



**CLAYTON COUNTY PUBLIC SCHOOLS DIVISION OF HUMAN
RESOURCES AND STRATEGIC IMPROVEMENT
MILITARY LEAVE REQUEST FORM**

EMPLOYEE INFORMATION

Emp ID _____ First Name _____ MI _____ Last Name _____
 Complete Address _____ City _____ Zip Code _____
 Phone Number _____ Alt. Phone _____
 Personal Email Address _____ @ _____
 School/Department _____ Position _____

MILITARY LEAVE INFORMATION

Beginning Date _____ Ending Date _____

An official order from the appropriate military office must be attached when requesting a military leave of absence.

QUALIFYING EXIGENCY (CALL TO ACTIVE DUTY)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> ARMY | <input type="checkbox"/> COAST GUARD |
| <input type="checkbox"/> NAVY | <input type="checkbox"/> PEACE CORPS |
| <input type="checkbox"/> AIR FORCE | <input type="checkbox"/> NATIONAL GUARD |
| <input type="checkbox"/> MARINE CORPS | <input type="checkbox"/> FEMA |
| <input type="checkbox"/> SPACE FORCE | <input type="checkbox"/> OTHER _____ |

An employee who fraudulently obtains Family and Medical Leave will be subject to disciplinary action, up to and including termination.

All employees of the District are entitled to paid leave not to exceed eighteen (18) days in any one federal fiscal year to comply with ordered military leave duty with the armed forces of the United States or State of Georgia, including duty as a voluntary member of the militia or reserve component of the United States or State of Georgia. Employees are also entitled to leave not exceeding thirty (30) days in any one federal fiscal year if ordered to duty as a result of the declaration of any emergency by the governor or the appropriate officials of the United States armed forces. Note: Federal Fiscal Year is October 1 to September 30.

Signature of Employee: _____ Date: _____

The signature below indicates knowledge of leave and that the employee is requesting Military Leave:

Print Principal/Supervisor Name: _____ Date: _____

Signature of Principal/Supervisor: _____ Date: _____

Please return the completed Military Leave request to Clayton County Public Schools Division of Human Resources and Strategic Improvement at militaryleave@clayton.k12.ga.us