



MILITARY LEAVE INFORMATION

NAME		BADGE NO.	CCC
LEAVE DATE	ANTICIPATED RETURN DATE	SUPERVISOR'S NAME	

Please mail any corporate communication to the following address:

Distribution of paycheck/deposit stub while on leave (check one)

- My department will handle the distribution
- Mail my check/stub to my home address
- Mail my check/stub to the address listed above
- Other

Vacation Payout (check one)

- Pay out my vacation balance effective on my leave date
- Retain my vacation in my account

Personal Holiday (check one)

- Pay out my personal holiday hours effective on my leave date
- Retain personal holiday hours in my account
(please note: personal holiday hours are retained until the end of the fiscal year)

Person to whom corporate/personal information may be released during my absence: _____

Signature

Date

Return this form to Julia Soules, Employee Benefits, M1/433