REQUEST AND AUTHORITY FOR LEAVE

This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10.
The proponent agency is ODCSPER. *(See instructions on reverse.)*

1. CONTROL NUMBER

PART I

2. NAME *(Last, First, Middle Initial)*	3. SSN	4. RANK	5. DATE

6. LEAVE ADDRESS *(Street, City, State, ZIP Code and Phone No.)*	7. TYPE OF LEAVE ☐ ORDINARY ☐ EMERGENCY ☐ PERMISSIVE TDY ☐ OTHER _____	8. ORGN, STATION, AND PHONE NO.

9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED	b. REQUESTED	c. ADVANCED	d. EXCESS	a. FROM	b. TO

11. SIGNATURE OF REQUESTOR	12. SUPERVISOR RECOMMENDATION/SIGNATURE ☐ APPROVAL ☐ DISAPPROVAL	13. SIGNATURE AND TITLE OF APPROVING AUTHORITY

14. DEPARTURE		
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY

15. EXTENSION		
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY

16. RETURN		
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY

17. REMARKS

Chargeable leave is from _____ to _____

PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL

18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station *(or location)* designated by military orders. You are directed to report to the Aerial Port of Embarkation *(APOE)* for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.

19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:

For return military travel reservations in CONUS call the MAC Passenger Reservation Center *(PRC)*:

Should you require other assistance call PAP:

20. DEPARTED UNIT	21. ARRIVED APOD	22. ARRIVED APOE *(return only)*	23. ARRIVED HOME UNIT

24.

PART III - DEPENDENT TRAVEL AUTHORIZATION

25. ☐ *(Space available or required cash reimbursable)* ☐ ONE WAY ☐ ROUND TRIP

☐ *(Space required)* TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25

DEPENDENT INFORMATION

a. DEPENDENTS *(Last name, First, MI)*	b. RELATIONSHIP	c. DATES OF BIRTH *(Children)*	d. PASSPORT NUMBER

PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION

26. DESIGNATION AND LOCATION OF HEADQUARTERS	27. ACCOUNTING CITATION

28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION