

**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: \_\_\_\_\_

**NOTE: Attach all applicable support documentation to your request (e.g., military orders, etc.)**

**NOTE: Any request for Military Leave that will also include Leave Without Pay must also include a Leave Without Pay Request.**