

COOK COUNTY SCHOOL DISTRICT 130

Human Resources Department

12300 S. Greenwood Avenue Blue Island, IL 60406 Telephone: (708) 385-6800 Facsimile: (708) 385-8467

MILITARY LEAVE OF ABSENCE REQUEST FORM

Section A – Completed by Er	mployee	
Employee Name:		Today's Date:
Leave Request Dates:		
(first day of leave) to		(return to work date)
Type of Leave Requested: Annual Training Basic Training Other	☐ Active Duty ☐ Special or Advanced	l Training
Name of Military Organization	Issuing the Orders:	
Employee Signature		Date
ATTACH A C	OPY OF YOUR MILITARY OF	RDERS TO THIS FORM
	30). Any military leave in excess	s for a paid military leave of absence per as of 60 workdays in a fiscal year must be ad/or vacation time.
Section B – Completed by Employer		
☐ Approved ☐ Denied	If denied, reason	
☐ Paid Leave Granted	☐ Unpaid Leave Granted	
Approved by:(Print Name)		
Signature of Approver:		Date: