

Request a Military Leave

This form is to be used to request a Military Leave by Sandia employees called to serve in the U.S. Uniformed Services. When possible, submit this application 30 days in advance of leave. If written notice is not possible, verbal notification may be provided, as noted in Corporate Procedure(s) HR100.6.3 Request a Leave of Absence.

A. Employee Information

Last Name		First Name		M.I.	
SNL I.D.		Date of Birth			
Street Address while on Leave			City, State	Zip Code	
Phone Number while on Leave	Work Phone	Home Phone	Emergency Contact (name and phone)		
Union Representation <input type="checkbox"/> None <input type="checkbox"/> MTC <input type="checkbox"/> OPEIU <input type="checkbox"/> SPA			Current Work Schedule <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (weekly schedule hours)		

B. Military Orders

Branch of Service	<input type="checkbox"/> Regular <input type="checkbox"/> Reserve	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corp <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard	
Date Military Orders Begin		Date Military Orders End	

C. Vacation Donation

[The Vacation Donation Plan \(VDP\)](#) is an optional employee-paid plan. The VDP allows employees who need to be away from work and would otherwise not be paid, an opportunity to receive all or a portion of that time as paid leave. The Vacation Donation pool is populated with vacation hours that are not accrued due to the 240-hour maximum vacation leave balance.

I request available Vacation Donation and understand that if approved, Vacation Donation for military service is limited to a maximum of 500 hours per tour per fiscal year.

I decline Vacation Donation and understand that Sandia does not offer any other form of supplemental pay during approved military absence.

D. Employee Certification

I certify that the above statements are true and understand the program requirements as stated in HR100.6.3 Request a Leave of Absence.

Signature	Date
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E. Manager Acknowledgement

I can support the requested schedule I request a consultation with HBE

Signature	Date
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Complete this form and fax to Absence Management Team at (505) 845-1046 or mail to MS1463

FOR BENEFITS USE ONLY

Processed by:	Approved by:	Date Approved:
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