

City of Saint Paul

Report: _____

Office of Human Resources

Payroll Center: _____

**APPLICATION FOR SPECIAL LEAVE OF ABSENCE
(Military Leave)**

To: _____ Department: _____
(Appointing Officer)

I hereby apply for an indefinite leave of absence to begin _____
for the purpose of entering the military service of the United States.

It is my understanding that if I wish to be reinstated to my former position upon my return from
military service, I must apply for reinstatement in writing filed with the Appointing Officer.

- Service under 30 days – next work day
- Service 31 - 180 days – no later than 14 days
- Service over 181 days – no later than 90 days

I am now employed in the position of _____
(Title/Occupation code)

You have the option of buying pension
credit for your military leave of service

(Print Name)

(Signature)

(Employee I.D. #)

To the Appointing Officer:

I hereby approve of the leave of absence as required above.

(Appointing Officer)

(Date)