

REQUEST AND AUTHORIZATION FOR LEAVE

1. NAME <i>(Last, First, Middle)</i>				2. EMPLOYEE ID		3. RANK		4. DATE	
5. LEAVE ADDRESS <i>(Address, City, State, Zip Code and Phone #)</i>				6. TYPE OF LEAVE <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY <input type="checkbox"/> LIBERTY <input type="checkbox"/> OTHER (Specify) _____			7. UNIT AND LOCATION		
8. NUMBER DAYS LEAVE				9. DATES OF REQUESTED LEAVE					
a. ACCRUED	b. REQUESTED	c. ADVANCED	d. EXCESS	a. FROM			a. TO		
10. SIGNATURE OF REQUESTOR _____			11. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL _____			12. SIGNATURE AND TITLE OF APPROVING OFFICIAL _____			
13. DEPARTURE									
a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY					
14. EXTENSION									
a. NUMBER DAYS		b. DATE APPROVED		c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY					
15. RETURN									
a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY					
16. REMARKS									
PRIVACY ACT STATEMENT									
<p>Authority - 5 USC 301 and 44 USC 3101</p> <p>Principal Purpose(s) - This form is used to authorize leave, document start and stop of such leave; record address and telephone number where a NOAA Corps officer may be contacted in case of an emergency during leave; and certify leave days chargeable to an officer's leave account.</p> <p>Routine Uses(s) - To update an officer's leave and pay records. Information furnished may be disclosed to DOC officials or employees who need this information to perform their duties; to federal, state, and local law enforcement authorities in appropriate cases; the American Red Cross; and relatives. The Employee ID is used for positive identification.</p> <p>Disclosure - Voluntary; Disclosure of Employee ID is voluntary. However, this form will not be processed without an officer's Employee ID, since the NOAA Corps identifies members by Employee ID for pay and leave purposes.</p>									

INSTRUCTIONS TO INDIVIDUAL

- 1. AUTHORITY FOR LEAVE.** An officer on leave must carry this form while on leave.
- 2. CHANGES.** An officer who desires changes in authorized leave or does not begin leave on schedule will notify the leave approving official.
- 3. REPORTING.** The officer will report to the duty station not later than 2400 on the last day of leave.
- 4. DEPARTURE/RETURN.** An officer will begin and end leave on post, at the duty location, or from the place he or she regularly commuted to work.
- 5. CHARGEABLE LEAVE.** The day of departure on leave is counted as a day of duty provided leave commences at or after the end of normal working hours. The day of return shall be counted as a day of leave, except when such return is made before the regular work day begins in which case it shall be counted as a day of duty.
- 6. LEAVE EXTENSIONS.** An officer must request a leave extension prior to the end of leave.
 - a. If disapproved, 3 above applies.
 - b. If approved, complete blocks 14a - 14c. Attach written authorization of extension when received.
- 7. MEDICAL TREATMENT.**
 - a. An officer who requires medical treatment while on leave, should report to the nearest military treatment facility. In the absence of such a facility, report to a uniformed services treatment facility or Veteran's Administration facility, if possible.
 - b. Medical treatment at Government expense at other than federal facilities is authorized only for emergencies when treatment cannot be obtained from Government facilities or when prior approval is obtained.
 - c. If an officer becomes hospitalized by a civilian physician, the officer or someone acting for him or her must contact the Patient Administrative Office of the nearest military medical facility as soon as possible. An officer may seek assistance from the Commissioned Personnel Center or local chapter of the American Red Cross. Information that must be provided shall include nature of illness or injury, date and place of hospitalization, and name and telephone number of attending physician.