

CITY OF CHICAGO MILITARY LEAVE POLICY
EMPLOYEE INFORMATION WORKSHEET

Effective: 5/8/2020

While City of Chicago employees are not required to complete this Employee Information Worksheet in order to take a military leave of absence, submission of this worksheet will help ensure timely and accurate processing of City of Chicago employee health benefits and any military leave compensation an employee may be entitled to under federal, state, local law, and/or any applicable collective bargaining agreements.

Instructions: Please complete all steps and fields below and submit to your departmental human resources liaison.

Department Personnel: If the employee does not or cannot complete this form, please complete as many fields as possible based on your knowledge of the employee and any information about their military leave the employee has provided to you.

Step 1: City of Chicago Employment Information

Step 2: Military Service Information

<u>Employee Name:</u> _____	<u>Military Service Branch:</u> _____ <i>(i.e., National Guard, Army Reserve, Navy Reserve)</i>
<u>Current Job Title:</u> _____	<u>Current Military Rank/Grade:</u> _____ <u>Years of Service with Military Service Branch:</u> _____
<u>Current Work Schedule:</u> Days: _____ Hours: _____	<u>Military Service Anniversary Date:</u> _____
<u>Immediate Supervisor:</u> _____	<u>Military Monthly Base Pay:</u> _____

Step 3: Military Leave Information

<u>Type of Military Service To Be Performed:</u> <i>(e.g., annual training, weekend drills, etc.)</i>	<u>Military Leave Start Date:</u> <i>(e.g., the first day you will be absent from City employment)</i>	<u>Last Day of Military Service:</u> <i>(If no end date is listed on military duty orders, please note that and provide an estimated end date.)</i>
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<u>Your Contact Information During Military Leave:</u> <i>(Provide if possible/permitted)</i>	<u>Emergency/Alternate Contact:</u>
<u>Phone:</u> _____	<u>Name:</u> _____
<u>Email:</u> _____	<u>Relationship:</u> _____
	<u>Address:</u> _____
	<u>Phone:</u> _____
	<u>Email:</u> _____

Step 4: Health Benefits Election

I wish to (check one):

- Continue my current City of Chicago health benefits during my military leave
- Stop my current City of Chicago health benefits during my military leave
- Continue to receive **NO** City of Chicago health benefits during my military leave (I did not receive these benefits prior to my military leave)

If electing to continue City of Chicago health benefits during your military leave, please select how you would like to pay the contribution amount for your health benefits (check one):

- Deduct health benefit contributions from any military leave compensation due to me¹
- Directly bill me for any health benefit contributions I owe to the City. I understand that the bill for this contribution amount will be sent to my personal address currently on file with the City

Step 5: Attachments

Please attach copies of the following documents to this worksheet, which will help enable timely and accurate processing of any military leave compensation and/or benefits due to you during your military leave:

- (1) A copy of your official military duty orders;

(a) The orders should clearly state the type of military service to be completed (e.g., “annual training” under 10 U.S.C. § 12301(b); drill duty, etc.). If the type of service is not clearly stated in your official military duty orders, you should provide any other available documentation describing the type of military service.
- (2) Documentation, such as a recent military leave and earnings statement, which clearly states your current military rank and years of military service; and
- (3) Documentation supporting any time, in addition to that of the military service period itself, needed to travel to and/or from the location of your military service.

**Employee
Signature:** _____

Date: _____

**Department
Personnel**

**Receiving
Form (Print):** _____

**Date of
Receipt:** _____

Signature of

Department Personnel: _____

Documents Received (to be completed by department personnel)

Use additional pages if needed

Employee did not submit a completed worksheet. As such, I have completed this worksheet to the best of my knowledge of the employee and the information the employee has provided about their military leave.

¹ In the event that an employee is entitled to military leave compensation, but the amount of compensation is less than the contribution amount required to continue health benefits during the leave period, the City will automatically begin billing the employee directly.