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AM-204-11-1

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Military Leave of Absence Form

Section I: Employee Information

Employee's Full Name

Date of Birth

Agency/Bureau/Division

Job Title

Mailing Address (While on leave)

Mobile Phone

City, State, ZIP Code

Personal Email Address

Section II: Service Information

Date Ordered to Report for Duty

Length of Duty

Branch of Service

Military Orders (Attach)

Military Point of Contact

Phone

Email Address

Section III: Designated Contact

I designate the person below to receive and open correspondence from the City of Baltimore while I am on military leave, and s/he may act on my behalf concerning matters related to my employment.

Name

Relationship

Address

Phone

Section IV: Paid Leave

I request *paid* military leave for:

- Inactive Duty Training and Drilling (up to 15 working days per year).
- State Active Duty Service (for service performed by order of the Governor of Maryland in response to a state emergency, as provided in MD. CODE ANN., Public Safety § 13-706).

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Section V: Use of Accrued Leave

Accrued leave (vacation/personal/compensatory) may be used if applied continuously at the start of your military leave.

- I elect to use all of my accrued leave.
- I elect to use my accrued leave as indicated below:
 - _____ Days _____ Hours of Vacation Leave
 - _____ Days _____ Hours of Personal Leave
 - _____ Days _____ Hours of Compensatory Leave
- I elect to retain all accrued leave during my absence for use upon my return.
- I do not have any accrued leave.

Section VI: Benefit Elections

Check whether to continue City benefits for which you are currently enrolled. Benefits may be cancelled if you fail to make an election or if you do not make timely premium payments. Arrangements for payment must be made through the Employee Benefits Division at 410-396-5830.

	Continue Enrolled	Discontinue	Not
Medical Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidental Death & Dismemberment (AD&D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Flexible Spending Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section VII: Employee Verification

I affirm that, to the best of my knowledge, this document contains no false or misleading statements. I authorize the City to contact the appropriate military command to verify the content of this form or to request additional information that may be needed to administer leave and benefits in accordance with City policy (AM-204-11).

Employee Signature

Date