Submit in Duplicate
ATTACH COPY OF ORDERS
1st Page Department Copy
2nd Page Employee Copy

FORM 14 - Revised 1995

APPLICATION FOR MILITARY LEAVE

STATE OF ALABAMA
Personnel Department

1. Name of Employee First MI Last	2. Social Security Number
3. Class Title/Code	4. Class Option Title/Code
5. Department	6. Division
7. Branch of Service	8. Military Rank
9. Military Duty Dates: From: _____ (Date) To: _____ (Date)	10. Total Hours

11. "I hereby make application for _____ (number of hours) leave with pay as provided by Section 31-2-13 of the Code of Alabama. I certify that this request does not exceed the 168 hours allowed by law in each calendar year.

I have already had _____ working hours military leave this year."

Signed: _____ (Employee) Date: _____

12. Further absence on military duty will be covered by:

( ) Annual leave accumulated. _____ (No. of hours to be taken)

( ) Leave of absence without pay. (Code of Alabama 36-26-31)

From: _____ (Date) To: _____ (Date)

13. Approval of Appointing Authority

Signed: _____ (Appointing Authority) Date: _____

Print Form