



Civil Air Patrol (CAP) Membership Notification Form

In accordance with the Civil Air Patrol Leave Act, employees must notify their employer of their active membership in the Civil Air Patrol (CAP) within 30 days of hire or within 30 days of joining CAP, whichever is later. Failure to provide timely notification may result in delay or denial of CAP leave requests. If you have any questions, contact the OHR Time/Leave Unit at Leave@SCDPS.gov.

Name		Personnel #	
Division/Office		Area/Assignment	

Civil Air Patrol Member Information

Effective Date of CAP Membership: _____

CAP Member ID Number: _____

Current CAP Rank/Grade: _____

Assigned CAP Group: _____

Civil Air Patrol Commander Information

Name of CAP Group Commander: _____

Contact Email for CAP Group Commander: _____

Contact Phone Number for CAP Group Commander: _____

Acknowledgements

By signing below, I acknowledge the following:

- I formally notify the South Carolina Department of Public Safety of my active membership in the South Carolina Wing of the Civil Air Patrol (CAP).
- I understand that to utilize paid CAP leave, I must comply with all statutory notice requirements and provide the required verification documentation from my CAP group commander or operational leadership. Failure to provide the required documentation in a timely manner may result in delay or denial of CAP leave requests, or rescission of CAP leave used.

CAP Member's Signature: _____ **Date:** _____

Please return this completed form via chain of command to the OHR Time/Leave Unit at Leave@SCDPS.gov.