

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER	
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)					
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 <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> 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 <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. DEPARTURE					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS					