



HUMAN RESOURCES DEPARTMENT

200 West Oak Street, Suite 3200
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EMPLOYEE'S NOTICE OF MILITARY SERVICE

Name _____ SSN _____

Department _____ Date _____

I will be required to perform military service as set forth below:

Branch of Service _____

Dates of Leave: From _____ To _____
(anticipated return to work)

The following checklist of items should be completed prior to your date of leave:

1. Have you received written military orders? Yes No
If "Yes", please provide a copy to your supervisor and Human Resources along with this notice.

2. Do you wish to use any Military Leave that may be available (up to 15 days maximum)? Yes No
Number of days _____

3. Do you wish to use any of your available leave balances prior to Leave Without Pay? Yes No
Floating Holidays _____ hours
Vacation Leave _____ hours
Comp Time _____ hours
Wellness Day _____ hours

4. Do you wish to continue County insurance benefits while on Leave Without Pay? Yes No
If "Yes", check plans you wish to continue and contact Human Resources.
Medical insurance _____ Voluntary AD&D _____
Dental insurance _____ Voluntary term life _____
Vision insurance _____ AFLAC _____

5. Do you wish to discontinue any of your or your dependent's County insurance coverage prior to the date it would normally terminate? (refer to Benefits Information Sheet) Yes No
If "Yes", contact Human Resources.

Employee Acknowledgements:
➤ I have been provided a copy of the Larimer County's Benefits Fact Sheet and the Benefits Information Sheet for Employees in the Uniformed Services.
➤ I understand that I am required to contact Larimer County within a certain period of time as defined by USERRA upon my release from uniformed service.
➤ I have made arrangements to return County property to my department, as required.
➤ I understand that if I receive new orders, it's my responsibility to provide them to my supervisor as soon as possible after receiving them.
➤ If my active duty continues into the next calendar year, I will earn an additional 15 days of military leave on January 1. If I wish to be paid for any of these days, it is my responsibility to contact Human Resources.

Employee Signature / Date

Supervisor Signature / Date

(See Page 2 for Contact Information)

CONTACT INFORMATION

1. Please provide your contact information for the period of time you are on Military Leave:

Phone _____

Email _____

2. In the event you are not reachable, please provide a secondary contact:

Name _____

Phone _____

Email _____

Human Resources Signature

Date