

Military Leave Designated Contact Person Data Sheet

Name of Employee _____

Name of Designated Contact Person _____

Mailing Address for Information regarding Employee's state employment

Telephone Number(s) for Designated Contact Person

E-mail Address for Designated Contact Person

Authorization by Employee

I, (print name) _____, hereby authorize
the above-named person to receive information concerning my state employment during
the time period of my military leave from such state employment.

Signature of Employee

Date