



AF:

ME  
Lew

SUE

1. I  
C

2. P  
N

**void**

**void**

AFZL

Chief  
98433

For co

1. Re  
2. Dis

**VO**

---

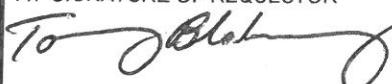
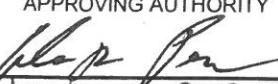
Leviticus D. Pope  
MAJ, FI  
Director

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER MM-15- 0825	
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)  KOENIG, MATHEW 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.)  541-33-7709		4. RANK SSG	5. DATE 20150728
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)  320 DUANESBURG RD EL PASO TX 79928 (915)497-2524		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 30      b. REQUESTED 8      c. ADVANCED NA      d. EXCESS NA				10. DATES a. FROM 20150902      b. TO 20150909	
11. SIGNATURE OF REQUESTOR  KOENIG.MATT HEW.TAGE.12 74584811		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY  Carter.Robert.Aaron 20150728	
14. DEPARTURE a. DATE 2 Sept 15      b. TIME 0330      c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY PFC Heathcock, Kyle					
15. EXTENSION a. NUMBER DAYS      b. DATE APPROVED      c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY					
16. RETURN a. DATE 9 Sep 15      b. TIME 2122      c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY PFC Johnson,Deyon					
17. REMARKS					
Chargeable leave is from <u>02 Sep 15</u> to <u>9 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					
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		
<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	

null/0001

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. DATE 20150819
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)  243 MINERAL ST. NEWPORT, TN 37821 (601) 699-3577		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) 477-4152	
9. NUMBER DAYS LEAVE a. ACCRUED 21				10. DATES a. FROM 20150901	
b. REQUESTED 10		c. ADVANCED NA	d. EXCESS NA	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>Rd 7 - CPT RICHARD FRIEDMAN</i>	
14. DEPARTURE a. DATE 20150901   b. TIME 0000   c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY <i>Sgt Blawzuse, James Soto</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 Soto</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
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		
<hr/> <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			

null/0002

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER MM - 15- 0702
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) 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  <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		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 b. DATE APPROVED c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY				
16. RETURN a. DATE . b. TIME c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY 10 Sept 15 1417 SPC Haywood, Daranne / SDR runner / SPC Hayes, Joshua				
17. REMARKS Use or Lose - Family Vacation				
Chargeable leave is from <u>24 AUG 15</u> to <u>10 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"/> 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	
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <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		

null/00003

**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 Date: 2015-08-06 18:32:07Z on GOODWIN,MARK THOMAS 126041360 290461398 Date: 2015-08-06 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 2015-08-14 14:24:25Z on FELLINGHAM,ROBERT DEE 1188208986 Date: 2015-08-14 14:24:25Z
---	--	---

14. DEPARTURE  a. DATE 5 Sep 15	b. TIME 2213	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY  Tommy Blanksberg / SDNCO / Tom Blanksberg
--	-----------------	---

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
-------------------	------------------	--------------------------------	-----------------------

**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
-----------------	-------------------------	--

null/0004

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> <b>ROBERT D. FELLINGHAM</b> <b>CPT, SC</b> <b>Commanding</b>
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				
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	
<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		

5000/lnu

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER MM-15-0767
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) Miller, Amber, A		3. SSN 620-82-8847	4. RANK SPC	5. DATE 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      b. REQUESTED 8      c. ADVANCED NA      d. EXCESS NA				10. DATES 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
14. DEPARTURE a. DATE 06 SEP 2015      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
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				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 Cpl B. Conk				
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:				
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				
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

null/0007

**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

M04-15-0847

**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				10. DATES  b. REQUESTED 13		c. ADVANCED NA	d. EXCESS NA	a. FROM 20150901	b. TO 20150913
--	--	--	--	-------------------------------------	--	-------------------	-----------------	---------------------	-------------------

11. SIGNATURE OF REQUESTOR  SUAZO.DIONI CIO.10260953 91	20150831	12. SUPERVISOR RECOMMENDATION/SIGNATURE  <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL  <i>[Signature]</i>	13. SIGNATURE AND TITLE OF APPROVING AUTHORITY  <i>[Signature]</i> Marie L. Mikasa, CPT, SC, Commanding Dated: 2015 09 01 05:22:28 -0700
---	----------	--	---

14. DEPARTURE  a. DATE 20150901	b. TIME 1000	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY  <i>Baldon, Pablo sonco</i>		
--	-----------------	--	--	--

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</i>		
--	-----------------	---	--	--

17. REMARKS	<i>[Large handwritten note]</i>			
-------------	---------------------------------	--	--	--

Chargeable leave is from 01SEP15 to 12SEP15**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**

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
-----------------	-------------------------	--

null/0008

**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 		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL MEEK.JOHN.WILLIAM.1020 <small>Date: 2015-07-23 14:46:41-0700 On: 2015-07-23 14:46:41-0700 By: MEEK.JOHN.WILLIAM.1020@1723 Date: 2015-07-23 14:46:41-0700</small>	13. SIGNATURE AND TITLE OF APPROVING AUTHORITY MEEK.JOHN.WILLIAM.1020 <small>Date: 2015-07-23 14:46:41-0700 On: 2015-07-23 14:46:41-0700 By: MEEK.JOHN.WILLIAM.1020@1723 Date: 2015-07-23 14:46:41-0700</small>	20150723
---	--	--	--	----------

14. DEPARTURE a. DATE 15 SEP 2015      b. TIME 2049      c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY SSG Rasmussen, Dick Sonco				LTC, SC, CMD
---	--	--	--	--------------

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
-------------------	------------------	--------------------------------	-----------------------

**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
-----------------	-------------------------	--

6000/ln

null/0010

REQUEST AND AUTHORITY FOR LEAVE						1. CONTROL NUMBER <b>MM-15-0715</b>
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)						
<b>PART - I</b>						
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. III.12486 RE.DONALD.III.12486 66206		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <i>M. Cotta</i>		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY <i>M. Cotta</i> CPT SC, Commanding		
14. DEPARTURE a. DATE 6 Sep 15      b. TIME 0000      c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY <i>Tony Blanks JSDNCO PTO</i>						
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 <i>Robert Cotta, SPC 1 SD Runner</i>						
17. REMARKS This form is provided courtesy of armyproperty.com						06SEP15 08SEP15 09SEP15 10SEP15 11SEP15
						Chargeable leave is from _____ to _____
<b>PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL</b>						
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 (return only)		23. ARRIVED HOME UNIT
<b>PART III - DEPENDENT TRAVEL AUTHORIZATION</b>						
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			
<b>PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION</b>						
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 - 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	b. REQUESTED 10	c. ADVANCED NA	d. EXCESS NA	10. DATES 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
-------------------	------------------	--------------------------------	-----------------------

**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
-----------------	-------------------------	--

Fri Sep 25 22:14:28 PDT 2015

null/001

null/0012

**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-15-0809

**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
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			10. DATES b. REQUESTED 8 c. ADVANCED NA d. EXCESS NA 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>	
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  <i>Chargeable leave is from 07 SEP 15 to 14 SEP 15</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					
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		
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, 51<sup>ST</sup> 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, 51<sup>st</sup> 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

null/0013