

Leave Request Form Navy

Personal Information

- Full Name: _____
- Rank/Rate: _____
- Department: _____
- Service Number: _____
- Contact Information: _____

Leave Request Details

- Type of Leave: Annual Sick Emergency Other: _____
- Leave Start Date: _____
- Leave End Date: _____
- Total Leave Days: _____

Reason for Leave

- Detailed Reason: _____

Command Approval

Approver	Approval	Comments	Signature
Immediate Supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Department Head	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Commanding Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

_____ Yes _____
No

Service Member Signature

- Signature: _____
- Date: _____