



# REQUEST FOR MILITARY LEAVE

EMPLOYEE INFORMATION	
NAME:	UR ID NUMBER:
PHONE:	DEPARTMENT:
	SUPERVISOR:
DATES OF LEAVE	PAY DURING LEAVE
<p>Expected Begin Date of Leave _____</p> <p>Expected End Date of Leave _____</p>	<p>Please select how you would like to be paid during your leave.</p> <p><i>I will use vacation and/or personal leave.*</i></p> <p><i>I would like the University to pay me the difference between my University salary and my military pay.</i>  <i>My pay stub from the military is attached (required for this option)</i></p> <p><i>I elect to forfeit my University pay during my military service.</i></p> <p><i>*If a holiday falls during this time, you will be paid the holiday if in a paid status the day before and after the holiday.</i></p>
ATTACHMENTS	
<p><i>My orders from the military are attached (required)</i></p>	
Comments:	
EMPLOYEE SIGNATURE:	DATE:
HUMAN RESOURCES DEPARTMENT USE ONLY	
HR REPRESENTATIVE:	DATE:

**Please complete this form and return it to HR via campus mail; fax (804) 287-1282; or scan and email to [URHR@richmond.edu](mailto:URHR@richmond.edu). Once the form has been received, an HR Representative will contact you with next steps.**