

ALPHA BATTERY | LEAVE/PASS REQUEST

TYPE OF LEAVE REQUESTED:

	4-DAY PASS
	ORDINARY LEAVE
	CONVALESCENT LEAVE
	EMERGENCY LEAVE

	4-DAY MILEAGE PASS
	OCONUS LEAVE
	TERMINAL LEAVE
	PERMISSIVE TDY

REASON FOR REQUEST: _____

DAYS ACCRUED: _____ DAYS REQUESTED: _____ FROM DATE: _____

TO DATE: _____

CONTACT NUMBER: _____ TODAY'S DATE: _____

LAST NAME: _____ FIRST NAME: _____ RANK: _____

MODE OF TRANSPORTATION: _____

CURRENT ADDRESS: _____

LEAVE ADDRESS: _____

SECTION CHIEF:		<input type="checkbox"/>	APPROVE	<input type="checkbox"/>	DISAPPROVE	REMARKS	
PLT SERGEANT:		<input type="checkbox"/>	APPROVE	<input type="checkbox"/>	DISAPPROVE	REMARKS	
ORDERLY ROOM:		<input type="checkbox"/>	APPROVE	<input type="checkbox"/>	DISAPPROVE	REMARKS	
BATTERY 1SG:		<input type="checkbox"/>	APPROVE	<input type="checkbox"/>	DISAPPROVE	REMARKS	
BATTERY CDR:		<input type="checkbox"/>	APPROVE	<input type="checkbox"/>	DISAPPROVE	REMARKS	

ALL LEAVE PACKETS MUST INCLUDE: THIS COVER SHEET; A DA 31 FORM; A LEAVE AND EARNINGS STATEMENT (LES).

IN ADDITION, IF YOU ARE *FLYING/TAKING A BUS* TO YOUR LEAVE ADDRESS, YOU MUST INCLUDE A FLIGHT/BUS ITINERARY; IF YOU ARE DRIVING TO YOUR LEAVE ADDRESS, YOU MUST INCLUDE A POV INSPECTION.

IF YOU ARE TAKING *ETS LEAVE*, YOU MUST INCLUDE YOUR MEDPROS SHEET.