



Military Leave Request

Attach Copies of Military Orders

Employee Information:

Employee Full Name: _____ ID #: _____

Job Title: _____ Supervisor: _____

Department: _____ Phone Number: _____

Leave Information:

Military Leave Start Date: _____

End Date (if provided): _____ or Approximate Leave Length: _____

Reason for Leave: Training Deployment

Important Benefits Information

- Your benefits will continue throughout your military leave.
- You will receive an email from the Office of People and Culture (OPC) providing you with the amount owed for insurance premiums during your unpaid leave. Send a check for insurance premiums to OPC.
 - Make check payable to Jacksonville University.
 - You can make monthly payments instead of one full payment.

I furnished copies of military orders to the Office of People and Culture.

I acknowledge I will pay any unpaid premium during my military leave.

I acknowledge I need to notify the Office of People and Culture of my official return date on my first day back at work.

Employee Signature: _____ Date: _____