# 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 by clicking on the instructions button.)*

| 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

☐ CHARGEABLE ☐ NON-CHARGEABLE ☐ COMBINATION

☐ Annual (Ordinary) Leave   ☐ Emergency Leave   ☐ Permanent Change of Station (PCS) Leave
☐ Accession Leave   ☐ Environmental Morale Leave (EML)   ☐ Reenlistment Leave
☐ Advance Leave   ☐ Environmental Morale Leave, Funded (FEML)   ☐ Rest and Recuperation Leave
☐ Consecutive Overseas Tour (COT) Leave   ☐ Pass Termination, Leave Charged After   ☐ 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 ☐ APPROVAL ☐ DISAPPROVAL | SIGNATURE | DATE |
|---|---|---|---|---|---|

| 13. APPROVING AUTHORITY NAME | TITLE | RANK/GRADE | ACTION ☐ APPROVED ☐ 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

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

**DA FORM 31, JUN 2020**      PREVIOUS EDITIONS ARE OBSOLETE.      APD AEM v1.12ES