



**State of Delaware
Department of Human Resources**

Request for Military Leave Employee Salary Continuation

DHR Statewide Operating Procedure #: To be assigned.	Authority: 29 Del. C. Chapter 5105
Effective Date: November 20, 2019	Supersedes: Employee State Salary Continuation Guideline for Employees on Authorized Military Leave (Sept. 2006)

DIRECTIONS

1. A copy of this form and accompanying documents must be submitted for each State of Delaware (State) pay period.
2. Employees must complete Sections B and C; attach a copy of orders indicating their period of eligible active duty; and attach a copy of their military pay voucher for the pay period.
3. The Agency must verify orders and military pay voucher; complete Sections A and D; and process pay adjustment on line 13.
4. Please be sure to use biweekly amounts for both State and military compensation.

SECTION A. STATE (TO BE COMPLETED BY AGENCY)

Employee Name: _____	Employee ID No.: _____
1. Base biweekly salary (do not include supplemental payments, i.e., shift, on-call, hazardous duty, etc.)	\$ _____
2. Actual amount of biweekly base salary paid	\$ _____
3. BASE BIWEEKLY SALARY ELIGIBLE FOR REIMBURSEMENT (LINE 1 – LINE 2)	\$ _____

SECTION B. PERIOD OF ACTIVE DUTY (TO BE COMPLETED BY EMPLOYEE)

4. Date reported for active duty	_____
5. Date released from active duty	_____
6. State biweekly pay period for which employee is requesting continuation of State salary	BEGIN DATE _____
	END DATE _____

SECTION C. MILITARY COMPENSATION (TO BE COMPLETED BY EMPLOYEE)

7. Base Pay	\$ _____
8. Basic Allowance for Quarters (BAQ)	\$ _____
9. Basic Allowance for Subsistence (BAS)	\$ _____
10. Clothing	\$ _____
11. Other Payments (Hazardous Duty, etc., exclude any Per Diem Travel Allowances)	\$ _____
12. TOTAL MILITARY COMPENSATION (ADD LINE 7 THROUGH LINE 11)	\$ _____

SECTION D. AMOUNT OF SALARY CONTINUATION (TO BE COMPLETED BY AGENCY)

13. Amount of State biweekly base pay due employee (subtract line 12 from line 3; enter 0 if line 12 is greater than line 3)

\$

I hereby certify that the amount of military compensation listed above is a true and accurate summary of the military compensation received for the pay period listed on line 6, Section B and have attached a copy of my military orders and pay voucher(s) to further document the representations made in Sections B and C.

Date

Employee Signature