

MILITARY LEAVE OF ABSENCE

CHICAGO POLICE DEPARTMENT

TODAY'S DATE

MEMBER TO BE AFFECTED (LAST NAME - FIRST - M.I.)		STAR/BADGE NO.	EMPLOYEE NO.	UNIT ASSIGNED
EFFECTIVE DATE	JOB TITLE			

TYPE OF ACTION		
CHECK TYPE OF ACTION HERE (DO NOT CHECK MORE THAN ONE BOX)	INFORMATION REQUIRED (ENTER INFORMATION IN THE "REMARKS SECTION " BELOW.)	SIGNATURES REQUIRED
<input type="checkbox"/> ANNUAL TRAINING	GIVE DATES, ATTACH COPY OF OFFICIAL ORDER. (Complete Absence Summary Section #2)	MEMBER, UNIT C.O., HRD DIRECTOR
<input type="checkbox"/> BASIC TRAINING	GIVE DATES, ATTACH COPY OF OFFICIAL ORDER. (Complete Absence Summary Section #2)	MEMBER, UNIT C.O., HRD DIRECTOR
<input type="checkbox"/> INACTIVE DUTY FOR TRAINING (WEEKEND DRILLS)	GIVE DATES, ATTACH COPY OF OFFICIAL ORDER. (Complete Absence Summary Section #1 and #2)	MEMBER, UNIT C.O., HRD DIRECTOR
<input type="checkbox"/> MOBILIZATION TO ACTIVE DUTY	GIVE DATES, ATTACH COPY OF OFFICIAL ORDER, PER 78, PER 73-A, POWER OF ATTORNEY FORM AND AFFIDAVIT (Complete Absence Summary Section #2)	MEMBER, UNIT C.O., HRD DIRECTOR
<input type="checkbox"/> SPECIAL OR ADVANCED TRAINING	GIVE DATES, ATTACH COPY OF OFFICIAL ORDER. (Complete Absence Summary Section #1 and #2)	MEMBER, UNIT C.O., HRD DIRECTOR
<input type="checkbox"/> LEAVE EXTENSION	GIVE DATES, ATTACH COPY OF OFFICIAL ORDER, PER 78, PER 73-A, POWER OF ATTORNEY FORM AND AFFIDAVIT (Complete Absence Summary Section #2)	MEMBER, UNIT C.O., HRD DIRECTOR

MILITARY INFORMATION				
MILITARY UNIT NAME	MILITARY RANK	GROSS MONTHLY BASE PAY	MILITARY C.O.	MILITARY CONTACT PHONE NO.

REMARKS SECTION

ABSENCE SUMMARY SECTION # 1 (Complete prior to time of military leave)

Instructions: Insert the date for each day of the military leave of absence and circle the corresponding letters that indicate time status for that date. The legend is as follows: V= Vacation Day, CU= Comp. Time, RDO= Regular Day Off, P= Personal Day, BFD= Baby Furlough Day, H= Holiday, MLDO= Military Leave Differential Option.

Date	Selection	Date	Selection	Date	Selection
1. _____	V CU RDO P BFD H MLDO	11. _____	V CU RDO P BFD H MLDO	21. _____	V CU RDO P BFD H MLDO
2. _____	V CU RDO P BFD H MLDO	12. _____	V CU RDO P BFD H MLDO	22. _____	V CU RDO P BFD H MLDO
3. _____	V CU RDO P BFD H MLDO	13. _____	V CU RDO P BFD H MLDO	23. _____	V CU RDO P BFD H MLDO
4. _____	V CU RDO P BFD H MLDO	14. _____	V CU RDO P BFD H MLDO	24. _____	V CU RDO P BFD H MLDO
5. _____	V CU RDO P BFD H MLDO	15. _____	V CU RDO P BFD H MLDO	25. _____	V CU RDO P BFD H MLDO
6. _____	V CU RDO P BFD H MLDO	16. _____	V CU RDO P BFD H MLDO	26. _____	V CU RDO P BFD H MLDO
7. _____	V CU RDO P BFD H MLDO	17. _____	V CU RDO P BFD H MLDO	27. _____	V CU RDO P BFD H MLDO
8. _____	V CU RDO P BFD H MLDO	18. _____	V CU RDO P BFD H MLDO	28. _____	V CU RDO P BFD H MLDO
9. _____	V CU RDO P BFD H MLDO	19. _____	V CU RDO P BFD H MLDO	29. _____	V CU RDO P BFD H MLDO
10. _____	V CU RDO P BFD H MLDO	20. _____	V CU RDO P BFD H MLDO	30. _____	V CU RDO P BFD H MLDO

ABSENCE SUMMARY SECTION # 2 (Complete prior to time of military leave)

Instructions: Insert the "Last Date Worked", the "Return-to-Duty Date", sign, date and obtain the designated supervisor's signature.

Last Date Worked	Return-to-Duty Date	Signature of Member	Date	Signature of C.O.	Date	Signature of HRD Director	Date
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LEAVE OF ABSENCE AGREEMENT (Complete this agreement when requesting a military leave of absence more than 30 days.)

To Superintendent of Police:

I hereby tender my resignation as _____ from the Department of Police, to take effect if I fail to report back to work after completion of service within the time limits established by the Uniformed Services Employment and Reemployment Rights Act. _____
(Position or Rank) (Signature of Member)

I hereby accept the resignation of _____ because of failure to comply with the above agreement, this _____ day of _____ 20 ____
(Superintendent of Police)