



Employee 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.

Employees: This form must be completed and submitted to the Division of Human Resources within 30 days of your official hire date or within 30 days of joining the Civil Air Patrol during your employment, whichever is later. Please email the completed form to hrleave@mailbox.sc.edu.

Failure to provide timely notification may result in the delay or denial of Civil Air Patrol leave requests. For more information about the Civil Air Patrol Act, refer to [2025-2026 Bill 1043: Civil Air Patrol Leave Act](#).

SECTION 1: EMPLOYEE INFORMATION

Employee name:	
Work phone number:	
Work email address:	
Job title:	
Division/department:	
Supervisor name:	
Personal phone number: (In case we need to reach you during your leave)	
Personal email address: (In case we need to reach you during your leave)	

SECTION 2: 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:	

SECTION 3: EMPLOYEE ACKNOWLEDGEMENT & SIGNATURE

By signing below, I formally notify my agency of my active membership in 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:** _____