



HUMAN RESOURCES DEPARTMENT

REQUEST FOR MILITARY LEAVE OF ABSENCE

In accordance with California Military and Veterans Code Section 395.01, and the City's current Memorandum of Understanding (MOU) with its various bargaining units, a City of Stockton employee who is a member of the United States Armed Forces, who is ordered to military duty and presents appropriate documentation, shall be granted leave with pay for up to thirty (30) days in any calendar year.

In accordance with California Military and Veterans Code Section 395.05, members of the National Guard shall receive an additional leave with pay for up to thirty (30) days in the same calendar year for a Governor proclaimed state of emergency. Please refer to Administrative Directive HR-53 for further information about a military leave of absence.

City of Stockton complies with the Uniformed Services Employment and Reemployment Rights Act (USERRA) and nothing contained herein is intended to limit or abrogate rights guaranteed under USERRA.

EMPLOYEE INFORMATION:

Name: _____ Job Title: _____
Date of Hire: _____ Bargaining Unit: _____ Primary Phone: _____
Home E-Mail: _____ Mailing Address: _____
Department: _____ Payroll Coordinator: _____ Extension: _____
Current Work Schedule: [] 5/8 [] 9/80 [] 4/10 [] 12-24 hour Last day worked: _____

MILITARY LEAVE INFORMATION: (Your start and end dates for this leave must match your military orders.)

[] Active Duty [] Military Duty Training (active or inactive) [] State Emergency (National Guard ONLY)

Paid Leave: _____ to: _____ = Total Days: _____ Unpaid Leave: _____ to: _____ = Total Days: _____

HEALTH INSURANCE: Opt Out: _____ Continue Coverage: _____ Make Changes: _____

If you elect to continue health insurance coverage, your premium contribution will continue to be deducted from your paycheck while you are in a paid status. If your leave converts to an unpaid status, you must pay your portion of the medical premium directly to the City of Stockton. Your current monthly contribution is \$_____, and is due and payable, by check or money order, to the City of Stockton by the last day of the month in which coverage is provided. Please remit payment to the City of Stockton Human Resources Department at 22 E. Weber Avenue, Suite #150, Stockton, CA 95202, attention: Benefits Division. If you are making changes to your current health insurance coverage, please complete the City's Health Insurance Enrollment form.

Employee Print Name Employee Signature Date

Supervisor Print Name Supervisor Signature Date

Director of Human Resources Approval Date

HR Use Only:

Military orders: _____ Paid days remaining: _____ MyCalPERS: _____ Health Insurance: _____ Verified by: _____