

PERSONNEL
MILITARY LEAVE

Military Leave

MILITARY LEAVE VERIFICATION FORM

EMPLOYEE NAME _____

DEPARTMENT _____

DATE LEAVE VERIFIED/BY WHOM _____

PHONE NUMBER OF MILITARY AUTHORITY _____

DATE(s) OF MILITARY LEAVE _____

NAME OF RELEVANT MILITARY AUTHORITY _____

RANK OF RELEVANT MILITARY AUTHORITY _____

PHONE NUMBER OF MILITARY AUTHORITY _____

NOTES: