

# TRANSMITTAL OF REQUEST FOR LEAVE FOR MILITARY DUTY

1. TO: \_\_\_\_\_ BENEFIT COMMITTEE  
(STATE OR EMPLOYEES)
2. \_\_\_\_\_, SECRETARY
3. ATTACHED IS A REQUEST FOR A \_\_\_\_\_ LEAVE OF ABSENCE  
(MILITARY ARMED FORCES TRAINING)
4. FOR \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(NAME) (SOCIAL SECURITY NO.) (TITLE) (DATE OF BIRTH) (NCS DATE)
5. The date of actual entry into \_\_\_\_\_ is \_\_\_\_\_. Conditions  
(BRANCH OF SERVICE) (DATE)  
for which the leave is recommended are as follows: (Check appropriate block and enter required data)
6. (1) Drafted. (2) Employee is member of Reserve or National Guard unit and the employee or  
the unit is ordered or called into active duty.
7. (3) Subject to draft but volunteers for active duty.
8. (4) Not subject to draft but volunteers for active duty.
9. (a) Enlisted in Reserve or National Guard and is required to perform full time training duty  
(b) Member of Reserve or National Guard and volunteers for training duty.
10. Previous military service from \_\_\_\_\_ to \_\_\_\_\_.  
Branch of service \_\_\_\_\_.
11. Pay treatment to be computed for (2 weeks) (3 months) for employee and (none)(3 months) for dependents  
in accordance with Executive Instructions Number 6, Section 5, Paragraph 4.02. Copy of Military  
Authorization to support this request (is)(is not) attached.

Yours Truly,

RECOMMENDED:

12. \_\_\_\_\_  
(OPERATION LELEL) (DATE) (SUPERVISOR)
13. \_\_\_\_\_  
(DEPARTMENT HEAD) (DATE) (LOCATION)