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.

The Employee must complete and submit this form to the State Human Resources Department 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.

SECTION 1: EMPLOYEE INFORMATION

Employee Name _____

Work Phone Number _____

Work Email Address _____

Job Title _____

Division/Department/Program _____

Supervisor Name _____

Personal Phone Number
(For contact during your leave) _____

Personal Email Address
(For contact during your leave) _____

SECTION 2: CIVIL AIR PATROL MEMBERSHIP DETAILS

CAP Member ID Number _____

Current Rank/Grade _____

Assigned Group _____

Effective Date of Active CAP Membership _____

Group Commander's Name _____

Group Commander's Phone Number _____

Group Commander's Email Address _____

SECTION 3: EMPLOYEE ACKNOWLEDGEMENT & SIGNATURE

By signing below, I formally notify the 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 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:

Human Resources Use Only:

Signature of Receiver:

Date Form Received:

Checklist (Actions Completed):

- ☐ Employee's SCEIS profile updated with the CAP membership indicator.
- ☐ Copy of this notification form filed in the employee's official personnel file.