



PLACER COUNTY
HUMAN RESOURCES DEPARTMENT

Military Leave Form

Name Job Classification

Department Date(s) of Leave

This form is to be completed by an employee prior to a military leave of absence and provided to their department for submission to Payroll and Human Resources. The employee is to upload the form in Workday when initiating the Military Leave absence request.

Section I: Military Leave Type

Indicate whether your military leave is for active duty or inactive duty by checking the appropriate box:

- Active Duty, Active Duty Training (Examples: AD, ADOS, ADOT, ADT, AGR, AT, FST, FTNGD-TNG or OS)
Inactive Duty, Inactive Duty Training (Examples: IDT, AFTP, ATA, AUTA, MUTA, PT, UTA)
Active Duty - Worldwide Terrorist Crisis

Section II: Use of Leave Balances

- Active Duty: If you are going on a military leave and your leave will be 30 days or less, skip to Section IV.
Active Duty: If you are going on a military leave and your leave is longer than 30 days, continue below and check the appropriate leave balances to be used after your 30 days of paid Military Leave is exhausted.
Inactive Duty: You may choose to use your leave balances to remain in a paid status during inactive duty leave.

I elect to utilize my leave balances, as indicated in the order below, to be used during my military leave of absence. Please note, sick leave may not be used for military leaves.

Select use and order of preference by marking numbers next to the boxes checked, starting with 1:

- Floating Holiday (may be lost if not used by 12/31)
Holiday Credit (will be cashed out at calendar year end)
Restricted Comp Time (CRT)
Comp Time Taken (CTT) (will be cashed out at calendar year end)
Vacation
Management, District Attorney and/or Child Support Attorney Leave, if applicable

I do not wish to use my leave balances while on military leave

Note: By checking this box and not using leave balances, you acknowledge that you will be in an unpaid status, and may be responsible for both the employee and employer share of the premium costs and will be billed through Revenue Services.

Section III: Benefit Options

You will continue to be responsible for your normal employee share of premium costs while on a military leave of absence. Your benefit premiums will be paid through the payroll process and all your benefits remain intact while in a paid status and using leave accruals.

- I elect to continue all of my benefits while on military leave, and **I understand I may be billed for 100% of the employee and employer share of benefit premium costs**, if in an unpaid status.
- I elect to **discontinue benefits** during my military leave of absence by checking the box(s) below.
I understand my benefits will be reinstated with no waiting period upon the notification of my return from military leave to the Human Resources Department.

Requested Effective Date: _____ Pay Period: _____

- Health (HBD-12 & Health Insurance Opt Out form required)
- Dental
- Vision
- Life Insurance
- Accidental Death and Dismemberment (AD&D)
(Note, AD&D does not cover death or injury due to war or military accident)

Section IV: Designated Contact Person

If you would like to designate a contact person to help coordinate benefits, discuss related information, or receive employment information during your military leave, complete this section. This is not a beneficiary designation.

- I, the undersigned, authorize Placer County to discuss employment related information, including personnel records, leave of absence and benefits, with _____ (the person named below). Therefore, I knowingly and voluntarily exonerate, release and discharge Placer County from any liability, claim of damages, now or in the future, whether in law or in equity, on behalf of myself, my agents, heirs or assigns, for granting disclosure of confidential personnel records.

First and Last Name of Designated Contact Person: _____ Relationship: _____

Mailing Address: _____

Telephone Number: _____ Email Address: _____

Section V: Acknowledgements

I certify that the type of military leave I am embarking on has been correctly indicated, according to the military orders issued to me. I further acknowledge that if I am in an unpaid status, I will be responsible for paying 100% of the employee and employer share of monthly premiums for my benefit coverage, unless I choose to discontinue them.

Employee Signature

Date