



SPECIAL LIBERTY AND LEAVE REQUEST

FROM: (NAME, GRADE, SSN/MOS)			DATE SUBMITTED
NO. OF DAYS REQUESTED & INCLUSIVE DATES		DATE & TIME EFFECTIVE	DATE & TIME EXPIRES
TYPE OF LEAVE/LIBERTY	DAYS TAKEN THIS FISCAL YEAR	LEAVE BALANCE*	ECC
ADDRESS WHILE ON LEAVE/LIBERTY TO INCLUDE PHONE NUMBER FOR RECALL			
REASON FOR LEAVE/LIBERTY		SIGNATURE	
YES	NO	LEAVE/LIBERTY APPROVAL	DATE
		CREW CHIEF	
		WATCH OFFICER	
		NCOIC	
* ATTACH COPY OF MOST RECENT LEAVE AND EARNINGS STATEMENT			
POV INSPECTED			
APPROVAL OF ATC FACILITY OFFICER			
	APPROVED	SIGNATURE	
	DISAPPROVED	SIGNATURE	