

**REQUEST FOR MILITARY LEAVE OF ABSENCE  
COUNTY OF MONMOUTH**



---

**Employee Statement**

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

I am requesting a military leave of absence beginning \_\_\_\_\_ (date) and ending \_\_\_\_\_ (date)

**MY SIGNATURE CERTIFIES THE INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT**

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

---

**Department Statement**

Military orders attached and reviewed:            Yes            No

Last day worked : \_\_\_\_\_(date)

Approved use of paid leave:

Accrued Vacation days \_\_\_\_\_ Hours available – list days: \_\_\_\_\_

Accrued Personal days \_\_\_\_\_ Hours available – list days: \_\_\_\_\_

Leave of absence with pay approved from \_\_\_\_\_(date) to \_\_\_\_\_ (date)

Leave of absence without pay approved from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

Department Head review:            Approved            Denied

(If denied reason must be given): \_\_\_\_\_

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

---

**Human Resources Department Statement**

Human Resources Department Review:            Approved            Denied

(If denied reason must be given): \_\_\_\_\_

Human Resources Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_