

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)	
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone Number)					7. ORGANIZATION, STATION, POC EMAIL AND PHONE NUMBER				
8. TYPE OF ABSENCE <input type="checkbox"/> CHARGEABLE <input type="checkbox"/> NON-CHARGEABLE <input type="checkbox"/> COMBINATION <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Annual (Ordinary) Leave <input type="checkbox"/> Accession Leave <input type="checkbox"/> Advance Leave <input type="checkbox"/> Consecutive Overseas Tour (COT) Leave </div> <div> <input type="checkbox"/> Emergency Leave <input type="checkbox"/> Environmental Morale Leave (EML) <input type="checkbox"/> Environmental Morale Leave, Funded (FEML) <input type="checkbox"/> Pass Termination, Leave Charged After </div> <div> <input type="checkbox"/> Permanent Change of Station (PCS) Leave <input type="checkbox"/> Reenlistment Leave <input type="checkbox"/> Rest and Recuperation Leave <input type="checkbox"/> Terminal Leave </div> </div>									
9a. FROM (YYYYMMDD)			9b. TOTAL DAYS REQUESTED			9c. TO (YYYYMMDD)			
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	TO (YYYYMMDD)	
REQUESTOR / SUPERVISOR / APPROVING AUTHORITY SIGNATURES									
11. SIGNATURE OF REQUESTOR (Supervisor can sign for requestor when requestor is not available to sign.)								DATE	
12. SUPERVISOR NAME		TITLE		RANK/GRADE		RECOMMENDATION <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		SIGNATURE	DATE
13. APPROVING AUTHORITY NAME		TITLE		RANK/GRADE		ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		SIGNATURE	DATE
14. DEPARTURE - AUTHORITY SIGNATURE									
a. DATE	b. TIME	c. NAME DEPARTURE AUTHORITY			d. TITLE		e. SIGNATURE		f. DATE
15. EXTENSION - APPROVAL AUTHORITY SIGNATURE									
a. NUMBER DAYS	b. DATE APPROVED	c. NAME APPROVAL AUTHORITY			d. TITLE		e. SIGNATURE		f. DATE
16. RETURN - AUTHORITY SIGNATURE									
a. DATE	b. TIME	c. NAME RETURN AUTHORITY			d. TITLE		e. SIGNATURE		f. DATE
17. REMARKS									
PERSONNEL/FINANCE ONLY: Chargeable leave is from date (YYYYMMDD): _____ to date (YYYYMMDD): _____									