

**Red Cross: 1-877-272-7337**

PRIVACY ACT OF 1974, AS AMENDED APPLIES. THIS DOCUMENT CONTAINS INFORMATION WHICH MUST BE PROTECTED IAW AFI 33-332 AND DoDR 5400.11 AND IS FOR OFFICIAL USE ONLY (FOUO)

**EMERGENCY LEAVE REQUEST WORKSHEET**

*\*EMERGENCY LEAVE IS CHARGEABLE\**

RED CROSS CASE # \_\_\_\_\_

MEMBER'S NAME/RANK: \_\_\_\_\_ SSN: \_\_\_\_\_

AFSC: \_\_\_\_\_ DEROS: \_\_\_\_\_ ETS/DOS: \_\_\_\_\_ LEAVE BALANCE: \_\_\_\_\_

FAMILY MEMBER'S NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

LOCAL FAMILY POC: \_\_\_\_\_ NUMBER: \_\_\_\_\_

COMPLETE LEAVE ADDRESS: \_\_\_\_\_

EMAIL ADDRESS (can be accessed by member while at leave location): \_\_\_\_\_

**NAME/RELATIONSHIP OF DEPENDENT(s)/DATE OF BIRTH FOR CHILDREN TRAVELING:**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**CITY AND STATE MEMBER WILL FLY INTO:** \_\_\_\_\_

**MEMBER'S HOME OF RECORD:** \_\_\_\_\_

**NUMBER OF DAYS REQUESTED:** \_\_\_\_\_

**DEPARTURE DATE** (ex: 1 Jan 08): \_\_\_\_\_ **RETURN DATE** (ex: 1 Jan 08): \_\_\_\_\_

**COST OF 1 PLANE TICKET (From SATO):** \_\_\_\_\_

**ADDITIONAL INFORMATION: VIEW TRAVEL INFO AT: WWW.VIEWTRIP.COM**

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