

TIME BALANCE USAGE FORM

This “Time Balance Usage Form” is intended to provide you with an opportunity to elect to use all or a portion of your Leave Balances after you exhaust your Statutory Entitlement in order to continue to receive your City Salary while on Ordered Military Duty.

If you have enrolled in the Extended Military Benefits Package (“EMBP”): Please refer to the Terms of the EMBP with respect to how use of Leave Balances will affect when your Period of Coverage commences.

INSTRUCTIONS: You must mark one box in either Part 1 or Part 2 of this form with an “X.” You must also enter your personal data and signature at the bottom of this form.

PART 1: For employees who enroll in the EMBP.

- Upon the exhaustion of any available Statutory Entitlement, I elect to use my Leave Balances before my Period of Coverage commences under the EMBP.

Agency Completes:	Employee Completes:
Number of annual leave days available:	Number of annual leave days I wish to use before my Period of Coverage commences:
Amount of compensatory time in days available:	Amount of compensatory time in days I wish to use before my Period of Coverage commences:
Number of other leave days available (specify):	Number of other leave days I wish to use before my Period of Coverage commences:

- Upon the exhaustion of any available Statutory Entitlement, I elect to immediately commence my Period of Coverage under the EMBP; I elect not to use any Leave Balances.

PART 2: For employees who do not enroll in the EMBP.

- Upon the exhaustion of any available Statutory Entitlement, I elect to use my Leave Balances. I understand that when I cease using Leave Balances, my approved leave of absence will continue, but that I shall be placed on Military Leave Without Pay.

Agency Completes:	Employee Completes:
Number of annual leave days available:	Number of annual leave days I wish to use before I am placed on Military Leave Without Pay:
Amount of compensatory time in days available:	Amount of compensatory time in days I wish to use before I am placed on Military Leave Without Pay:
Number of other leave days available (specify):	Number of other leave days I wish to use before I am placed on Military Leave Without Pay:

- Upon the exhaustion of any available Statutory Entitlement, I elect not to use any Leave Balances. I understand that my approved leave of absence will continue, but that I shall be placed on Military Leave Without Pay.

Employee Name (Please Print)	Employee ID
Employee Signature	Date