hours will be available for me to use ONLY during active military duty. I understand that hours credited to me in this Military Leave Bank are not available for any other use and will not be paid when I leave state employment or when I am discharged or separated from military service.

I certify that I am a member of the military reserves of one of the uniformed service branches of the United States, or of the National Guard. Documentation of my military status is attached with this application.

Name:	SSN or Employee Number:
Military service branch:	
Expected end of enlistment (date):	
Unit location:	
Signature:	Date