SUPPORTING DIRECTIVE MILPERSMAN ARTICLES SPECIAL REQUEST/AUTHORIZATION 1810-010 AND 1810-040 PRIVACY ACT STATEMENT THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301. THE PRINCIPLE PURPOSE OF THE INFORMATION IS TO ENABLE YOU TO MAKE KNOWN YOUR DESIRE FOR ITEMS LISTED OR FOR SOME OTHER SPECIAL CONSIDERATION OR AUTHORIZATION. THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR ELIGIBILITY FOR AND APPROVING OR DISAPPROVING THE SPECIAL CONSIDERATION OR AUTHORIZATION BEING REQUESTED. COMPLETION OF THE FORM IS MANDATORY, FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DELAY IN RESPONSE TO OR DISAPPROVAL OF YOUR REQUEST. 1. NAME: 2. RATE: 3. SHIP OR STATION: 4. DATE OF REQUEST: (YYYYMMDD) 5. DEPARTMENT/DIVISION: 6. DUTY SECTION/GROUP: 7. NATURE OF REQUEST: **SPECIAL** COMMUTED OTHER LEAVE SPECIAL PAY LIBERTY **RATIONS** (BELOW) FROM (DATE AND TIME): 8. NO. OF DAYS REQUESTED: TO (DATE AND TIME): 9. DISTANCE (MILES): MODE OF TRAVEL: AIR TRAIN BUS CAR 10. LEAVE ADDRESS: 11. TELEPHONE NUMBER: 12. REASON FOR REQUEST: 13. SIGNATURE OF APPLICANT: (Use CAC for digital signature) SIGNATURE OF STANDBY: **DUTY STATION:** 14. I am eligible and obligate myself to perform all duties of person making application. 15. RECOMMENDED APPROVAL RANK/RATE/TITLE: SIGNATURE: DATE: YES NO 16. RECOMMENDED APPROVAL RANK/RATE/TITLE: SIGNATURE: DATE: YES NO 17. RECOMMENDED APPROVAL RANK/RATE/TITLE: SIGNATURE: DATE: YES l NO 18. RECOMMENDED APPROVAL SIGNATURE: RANK/RATE/TITLE: DATE: | YES l NO 19. RECOMMENDED APPROVAL SIGNATURE: DATE: RANK/RATE/TITLE: YES | NO 20. RECOMMENDED APPROVAL RANK/RATE/TITLE: SIGNATURE: DATE: YES NO 21. SIGNATURE: APPROVED DISAPPROVED 22. REASON FOR DISAPPROVAL: