



**REQUEST FOR INFORMATION  
EMPLOYEES RETURNING TO STATE SERVICE  
FROM ACTIVE MILITARY SERVICE**

Instructions:  
Agency must complete form for each employee returning  
to State service from active military duty.

**Employee Name:**

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**Employing Agency:**

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**Agency Contact Person:**

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**Date of Return to State Service:**

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**SEND or FAX TO:**

Attn: Elizabeth Daly  
Office of the State Comptroller  
Accounts Payable Division  
165 Capitol Avenue  
Hartford, CT 06106

Fax #: (860) 702-3441