



### Military Leave Application

#### Employee Information

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Employee's Email Address: \_\_\_\_\_ Personal Email Address: \_\_\_\_\_

*\* All communications from HR regarding your FML will be made via Email\*\**

Office Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Department: \_\_\_\_\_ Campus: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Pay Type:  Monthly  Biweekly

Normal months worked per year:  12 months  9 months  Other

#### Military Leave Request Summary

Current Military Rank: \_\_\_\_\_

Leave start date: \_\_\_\_\_ Leave end date: \_\_\_\_\_

Is the qualifying event due to Active Duty Leave  Yes  No

Active duty: Qualifying exigency  Yes  No If yes, Relationship: \_\_\_\_\_

Active duty paid vacation:  Yes  No

Date of last active duty leave: Start date: \_\_\_\_\_ Leave end date: \_\_\_\_\_

Number of times called to active duty this year: \_\_\_\_\_ Total number of days on active duty: \_\_\_\_\_

Military caregiver leave: (Certification of health care provider required)  Yes  No

Certification for next of kin:  Yes  No



**Please read and initial each of the following provisions**

\_\_\_\_\_ I must provide human resources with a copy of my most recent military leave orders.

\_\_\_\_\_ I am entitled to military leave of absence with pay for a maximum of 15 days per federal fiscal year (Oct 1<sup>st</sup> – Sept 30<sup>th</sup>) for training or active duty.

\_\_\_\_\_ I must provide human resources with a most recent copy of my LES statement.

\_\_\_\_\_ I understand that I may be entitled to military pay differential (military pay must be lower than UH pay for the same pay period). I must provide HR with the most up to date LES in order to make the correct determination.

\_\_\_\_\_ I must notify human resources as soon as possible, of my leave status or my scheduled return to work date changes.

\_\_\_\_\_ Continuation of group insurance is subject to the conditions and policies of the 'Employees Retirement System of Texas' relating to coverages while on leave without pay.

\_\_\_\_\_ I will report periodically during the leave (*at least once per week if feasible*) to my supervisor on my leave status and intention to return to work.

\_\_\_\_\_ I have read the below Military leave policy.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Fax this form to 713-743-1723**

**Military leave:**

[UH System Administrative Memorandum \(SAM\) 02.D.04.](#)

Under the General Provisions of the [State General Appropriations Act](#) and the [Texas Government Code](#), University of Houston System employees who are members of state military forces or a component of the armed forces are entitled to military leave of absence with pay for a maximum of 15 days per federal fiscal year for training or active duty authorized by a property authority. State law also requires that a state employee's work schedule be adjusted as needed so that two of the employee's non-work days per month coincide with two days of military duty to be performed by the employee.

After exhausting the 15 days of paid military leave, the employee may use accrued vacation, leave to the extent available and/or be placed in a leave without pay status for the remainder of the active duty period.

Employees called to active duty are entitled to re-employment following discharge if the individual received an honorable discharge, if application for re-employment is made within 90 days of discharge, if the length of active duty does not exceed five years, and if the employee is physically and mentally qualified to perform the essential functions of that position.

In addition, an eligible employee who is a spouse, child, parent, or next of kin of a current member of the Armed Forces, including members of the National Guard or Reserves, with a serious injury or illness is eligible for up to a combined total of 26 work weeks of unpaid leave during a "single 12-month period" to care for the service member (military caregiver leave).

The employee shall submit the Leave Request/Notification, along with a copy of his/her orders, as soon as possible after the orders are received. When the request involves leave without pay, a Personnel Action Request (PAR) shall be submitted, indicating the reason for the leave.