



# SARPY COUNTY

## MILITARY LEAVE FORM

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Department: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_

### LEAVE INFORMATION

Military Leave: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Orders For:  Active Duty  Training Duty  National Guard Duty  Other

*While on service with the uniformed service, USERRA and the Veterans Re-Employment Rights Law (Neb Rev Stat. §55-160 to §55-166) regulations apply.*

#### Vacation Leave

- I request that my vacation leave be applied continuously until exhausted
- I request that my vacation leave be applied \_\_\_\_\_ hours per pay period during my absence to retain employer paid benefits
- I do not wish any of my vacation leave to be used during my absence

#### Compensatory Time

- I request that my compensatory time be applied continuously until it is exhausted
- I request that my paid compensatory time be applied \_\_\_\_\_ hours per pay period during my absence to retain employer paid benefits
- I do not wish any of my compensatory time to be used during my absence

#### Insurance Coverages (select those that apply)

I elect the following regarding my insurance coverage(s):

- Continue Medical  Continue Dental  Discontinue Medical
- Discontinue Dental  Not Applicable

### EMPLOYEE AUTHORIZATION

I understand that I am entitled to leave of absence without loss of status or efficiency rating for the duration of my Military Leave, and without loss of pay as stipulated by Policy or Collective Bargaining Agreement. I further understand that any paid military leave ceases upon my resignation, separation, or expiration of my 5-year employment restoration rights. I also understand that if I choose to continue medical or dental insurance coverages and do not elect to use vacation leave or compensatory time to pay for such coverage, I must make arrangements with the County Clerk's Office for remittance of my insurance premium(s).

\_\_\_\_\_  
Employee Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature \_\_\_\_\_  
Date

**Submit completed form to Human Resources Department**