



MILITARY SPOUSE REQUEST FOR LEAVE

DATE REQUEST
SUBMITTED: _____

(must be within two business days of receiving official notice* of your spouse's/registered domestic partner's leave from deployment)

EMPLOYEE NAME: _____ EMPLOYEE #: _____

Requesting Employee must check ALL THAT APPLY:

- I work for VMRF an average of 20 hours or more per week.
- My spouse/registered domestic partner is a qualified member of the United States Armed Forces, National Guard, or Reserves.
- My spouse/registered domestic partner has been deployed on active duty in an area designated as a combat theater or combat zone by the President of the United States; **OR** is a member of the Armed Forces Reserve Components or the National Guard who has been deployed during a period of military conflict (not necessarily in a combat theater or zone).
- I have received official notice certifying that my spouse/registered domestic partner will be on leave from deployment on active duty in a combat zone during a military conflict (attach a copy of your spouse's/registered domestic partner's official notice* of leave from deployment to this request form).

Date official notice* was received: _____

_____ to _____ date(s) of spouse's/registered domestic partner's leave from deployment.

I am requesting _____ days of leave during my spouse's/registered domestic partner's leave from deployment for the following
(not to exceed 10 days)

dates: _____.

I understand this leave is unpaid unless I have accrued, available vacation. I am requesting the use of _____ days of my available, accrued vacation.

By my signature below I affirm that all of the information provided herein is true and correct to the best of my knowledge.

Requesting Employee's Signature

Date

For VMRF use only

This request is:

Approved for the following dates: _____

Denied, consistent with VMRF policy as follows: _____

Signature of VMRF Chief Executive Officer or designee

Date

Printed Name of VMRF Chief Executive Officer or designee

Printed Title of Signer