

**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 DCS, G-1. (See instructions on reverse.)

1. CONTROL NUMBER

AZ01-0000

**PART I - REQUESTOR INFORMATION**

2. NAME (Last, First, Middle Initial) SMITH, SNUFFY A.		3. DOD ID 1234567891		4. RANK SPC		5. DATE (YYYYMMDD) 20210114	
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone Number) 1234 SOLDIER RD CAMP ATTERBURY, IN 46216 800-555-1212				7. ORGANIZATION, STATION, POC EMAIL AND PHONE NUMBER COMPANY INFORMATION CAMP HUMPHREYS, KOREA APO, AP 96271 315-757-1234			
8. TYPE OF ABSENCE: <input checked="" type="checkbox"/> CHARGEABLE <input checked="" type="checkbox"/> Emergency Leave			9a. FROM (YYYYMMDD)		9b. TOTAL DAYS REQUESTED		9c. TO (YYYYMMDD)
10a. ACCRUED LEAVE (CR BAL) 90	10b. CHARGEABLE LEAVE REQUESTED			10c. NON-CHARGEABLE ABSENCE REQUESTED			
FROM (YYYYMMDD) 20210131	DAYS REQUESTED 14	TO (YYYYMMDD) 20210213	ADVANCE NA	EXCESS NA	FROM (YYYYMMDD)	DAYS REQUESTED	TO (YYYYMMDD)

**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 Co. Commander's Name		TITLE CO COMMANDER	RANK/GRADE CPT / O3	RECOMMENDATION APPROVAL	SIGNATURE		DATE
13. APPROVING AUTHORITY NAME BN Commander's Name		TITLE BN COMMANDER	RANK/GRADE LTC / O5	ACTION APPROVED	SIGNATURE		DATE

**DEPARTURE - AUTHORITY SIGNATURE**

14. a. DATE	b. TIME	c. NAME DEPARTURE AUTHORITY		d. TITLE		e. SIGNATURE		f. DATE
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**EXTENSION - APPROVAL AUTHORITY SIGNATURE**

15. a. NUMBER DAYS	b. DATE APPROVED	c. NAME APPROVAL AUTHORITY		d. TITLE		e. SIGNATURE		f. DATE
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**RETURN - AUTHORITY SIGNATURE**

16. a. DATE	b. TIME	c. NAME RETURN AUTHORITY		d. TITLE		e. SIGNATURE		f. DATE
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17. REMARKS  
Email address, and telephone numbers, DSN and commercial, of unit. / Email address, and telephone numbers, DSN and commercial, of BN S1. / Red Cross: email: safhumphreys@redcross.org / 1-877-272-7337 American Red Cross / Toll-free number for the travel office and ATAC: 1-800-582-5552.  
IAW AR 600-8-10 CHAPTER 4-5g(?)

**PERSONNEL/FINANCE ONLY:** Chargeable leave is from date (YYYYMMDD): \_\_\_\_\_ to date (YYYYMMDD): \_\_\_\_\_

**PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL**

18. You are authorized to proceed on official travel in connection with emergency leave. Upon completing your leave and travel you will return to the home station or duty location designated in your military orders. You will 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 days after your return. If necessary, and before your authorized emergency leave ends, request leave extension from your commander. Your local American Red Cross chapter can assist.

19. RETURN TRANSPORTATION: For return military travel reservations, contact SATO/Carlson-Wagonlit Travel at 1-800-709-2190. After normal hours and for emergencies, call 888-221-4298 or 800-288-5999.  
FOR OTHER ASSISTANCE: Contact the Army Human Resources Command, Army Travel Assistance Center (ATAC) at 1-800-833-6622, Option 5, or email: [ASKHRC.ARMY@US.ARMY.MIL](mailto:ASKHRC.ARMY@US.ARMY.MIL).

20. DEPARTED UNIT		21. ARRIVED APOD		22. ARRIVED APOE (return only)		23. ARRIVED HOME UNIT	
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**PART III - DEPENDENT TRAVEL AUTHORIZATION**

25.  (Space available or required cash reimbursable)  ONE WAY  
 (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NUMBER 25  ROUND TRIP

**DEPENDENT INFORMATION**

a. DEPENDENTS (Last name, First, MI)	b. RELATIONSHIP	c. DATES OF BIRTH (Children)		d. PASSPORT NUMBER

**PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION**

26. DESIGNATION AND LOCATION OF HEADQUARTERS USAG HUMPHREYS MPD			27. ACCOUNTING CITATION SEE BLOCK 17 FOR FUNDING		
28. DATE ISSUED	29. TRAVEL ORDER NO.	30. NAME ORDER AUTH. OFFICIAL	a. TITLE		b. SIGNATURE
					c. DATE