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2. NAME (Last, First, M		3. SSN			4. RANK	4. RANK			5. DATE			
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9.	NUMBER DAYS LEAVE 10						10.		DATES			
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11. SIGNATURE OF REC	QUESTOR 1		PERVISOR RECOMMENDATION/SIGNATURE APPROVAL DISAPPROVAL 13. SIGNATURE AND TITLE OF APPROVING AUTHORITY									
14.	•			DEPART	JRF							
a. DATE					c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY							
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For return military travel Should you require other			the MA	AC Passenger F	Reservation	Center <i>(PRC</i>	:):					
20. DEPARTED UNIT	DEPARTED UNIT 21. ARRIVED APOD 22. ARRIVED APOE (return only) 23. ARRIVED HOME UNIT							OME UNIT				
24.		PART	III - DE	PENDENT TRA	VEL AUTHO	ORIZATION						
	e available or requi required) TRANSPO					NE WAY 'S LISTED IN	N BLOC	K NO.	ROUND TR	ilP		
			D	EPENDENT INF	<u>ORMATION</u>							
a. DEPENDENTS (Last n	ame, First, MI)		b. REL	ATIONSHIP	c. DATE	S OF BIRTH	l (Childr	en) (d. PASSPORT	NUMBER		
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	ΡΔ	RT IV - A	UTHF	NTICATION FO	R TRAVFI A	UTHORI7 ^Δ	TION	- 1				
26. DESIGNATION AND					. ACCOUN							
28. DATE ISSUED	29. TRAVEL ORD	ER NUMI	BER	30. ORDER A	UTHORIZIN	G OFFICIAL	(Title a	nd sig	<i>inature)</i> OR A	UTHENTICATION		

DA FORM 31, SEP 93

This form is subjec The pro	REQUEST AND on the to the Privacy Act opponent agency is Ol	of 1974. For	use of this forn	n, see AR 6	00-8-10.	1. COI	NTROL NUMBER			
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6. LEAVE ADDRESS (St Phone No.)	treet, City, State, Zli	P Code and	7. TYPE OF LEA ORDINARY PERMISSIV	/ EN	IERGENCY OTHER	8. OR	GN, STATION, AND PHONE NO.			
9.	NUMBER DAYS LEAVE 10						DATES			
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return to home station (a onward movement to the not depart the installation	to proceed on official or location) designate e authorized internat n without reservations or boarding pass we can assist you in no	al travel in con ed by military tional airport d ns or tickets fo vithin 5 workin otifying your c	nection with emorders. You are esignated in you or authorized spug days after you ommander of you	nergency lead directed to ur travel doc ace required	report to the	n completion ne Aerial Por Il additional tion. File a	n of your leave and travel will rt of Embarkation (APOE) for travel is chargeable to leave. Do no-pay travel voucher with a copy extension to your commander.			
For return military travel Should you require other			AC Passenger R	eservation (Center <i>(PRC</i>	5):				
20. DEPARTED UNIT	DEPARTED UNIT 21. ARRIVED APOD 22. ARRIVED APOE (return only) 23. ARRIVED HOME UNIT									
24.		PART III - D	EPENDENT TRA	VEL AUTHO	RIZATION					
	e available or require required) TRANSPOI				NE WAY 'S LISTED II	N BLOCK NO	ROUND TRIP			
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26. DESIGNATION AND			NTICATION FOR		TING CITAT					
28. DATE ISSUED	29. TRAVEL ORDE	ER NUMBER	30. ORDER A	UTHORIZIN	G OFFICIAL	. (Title and s	ignature) OR AUTHENTICATION			

DA FORM 31, SEP 93

This form is subje The pro	REQUEST AN ct to the Privacy a oponent agency is	Act of 19	974. Fo	r use of this forn	n, see AR 6	600-8-10.	1	I. CONT	FROL NUW	1BER	
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18. You are authorized return to home station (conward movement to the not depart the installation of your travel document. The American Red Cross 19. INSTRUCTIONS FOR	to proceed on off or location) designe authorized inter n without reserva s or boarding pass can assist you in	icial travenated by national attions or the suithin serion of the suithin serion serio	el in cor military airport o tickets f 5 working your o	nnection with em orders. You are lesignated in you or authorized spa ng days after you commander of yo	directed to directed to ir travel doc ace requirectur return. S	report to the cuments. A transportation	n comple Aerial Aerial Aerial Aeria	pletion ial Port tional triile a no leave e	of Embark avel is cha p-pay trave	ation <i>(APOE)</i> argeable to lea al voucher with	for ve. Do nacopy
For return military travel Should you require other			all the IV	IAC Passenger R	eservation	Center <i>(PRC</i>	C):				
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24.		PAF	RT III - D	EPENDENT TRA	VEL AUTHO	ORIZATION			_		
	e available or required) TRANSI			•		NE WAY S LISTED II	N BLO	CK NO.	ROUND 25	TRIP	
				DEPENDENT INFO	ORMATION						
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26. DESIGNATION AND				ENTICATION FOR		UTHORIZA TING CITAT					
28. DATE ISSUED	29. TRAVEL OF	RDER NU	MBER	30. ORDER A	UTHORIZIN	G OFFICIAL	. (Title	and sig	nature) OF	R AUTHENTIC.	ATION

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.)											
PART I											
2. NAME (Last, First, Middle Initial)				3. SSN				5. DATE			
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 7. TYPE OF LEAVE ORDINARY EMERGENCY PERMISSIVE TDY OTHER 8. ORGN, STATION, AND PHONE NO.											
9.	NUM	IBER DAY	/S LEAV	Έ			10.	DATES			
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11. SIGNATURE OF REG	12. SUI	PERVISOR RECOMMENDATION/SIGNATURE APPROVAL DISAPPROVAL 13. SIGNATURE AND TITLE OF APPROVING AUTHORITY									
14.				DEPARTU	JRE		-				
a. DATE	b. TIME		c. NAV	IE/TITLE/SIGNAT	TURE OF DI	EPARTURE A	AUTHORITY				
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16.				RETURI	N						
a. DATE	b. TIME c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY										
17. REMARKS Chargeable leave is from to											
				101/ 1 = 41/E = TD 41							
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								3. ARRIVED HOME UNIT			
24.		PAR	T III - D	EPENDENT TRA	VEL AUTHO	ORIZATION					
25. (Space available or required cash reimbursable) ONE WAY ROUND TRIP (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25											
DEDENDENT INFORMATION											
a. DEPENDENTS (Last name, First, MI) b. RELATIONSHIP c. DATES OF BIRTH (Children) d. PASSPORT NUMBER											
	F	PART IV -	AUTHF	NTICATION FOR	R TRAVEL 4	UTHORIZA	TION				
26. DESIGNATION AND	26. DESIGNATION AND LOCATION OF HEADQUARTERS 27. ACCOUNTING CITATION										
28. DATE ISSUED 29. TRAVEL ORDER NUMBER 30. ORDER AUTHORIZING OFFICIAL (<i>Title and signature</i>) OR AUTHENTICATION											

PRIVACY ACT STATEMENT

AUTHORITY: Title 5, USC, Section 301.

PRINCIPAL PURPOSE(S): To authorize military leave, document start and stop of such leave; record address and telephone number

where a soldier may be contacted in case of an emergency during leave; and certify leave days chargeable

to a soldier's leave account.

ROUTINE USES: To update a soldier's military leave and pay records. Information furnished may be disclosed to DOD

officials or employees who need this information to perform their duties; to federal, state, and local law enforcement authorities in appropriate cases; the American Red Cross; and relatives. The social security

number is used for positive identification.

DISCLOSURE: Voluntary. Disclosure of SSN is voluntary. However, this form will not be processed without a soldier's

SSN, since the Army identifies members by SSN for pay or leave purposes.

INSTRUCTIONS TO INDIVIDUAL

1. AUTHORITY FOR LEAVE. A soldier on leave must carry this form while on leave.

2. CHANGES. A soldier who desires changes in authorized leave or does not begin leave on schedule will notify commander.

- **3. REPORTING.** A soldier will report to duty station not later than 2400 on the last day of leave (block 10b) (even if PCS orders contain a later reporting date).
- 4. **DEPARTURE/RETURN**. A soldier will begin and end leave on post, at the duty location, or from the place he or she regularly commutes to work.
- **5. CHARGEABLE LEAVE.** If a soldier works over one-half of the normally scheduled working hours on the day of his or her departure or return, that day is not a chargeable leave day. *(Soldier's commander may authorize early departure or late arrival.)* If he or she returns on a normally scheduled nonduty day, that day is not chargeable to leave.
- **6. TRAVEL EXPENSES.** A soldier on leave pays for all his or her travel expenses, to include return to duty station. He or she must have sufficient funds to pay all expenses. A soldier without sufficient funds to return to duty station reports to the nearest military installation.
- 7. LEAVE EXTENSIONS. A soldier must request leave extension prior to end of leave.
 - a. If disapproved, 3 above applies.
 - b. If approved, complete block 15a 15c. Attach written notification of extension when received.
- **8. LOST OR DESTROYED LEAVE FORM EN ROUTE PCS.** Request a reconstructed form from the losing station. Continue with required travel and reporting dates.
- 9. CASUAL PAY. A soldier who needs a casual pay while on leave should contact the servicing FAO for information and assistance.

10. MEDICAL TREATMENT.

- a. A soldier who requires medical treatment while on leave, report to the nearest military medical facility. In the absence of such a facility, report to a uniformed services treatment facility or Veteran's Administration facility, if possible.
- b. Medical treatment at Government expense at other than federal facilities is authorized only for emergencies when treatment cannot be obtained from Government facilities or when prior approval is obtained.
- c. If a soldier becomes hospitalized by a civilian physician, the soldier or someone acting for him or her must contact the Patient Administration Office of the nearest military medical facility as soon as possible. A soldier may seek assistance from the nearest U.S. Army recruiting station or local chapter of the American Red Cross. Information provided must include nature of illness or injury, date and place of hospitalization, and name and telephone number of attending physician.
 - d. If a soldier is placed sick-in-quarters by a civilian physician he or she will --
 - (1) Contact the Patient Administration Office of the nearest military medical facility.
- (2) Obtain written statement from attending physician (military or civilian) verifying condition and including dates of treatment. Provide statement to leave approving authority upon return to duty.