

## Military and National Disaster Leave form

**NOTICE – You are required to complete this form if any of the following apply:**

- You have been notified of DMAT, State All Hazards Incident Management Team (IMT), or NDMS training;
- You have been notified of Reserve, Guards, or any type of Military training;
- You have received a notice of deployment under DMAT, IMT, or any other branch of NDMS;
- You have been called to active duty under any branch of the United States Army.

Please read the DOL Publication "Your Rights under USERRA" at this link:

[https://www.dol.gov/vets/programs/userra/USERRA\\_Private.pdf](https://www.dol.gov/vets/programs/userra/USERRA_Private.pdf). Please notify your manager and HR of your required training notice or call to active duty or deployment as soon as possible. If you have any questions concerning military leave, please contact Human Resources.

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**PLEASE COMPLETE THIS SECTION IF YOU HAVE BEEN NOTIFIED OF REQUIRED TRAINING.**

Type of Training:

Training Dates:

List scheduled dates of work that you will miss:

Would you like to make up any WRS contributions missed during this leave?

- Yes       No

Please attach a copy of your notice of required training to this form.

Please note that you will need to provide a copy of your military, DMAT, or IMT (DNR) pay check to HR and Payroll if you wish to be paid the difference between your military pay and your regular base pay from the City.

The City will maintain all benefits for all leaves that are less than 30 days.

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**PLEASE COMPLETE THIS SECTION IF YOU HAVE BEEN CALLED TO ACTIVE DUTY OR DEPLOYMENT:**

Last Day of Work:

Report Date:

Activation Date:

Return Date:

Please attached your deployment notice to this form.

**Use of Vacation/ Personal/ Sick.** Active Military leave or DMAT or IMT deployment is unpaid; however, use of accrued time off is optional during a leave of absence.

If you wish to use vacation or personal leave time during military leave, please indicate the number of hours per week:

Yes       No       Hours per week

If you wish to use sick time during your leave, please indicate the number of hours per week:

Yes       No       Hours per week

**Health Insurance.** Most individuals who are called to active duty are eligible for health insurance coverage through the Military or other Federal agency. You may want to verify eligibility and effective dates with your military officer or contact person. Your group coverage will end at the end of the month in which your last day is worked. However, you have the right to continue health coverage through the City for up to 24 months. If you elect continuation, you would be responsible for 100 percent of the premiums. You will receive a COBRA Continuation notice from the City and must return the completed notice if you wish to continue health insurance. Upon return to work, you are eligible to be reinstated as of the date you return to work.

**Dental Insurance.** You may be eligible for dental insurance through the Military or other Federal agency. You may wish to verify eligibility and effective dates with your contact person. Your group coverage will end at the end of the month in which your last day is worked. However, you have the right to continue dental coverage through the City for up to 24 months. If you elect continuation, you are responsible for 100 percent of the premiums. You will receive a COBRA Continuation notice from the City and must return the completed notice if you wish to continue health insurance. Upon return to work, you are eligible to be reinstated as of the date you return to work.

**Life Insurance.** The City will maintain the employee's standard life insurance for the duration of the military leave. If you have optional life insurance in addition to standard, you may elect to pre-pay the premiums in order to maintain the optional life insurance. If you chose to maintain optional life insurance, you must make arrangements for payment prior to your last day of work.

I acknowledge that I have been informed of my rights and obligations under USERRA and give notice that I intend to return to work for the City when my deployment has ended. I understand that I must reapply for my position upon my return within the required time frames. Upon my return, I will provide verification of the dates served for active duty and proof of honorable discharge.

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Employee Signature

Date: