

# Military Leave Request

## Leave Request Form



This request should be made at least 30 days in advance of the date in which you wish to start Military Leave, if applicable. Further information on Military Leave can be found on [www.myMPCbenefits.com](http://www.myMPCbenefits.com).

- Inform your Supervisor and Human Resources regarding the dates you will be on Military Leave for coverage planning purposes.
- Employee completes and signs this Military Leave Request Form and submits to local Human Resources.

### **Employee Information (to be completed by Employee)** PLEASE PRINT

Employee Name:	Employee Number:
Phone Number:	Date:
Supervisor:	Human Resource Contact:

### **Military Leave**

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expected Length of Service: \_\_\_\_\_ Date Entered Service: \_\_\_\_\_

Military Pay, Daily Base Rate\*: \$ \_\_\_\_\_

\*Divide base pay by 30 days in order to reach the daily rate. Not to include allowances for quarters, subsistence, etc.

Military Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Signature Statement**

The Company reserves the right to request military documentation every six (6) months during an extended military leave. I understand it is my responsibility to communicate all military pay changes to Absence Management.

Employee Signature:	Date:
Signature of Employee's Commander/Authorized Representative	Date:
Printed Name, Rank of Employee's Commander/Authorized Representative	

Send the completed form and verification documents to:

**Marathon Petroleum - Absence Management**

**539 South Main Street, Room D-03-126**

**Findlay, OH 45840**

**Or by email to**

**[HelpBenefitsFMLA\\_Leaves@MarathonPetroleum.com](mailto:HelpBenefitsFMLA_Leaves@MarathonPetroleum.com)**

**or by fax to 419-421-3057**

Human Resources Name/Date:	Payroll Name/Date:	Absence Management Name/Date:
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