

**HUMAN RESOURCES - EMPLOYEE RELATIONS**

**Request for Military Leave - USSERA**

**Background Information**

Employee Name: \_\_\_\_\_ PIN Number: \_\_\_\_\_  
 (please print)

Check Status:  Office/Service  Managerial/Professional  Faculty  Other

FTE: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Campus Phone: \_\_\_\_\_ Campus Zip Code: \_\_\_\_\_

Unit: \_\_\_\_\_ Department: \_\_\_\_\_

LV Coordinator: \_\_\_\_\_ LV Coordinator Campus Zip Code: \_\_\_\_\_

LV Coordinator Campus Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_ Supervisor Campus Zip Code: \_\_\_\_\_

Start Date for Military Leave: \_\_\_\_\_ Anticipated Return Date for Military Leave: \_\_\_\_\_ Total Hours Anticipated Military Leave: \_\_\_\_\_

**Please contact your supervisor if the length of your Military leave changes. This will ensure accurate processing of your leave.**

1. Reason for Military Leave (attach appropriate military documentation):

- Military Training
- Military Service
- Other:

2. Type of Military Service:

- National Guard
- Reserve
- Active Armed Forces
- Other:

3. If this leave is to be paid or to be a combination of paid and unpaid leave, please show the number of hours of vacation, floating/banked holiday or unpaid leave to be taken:

Vacation: \_\_\_\_\_ Floating/Banked Holiday: \_\_\_\_\_ Unpaid Hours: \_\_\_\_\_

Note: Under the State of Nebraska, UNMC will provide employees who are members of the National Guard or Reserves up to 15 days of paid leave per year when called for training or service under the orders or authorization of competent authority in the active service of the state or of the United States. For all military service, use of accrued vacation or floating/banked holiday hours is optional. See UNMC Policy/Procedure #1001.

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- **Health coverage for service members is provided for by USERRA. Employees performing military duty of more than 30 days may elect to continue employer sponsored health care for up to 24 months; however, employees may be required to pay up to 102 percent of the full premium. For military service of less than 31 days, health care coverage is provided as if the service member had remained employed. It is the employee's responsibility to make any benefit changes/arrangements needed or required (UNMC Benefits – 402-559-5911).**
- **Upon return to work after military service, employees may be reinstated to the position and pay they would have held if continuous employment had not been interrupted by military service. Reemployment rights are limited to 5 years and are reviewed under USERRA.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Immediate Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Procedures**

1. Complete the UNMC "Request for Military Leave – USERRA" Form and attach appropriate military documents.
2. Discuss the "Request for Military Leave – USERRA" Form with manager/supervisor/administrator.
3. Obtain signature from manager/supervisor.
4. Notify leave coordinator and/or administrator of your leave request.
5. Employee and Department should keep a copy of this completed form for their records.
6. Send "Request for Military Leave – USERRA" Form along with appropriate military documents to HR/Employee Relations at: Campus Zip 5470 or Fax: (402) 559-5904.
7. HR/Employee Relations will review for completion/compliance and will forward to Payroll.
8. Payroll will build military quota in SAP, as appropriate.
9. Payroll will notify department leave coordinator and/or administrator of process completion.
10. Payroll will return documents to HR/Employee Relations.

Questions concerning this form or USERRA may be directed to Human Resources – Employee Relations at (402) 559-4371 or (402) 559-8534.

**Administrative Use Only**

Processed & Approved in HR/Employee Relations by: \_\_\_\_\_

Brittany Copenhaver \_\_\_\_\_ Date: \_\_\_\_\_

Debra Motl \_\_\_\_\_ Date: \_\_\_\_\_

Angela Hayes \_\_\_\_\_ Date: \_\_\_\_\_

Processed in Payroll & Department notified by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_