

EMPLOYEE INFORMATION												
Name:				ID#:								
Department:				Job Title:								
Employee Type:		<input type="checkbox"/> Classified		<input type="checkbox"/> Faculty		<input type="checkbox"/> Unclassified Admin						
Supervisor Name:												
Contact information while on leave												
Personal Email:												
Mailing Address:												
Phone:												
LEAVE INFORMATION												
Reason for Leave:												
<input type="checkbox"/> Active Duty Military Training Leave				From:				To:				
<input type="checkbox"/> Inactive Duty Military Training Leave				From:				To:				
<input type="checkbox"/> Active Duty Military Leave with Pay				From:				To:				
<input type="checkbox"/> Active Duty Military Leave without Pay				From:				To:				
Submit a copy of your current orders with this request.												
I anticipate returning to my normal work schedule and duties on:												
Date:												
COMPENSATION DURING MILITARY LEAVE												
Specify the types of leave you wish to use, the dates on which to apply it, and total for each.												
<input type="checkbox"/> Military Leave*			<input type="checkbox"/> Vacation			<input type="checkbox"/> Compensatory Time (Classified only)			<input type="checkbox"/> Leave without Pay			
From	To	Hours	From	To	Hours	From	To	Hours	From	To	Hours	
Total Sick			Total Vacation			Total Comp			Total LWOP			
Use my special day on:												
Use my personal days on (Classified only):												
Use paid holidays on:												

***Military Leave:** 15 calendar days per "training year" as described in the applicable CBA for classified employees and as described in ORS 408.290 for unclassified employees.

Employee Signature

Date