

## Paid Disabled Veteran Leave Eligibility and Approval Form

<b>Employee Name:</b>		<b>Date:</b>	
<b>Employee ID#:</b>		<b>Business Unit:</b>	

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### PART A – NOTICE OF ELIGIBILITY

**We have been notified that you are requesting Paid Disabled Veteran Leave:**

- ☐ to be re-examined or treated for one or more service-connected disability(ies) without loss of pay or benefits.

**Eligibility Date:** \_\_\_\_\_

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### PART B - LEAVE DESIGNATION NOTICE

- ☐ Paid Disabled Veteran Leave may not exceed twenty-four (24) hours per calendar year for full time employees, inclusive of all disabilities; part-time or seasonal employee will receive a proportionally equivalent amount of paid disabled veterans leave based upon your work schedule.
- ☐ Your approved leave will be paid for the number of regularly scheduled work hours from which you are excused.
- ☐ Any leave credited to you as an employee that is not used during the calendar year shall be forfeited and shall not be carried over.
- ☐ This leave should occur concurrently with and will not be added to periods of unpaid or job protected leave for which you may also be eligible for the same disability, including the federally mandated 12 weeks of Family Medical Leave Act (FMLA) leave.
- ☐ Copy of the Veteran's Percentage Letter issued by the United States Department of Veterans Affairs, verifying you have incurred a military service-connected disability, the percentage of the disability, and you have been scheduled to be reexamined or treated for the disability(ies).

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### PART C – APPROVALS

<b>Director's Name:</b>		<b>DPR Name:</b>	
<b>Director's Signature:</b>		<b>DPR Signature:</b>	

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### PART C – PROCESSING

<b>PIOD/ HR Business Solution Processed By:</b>	
<b>PIOD/ HR Business Solution Processing Date:</b>	