

Civil Air Patrol Membership Notification Form



In accordance with the Civil Air Patrol Leave Act, all state employees must notify their employer of their active membership in the Civil Air Patrol within 30 days of accepting a job. This form must be completed and submitted to the Office of Human Resources [through ServiceNow](#) within 30 days of the employee's official hire date or within 30 days of joining the Civil Air Patrol during their employment, whichever is later. Failure to provide timely notification may result in the delay or denial of Civil Air Patrol leave requests.

Once complete, please submit this form using the ["I have a leave question" form](#) in ServiceNow.

EMPLOYEE INFORMATION

Employee Name: _____

Work Email Address: _____

Work Phone Number: _____

Job Title: _____

Division/Department: _____

Supervisor Name: _____

Personal Phone Number: _____

Personal Email Address: _____

Personal phone number and email address are requested in case the Office of Human Resources must contact you during a leave period.

CIVIL AIR PATROL MEMBERSHIP DETAILS

Civil Air Patrol Member ID Number: _____

Current Rank/Grade: _____

Assigned Group: _____

Effective Date of Active Civil Air Patrol Membership: _____

Civil Air Patrol Group Commander Name: _____

Civil Air Patrol Group Commander Phone Number: _____

Civil Air Patrol Group Commander Email Address: _____

EMPLOYEE ACKNOWLEDGEMENT AND SIGNATURE

By signing below, I formally notify my agency of my active membership in the South Carolina Wing of the Civil Air Patrol. I understand that to utilize paid Civil Air Patrol leave for upcoming Training and Proficiency Related Activities or Emergency Service Operations, I must comply with all statutory notice requirements and provide the required verification documentation from my group commander or operational leadership.

Employee Signature: _____

Date: _____

FOR OFFICE OF HUMAN RESOURCES USE ONLY

Date Form Received: _____

Received by (Name, Title): _____