



**Part B: Amount of leave needed**

1. Approximate date deployment commenced or will commence \_\_\_\_\_

Probably duration \_\_\_\_\_

2. Will you need to be absent from work for a single continuous period of time due to the deployment?

Yes  No

If yes, estimate the beginning and ending dates for the period of absence \_\_\_\_\_

3. Will you need to be absent from work periodically to address this deployment?

Yes  No

If yes, estimate the schedule of leave, including the dates of any scheduled meetings or appointments:

\_\_\_\_\_  
\_\_\_\_\_

**Part D: Employee Signature**

I certify that the information I provided above is true and correct. For OMFLA purposes notice must be given by the employee within five business days of receiving official notice.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date