

REQUEST FOR EMERGENCY OR SPECIAL LEAVE

Leave Desk _____ Discipline Desk _____

Name _____

CWID: _____ Rank _____

Academic Class _____ Co. _____

Requested Leave _____ Hours _____ Day/Month

To _____ Hours _____ Day/Month

Leave Address/Phone # _____

Commandant's Copy

I am academically eligible Yes No

I am conduct proficient Yes No

I am physically proficient Yes No

I will miss class/labs Yes No

If yes, professor's signature on reverse _____

Justification to miss event: _____

Available Leave to Charge

Continue On Reverse

Class Allotted (Type) _____

24/48 Pass (Type) _____

Incentive (Type) _____

Note: I understand if I become deficient after leave is approved, I must resubmit my request prior to taking the leave.

Cadet Signature _____ Date _____

Initials

Commander Recommend Approval Yes No _____

Company Tactical Officer Recommend Approval Yes No _____

Battalion Tactical Officer Recommend Approval Yes No _____

Charge weekend (Y) (N) Charge overnight (Y) (N) Charge incentive (Y) (N)

Company's Copy

Name _____ Class _____ Co _____

Has permission to be absent from _____ hours, _____ DAY/MONTH

to _____ hours, _____ DAY/MONTH

Leave Address/Phone _____

Tactical Officer

Charge weekend (Y) (N) Charge overnight (Y) (N) Charge incentive (Y) (N)

Personal Copy

Name _____ Class _____ Co _____

Has permission to be absent from _____ hours, _____ DAY/MONTH

to _____ hours, _____ DAY/MONTH

Leave Address/Phone _____

Tactical Officer

Charge weekend (Y) (N) Charge overnight (Y) (N) Charge incentive (Y) (N)