Spring Independent School District

16717 Ella Blvd. • Houston, Texas 77090 • Tel. 281.891.6000

HUMAN RESOURCES - BENEFITS/LEAVES
(281) 891.6040 Fax (281) 891.6042

Note: Use of this form is recommended for all *extended* training and deployment other than the required two week annual training. Form should be completed by the district and the employee.

Name_____ **Employee Number**_____

Position_____ **Department/Campus**_____

Military Service Information

Branch of Service _____

❑ Reserve Member ❑ National or State Guard Member ❑ Volunteer

Date district was notified employee was leaving for military duty _____

Military Orders (Attach a copy of orders or fill in the information in the section below.)

Name of military headquarters issuing orders _____

Order number _____ Date of orders_____

Date ordered to report for active duty _____

Length of time ordered to duty_____

Location of armory or meeting place of National Guard or Reserve Unit_____

_____

Contact Information (All contact information on employee file will be used for leaves correspondence/communications unless otherwise noted here.)

Employee Contact Info:

Name_____ Relationship_____

Address_____ Phone (____) _____

Email _____

During active service, please contact:

Name_____ Relationship_____

Address_____ Phone (____) _____

Email _____

Health Insurance

Does the employee and/or family member elect to continue health insurance coverage during active duty?

- ❑ Yes. Specify how long coverage will be continued _____
- ❑ No. Last day of coverage _____
  (*Note: Continuation of insurance coverage and payment of the district's regular contribution is required for first 30 days of leave for long-term deployment.*)

  Date continuation of coverage notice was given to the employee _____