

**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 by clicking on the instructions button.)

1. CONTROL NUMBER

**PART I - REQUESTOR INFORMATION**

2. NAME (Last, First, Middle Initial)	3. DOD ID	4. RANK	5. DATE (YYYYMMDD)
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6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone Number)	7. ORGANIZATION, STATION, POC EMAIL AND PHONE NUMBER
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8. TYPE OF ABSENCE

CHARGEABLE     NON-CHARGEABLE     COMBINATION

<input type="checkbox"/> Annual (Ordinary) Leave	<input type="checkbox"/> Emergency Leave	<input type="checkbox"/> Permanent Change of Station (PCS) Leave
<input type="checkbox"/> Accession Leave	<input type="checkbox"/> Environmental Morale Leave (EML)	<input type="checkbox"/> Reenlistment Leave
<input type="checkbox"/> Advance Leave	<input type="checkbox"/> Environmental Morale Leave, Funded (FEML)	<input type="checkbox"/> Rest and Recuperation Leave
<input type="checkbox"/> Consecutive Overseas Tour (COT) Leave	<input type="checkbox"/> Pass Termination, Leave Charged After	<input type="checkbox"/> Terminal Leave

9a. FROM (YYYYMMDD)	9b. TOTAL DAYS REQUESTED	9c. TO (YYYYMMDD)
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10a. ACCRUED LEAVE (CR BAL)	10b. CHARGEABLE LEAVE REQUESTED				10c. NON-CHARGEABLE ABSENCE REQUESTED		
	FROM (YYYYMMDD)	DAYS REQUESTED	TO (YYYYMMDD)	ADVANCE NA	EXCESS NA	FROM (YYYYMMDD)	DAYS REQUESTED

**REQUESTOR / SUPERVISOR / APPROVING AUTHORITY SIGNATURES**

11. SIGNATURE OF REQUESTOR (Supervisor can sign for requestor when requestor is not available to sign.)	DATE
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12. SUPERVISOR NAME	TITLE	RANK/GRADE	RECOMMENDATION <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	SIGNATURE	DATE
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13. APPROVING AUTHORITY NAME	TITLE	RANK/GRADE	ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE	DATE
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14. **DEPARTURE - AUTHORITY SIGNATURE**

a. DATE	b. TIME	c. NAME DEPARTURE AUTHORITY	d. TITLE	e. SIGNATURE	f. DATE
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15. **EXTENSION - APPROVAL AUTHORITY SIGNATURE**

a. NUMBER DAYS	b. DATE APPROVED	c. NAME APPROVAL AUTHORITY	d. TITLE	e. SIGNATURE	f. DATE
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16. **RETURN - AUTHORITY SIGNATURE**

a. DATE	b. TIME	c. NAME RETURN AUTHORITY	d. TITLE	e. SIGNATURE	f. DATE
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17. REMARKS

**PERSONNEL/FINANCE ONLY:** Chargeable leave is from date (YYYYMMDD): \_\_\_\_\_ to date (YYYYMMDD): \_\_\_\_\_