

ACTIVE DUTY MILITARY LEAVE ADMINISTRATION PROCEDURE AND FORM

In addition to 30 days of continued County Base Pay that is provided to employees called to active duty, salary augmentation and health benefits continuation is available to employees called to active duty for over 30 days and for up to 12 months per fiscal year (July 1 – June 30).

PART I: EMPLOYEE SECTION:

Employee fills out this section and returns it to their supervisor with all required attachments.

The below-named employee requests leave from employment under the Military and Veterans Code to participate in Active Military Duty.

Employee Name (Print): _____ Employee Number: _____

Department: _____

The employee understands they must submit military orders and military Leave and Earnings Statements (L.E.S.) to their supervisor.

Employee signature: _____ Date: _____

PART II: SUPERVISOR and DEPARTMENT HEAD/DESIGNEE SECTION:

The supervisor and Department Head/Designee understands they must submit all paperwork, received by the employee, to the County's Military & Veteran Affairs Office (MVAO) for verification and approval of continuing benefits, if so entitled, under this policy.

Supervisor Name: _____ Daytime phone: _____

Supervisor signature: _____ Date: _____

Assigned Human Resource Analyst Name: _____ Ext. _____

Department Head Name/Designee: _____ Daytime phone: _____

Department Head/Designee signature: _____ Date: _____

PART III: COUNTY MILITARY & VETERAN AFFAIRS OFFICE SECTION:

County Military & Veterans Affairs Office fills out this section and sends this form and all attachments to departmental Human Resources Analyst to ensure accurate processing of the active duty leave.

	YES	NO
	(mark appropriate box)	
• Military orders verified	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of military orders is attached	<input type="checkbox"/>	<input type="checkbox"/>
• Military pay statement verified	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of military pay statement is attached	<input type="checkbox"/>	<input type="checkbox"/>
• Employee is qualified to receive full or augmented salary	<input type="checkbox"/>	<input type="checkbox"/>

1. Paid military leave of absence, up to 30 days, from _____ to _____.
2. Extended military leave of absence, beyond the initial 30 days, from _____ to _____.
3. Basic Military Pay for this employee: \$ _____.
4. Length of Military Service: _____.

The MVAO understands they must submit all paperwork, received by the employee's supervisor, to the departmental Human Resources Analyst.

Military Veteran Affairs Authorized Name: _____

Military Veteran Affairs Authorized Signature: _____ Date: _____

Title: _____ Telephone: _____

PART IV: DEPARTMENTAL HUMAN RESOURCE ANALYST SECTION:

The departmental Human Resource Analyst ensures completion of the leave document, benefits documentation and payroll information.

For Active Military Leave, less than 31 days:

1. Full County compensation to begin on _____.
2. Full County compensation to end as of _____.

For Active Military Leave 31 days or more:

1. County Base Pay for this employee: \$ _____.
2. County-paid augmented compensation per month: \$ _____.
3. Combined length of Military / County Service: _____.
4. Authorized augmented duration 30, 60, 90 Calendar Day or 12 month: _____.
5. County-paid salary augmentation to begin on _____.
6. County-paid salary augmentation to end as of _____.
7. Medical Benefits: For Active Duty Military Leave *less than 31 days*, health care coverage is provided as if the service member had remained employed.

For Active Duty Military Leave of *more than 30 days*, the County will continue health care coverage for up to 12 months. Under USERRA, members are entitled to up to an additional 12 months (for a total of 24 months) or the duration of their service, whichever is lesser, and the coverage only covers the individual. Under COBRA, members are entitled to up to an additional 6 months (for a total of 18 months); but it may include coverage for dependents. In either instance, employees may be required to pay up to 102 percent of the full premium. Employee may choose more than one; for example, the employee may choose coverage under USERRA and choose coverage under COBRA for dependents.

After the first 12 months of County covered health care, the service member:

1. Elects to continue County health insurance under USERRA (This option covers the employee only)
2. Elects to continue County health insurance under COBRA (This option may include eligible dependents)
3. Does not want to continue County health insurance under USERRA or COBRA.