

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 DCS, G-1. (See instructions on reverse.)				1. CONTROL NUMBER	
PART I					
2. NAME (Last, First, Middle Initial) Last, First, MI		3. SSN 123-45-6789		4. RANK MAJ/O4	
5. DATE 20141201		6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 123 Main Street Louisville, KY 40121 (502) 123-4567		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER PTDY or Excess Leave	
8. ORGN, STATION, AND PHONE NO. HQ, USAREC Building 1307, 3rd Avenue Fort Knox, KY 40122					
9. NUMBER DAYS LEAVE a. ACCRUED b. REQUESTED c. ADVANCED d. EXCESS 60 80 20 NA				10. DATES a. FROM b. TO 20151013 20151231	
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
DEPARTURE					
14. a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY	
EXTENSION					
15. a. NUMBER DAYS		b. DATE APPROVED		c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY	
RETURN					
16. a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY	
17. REMARKS Soldier is authorized transition PTDY from 13 October 2015 to 1 November 2015 together with transition leave for (separation/retirement) which is a non-chargeable absence. Soldier is required to complete all transition processing prior to the start of PTDY/TL. I understand that this absence is not directed by any official of the U.S. Government. <div style="text-align: right;">Chargeable leave is from <u>20151102</u> to <u>20151231</u></div>					
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					
PART III - DEPENDENT TRAVEL AUTHORIZATION					
24. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (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	

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8. ORGN, STATION, AND PHONE NO. HQ, USAREC Building 1307, 3rd Avenue Fort Knox, KY 40122					
9. NUMBER DAYS LEAVE a. ACCRUED b. REQUESTED c. ADVANCED d. EXCESS 20 2 NA NA				10. DATES a. FROM b. TO 20151001 20151002	
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
DEPARTURE					
14. a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY	
EXTENSION					
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RETURN					
16. a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY	
17. REMARKS I understand that this absence is not directed by any official of the U.S. Government. I further understand that I cannot conduct public business under this authorization. Accordingly, I will not be entitled to reimbursement for travel, per diem, or any other expenses. I understand that I have the right to cancel it at any time and return to my regular place of duty. <div style="text-align: right;">Chargeable leave is from _____ to _____</div>					
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5. DATE 20141201		6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 123 Main Street Louisville, KY 40121 (502) 123-4567		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER PTDY or Excess Leave	
8. ORGN, STATION, AND PHONE NO. HQ, USAREC Building 1307, 3rd Avenue Fort Knox, KY 40122					
9. NUMBER DAYS LEAVE a. ACCRUED 20 b. REQUESTED 5 c. ADVANCED NA d. EXCESS NA				10. DATES a. FROM 20151005 b. TO 20151009	
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. EXTENSION					
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16. RETURN					
a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY	
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5. DATE 20141201		6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 123 Main Street Louisville, KY 40121 (502) 123-4567		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER PTDY or Excess Leave	
8. ORGN, STATION, AND PHONE NO. HQ, USAREC Building 1307, 3rd Avenue Fort Knox, KY 40122					
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED 20	b. REQUESTED 4	c. ADVANCED NA	d. EXCESS NA	a. FROM 20151013	b. TO 20151016
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. EXTENSION					
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9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED 20	b. REQUESTED 5	c. ADVANCED NA	d. EXCESS NA	a. FROM 20151019	b. TO 20151023
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
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9. NUMBER DAYS LEAVE a. ACCRUED b. REQUESTED c. ADVANCED d. EXCESS 20 4 NA NA				10. DATES a. FROM b. TO 20151026 20151029	
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
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9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED 62	b. REQUESTED 62	c. ADVANCED NA	d. EXCESS NA	a. FROM 20151031	b. TO 20151231
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
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