

BAYLOR UNIVERSITY

**REQUEST FOR PAID MILITARY LEAVE / EMERGENCY RESPONDER LEAVE
BU-PP 409B**

Employee Name:		Baylor ID Number:	
Address:		Phone:	
City:	State:	Zip Code:	
Department:			
Chair/Supervisor:			
Dean/Department Head:			

Start of Paid Military Leave/Emergency Responder Leave:	Date of Return from Paid Military Leave/Emergency Responder Leave:
<p>* In addition to the request for Paid Military Leave/Emergency Responder Leave Request form, you must submit a copy of your military or government emergency management orders.</p> <p>* A new request for Paid Military Leave/Emergency Responder Leave is required for each occurrence in which Paid Military Leave/Emergency Responder Leave is requested.</p>	

Employee Signature	Date
Chair/Supervisor Signature	Date
Dean/Department Head Signature	Date

Supervisor: Please either print and mail or fax this completed form, or submit electronically:

Mail to: Baylor University, Human Resources,
One Bear Place #97053, Waco, TX 76798-7053

Or Fax to: (254) 710-3819

Or submit electronic form by email to askHR@baylor.edu

If you have questions, please contact us at: (254) 710-2000 or askHR@baylor.edu

HR Use Only: Paid Leave Start Date: _____ Paid Leave Expiration Date: _____

HR Authorization: _____ Date: _____