



Request for Military Leave

School or Department	_____	Date	_____
Name of Employee	_____	Social Security #	_____
Address _____			
City	_____	State	_____ Zip _____
Home Phone	_____	Cell Phone	_____
Assignment	_____	Total Years' in Canyons District	_____
Last working day before leave is to begin _____			
Date leave will begin	_____	Date available for reemployment	_____

COPY OF ORDERS MUST BE ATTACHED.

Comments:

Military leaves of absence shall be granted only upon the filing of official orders, issued by a verifiable military authority, with the Human Resources Department.
DP334: Leave - Military

It is expected that employees will advise the District of their anticipated date of return. The approval of this leave guarantees reemployment, within a reasonable amount of time, for any vacancy for which the employee is licensed and/or qualified.

Employee's Signature

ADMINISTRATIVE SIGNATURES

Principal/Immediate Supervisor

Date

Human Resources Administrator

Date