

**SOUTH CAROLINA MILITARY DEPARTMENT
Request For Military Leave Form**

Name: _____

Department/Cooperative Agreement: _____

Position: _____

Start Date of Military Leave: _____

End Date of Military Leave: _____

Justification:

Employee Signature: _____ Date: _____

Supervisor: Recommendation: Approval Disapproval

Signature: _____ Date: _____

Department Head/Program Manager: Recommendation: Approval Disapproval

Signature: _____ Date: _____

Chief of Staff for State Operations: Approved Disapproved

Signature: _____ Date: _____

NOTES:

1. Attach all applicable support documentation to your request (e.g., military orders, etc.)
2. Any request for Military Leave that will also include Leave Without Pay must also include a Leave Without Pay Request.
3. The State HRO Leave and Accounting Clerk will enter all approved Military Leaves into SCEIS.