MILITARY DEPARTMENT
MILITARY LEAVE OF ABSENCE REQUEST FORM
FOR ABSENCES OF MORE THAN 30 DAYS
Route to **MILDLFinancepayroll@mil.wa.gov**

EMPLOYEE INFORMATION	
Name (Last, First, MI)	Personnel Number
Division	Job Classification
Home Address (Street, City, Zip)	

Work Phone Number:	Home Phone Number	Phone number in which you can be reached while on Military Duty (If known).
Work E-mail Address		E-mail address where you can be contacted during your Military Duty (if known)

Power of Attorney (POA) (If applicable – Attach copy)	POA Contact Phone #	POA E-mail Address

MILITARY INFORMATION		
Branch of Service		
Command Contact	Command Phone #	Command E-mail

MILITARY ORDERS		
Orders Start Date	Orders End Date	Duty Station

Are the required military orders attached? ☐ Yes ☐ No

DATES FOR REQUESTED LEAVE OF ABSENCE

Requested Start Date (write anticipated date if you do not know the exact date)	Return Date (write anticipated date if you do not know the exact date)

Will you be utilizing 8 hours or more of leave per month to maintain your employee benefits?

    Yes   No

Do you understand that you have a responsibility to contact the Payroll Office if you plan to utilize accrued leave during your leave of absence? ☐ Yes ☐ No

By my signature, I certify that this information is true and complete to the best of my knowledge. I understand that I have a responsibility to provide an updated leave of absence request form if my military leave of absence is extended.

  Name: Date:

NOTIFICATION PROCESS

Office / Function	Signature	Date
Supervisor		
Division Director or Designee		
COMMENTS:		

HUMAN RESOURCE DIVISION PROCESSING

Office / Function	Signature	Date
Payroll Manager or designee		

MLWOP keyed into HRMS (if required) - HR	Military Orders Log updated - HR	Employee met with Payroll	Leave keyed into My Portal - Payroll

Distribution / Processing:

Employee
Supervisor
Division Director
Employee Personnel File (Orders start - End date Last Name, First Initial Military LOA)
Payroll File