

## REQUEST AND AUTHORITY FOR LEAVE

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1. CONTROL NUMBER

## PART I - REQUESTOR INFORMATION

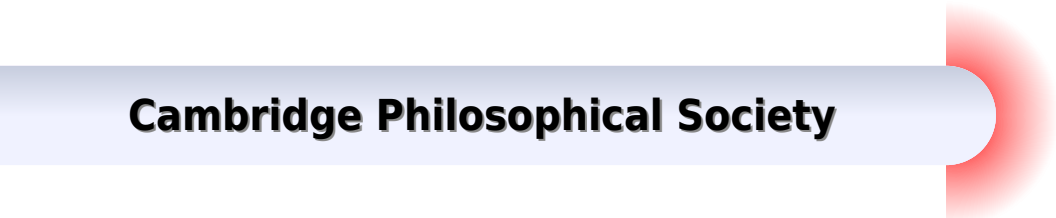
|                                                                                                                                                                       |  |                                                      |               |                    |                                       |                 |                |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|---------------|--------------------|---------------------------------------|-----------------|----------------|---------------|
| 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                                                      |  |                                                      |               |                    |                                       |                 |                |               |
| <input type="checkbox"/> Annual (Ordinary) Leave <input type="checkbox"/> Emergency Leave <input type="checkbox"/> Permanent Change of Station (PCS) Leave            |  |                                                      |               |                    |                                       |                 |                |               |
| <input type="checkbox"/> Accession Leave <input type="checkbox"/> Environmental Morale Leave (EML) <input type="checkbox"/> Reenlistment Leave                        |  |                                                      |               |                    |                                       |                 |                |               |
| <input type="checkbox"/> Advance Leave <input type="checkbox"/> Environmental Morale Leave, Funded (FEML) <input type="checkbox"/> Rest and Recuperation Leave        |  |                                                      |               |                    |                                       |                 |                |               |
| <input type="checkbox"/> Consecutive Overseas Tour (COT) Leave <input type="checkbox"/> Pass Termination, Leave Charged After <input type="checkbox"/> Terminal Leave |  |                                                      |               |                    |                                       |                 |                |               |
| 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            | EXCESS                                | FROM (YYYYMMDD) | DAYS REQUESTED | TO (YYYYMMDD) |
|                                                                                                                                                                       |  |                                                      |               | NA                 | NA                                    |                 |                |               |

## 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<br><input type="checkbox"/> APPROVAL<br><input type="checkbox"/> DISAPPROVAL | SIGNATURE    | DATE    |
| 13. APPROVING AUTHORITY NAME/TITLE                                                                      |                  | RANK/GRADE                  | ACTION<br><input type="checkbox"/> APPROVED<br><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                                                                                             |                  |                             |                                                                                     |                                                                                             |              |         |

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web a character reference letter for immigration is a recommendation written on behalf of an immigration applicant it can be drafted by a friend coworker employer or family member aside from supporting the application and related proceedings the letter serves to highlight characteristics such as work ethic morality and trustworthiness

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web a character reference letter usually defines the person s character and this becomes an essential source in gaining benefits for the said person as much as possible make the best reference letter by downloading a template or create one on your own

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web character reference for immigration i am writing on the behalf of name whom i have known for the past number years in order to attest to his her need for american citizenship i have been a nature of relationship to name since he she took classes at my school joined the organization of which i am president worked as an intern

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web a character reference letter for immigration is written to attest to the excellent character of an applicant it raises their chances of getting a positive response when drafting this letter you should add a personal touch and mention the positive qualities of the subject

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web jul 18 2023 letter of recommendation for citizenship application dear sir madam i am writing this letter to

wholeheartedly recommend name for your consideration as a citizenship applicant i have known name for number of years and have found them to be an honest hardworking and dependable person