

Department of Military

Military Service-Connected Disability Leave Request Application

Reference Policy: Department of Transformation and Shared Services, Office of Personnel Management
Policy Title: Military Leave
Policy Number: 57

Employees must complete this application prior to requesting Military Leave Disability.

Employee/Supervisor Information

Date: _____

Employee Name: _____	Personnel #: _____
Email Address: _____	Phone: _____
Supervisor's Name: _____	
Email Address: _____	Phone: _____

Eligibility

Military disability leave may only be used for the medical treatment of a qualifying service-connected disability. All state employees who have been rated by the United States Department of Veterans Affairs or its predecessor to have incurred a military service-connected disability and have been scheduled to be reexamined or treated for the disability. **This application must be accompanied with supporting documentation from the Veterans Administration office certifying that the employee has a service-connected disability.**

Effective date of Military Service-Connected Disability rating: _____

Medical Certification

I _____ (employee name) understand that Military Disability Leave can only be requested for 6 days out of a 12 month period. Use of leave in addition to 6 days will be unauthorized. I also understand that for each treatment appointment a signed medical statement from a certified health care provider is required as proof of treatment for disability and that the statement will be submitted to the HR benefits representative.

Employee Signature: _____ Date: _____

HR Only

Approve: <input type="checkbox"/>
Disapprove: <input type="checkbox"/> (Reason): _____
HR Administrator Name: _____ Date: _____