

**Rockingham County
Military Leave Notification Form**

HR Received:

Employee Name: _____ Date: ____/____/____

Employee Dept.: _____ Employee Number: _____

In accordance with the Rockingham County Military Leave Policy and/or applicable CBA, as well as Federal and State laws, I hereby notify Rockingham County that I will be taking leave for the following:

Reserve or Guard Annual Training/Drill Written Orders Attached

Anticipated Leave From: ____/____/____ To: ____/____/____

During my leave for annual training, please pay me as indicated below:

I will turn over my check from the military in exchange for a County pay check for regular hours due.

Please pay me from my Earned Time Vacation balance for my entire leave period.

Please pay me _____ hours of my accrued Earned Time Vacation for a portion of my leave period. The remainder of the leave will be without pay.

I am requesting military leave without pay.

Active Military Service Written Orders Attached

Anticipated Leave From: ____/____/____ To: ____/____/____

Please pay me my entire Earned Time Vacation balance.

Please pay me _____ hours of my accrued Earned Time Vacation.

I am requesting military leave without pay.

Comments: _____

Employee Signature ____/____/____
Date

Elected Official/Division Director's Signature ____/____/____
Date

Human Resources Signature ____/____/____
Date

Date Sent to Payroll ____/____/____