1. LAST NAME, FIRST NAME, INITIALS & SSN	2. FROM *(Date)*	3. TO *(Date)*	4. PAGE OF PAGES
	5 *a.* DSSN OF FINANCE & ACCTG OFFICER		
	b. SIGNATURE OF RESPONSIBLE OFFICER		

6. LEAVE TAKEN					7.	8. LEAVE CREDITED				
						PERIOD				
FROM *a.*	TO *b.*	NO. OF DAYS *c.*	TYPE LP *d.*	MORNING REPORT DESIGNATION AND UIC *e.*	DSSN OF F & AO	FROM *a.*	TO *b.*	DAYS EX-CLUDED *c.*	DAYS LV CREDITED *d.*	BALANCE AVAILABLE *e.*
						FROM PREVIOUS RECORD				

9. ABSENCES DURING WHICH LEAVE DOES NOT ACCRUE BY DATES AND SPECIFIC AUTHORITY FROM AR 630-5

FROM	TO	DAYS	AUTH	MORNING REPORT UNIT	FROM	TO	DAYS	AUTH	MORNING REPORT UNIT

RECORD CLOSING DATA

10. FINAL COMPUTATION		11. REMARKS
a. TOTAL DAYS LEAVE CREDITED *(Total column 8d)*		*a.* CASH SETTLEMENT REQUESTED ☐
b. TOTAL DAYS LEAVE TAKEN *(Total column 6c)*		*b.* OTHER DISPOSITION ☐ *(Specify)*
c. BALANCE *(a minus b)*		

12. DSSN OF FINANCE & ACCTG OFFICER	13. SIGNATURE OF RESPONSIBLE OFFICER

MILITARY LEAVE RECORD
For use of this form, see AR 37-104-3; the proponent agency is USAFAC.

LOCATION IDENTIFICATION OF DSSN

DSSN	STATION ADDRESS	DSSN	STATION ADDRESS

REVIEW AND VERIFICATION OF LEAVE BALANCE

ENTRIES		LEAVE BALANCE	SERVICE MEMBER'S SIGNATURE	RESPONSIBLE OFFICER'S SIGNATURE
FROM	TO			