



# TIME-OFF AWARD REQUEST

NAME OF AWARDEE (Last, First, Middle Initial)	EMPLOYEE NUMBER	DATE (Month/Day/Year)
GEOGRAPHICAL CODE  <b>Airfield Operations Air Traffic Control</b>	NATURE OF ACTION CODE/ LEGAL AUTHORITY CODE (for SF-50 processing)  <b>872/V3E</b>	NUMBER OF HOURS TIME-OFF GRANTED
AWARDED BY (Name and Title)		DATE (Month/Day/Year)
APPROVED BY (Name and Title)		DATE (Month/Day/Year)
<b>TIME-OFF AWARD MUST BE USED BY:</b> (not later than 1 year after date of approval)		
<p style="text-align: center;"><b>REASON FOR AWARD</b></p> <p style="text-align: center;">Summary statement explaining how the employee met one or more of the criteria for a time-off award. Does not have to be extensive.</p> <p>In accordance with CFR Title 5 Part 451.104 and keeping with the intent of the USMC Civilian Performance Appraisal System, the above name employee is submitted for the time-off award for the following action:</p>		