Date of Application

Employee Name       ID

Title

Department

Leave to Start       Expected Date of Return

**After the above date, direct any correspondence to the following address:**

Contact Name       Contact Telephone

Street

City       State    Zip

I make this request with full understanding of the [Military Leave Policy](https://messiah-employee.policystat.com/policy/7884020/latest/).

Employee Signature Date

**Leave Approvals:**

Supervisor Date

Department Director Date

VP for HR & Compliance Date

|  |
| --- |
| *For HR Use Only: Date Recorded in HR*  |