



COUNTY OF VENTURA

Military Service Notification & Request for Military Leave Pay

Employee Name (print): _____ Employee ID #: _____

EMPLOYEE HIRE DATE _____ BRANCH OF SERVICE _____ SUPERVISOR NAME AND DATE NOTIFIED _____

MILITARY CLASS (check one): National Guard Reserve Other _____

DUTY TYPE (check one): Active Emergency Inactive Other _____

ORDER NUMBER _____ DUTY BEGIN DATE _____ THRU _____ DUTY END DATE _____

NAME OF MILITARY UNIT (HOME) _____

- Orders/Documentation attached
- Orders/Documentation to follow

MILITARY UNIT ADDRESS _____

MILITARY COMMANDER / SUPERVISOR _____ MILITARY CONTACT PHONE NUMBER _____

Description of Reserve / Operational Mission _____

- Continuation of health care insurance: I wish to retain the following insurance coverage during this period:
 Medical Dental Vision Optional/Dep Life FSA
 I do not wish to retain my health care insurance coverage(s).
- Request for available leave balances: I request to use my other available leave balances (except sick) and I will complete and attach the LOA Payroll Instructions form.
 I do not request to use my other available leave balances.

I understand that I am entitled to time off for military service to perform official military duty including travel time and/or reasonable time needed to prepare for deployment. I may be eligible to receive compensation for actual duty days performed up to a maximum of 30 calendar days per fiscal year. I further understand that the County of Ventura fiscal year begins every July 1 and ends the following June 30. I will provide a copy of all official military orders or documentation supporting this military service period, before, during or within a reasonable time upon return from such duty. I will provide any future orders, which add, change, alter, amend or rescind any supporting orders for documentation I have already provided. Upon my military return, I agree to provide a copy of the Dept. of Defense DD214 form.

Employee Signature: _____ Date: _____

CEO/HR/BENEFITS USE ONLY

PAID/UNPAID MILITARY LEAVE APPROVED FOR SCHEDULED WORK DAYS/SHIFTS:

Military paid for the inclusive dates beginning: _____ through: _____

Military unpaid for the inclusive dates beginning: _____ through: _____

Previous Fiscal calendar YTD paid days: _____ +Fiscal paid days approved: _____ Closing Fiscal calendar YTD paid days: _____

CEO/HR/Benefits Authorized Signature _____ Date: _____