



Department of Veterans Affairs

TRAINEE REQUEST FOR LEAVE - CHAPTER 31, Title 38 U.S.C.

INSTRUCTIONS TO TRAINEE: (Read carefully before completing form.) Complete and sign Section I. Have your trainer or authorized school official complete and sign Section II. Give form to your VA Representative or send it to the Department of Veterans Affairs office having jurisdiction over your training.

PRIVACY ACT INFORMATION: No benefit may be granted unless the information requested is furnished as required by existing law (38 U.S.C. 1510). The information requested is considered relevant and necessary to determine entitlement for this benefit. Responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in VA System of records, 58 VA21/22/28, Compensation, Pension, Education and Rehabilitation Records. - VA, published in the Federal Register.

SECTION I (To be completed by trainee)

NAME AND ADDRESS OF VETERAN

Mr. Deandre K. Prescott
7110 Ducketts Ln
Apt#303
Elkridge, MD 21075

CLAIM NO.

Last 4 digits:
1296 / 00

NAME AND ADDRESS OF TRAINING ESTABLISHMENT OR SCHOOL

DIGITAL FILM ACADEMY
630 9TH AVENUE SUITE 901
NEW YORK, NY 10036

TYPE OF LEAVE REQUESTED (Check)

☐ ORDINARY
☒ SICK

DATES OF LEAVE

FIRST DAY (Mo., Day, Yr.)

12/2/2020

LAST DAY (Mo., Day, Yr.)

1/18/2021

IF REQUEST IS FOR SICK LEAVE, STATE NATURE OF ILLNESS

Personal Hardship due to Covid-19 within family.

SIGNATURE OF VETERAN

Deandre K. Prescott

DATE

12/18/20

SECTION II (To be completed by trainer or authorized school official)

RECOMMENDATION (Check)

☒ ABSENCE OF ABOVE NAME-VETERAN ON DATES INDICATED WILL (OR DID) NOT MATERIALLY INTERFERE WITH PROGRESS IN THE COURSE. APPROVAL OF REQUEST IS RECOMMENDED.

☐ ABSENCE OF ABOVE-NAMED VETERAN ON DATES INDICATED WILL (OR DID) MATERIALLY INTERFERE WITH PROGRESS IN THE COURSE. APPROVAL OF REQUEST IS NOT RECOMMENDED.

REMARKS

Graduation date has been extended.
Student will be able to complete the year normally.

SIGNATURE OF TRAINER OR AUTHORIZED SCHOOL OFFICIAL

[Signature]

TITLE

Registrar - Michael Venzor

DATE

1-19-21

SECTION III (To be completed by training officer)

ACTION TAKEN

☐ APPROVED ☐ DISAPPROVED

DATE VET NOTIFIED

SIGNATURE OF VOCATIONAL REHABILITATION SPECIALIST

DATE