${\bf Research\ Foundation\ for\ Mental\ Hygiene,\ Inc.}$

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MILITARY LEAVE REQUEST

Employee Name:	Social Security #:
Location:	Title:
RFMH Employment Date:	
I request military leave beginning on	and ending on (projected)
[] National [] Declarat	ed Training I Emergency tion of the President or United States Congress blease specify)
Continuation of Health Insurance (please init	ial one)
I desire to retain my health ins	surance during this period
I do not desire to retain my hea	ealth insurance or I currently have no insurance
I have attached a copy of my military orders of above listed dates.	or a copy of a letter from my military commander for th
Employee's Signature	Date
Supervisor's Signature	Date

NOTE: Copies of leave request forms must be forwarded to Central Office

Military Activation and Return to Duty Checklist

This checklist is designed to assist employees who are called to or are returning from active duty military service. Employees who have questions about military leave or returning to employment from military leave should contact their local RFMH personnel/payroll office.

UPON NOTIFICATION OF ACTIVATION TO MILITARY SERVICE

- Promptly Notify Your Supervisor or Department Administrator Provide as detailed information as possible regarding your anticipated departure date, length of service and/or date of release from active duty. Provide your supervisor or administrator with a copy of your military orders.
- Make a Leave of Absence Request When called to active duty, you are entitled to a military leave of absence from your position with pay for 30 calendar days or 22 work days, whichever is greater, with return rights that are specified by federal and state law.
- **Beneficiary Information** Ensure that the names, addresses and phone numbers of your beneficiaries are current. Employees may wish to seek legal counsel with questions or concerns regarding beneficiary designation. Legal assistance may be available through the Judge Advocate General's Office assigned to your military unit.
- Compensation Except for paid military leave, during your active duty period, you will NOT receive compensation from RFMH.
- Maintaining Your RFMH Benefits Please contact your local RFMH personnel/payroll office
 if you have questions after reading the RFMH military leave policy.

UPON COMPLETION OF ACTIVE DUTY

- **Notify Your Department of Your Intent to Return** Provide notification to your supervisor of your intent to return to your position as soon as possible but in no case later than provided below:
 - Activated Less Than 31 Days Report to your position on the beginning of your first regularly scheduled work period on the first calendar day following completion of the service plus the expiration of 8 hours.
 - o **Activated 31 to 180 Days** Submit an application to return to your position no later than 14 calendar days following completion of service.
 - o **Activated More Than 180 Days** Submit an application to return to your position no later than 90 days following completion of service.
- **Discharge Documents** For service in excess of 30 days, provide your supervisor or administrator with a copy of your discharge documents (Receipt of Honorable Discharge, Report of Separation, Certificate of Satisfactory Service or other proof of satisfactorily completed service.)
- **Reinstating Your RFMH Benefits** To reinstate any benefits maintained while on active duty, submit new enrollment forms within 31 days of your return from active duty.