



DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTER, 51ST SIGNAL BATTALION (E)
MAIL STOP 89 BOX 339520
JOINT BASE LEWIS-MCCHORD, WA 98433-9500

MM

REPLY TO
ATTENTION OF:

AFZA-SIG

091015

MEMORANDUM FOR Chief, Finance & Accounting Office, 9th Finance Battalion, Joint Base Lewis-McChord, WA 98433

SUBJECT: Unit Transmittal Letter

1. Enclosed are documents which support changes to the pay and allowances for the members of 51st Signal Battalion (E) TL Number 09 - 03.
2. Point of contact for this memorandum is SFC Herrera, Maria S at 477-2856 or maria.s.herrera.mil@mail.mil.

For Maritha Odeon
MARIA S. HERRERA
SFC, USA
S-1 NCOIC

AFZH-FB (Finance Transactions) (600-8e)

Chief finance & Accounting Office, 9th Finance Battalion, Joint Base Lewis-McChord, WA 98433

For commander, 51st Signal Battalion (e), Joint Base Lewis-Mcchord, WA 98433

1. Receipt of above transmittal letter date _____ is acknowledged.
2. Discrepancy letter is/is not attached with comment or remarks applicable.

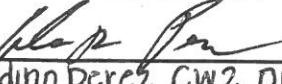
Leviticus D. Pope
MAJ, FI
Director

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER MM - 15 - 0834
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.)				
PART I				
2. NAME (Last, First, Middle Initial) FOXWORTH, ALEXANDER R.		3. SSN (For security purposes, Requestor or Soldier is advised to leave the SSN field blank, as (S1) can input your SSN information last.) 426-75-9447		4. RANK SPC
5. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 243 MINERAL ST. NEWPORT, TN 37821 (601) 699-3577		6. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		7. ORGN, STATION, AND PHONE NO. A CO/51ST ESB JBLM, WA 98433 (253) 477-4152
9. NUMBER DAYS LEAVE a. ACCRUED 21 b. REQUESTED 10 c. ADVANCED NA d. EXCESS NA				10. DATES a. FROM 20150901 b. TO 20150910
11. SIGNATURE OF REQUESTOR FOXWORTH, AL EXANDER.RASH UN.1405449249		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY <i>RICHARD FRIEDMAN</i> CPT, SC, Commanding
14. DEPARTURE a. DATE 20150901 b. TIME 0000 c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY <i>Sgt Blawie, J. S. S. S. S.</i>				
15. EXTENSION a. NUMBER DAYS b. DATE APPROVED c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY 16. RETURN a. DATE 10 Sept 15 b. TIME 2157 c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY <i>Goodson, Amos SC-1 Smed</i>				
17. REMARKS				
Chargeable leave is from <u>01SEP15</u> to <u>10SEP15</u>				
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				
24. PART III - DEPENDENT TRAVEL AUTHORIZATION				
25. <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	

REQUEST AND AUTHORITY FOR LEAVE

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The proponent agency is DCS, G-1. (See instructions on reverse.)

1. CONTROL NUMBER
MM - 15 - 0702
PART I

2. NAME (Last, First, Middle Initial) BLANDEBERG, TOMMY, L		3. SSN 416-29-0757	4. RANK SSG	5. DATE 20150626
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 17 Midway Avenue Grand Coulee, Wa 99133 253-241-0948		7. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO. HHC, 51ST ESB JBLM, WA 98433 253-967-3650
9. NUMBER DAYS LEAVE a. ACCRUED 70 b. REQUESTED 18		c. ADVANCED NA		d. EXCESS NA
				10. DATES a. FROM 20150824 b. TO 20150910
11. SIGNATURE OF REQUESTOR 		12. SUPERVISOR RECOMMENDATION/SIGNATURE 		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY  Aladino Perez, CW2, DD, CMD
14. DEPARTURE a. DATE 24 AUG 15 b. TIME 0000 0000		c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY SPC Hayes, Joshua		
15. EXTENSION				
a. NUMBER DAYS 15		b. DATE APPROVED 10 Sept 15		
		c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY SPC Haywood, Darlene / SDRunner / SPC Hayes, Joshua		
16. RETURN a. DATE 10 Sept 15 b. TIME 1417		c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY		
17. REMARKS Use or Lose - Family Vacation				

 Chargeable leave is from 24 AUG 15 to 10 SEP 15
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
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24. PART III - DEPENDENT TRAVEL AUTHORIZATION

<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
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28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
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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

MM-15-0819**PART I**

2. NAME (Last, First, Middle Initial) Goodwin, Mark T	3. SSN (For security purposes, Requestor or Soldier, is advised to leave the SSN field blank, as (S1) can input your SSN information last.) 591-38-0055	4. RANK 1LT	5. DATE 20150806
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 2747 Cambridge Dr Steilacoom, WA, 98388 (408) 687-8452	7. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER	8. ORGN, STATION, AND PHONE NO. HHC, 51st ESB JBLM, WA (253) 967-3650	

9. NUMBER DAYS LEAVE a. ACCRUED 72				10. DATES b. REQUESTED 9	
c. ADVANCED NA		d. EXCESS NA		a. FROM 20150905	b. TO 20150913

11. SIGNATURE OF REQUESTOR GOODWIN,MA Digital signature by GOODWIN,MARK THOMAS 126041360 RK,THOMAS,1 On 08/08/2015 at 18:32:07Z on GOODWIN,MARK THOMAS 126041360 290461398 Date: 2015 08 08 18 32 07Z	12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	13. SIGNATURE AND TITLE OF APPROVING AUTHORITY FELLINGHAM,ROBE Digital signature by FELLINGHAM,ROBERT DEE 1188208986 On 08/14/2015 at 14:24:25Z on FELLINGHAM,ROBERT DEE 1188208986 Date: 2015 08 14 14 24 25 07Z
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14. DEPARTURE a. DATE 5 Sep 15	b. TIME 2213	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY Tommy Blanksberg /SDNCO/ Tom Blanksberg
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15. EXTENSION		
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY

16. RETURN a. DATE 13 SEP 15		
b. TIME 1807	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY James Jackson SDNCO/ James Jackson	

17. REMARKS

Chargeable leave is from 05 SEP 15 to 12 SEP 15

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
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PART III - DEPENDENT TRAVEL AUTHORIZATION

25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25	<input type="checkbox"/> ONE WAY	<input type="checkbox"/> ROUND TRIP
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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

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER <i>MM-15-0728</i>
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.)				
PART I				
2. NAME (Last, First, Middle Initial) Shutters, Richard, W		3. SSN 316-90-9531	4. RANK SPC	5. DATE 20150702
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 96 West McClung, Lot 39 La Porte, IN 46350 253-249-3204		7. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO. HHC 51 ESB 3384 Evergreen Ave 253-477-4520
9. NUMBER DAYS LEAVE a. ACCRUED 86 b. REQUESTED 26 c. ADVANCED NA d. EXCESS NA			10. DATES a. FROM 20150818 b. TO 20150912	
11. SIGNATURE OF REQUESTOR <i>Richard Shutters</i>		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <i>John W. [Signature]</i>		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY <i>MS [Signature]</i> ROBERT D. FELLINGHAM CPT, SC Commanding
14. DEPARTURE a. DATE 18 Aug 15 b. TIME 0700 c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY SPC Osborne Natasha [Signature]				
15. EXTENSION a. NUMBER DAYS b. DATE APPROVED c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY				
16. RETURN a. DATE 12 Sept b. TIME 1622 c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY <i>Tony Blanton [Signature]</i>				
17. REMARKS <i>20150911</i> Chargeable leave is from 20150818 to 20150912 <i>MO</i>				
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		

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
MM-15-0767
PART I

2. NAME (Last, First, Middle Initial)		3. SSN	4. RANK	5. DATE
Miller, Amber, A		620-82-8847	SPC	20150715
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 48 Billings Road Hermon, ME 04401 (951) 310-1180		7. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO. A Co, 51st ESB JBLM, WA 98433 (253) 477-4515
9. NUMBER DAYS LEAVE a. ACCRUED 40		10. DATES b. REQUESTED 8		
		c. ADVANCED NA	d. EXCESS NA	a. FROM 20150906 b. TO 20150913
11. SIGNATURE OF REQUESTOR MILLER, AMBER ANN.1175648689		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL SCHMALLE, PATRICK, JOSE PH.JR.1246225857		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY FRIEDMAN, RICHARD JOHN 1139970906 20150721
14.		DEPARTURE a. DATE 6 Sep 15 b. TIME 0345 c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY Tom Blanks, ISDNCO F		
15.		EXTENSION a. NUMBER DAYS b. DATE APPROVED c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY		
16.		RETURN a. DATE 13 SEP 2015 b. TIME 1300 c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY Baker, Jonathan SPC		
17. REMARKS				
Chargeable leave is from <u>06 SEP 15</u> to <u>12 SEP 15</u>				

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
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24. PART III - DEPENDENT TRAVEL AUTHORIZATION

<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
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28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
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REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER MM - 15-0748
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.)				
PART I				
2. NAME (Last, First, Middle Initial) Young, Javonte, C		3. SSN 080-82-1001	4. RANK SPC	5. DATE 20150701
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 1739 Oneal St, Lancaster, Tx 75134 214-497-1058		7. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO. A Co 51st ESB, JBLM, WA 98433, 253-477-4515
9. NUMBER DAYS LEAVE a. ACCRUED 31 b. REQUESTED 25 c. ADVANCED NA d. EXCESS NA				10. DATES a. FROM 20150820 b. TO 20150913
11. SIGNATURE OF REQUESTOR YOUNG.JAVONTE.CHRIS TOPHER.1106474318		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL BOYKIN.TREMIGO.ADARY LLE.1055661312		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY FRIEDMAN.RICHARD JOHN.1139970906
14. DEPARTURE a. DATE 20 Aug 2015 b. TIME 0043 c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY SPC Cameron, M. Zhael staff duty runner				20150710
15. EXTENSION a. NUMBER DAYS b. DATE APPROVED c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY				
16. RETURN a. DATE 13 SEP 2015 b. TIME 2345 c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY Baker, Jonathan SPC				
17. REMARKS				
Chargeable leave is from <u>20 AUG 15</u> to <u>12 SEP 15</u>				
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:				
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20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT
PART III - DEPENDENT TRAVEL AUTHORIZATION				
25. <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

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER <i>Mar-15-0847</i>	
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.)					
PART I					
2. NAME (Last, First, Middle Initial) Suazo, Dionicio		3. SSN (For security purposes, Requestor or Soldier, is advised to leave the SSN field blank, as (S1) can input your SSN information last.) 124-56-2438		4. RANK 1SG	5. DATE 20150723
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 1874 Miller Drive Dupont, WA 98327 Cell: 718 909 1308		7. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO. B/51st ESB JBLM, WA 98433 253-477-4498	
9. NUMBER DAYS LEAVE a. ACCRUED 87 b. REQUESTED 13 c. ADVANCED NA d. EXCESS NA				10. DATES a. FROM 20150901 b. TO 20150913	
11. SIGNATURE OF REQUESTOR SUAZO.DIONI CIO.10260953 91		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY <i>[Signature]</i> Marie L. Mikasa, CPT, SC, Commanding Officer	
14. DEPARTURE a. DATE 20150901 b. TIME 1000 c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY <i>Bolden, Pablo SANC</i>				20150901	
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE 13SEP2015	b. TIME 2200	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY <i>Baker, Jonathan SEC</i>			
17. REMARKS					
Chargeable leave is from <u>01SEP15</u> to <u>12SEP15</u>					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
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19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:					
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20. DEPARTED UNIT		21. ARRIVED APOD		22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT
24. PART III - DEPENDENT TRAVEL AUTHORIZATION					
<input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25			<input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP		
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)	b. RELATIONSHIP	c. DATES OF BIRTH (Children)	d. PASSPORT NUMBER		
<hr/> <hr/> <hr/> <hr/> <hr/>					
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			

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

MM - 15 - 0807

PART I

2. NAME (Last, First, Middle Initial) MIKASA, MARIE, C.		3. SSN 571-97-5389	4. RANK CPT	5. DATE 20150723
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 350 North High Street Columbus, OH 43215 719-369-9163		7. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO. B/51 ESB JBLM, WA 98433 253-477-4498
9. NUMBER DAYS LEAVE a. ACCRUED 51 b. REQUESTED 4 c. ADVANCED NA d. EXCESS NA		10. DATES a. FROM 20150911 b. TO 20150914		
11. SIGNATURE OF REQUESTOR <i>[Signature]</i> 20150723		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <small>MEEK, JOHN, WILLIAM, 1020 Date: 08/23/2015 MEET: JOHN WILLIAM 1020471723 On: 08/23/2015 At: 00:00:00 Government, Airfield, Bellingham, USA Comments: JOHN WILLIAM 1020471723 Date: 2015-08-23 14:46:41 AFTR</small>		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY <small>MEEK, JOHN, WILLIAM Date: 08/23/2015 MEET: JOHN WILLIAM 1020471723 On: 08/23/2015 At: 00:00:00 Government, Airfield, Bellingham, USA Comments: JOHN WILLIAM 1020471723 Date: 2015-08-23 14:46:41 AFTR</small> 20150723
14. DEPARTURE LTC, SC, CMD				
a. DATE deserts	b. TIME 2049	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY SSG Rasmussen, Dick Sonco		
15. EXTENSION				
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY		
16. RETURN				
a. DATE 13 SEP 2015	b. TIME 2300	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY Baker, Jonathan SPC		
17. REMARKS				

Chargeable leave is from **12 SEP 15**

to **12 SEP 15**

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
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24. PART III - DEPENDENT TRAVEL AUTHORIZATION

25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25	<input type="checkbox"/> ONE WAY	<input type="checkbox"/> ROUND TRIP
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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

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 ODCSPER. (See Instructions on Reverse)

1. CONTROL NUMBER

MM-15-0715

PART - I

2. NAME (Last, First, Middle Initial) SIERMINSKI, THEODORE D. III		3. SSN 381926282	4. RANK 1LT	5. DATE 26JUN15	
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 2467 WALLACE ST DUPONT WA, 98327 (931)-217-5861		7. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> PERMISSIVE TDY	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER	8. ORGN, STATION, AND PHONE NO. B CO, 51ST ESB JBLM, WA 98443 (253)-967-3650	
9. NUMBER DAYS LEAVE a. ACCRUED 54.5 b. REQUESTED 7 c. ADVANCED 0 d. EXCESS 0				10. DATES a. FROM 06SEP15 b. TO 12SEP15	
11. SIGNATURE OF REQUESTOR SIERMINSKI, THEODORE D. <small>Date: 2015-06-30 15:50 07'00' Signature: SIERMINSKI, THEODORE.D.124862 RE.DONALD.III.124862 66206</small>		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <i>[Signature]</i>		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY MARIE M. COTTA CPT SC, Commanding	
14. DEPARTURE a. DATE 6 Sep 15 b. TIME 0000 c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY Tommy Blanks, SDNCO PTO					
15. EXTENSION a. NUMBER DAYS b. DATE APPROVED c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY					
16. RETURN a. DATE 12 SEP 15 b. TIME 2157 c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY Robert Cotta, SPC 1SD Runner					
17. REMARKS This form is provided courtesy of armyproperty.com					
06SEP15 06SEP15 06SEP15 11SEP15 Chargeable leave is from _____ to _____					

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 extensions 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 (<i>return only</i>)	23. ARRIVED HOME UNIT
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24. PART III - DEPENDENT TRAVEL AUTHORIZATION

<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
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28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (<i>Title and signature</i>) OR AUTHENTICATION
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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

MM - 15 - 0844

PART I

2. NAME (Last, First, Middle Initial) Bizzell, Shaneka L.		3. SSN (For security purposes, Requestor or Soldier is advised to leave the SSN field blank, as (S1) can input your SSN information last.) 241-25-9598		4. RANK MAJ	5. DATE 20150828
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 51 Joseph Alexander Dr. Fuquay Varina, NC 27526 (919) 274-6099		7. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO. HHC, 51st ESB Bldg 3367 Evergreen Ave JBLM, WA 98533 (253) 967-3650	
9. NUMBER DAYS LEAVE a. ACCRUED 70		10. DATES b. REQUESTED 10		c. ADVANCED NA	
d. EXCESS NA		a. FROM 20150829		b. TO 20150907	
11. SIGNATURE OF REQUESTOR BIZZELL, SHAN EKA, LAWAUNE 1240561359		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY MEEK, JOHN, WILLIAM, M.102471723 20150828	

14. DEPARTURE a. DATE 20150829			b. TIME 1400	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY Babauta, Karen SPC / SD RUNNER	
15. EXTENSION a. NUMBER DAYS			b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY	
16. RETURN a. DATE 20150907			b. TIME 1600	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY SPC Osborne, Natasha Matella Malone	

17. REMARKS

Chargeable leave is from 29 AUG 15 to 07 SEP 15**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
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PART III - DEPENDENT TRAVEL AUTHORIZATION

25. <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

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER MM-15-0809			
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.)							
PART I							
2. NAME (Last, First, Middle Initial) Slusarz, Cindy, A.		3. SSN (For security purposes, Requestor or Soldier is advised to leave the SSN field blank, as (S1) can input your SSN information last.) <i>048-88-4911</i>		4. RANK SPC			
5. DATE 20150723				5. DATE 20150723			
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 16220 Cornuta Ave Bellflower, CA 90706 909-697-0625		7. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO. A Co, 51st ESB JBLM, WA 98433 253-477-4515			
9. NUMBER DAYS LEAVE a. ACCRUED 36		b. REQUESTED 8		c. ADVANCED NA	d. EXCESS NA	10. DATES a. FROM 20150907	b. TO 20150914
11. SIGNATURE OF REQUESTOR SLUSARZ.CIN DY.ALICE.141 1313243		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY <i>Eric M. Dapkus 2LT, SC Commanding</i>			
20150727		GOODSON.AMOS.L.105976 4728		20150811			
14. DEPARTURE							
a. DATE <i>7 Sept 2015</i>	b. TIME <i>0030</i>	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY <i>Sgt Taylor, Jones SDNCO</i>					
15. EXTENSION							
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY					
16. RETURN							
a. DATE <i>14 Sept 2015</i>	b. TIME <i>2247</i>	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY <i>SSG Boykin, Trenier, Pyle SDNCO</i>					
17. REMARKS							
Chargeable leave is from <u>07 SEP 15</u> to <u>14 SEP 15</u>							
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	
24. PART III - DEPENDENT TRAVEL AUTHORIZATION							
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25		<input type="checkbox"/> ONE WAY		<input type="checkbox"/> ROUND TRIP			
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					



DEPARTMENT OF THE ARMY
ALPHA COMPANY, 51ST EXPEDITIONARY SIGNAL BATTALION
BOX 339520, MAIL STOP #89
JOINT BASE LEWIS-MCCHORD, WA 98433-9500

AFZA-SIG-A

7 August 2015

MEMORANDUM FOR RECORD

SUBJECT: Assumption of Command

1. By authority of AR 600-20, paragraph 2-3 (a), the undersigned assumes command of Alpha Company, 51st Expeditionary Signal Battalion, Joint Base Lewis-McChord, Washington 98433, effective 7 August 2015.
2. The point of contact for this memorandum is 1LT Eric M. Dapkus at (253) 477-4512 or eric.m.dapkus.mil@mail.mil.

A handwritten signature in black ink, appearing to read "EMD".

ERIC M. DAPKUS
1LT, SC
Acting Commander