



MARINE HELICOPTER SQUADRON ONE  
 2102 ROWELL ROAD  
 QUANTICO, VA 22134-5064



**TERMINAL LEAVE REQUEST**  
**(1901)**

1. I respectfully request permission for Terminal Leave in conjunction with my EAS. The following information is provided:

- (a) FULL NAME: \_\_\_\_\_
- (b) FULL SSN/MOS: \_\_\_\_\_
- (c) SECTION: \_\_\_\_\_
- (d) SECTION PHONE #: \_\_\_\_\_
- (e) REQUESTED DATES OF TEMINAL LEAVE: \_\_\_\_\_
- (f) TOTAL # OF DAYS OF LEAVE REQUESTED: \_\_\_\_\_

2. I (Do/ Do not) elect to be paid in advance travel.

3. My phone number and terminal leave address will be as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. I (Have/ Have Not) completed my Seps/Taps class.

5. I (Have/ Have Not) completed my final physical.

\_\_\_\_\_  
 Signature of Marine

\_\_\_\_\_  
 Date

**COMMAND RECOMMENDATION**

1. I have read the above information, and hereby (Approve/ Disapprove) the Terminal Leave Request.

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Squadron CO/XO Signature