



DEPARTMENT OF THE ARMY
U.S. ARMY INSTALLATION MANAGEMENT COMMAND-PACIFIC
HEADQUARTERS, UNITED STATES ARMY GARRISON, HAWAII 745
WRIGHT AVENUE, BUILDING 107, WHEELER ARMY AIRFIELD
SCHOFIELD BARRACKS, HAWAII 96857-5000

AMIM-HWH-MT

Example DATE

MEMORANDUM FOR EXAMPLE

SUBJECT: Approval for Career Skills Program (CSP)

1. This is to inform you that the request for a CSP is approved, and a copy of the CSP packet will be maintained with the Schofield Barracks CSP Office.
2. You have been approved for the CSP below:
 - a. Program Name: EXAMPLE
 - b. Program Address: EXAMPLE
 - c. Program Start Date: EXAMPLE
Travel Start Date: EXAMPLE
 - d. Program End Date: EXAMPLE
Travel End Date: EXAMPLE
 - e. Program Location: EXAMPLE
 - f. Program Delivery Type: EXAMPLE
 - g. Eligible for Pre-Clearing: EXAMPLE
Transition Center Location: EXAMPLE
3. Program managers or Service Members are responsible for submitting weekly status reports; failure to report the service members status will result in the automatic termination of the program after the third delinquency.
4. Upon completion of the program, service members will be asked to complete an exit survey by email or at the time of clearing Hawaii-TAP.

MICHAEL BORMANN
Transition Services Manager
(808)787-1004

ABSENCE REQUEST -AUTHORIZATION AND APPROVAL DATA

THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974

INSTRUCTIONS TO SERVICE MEMBER

AUTHORITY FOR ABSENCE: This form contains the pertinent information that authorizes you to be away from your station or post. You must carry this form while on absence.

CHANGES: A Member who desires changes in authorized absence or does not begin absence on schedule **will** notify commander.

REPORTING: A Member **will** report to duty station not later than 2400 on the last day of absence (even if PCS orders contain a later reporting date)

CHARGEABLE DATES: The "Absence Start Date" and "Absence End Date" are to be used to compute chargeable time that will affect a Member's accrued balance for chargeable absences.

IMPORTANT: This form must remain in the Member's possession at all times while absent from duty station. To reprint the form, log into the IPPS-A system go to My Absences > View/Update Requests and find the appropriate request to print.

MEMBER ABSENCE INFORMATION -TRANSACTION NUMBER:

1.NAME

2.DOD ID

SERVICE MEMBER NAME**SERVICE MEMBER DoD**

3.ABSENCE TYPE

ADM - 03-ADMINISTRATIVE

4.ABSENCE REASON

CAREER SKILL PG

5.ABSENCE START DATE

CSP START DATE

6.ABSENCE END DATE

CSP END DATE

7.DATE OF DEPARTURE

**IF DIFFERENT FROM
START DATE**

8.DATE OF RETURN

**IF DIFFERENT FROM END
DATE**

9. ABSENCE ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

CSP ADDRESS

10. DEPARTMENT AGENCY & LOCATION INFORMATION

11a. REQUESTOR COMMENTS:

"This absence is not directed by any official of the U.S. Government. I cannot conduct public business under this authorization. Accordingly, I will not be entitled to reimbursement for travel, per diem, or any other expenses. I may end this absence by returning to my unit and signing in, either before or on the projected ending date."

11b. FINAL APPROVER COMMENTS:

11c. ADMINISTRATIVE COMMENTS:

12. SUPERVISOR NAME

13. APPROVER NAME

14. APPROVAL STATUS

APPROVED

AUTHORITY: 10 U.S.C. 7013, Secretary of the Army; DA PAM 600-8, Military Human Resources Management Administrative Procedures.

PRINCIPAL PURPOSE(S): To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8. Notice: Army Personnel System (APS) (July 18, 2019, 84 FR 34373).

For additional information, see the System of Records Notice A0600-8-104 AHRC.

<https://dncl.dod.mil/Portals/49/Documents/Privacy/SORNs/Army/A006-8-104-AHRC.pdf>

ROUTINE USES: The primary administrative tool used for several Human Resources supporting tasks including Changing duty status, Requesting personnel actions (reassignment, training, etc.), Announcing Personnel Actions (local assignment, promotion, etc.). Forms will not be disclosed outside Department of Defense (DoD) and DOD sponsored agencies.

DISCLOSURE: Voluntary, however, failure to impart pertinent information may result in a delay or error in processing the request for personnel action.

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MEMBER ABSENCE INFORMATION -TRANSACTION NUMBER:

1. NAME

2. DoD ID

SERVICE MEMBER NAME**SERVICE MEMBER DoD**

3. ABSENCE TYPE

CHG - 01-CHARGEABLE

4. ABSENCE REASON

TERMINAL/TRANS

5. ABSENCE START DATE

**1ST DATE AFTER CSP
END DATE**

6. ABSENCE END DATE

SEPARATION DATE

7. DATE OF DEPARTURE

**1ST DATE AFTER CSP
END DATE**

8. DATE OF RETURN

SEPARATION DATE

9. ABSENCE ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

Contact Name: NAME**Contact Phone: 999--888-777****GEOLOC CODE: XXXXXXXXXX****Address Details:****Street Address****APT/P.O.Box****CITY, STATE, ZIP CODE**

10. DEPARTMENT, AGENCY & LOCATION INFORMATION

UNIT INFO (Generated by IPPS-A)

11a. REQUESTOR COMMENTS:

TERMINAL/TRANSITION LEAVE

11b. FINAL APPROVER COMMENTS:

11c. ADMINISTRATIVE COMMENTS:

12. SUPERVISOR NAME

13. APPROVER NAME

14. APPROVAL STATUS

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