



# 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 accrued vacation.*</i></p> <p><i>The University will pay the difference between University pay and military pay if military pay is less.</i></p> <p><i>My pay stub from the military is attached (required for this option).</i></p> <p><i>My pay with the military is more than the University.</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>My orders from the military are attached (required)</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.**