



**DEPARTMENT OF THE ARMY
BROOKE ARMY MEDICAL CENTER
FORT SAM HOUSTON, TX 78234-6200**

REPLY TO
ATTENTION OF:
MCHE-HR-M (600-8-10)

31 December 2002

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Troop Command Policy #30, Leaves, Passes and Permissive Temporary Duty (PTDY)

1. REFERENCES.

- a. DoD 4515.13-R, Air Transportation Mobility, November 1994.
- b. Army Regulation (AR) 600-8-10, Leaves and Passes, 1 July 1994.

2. PURPOSE. To provide policy, procedures and formats pertaining to Leaves, Passes and Permissive TDY for military personnel assigned within BAMC Troop Command. This policy is not a substitute for AR 600-8-10, but provides simplified instructions and formats for some of the more commonly used types of leaves, passes and PTDYs at Brooke Army Medical Center (BAMC).

3. POLICY. Army leave policies are an important command requirement and care must be taken to prevent misuse of leave. The frequent use of leave makes a positive contribution to morale, level of performance, and career motivation. Commanders and supervisors will provide maximum opportunity for personnel to take leave within the constraints of military operational requirements. Supervisors will encourage use of leave as it is earned and at the most opportune time Leave will be granted within the constraints of operational military requirements and to the degree of support for leave provided in the unit manning document. Soldiers assigned are authorized to travel freely within a 250 mile radius of Fort Sam Houston during off-duty time. Soldiers intending to travel beyond the 250 mile catchment area during their off duty time must be on leave, pass or PTDY.

4. PROCEDURES.

- a. All requests for leave will be typed or legibly printed on DA Form 31, Request and Authority for Leave, and forwarded to the soldier's unit commander so as to arrive a minimum of 30 days prior to departure date. The DA Form 31 must be forwarded to the soldier's company of assignment with an original and three copies with carbon paper between them and numbered 1 through 4 in the bottom right corner. Original signatures (e.g. not faxed or emailed) are required due to processing requirements imposed by the Army Finance Office. The soldier's DA Form 31 should arrive at Military Personnel Branch, BAMC Troop Command, not later than 10 days before departure date, in order

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that control numbers may be assigned, and a copy returned to the soldier before the projected start date. Failure to have the leave request in the company or Military Personnel Branch by the specified time may cause a delay in processing which could adversely effect the leave dates. Formats for the various categories of Leaves, Passes and PTDY are provided at the Enclosures of this memorandum. Supporting documentation (ie PCS orders, TDY orders, country clearances for OCONUS Leaves, convalescent leave supporting documents, etc.) should accompany the DA Form 31 as an attachment when they are submitted for approval.

b. ELIGIBILITY FOR ADMINISTRATIVE OFFICER OF THE (AOD), STAFF DUTY NCO (SDNCO) AND DUTY DRIVER. Submission of leave and obtaining a leave control number prior to the 30th day of the preceding month for which an individual is eligible to perform duty serves to exempt the AOD, SDNCO and Duty Driver from pulling duty the following month (e.g. to be exempt from AOD/SDNCO or Duty Driver in December, the individual must have an approved leave submitted NLT 30 October XX). If a leave is approved and subsequently disapproved, cancelled or revoked, the soldier will notify the company to whom the soldier is assigned and the company will notify the duty roster clerk to enable the duty roster to be correctly annotated. The objective of this policy is to minimize the number of changes to the duty during the month. If a soldier fails to comply with this submission procedure, the soldier will be required to perform the duty or obtain a suitable replacement to perform AOD/SDNCO or Duty Driver after coordination with their Company Commander/First Sergeant.

c. BEGINNING, ENDING AND AUTHENTICATION OF LEAVE.

(1) Ordinary leave begins and ends on post, at the duty site, or in the location from which the soldier regularly commutes to work. Soldiers will be physically present at one of these locations when beginning and ending leave.

(2) Signing Out. Personnel signing out on transition leave or PCS leave must sign out in person. Telephonic sign out with the BAMC Military Personnel Division Leave Clerk (during normal duty hours) or the SDNCO (after normal duty hours) for all other leaves/TDY is the preferred method for signing out for all other leaves. Personnel will sign out during normal duty hours by calling the BAMC Military Personnel Branch Leave Clerk at (210) 916-9756/9716. After normal duty hours, the SDNCO will be telephoned to sign out on leave by calling (210) 916-1156. The soldier will complete Block 14 of the DA Form 31 and annotate date, time and Name/Rank of Departure Authority (ie the Leave Clerk or SDNCO). If the soldier has an approved leave and fails to call to sign out on leave, the BAMC Leave Clerk will automatically sign out the soldier beginning the first day of an approved leave. If a situation comes up to keep the soldier in a duty status past the beginning date of the leave, the soldier must telephonically notify Military Personnel Branch (210-916-9756/9716) to inform him/her of the delay in

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sign-out, before the leave start date. Failure to properly notify the Leave Clerk will result in automatic sign-out.

(3) Signing In. Telephonic sign in with the BAMC Military Personnel Branch Leave Clerk (during normal duty hours) or the SDNCO (after normal duty hours) for all other leaves/TDY is the preferred method for signing in from leave. Personnel will sign in during normal duty hours by calling the BAMC Military Personnel Branch Leave Clerk at (210) 916-9756/9716. After normal duty hours, the SDNCO will be telephoned to sign in from leave by calling (210) 916-1156. Soldiers will be automatically signed in on the leave ending date if they fail to call in. If a soldier returns early, he/she must sign in (telephonically or in person). Failure to sign in upon early return will result in the soldier being charged leave for the entire period. Soldiers returning from leave in conjunction with TDY are required to report to Military Personnel Branch Leave Clerk Section, and the following duty day to obtain the original copy of their DA Form 31 for submission to finance along with their travel voucher.

d. **EXTENDING LEAVE.** If a situation arises requiring leave extension, the individual will contact the respective Company Commander before the leave ending date to request an extension. If a leave extension is not granted, the soldier must return to duty at the end of the original leave period.

e. **CANCELING LEAVE.** If a soldier decides not to take a leave after approval, the soldier must notify the Leave Clerk at the BAMC Military Personnel Branch, in writing before the leave start date, or the soldier will be charged for those leave days.

f. **OCONUS LEAVE.** OCONUS leave requests must be submitted at least 45 days prior to the first day of travel to ensure the soldier receives the proper country clearance and security briefing prior to departing for an OCONUS destination on leave. Requests must be submitted to the soldier's company for approval of the DA Form 31. The leave clerk will provide the completed request to the security manager and to the BAMC Country Clearance Clerk. The security manager will provide the required security briefing. Soldiers will not depart without receiving this briefing and obtaining a country clearance. NOTE: Some countries do not require a country clearance, but soldiers should contact the country clearance clerk for more information. The country clearance clerk can be reached at (210) 916-9708.

g. **EMERGENCY LEAVE.** Emergency Leave is chargeable leave and may be granted when emergency personal problems or family emergencies arise. Since most family emergencies are time sensitive, swift action on emergency leave requests is essential. Emergency Leave requests are granted on an individual basis by the company commander. For CONUS emergency leaves, Red Cross verification of an emergency condition is not required, unless the approval authority determines it necessary or there is a need for the soldier's continued presence in the command. Red

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Cross verification should be obtained for circumstances requiring the soldier's presence OCONUS. Verification of the urgency of the emergency situation and the need for the soldier's presence. Soldiers traveling on emergency leave are authorized space available Emergency Leave travel from CONUS to OCONUS for the uniformed service member and their family members. The soldier's home of record must be identified as OCONUS in their official military personnel records. Emergency Leave authorizes a traveler the highest priority for obtaining access to travel on military aircraft. See Reference 1a above for additional guidance regarding entitlements and options for transportation from CONUS to OCONUS for uniformed service members and their family members. For OCONUS emergency leave situations after normal duty hours, the Administrative Officer of the Day will follow instructions contained in their instruction manual.

h. **CONVALESCENT LEAVE.** Convalescent leave is a period not chargeable as leave when a member is under medical care and part of the treatment prescribed is for recuperation and convalescence. Leave approval is based on the written recommendation of the military physician most familiar with the patient's condition. Allow 42 days of convalescent leave for pregnancies. IAW AR 600-8-10 Section IV Chapter 5-7, the company commander may grant unit convalescent leave up to a maximum of 30 days during one continuous period to soldiers who have been returned to duty after illness or injury. This may be extended to 42 days following pregnancy and childbirth. All convalescent leaves over 30 days (or 42 days for childbirth) must be approved by the hospital commander or the designated representative (i.e. the Deputy Commander for Clinical Services). Soldiers must submit a recommendation from their physician and a DA 31 for the amount of time recommended before they leave the hospital. The commander will determine if the leave to be taken is to be convalescent or ordinary. It is the policy of this command NOT to grant convalescent leave to soldiers who undergo a procedure purely for cosmetic reasons. Soldiers must take ordinary leave after these elective procedures. However, each case will be reviewed on an individual basis. Failure to provide a DA Form 31 for the commander's signature may result in the absence being counted as AWOL.

i. **PERMISSIVE TDY (PTDY).**

(1) PTDY is performed at no cost to the government and is not intended as a substitute for normal leave. The absence must be of a semi-official nature, and may not be required as part of the member's assigned duties. PTDY is routinely used for house hunting, attending professional meetings and participating in medical board exams. PTDY may not be used to attend military schools (i.e., Airborne school, Air Assault school, etc.). Normal requests for PTDY will be prepared on DA Form 31 by the soldier's Duty section. Requests must be submitted through department channels and the soldier's Company Commander, to arrive in BAMC Military Personnel Branch at

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least 15 days prior to the first day of PTDY. Department, Division, or separate service chiefs are responsible for insuring PTDY is used judiciously in a manner calculated to maintain morale without adversely impacting the mission. Generally, individuals may be granted up to a maximum of ten days PTDY for the purpose of house hunting, or attendance at professional meetings (other purposes are listed in AR 600-8-10.) The BAMC Troop Commander is the approval authority for PTDY for periods up to 10 days (20 days if used for Transition PTDY). PTDY will not be used as a substitute for normal leave. It will not be used to pick up or drop off a vehicle, relocate family members (unless it's prior to an unaccompanied tour), move locally from house to house, attend to an emergency in the family, or teach classes.

(2) Requests for PTDY over 10 days but less than 30 days must be routed through Department channels, Company Commander, Troop Commander, and applicable Deputy Commander (as appropriate), and Commanding General, BAMC, to the Commander, Fort Sam Houston (i.e. a commander having general courts-martial authority).

(3) Requests for PTDY of more than 30 days must be forwarded through departmental channels, the appropriate Deputy Commander, the soldier's Company Commander, Military Personnel Branch, then to the Department of the Army for approval. Any commander in the chain may disapprove the request without referring to higher headquarters. Disapproved requests will be routed through departmental channels to the soldier.

(4) Requests for PTDY for house-hunting will include a copy of PCS orders, statement of nonavailability (or Fort Sam Houston Housing Office Authentication Stamp) from the gaining installation housing office, and the soldier's leave form. Requests for other types of PTDY will include a copy of the document supporting the request for the absence (i.e., orders, exam notification, conference brochure, etc.).

(5) PTDY may be used to relocate dependents when the soldier is going on an OCONUS unaccompanied tour.

(6) Requests for leave in conjunction with PTDY is ordinary leave. Dates of Leave and PTDY will be included in the remarks section of the DA Form 31 and the soldier is charged the correct number of leave days.

j. PASSES.

(1) Requests for passes will be submitted through the appropriate duty roster clerk and company commander at least 30 days prior to the start date.

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(2) All OCONUS passes will be processed through the BAMC Security Manager before being forwarded to the company commander for approval.

(3) Commanders may grant passes for travel to port to pick up Privately Owned Vehicles (POVs shipped from OCONUS).

(4) Company Commanders may supplement this pass policy in order to better account for their assigned soldiers during normal time off periods. Soldiers are encouraged to notify their supervisory or company chain of command of their planned whereabouts during normal off duty periods (i.e., long weekends, weekend travel out of state, etc).

k. The POC for this policy is the Chief, Military Personnel Branch at (210) 916-9770.

/s/

Enclosures

- 1 – Instructions for Completion of DA Form 31
- 2 – Ordinary Leave
- 3 – PCS Leave
- 4 – Leave in Conjunction with PCS
- 5 – Leave in Conjunction with TDY
- 6 – Emergency Leave
- 7 – OCONUS Leave
- 8 – Convalescent Leave
- 9 – Advanced Leave
- 10 – Excess Leave
- 11 – Permissive TDY (PTDY)
- 12 – PTDY for House Hunting
- 13 – PTDY in Conjunction with Transition Leave
- 14 -- Pass

JAMES A. MUNDY
LTC, MS
Commanding

DISTRIBUTION

A

INSTRUCTIONS -- COMPLETION OF DA FORM 31

Completion instructions for preparation of DA Form 31

This form may be hand-written with the exception of fund cite and customer identification code information as required for emergency leave.

Item 1. Provided by BAMC S1 after leave is approved by unit commander -- will be provided after the fact for emergency leave submitted after normal duty hours.

(Soldier: Complete items 2 through 11.)

Item 2. Include suffix, when appropriate (for example, Jr., II).

Item 3. Self-explanatory.

Item 4. Enter pay grade only, such as E4, E8, O4, O6.

Item 5. Enter day, month, year of request.

Item 6. Self-explanatory (soldiers on leave must be able to be contacted, if necessary, at or through the address or telephone number provided).

Item 7. Enter X in appropriate block(s)

- a. X Ordinary for use of accrued or advanced leave.
- b. X Emergency for use of accrued, advanced, or excess leave for an emergency situation as defined by chapter 6 of this regulation.
- c. X Permissive TDY to request PTDY.
- d. X Other when leave is taken together with TDY and when nonchargeable leave is factor. Specify type of nonchargeable absence excluding PTDY which has a separate block (for example, convalescent, pass).

Item 8. Include ZIP code or APO number.

Item 9.

- a. Enter accrued leave balance as of the date of desired leave or absence. For chargeable leave, use accrued leave balance on current LES. Adjust balance if chargeable leave has been taken and not recorded on LES.
- b. Enter the total number of days chargeable leave or absence requested.
- c. Enter the number of days advance leave requested or "NA" for not applicable.
- d. Enter the number of days excess leave requested or "NA" for not applicable.

Item 10.

- a. Enter the beginning date of desired leave or absence by day, month, and year.
- b. Enter the ending date of desired leave or absence by day, month, and year.

Item 11. Your signature attests that to the best of your knowledge the information that you have provided is correct.

Item 12. If recommending disapproval, provide reason in block 17.

Item 13. Prior to approval, ensure request complies with AR 600-8-10. If disapproved, provide reason in block 17, provided reason is not already stated.

Item 14 a, b, c. Self-explanatory. (Departure authorities adjutant (adj), executive officer (XO) or duty officer (DO), first sergeant (1SG), personnel staff noncommissioned officer (PSNCO), staff

duty noncommissioned officer (SDNCO) or charge of quarters (CQ).)

Item 15 a, b, c. Complete when extension of leave is granted.

Item 16 a, b, c. Self-explanatory. (Return authorities Adj, XO or DO, 1SG, PSNCO, SDNCO, or CQ.)

Item 17. Use to provide clarification or additional information such as foreign country to be visited or traveled through or reasons for disapproval. Enter chargeable leave dates based on the soldier's departure (item 14) and return (item 16). (Soldiers are not charged leave for the day of return if that day is a nonduty day. Soldiers are also not charged leave when they perform duty for the majority of their normal normal duty hours on the day of departure or the day of return.) Annotate with unit telephone number of the PAP for soldier to contact in case of emergency or unavoidable delays which could result in a missed port call.

Item 18. When travel is by military controlled aircraft, the transportation office will add movement designator code. "Report to APOE NLT 2 hours before the scheduled departure". If soldier must travel through the CONUS because of an emergency condition in a foreign country, include statement: "The CONUS aerial port of debarkation will endorse the order indicating flight reservation data for travel to overseas aerial port of debarkation". For leave in CONUS, the following statement, "Soldier's domicile, as the JFTR defines it ((is) or (is not)) outside CONUS", is required for all emergency leave travel from CONUS to overseas. Use the JFTR to determine all travel entitlements.

Item 19. If travel may be made by commercial transportation, add: "Contact the transportation office at the nearest military installation to arrange return flight reservations". If soldier will be provided military return travel, include the MAC PRC telephone number 1-800-851-3144 (CONUS, Puerto Rico, Virgin Islands) 1-800-851-3170 (Alaska and Hawaii) and the telephone number for the appropriate PAP (see table 10-9). Add any other return travel information, as required.

Item 20. Enter date soldier departed unit on emergency leave.

Item 21. Enter date soldier arrived at APOD.

Item 22. Enter date soldier arrived at APOE.

Item 23. Enter date soldier returned to unit.

Item 24. Check only one of the blocks and line out the other. If no dependent travel is authorized, enter X in "none" block. For soldiers stationed in CONUS who chose to pay for space required transportation for their dependents, add in item 25:

"Sponsor agrees to reimburse the Army for travel of family members as required by DOD 4515.13-R, paragraph 3-3b(3)". Check block to indicate whether travel is authorized one way or round trip.

Item 25. Enter accompanying dependents on emergency leave travel.

Items 26, 28, 29, 30. Self-explanatory.

Item 27. This information must be typed. Enter accounting citation and CIC for emergency leave travel (if applicable) as authorized by the JFTR, Volume 1, paragraph U7205.

ORDINARY LEAVE

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 ODCSPER. (See instructions on reverse.)				1. CONTROL NUMBER Control # provided after approval from Unit Cdr	
PART I					
2. NAME (Last, First, Middle Initial) SMITH, John J.		3. SSN 000-00-0000		4. RANK E-5	5. DATE Dt leave prepared
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 123 JACKSON AVE SAN ANTONIO, TX 78888 (210) 000-0000 (Enter phone # while on leave)			7. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO. THE CO SM IS IN HHC/A CO/B CO/C CO / D CO / ISR, FSH, TX 78234
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED Amount lv accrued	b. REQUESTED Amount lv requested	c. ADVANCED N/A	d. EXCESS N/A	a. FROM start date	b. TO end date
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY Unit Cdr Signature Block	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS During normal duty hours, sign out via telephone at (210) 916-9756/9716 -- After normal duty hours, sign out via telephone with the BAMC SDNCO AT (210) 916-1156. I do / do not consent to release of this information to third parties _____ (Initials). If you need healthcare while in travel/leave status, call 1-888-647-6676. <div style="text-align: right;">Chargeable leave is from _____ to _____</div>					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to 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 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
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			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			

PCS LEAVE

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 ODCSPER. (See instructions on reverse.)				1. CONTROL NUMBER	
PART I					
2. NAME (Last, First, Middle Initial) SMITH, John J.		3. SSN 000-00-0000		4. RANK O-5	5. DATE Date lv prepared
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 123 JACKSON AVE SAN ANTONIO, TX 78888 (210) 000-0000			7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input checked="" type="checkbox"/> OTHER PCS		8. ORGN, STATION, AND PHONE NO. THE CO SM IS IN HHC/A CO/B CO/C CO / D CO / ISR, FSH, TX 78234 - Phone #
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED 60	b. REQUESTED 30	c. ADVANCED N/A	d. EXCESS N/A	a. FROM 30 APR 03	b. TO *29 MAY 03
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY Unit Cdr Signature Block	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS DURING NORMAL DUTY HOURS, SIGN OUT ON LEAVE VIA TELEPHONE AT (210) 916-9756/9716 -- AFTER NORMAL DUTY HOURS SIGN OUT ON LEAVE WITH BAMC SDNCO AT (210) 916-1156. I DO / DO NOT CONSENT TO RELEASE OF THIS INFORMATION TO THIRD PARTIES _____ (Initials) Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to 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 and tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: *The "TO" date must be the same as the soldier's reporting date to new unit on PCS orders. For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
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			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			

LEAVE IN CONJUNCTION WITH PCS

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 ODCSPER. (See instructions on reverse.)				1. CONTROL NUMBER Control # provided after approval from Unit Cdr	
PART I					
2. NAME (Last, First, Middle Initial) SMITH, John J.		3. SSN 000-00-0000		4. RANK E-8	5. DATE Dt leave prepared
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 000 Somewhere Street City, State, ZIP CODE Phone #		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input checked="" type="checkbox"/> OTHER Leave In Conjunction with PCS		8. ORGN, STATION, AND PHONE NO. THE CO SM IS IN HHC/A CO/B CO/C CO / D CO / ISR, FSH, TX 78234 - Phone #	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED enter accrued lv days	b. REQUESTED # days lv requested	c. ADVANCED N/A	d. EXCESS N/A	a. FROM start date	b. TO *report date
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY Unit Cdr Signature Block	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS During normal duty hours, sign out by telephoning (210) 916-9756/9716 -- After normal duty hours, sign out with the BAMC SDNCO at (210) 916-1156. I do / do not consent to release of information to third parties _____ (Initials). PCS leave is from _____ (date) to _____ (date). I am not entitled to reimbursement for travel, per diem or other expenses. PCS orders attached. <div style="text-align: right;">Chargeable leave is from _____ to _____</div>					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to 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 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
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20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
24. PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
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			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			

LEAVE IN CONJUNCTION WITH TDY

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 ODCSPER. (See instructions on reverse.)				1. CONTROL NUMBER Control # provided after approval from Unit Cdr	
PART I					
2. NAME (Last, First, Middle Initial) SMITH, John J.		3. SSN 000-00-0000		4. RANK E-8	5. DATE Dt leave prepared
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 000 Somewhere Street City, State, ZIP CODE Phone #		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input checked="" type="checkbox"/> OTHER Leave in Conjunction w TDY		8. ORGN, STATION, AND PHONE NO. THE CO SM IS IN HHC/A CO/B CO/C CO / D CO / ISR, FSH, TX 78234	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED enter accrued lv days	b. REQUESTED # days lv requested	c. ADVANCED N/A	d. EXCESS N/A	a. FROM start date	b. TO end date
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY Unit Cdr Signature Block	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS During normal duty hours, sign out by telephoning (210) 916-9756/9716 -- After normal duty hours, sign out with the BAMC SDNCO at (210) 916-1156. I do / do not consent to release of information to third parties _____ (Initials). Leave is from _____ (date) to _____ (date). TDY is from _____ (date) to _____ (date). TDY orders attached. Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to 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 and tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
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			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			

EMERGENCY LEAVE

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 ODCSPER. (See instructions on reverse.)				1. CONTROL NUMBER Control # provided after approval from Unit Cdr	
PART I					
2. NAME (Last, First, Middle Initial) SMITH, John J.		3. SSN 000-00-0000		4. RANK E-8	5. DATE Dt leave prepared
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 000 Somewhere Street City, State, ZIP CODE Phone #		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO. THE CO SM IS IN HHC/A CO/B CO/C CO / D CO / ISR, FSH, TX 78234 - Phone #	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED enter accrued lv days	b. REQUESTED # days lv requested	c. ADVANCED N/A	d. EXCESS N/A	a. FROM start date	b. TO end date
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY Unit Cdr Signature Block	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS During normal duty hours, sign out by telephoning (210) 916-9756/9716 -- After normal duty hours, sign out with the BAMC SDNCO AT (210) 916-1156. I do / do not consent to release of information to third parties _____ (Initials). If you need healthcare while in leave status, call 1-888-647-6676. American Red Cross Phone Number at FSHTX is (210) 224-5151. American Red Cross Case Manager after normal duty hours is 1-877-272-7337 Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to 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 and tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: SEE APPENDIX B, AR 600-8-10 FOR LOCATIONS/INFORMATION PERTAINING TO WORLD-WIDE PERSONNEL ASSISTANCE POINTS. For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
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			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			

OCONUS LEAVE

<p>REQUEST AND AUTHORITY FOR LEAVE</p> <p>This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is ODCSPER. (See instructions on reverse.)</p>				<p>1. CONTROL NUMBER Control # provided after approval from Unit Cdr</p>	
<p>PART I</p>					
<p>2. NAME (Last, First, Middle Initial) SMITH, John J.</p>		<p>3. SSN 000-00-0000</p>		<p>4. RANK E-7</p>	<p>5. DATE Dt leave prepared</p>
<p>6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) Apt 1004, Bldg 205, Kong Chon Apts Ichon-Dong, Yongsan, Seoul, Korea 001-822-793-1003</p>			<p>7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input checked="" type="checkbox"/> OTHER OCONUS </p>		<p>8. ORGN, STATION, AND PHONE NO. THE CO THE SM IS IN -- ISR/HHC/A CO/B CO/C CO/D CO/ MED HOLD -- PHONE #</p>
<p>9. NUMBER DAYS LEAVE</p>				<p>10. DATES</p>	
<p>a. ACCRUED enter accrued lv days</p>	<p>b. REQUESTED # days lv requested</p>	<p>c. ADVANCED N/A</p>	<p>d. EXCESS N/A</p>	<p>a. FROM start date</p>	<p>b. TO end date</p>
<p>11. SIGNATURE OF REQUESTOR</p>		<p>12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL</p>		<p>13. SIGNATURE AND TITLE OF APPROVING AUTHORITY Unit Cdr Signature Block</p>	
<p>14. DEPARTURE</p>					
<p>a. DATE</p>	<p>b. TIME</p>	<p>c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY</p>			
<p>15. EXTENSION</p>					
<p>a. NUMBER DAYS</p>	<p>b. DATE APPROVED</p>	<p>c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY</p>			
<p>16. RETURN</p>					
<p>a. DATE</p>	<p>b. TIME</p>	<p>c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY</p>			
<p>17. REMARKS During normal duty hours, sign out by telephoning(210) 916-9756/9716 -- After normal duty hours, sign out with the BAMC SDNCO AT (210) 916-1156. I do / do not consent to release of information to third parties _____ (Initials). If you need healthcare while in leave status, call 1-888-647-6676. Obtain travel clearance for OCONUS travel at BAMC S1 before deparure. Chargeable leave is from _____ to _____</p>					
<p>PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL</p>					
<p>18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to 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 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.</p>					
<p>19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: SEE APPENDIX B, AR 600-8-10 FOR LOCATIONS/INFORMATION PERTAINING TO WORLD-WIDE PERSONNEL ASSISTANCE POINTS. For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:</p>					
<p>20. DEPARTED UNIT</p>		<p>21. ARRIVED APOD</p>	<p>22. ARRIVED APOE (return only)</p>	<p>23. ARRIVED HOME UNIT</p>	
<p>PART III - DEPENDENT TRAVEL AUTHORIZATION</p>					
<p>25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25</p>					
<p>DEPENDENT INFORMATION</p>					
<p>a. DEPENDENTS (Last name, First, MI)</p>		<p>b. RELATIONSHIP</p>	<p>c. DATES OF BIRTH (Children)</p>	<p>d. PASSPORT NUMBER</p>	
<p>_____</p>		<p>_____</p>	<p>_____</p>	<p>_____</p>	
<p>_____</p>		<p>_____</p>	<p>_____</p>	<p>_____</p>	
<p>_____</p>		<p>_____</p>	<p>_____</p>	<p>_____</p>	
<p>PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION</p>					
<p>26. DESIGNATION AND LOCATION OF HEADQUARTERS</p>			<p>27. ACCOUNTING CITATION</p>		
<p>28. DATE ISSUED</p>	<p>29. TRAVEL ORDER NUMBER</p>	<p>30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION</p>			

CONVALESCENT LEAVE

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 ODCSPER. (See instructions on reverse.)				1. CONTROL NUMBER Control # provided after approval from Unit Cdr	
PART I					
2. NAME (Last, First, Middle Initial) SMITH, John J.		3. SSN 000-00-0000		4. RANK E-8	5. DATE Dt leave prepared
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 000 Somewhere Street City, State, ZIP CODE Phone #		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input checked="" type="checkbox"/> OTHER Convalescent Leave		8. ORGN, STATION, AND PHONE NO. THE CO SM IS IN HHC/A CO/B CO/C CO / D CO / ISR, FSH, TX 78234	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED enter accrued lv days	b. REQUESTED # days lv requested	c. ADVANCED N/A	d. EXCESS N/A	a. FROM start date	b. TO end date
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY * Unit Cdr Signature Block	
PART II - DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
PART III - EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
PART IV - RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS During normal duty hours, sign out by telephoning (210) 916-9756/9716 -- After normal duty hours, sign out with the BAMC SDNCO AT (210) 916-1156. I do / do not consent to release of information to third parties _____ (Initials). Convalescent leave is nonchargeable leave. Soldier is to report to _____ (MTF or place of duty) upon completion of Convalescent Leave. Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to 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 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: <p style="text-align: center;">*For more than 30 days (or 42days following childbirth, the DCCS must sign the DA Form 31,</p> For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable)	<input type="checkbox"/> ONE WAY	<input type="checkbox"/> ROUND TRIP			
<input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
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			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			

ADVANCED LEAVE

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 ODCSPER. (See instructions on reverse.)				1. CONTROL NUMBER Control # provided after approval from Unit Cdr	
PART I					
2. NAME (Last, First, Middle Initial) SMITH, John J.		3. SSN 000-00-0000		4. RANK E-3	5. DATE Dt leave prepared
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 000 Somewhere Street City, State, ZIP CODE Phone #			7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input checked="" type="checkbox"/> OTHER ADVANCED LEAVE		8. ORGN, STATION, AND PHONE NO. THE CO SM IS IN HHC/A CO/B CO/C CO / D CO / ISR, FSH, TX 78234
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED enter accrued lv days	b. REQUESTED # days lv requested	c. ADVANCED # days advanced lv	d. EXCESS N/A	a. FROM start date	b. TO end date
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY * Unit Cdr Signature Block	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS I understand advance leave changes to excess leave upon separation, reenlistment, or entry into an extension of enlistment. I understand that excess leave is without pay and allowances. This includes entitlement to physical disability retired pay should I become disabled while in an excess leave status. Sign out at (210) 916-9756/9716 or after duty via SDNCO at (210) 916-1156. Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to 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 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: * The unit commander is approval authority for advance leave requests for up to 30 days. Forward requests for advanced leave in excess of 30 days to PERSCOM (TAPC-PDO-PO), 200 Stovall Street, ALEX VA 22332-0474 for approval. For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
24. PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
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			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			

EXCESS LEAVE

<p>REQUEST AND AUTHORITY FOR LEAVE</p> <p>This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is ODCSPER. (See instructions on reverse.)</p>				<p>1. CONTROL NUMBER Control # provided after approval from Unit Cdr</p>	
<p>PART I</p>					
<p>2. NAME (Last, First, Middle Initial) SMITH, John J.</p>		<p>3. SSN 000-00-0000</p>		<p>4. RANK E-3</p>	<p>5. DATE Dt leave prepared</p>
<p>6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 000 Somewhere Street City, Sates, ZIP Phone #</p>			<p>7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input checked="" type="checkbox"/> OTHER EXCESS LEAVE </p>		<p>8. ORGN, STATION, AND PHONE NO. THE CO THE SM IS IN HHC/A CO/B CO/C CO / D CO /E ISR, FSH, TX 78234</p>
<p>9. NUMBER DAYS LEAVE</p>				<p>10. DATES</p>	
<p>a. ACCRUED enter accrued lv days</p>	<p>b. REQUESTED # days lv requested</p>	<p>c. ADVANCED # days advanced lv</p>	<p>d. EXCESS # days excess lv</p>	<p>a. FROM start date</p>	<p>b. TO end date</p>
<p>11. SIGNATURE OF REQUESTOR</p>		<p>12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL </p>		<p>13. SIGNATURE AND TITLE OF APPROVING AUTHORITY * Troop Cdr Signature Block</p>	
<p>14. DEPARTURE</p>					
<p>a. DATE</p>		<p>b. TIME</p>	<p>c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY</p>		
<p>15. EXTENSION</p>					
<p>a. NUMBER DAYS</p>		<p>b. DATE APPROVED</p>	<p>c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY</p>		
<p>16. RETURN</p>					
<p>a. DATE</p>		<p>b. TIME</p>	<p>c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY</p>		
<p>17. REMARKS _____ (Unit Cdr Signature/Signature Block) verifies soldier has been counseled that excess leave is without pay and allowances. This includes entitlement to physical disability retired pay should the soldier become disabled while in an excess leave status. See AR 600-8-10 for more specific instructions pertaining to Excess Leave. Chargeable leave is from _____ to _____ </p>					
<p>PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL</p>					
<p>18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to 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 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.</p>					
<p>19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: * BAMC Troop commander is approval authority for excess leave requests for up to 30 days. Cdr, USAMEDCOM is approval authority for excess leave up to 60 days. Cdr PERSCOM is authority for excess leave greater than 60 days. For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP: </p>					
<p>20. DEPARTED UNIT</p>		<p>21. ARRIVED APOD</p>		<p>22. ARRIVED APOE (return only)</p>	<p>23. ARRIVED HOME UNIT</p>
<p>24. PART III - DEPENDENT TRAVEL AUTHORIZATION</p>					
<p>25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25 </p>					
<p>DEPENDENT INFORMATION</p>					
<p>a. DEPENDENTS (Last name, First, MI)</p>		<p>b. RELATIONSHIP</p>	<p>c. DATES OF BIRTH (Children)</p>	<p>d. PASSPORT NUMBER</p>	
<p>_____</p>		<p>_____</p>	<p>_____</p>	<p>_____</p>	
<p>_____</p>		<p>_____</p>	<p>_____</p>	<p>_____</p>	
<p>_____</p>		<p>_____</p>	<p>_____</p>	<p>_____</p>	
<p>PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION</p>					
<p>26. DESIGNATION AND LOCATION OF HEADQUARTERS</p>			<p>27. ACCOUNTING CITATION</p>		
<p>28. DATE ISSUED</p>	<p>29. TRAVEL ORDER NUMBER</p>		<p>30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION</p>		

PERMISSIVE TDY

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 ODCSPER. (See instructions on reverse.)				1. CONTROL NUMBER Control # provided after approval from Unit Cdr	
PART I					
2. NAME (Last, First, Middle Initial) SMITH, John J.		3. SSN 000-00-0000		4. RANK E-8	5. DATE Dt leave prepared
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 000 Somewhere Street City, State, ZIP CODE Phone #		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER (Purpose)		8. ORGN, STATION, AND PHONE NO. THE CO SM IS IN HHC/A CO/B CO/C CO / D CO / ISR, FSH, TX 78234	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED enter accrued lv days	b. REQUESTED # days lv requested	c. ADVANCED N/A	d. EXCESS N/A	a. FROM start date	b. TO end date
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY * Troop Cdr or GCM Approval Auth	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS PTDY is from _____ (date) to _____ (date) to attend _____ (reason). This absence is not directed by any official of the U.S. Government. SM cannot conduct public business under this authorization. SM not entitled to reimbursement for travel, per diem, or any other expenses. *BAMC Troop Cdr can approve up to 10 days PTDY -- Cdr FSH approves 11-30 days PTDY. Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to 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 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
24. PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable)	<input type="checkbox"/> ONE WAY	<input type="checkbox"/> ROUND TRIP	<input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25		
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			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			

PERMISSIVE TDY FOR HOUSE HUNTING

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 ODCSPER. (See instructions on reverse.)				1. CONTROL NUMBER Control # provided after approval of Troop Commander	
PART I					
2. NAME (Last, First, Middle Initial) SMITH, John J.		3. SSN 000-00-0000		4. RANK E-8	5. DATE Dt leave prepared
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 123 JACKSON AVE SAN ANTONIO, TX 78888 (210) 916-9999 (Enter phone # while on leave)			7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER (purpose ie "House Hunting")		8. ORGN, STATION, AND PHONE NO. Unit assigned Telephone # of company
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED amt accrued	b. REQUESTED amt leave requested	c. ADVANCED	d. EXCESS	a. FROM dt start	b. TO dt end
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY Troop Cdr Signature Block	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS This absence is not directed by any official of the U.S. Government. SM cannot conduct public business under this authorization. SM not entitled to reimbursement for travel, per diem, or any other expenses. Soldier authorized PTDY from ____ (date) to ____ (date) for nonchargeable absence with ordinary leave for (state reason). Ordinary leave is ____ (date) to ____ (date). Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to 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 and tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: FSH Housing Referral Office (HRO) must stamp and date DA Form 31 to verify housing processing and permissive TDY status. Failure to obtain date stamp from HRO will result in PTDY as chargeable leave. For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
24. PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
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			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			

PERMISSIVE TDY IN CONJUNCTION WITH TRANSITION LEAVE

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 ODCSPER. (See instructions on reverse.)				1. CONTROL NUMBER Control # provided after approval from Unit Cdr	
PART I					
2. NAME (Last, First, Middle Initial) SMITH, John J.		3. SSN 000-00-0000		4. RANK E-8	5. DATE Dt leave prepared
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 123 JACKSON AVE SAN ANTONIO, TX 78888 (210) 000-0000 (Enter phone # while on leave)		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> PERMISSIVE TDY <input checked="" type="checkbox"/> OTHER IN CONJ W/TRANSITION		8. ORGN, STATION, AND PHONE NO. THE CO SM IS IN HHC/A CO/B CO/C CO / D CO / ISR, FSH, TX 78234	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED enter accrued lv days	b. REQUESTED # days lv requested	c. ADVANCED N/A	d. EXCESS N/A	a. FROM start date	b. TO end date
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY TROOP COMMAND SIGN BLOCK	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS This absence is not directed by any official of the U.S. Government. SM cannot conduct public business under this authorization. SM not entitled to reimbursement for travel, per diem, or any other expenses. SM has right to cancel PTDY and return to duty. Soldier authorized PTDY from _____ (date) to _____ (date) for nonchargeable absence with ordinary leave for (state reason). Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to 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 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
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			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER No control number required	
This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is ODCSPER. (See instructions on reverse.)					
PART I					
2. NAME (Last, First, Middle Initial) SMITH, John J.		3. SSN 000-00-0000		4. RANK E-8	5. DATE Dt pass prepared
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 123 JACKSON AVE SAN ANTONIO, TX 78888 (210) 916-9999 (Enter phone # while on leave)		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input checked="" type="checkbox"/> OTHER PASS		8. ORGN, STATION, AND PHONE NO. Unit assigned Telephone # of company	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED	b. REQUESTED	c. ADVANCED	d. EXCESS	a. FROM dt start	b. TO dt end
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY Company Cdr Signature Block	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS You can reach the BAMC Staff Duty NCO after normal duty hours at (210) 916-1156. I do / do not consent to release of this information to third parties _____ (initials). If you need health care while in a pass status, call 1-888-647-6676. Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to 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 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: FSH Housing Referral Office (HRO) must stamp and date DA Form 31 to verify housing processing and permissive TDY status. Failure to obtain date stamp from HRO will result in PTDY as chargeable leave. For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
24. PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
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			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			