

LEAVE REQUEST/AUTHORIZATION <i>(See Privacy Act Statement and General Instructions below)</i>				SECTION I		
		TO: ACFP	1. DATE OF REQUEST	2. TYPE OF TRANSACTION <i>(1-5) (AFO Use Only)</i>		
3. SSN (6-14)	NAME (Last, First, Middle Initial) (15-19)		5. GRADE	6. CURRENT LV BALANCE	6a. DOS	
7. RECOMMEND CONVALESCENT LEAVE FROM _____ TO _____		8. TYPE OF LEAVE <i>(Check one)</i>		PTDY Reason (AFI 36-3003)		
		<input type="checkbox"/> Terminal (P) <input type="checkbox"/> Reenlistment (E) <input type="checkbox"/> Emergency (D) <input type="checkbox"/> Graduation (J) <input type="checkbox"/> Ordinary (A) <input type="checkbox"/> Appellate Review (R) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Convalescent (F) <input type="checkbox"/> Special (H) <input type="checkbox"/> Permissive TDY (T) _____		REMARKS:		
PROVIDER'S SIGNATURE & STAMP						
9. NO. DAYS REQUESTED <i>(33-35)</i>	10. LEAVE AUTH NO. <i>(37-43)</i>	11. FIRST DAY/TIME OF LV STATUS	12. FIRST DAY OF CHARGEABLE LV <i>(47-52)</i>	13. LAST DAY OF CHARGEABLE LV <i>(53-58)</i>		
14. LEAVE AREA (36) <input type="checkbox"/> CONUS <input type="checkbox"/> OS <input type="checkbox"/> OS to CONUS		15. EMERGENCY PHONE NO.		16. LEAVE ADDRESS (Street, City, State, Zip Code, and Phone No.)		
17. DUTY PHONE NO.	18. UNIT	19. DUTY SECTION				
20. DUTY LOCATION						
LEAVE REQUEST CERTIFICATION: <i>I acknowledge that the leave requested by me will be charged against my leave account unless otherwise cancelled or corrected through Part III of this form. In addition, if I cannot earn enough leave before separation to cover this request, I consent to withholding from current pay, final pay, or any other pay due me to satisfy this indebtedness. I understand that there is no actual debt until my final separation from the Air Force; however, I consent to this withholding of pay in anticipation of the indebtedness for the unearned portion of my leave balance. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my requested or projected separation date, and understand that this could result in the withholding of 100% of any current pay, final pay, or any other money due me. I have read the instructions on PART II.</i>						
21. MEMBER'S SIGNATURE			22. LEAVE IS <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED DATE _____			
23. SUPERVISOR'S NAME AND GRADE (Print or Type)			24. DUTY PHONE NO.	25. SUPERVISOR'S SIGNATURE		
SECTION II (To be completed by supervisor/unit commander to authorize advance or excess leave)						
26. LEAVE AVAILABLE TO ETS <i>(From LES)</i>	27. ADVANCE LEAVE REQUESTED <i>(Block 9 minus 6)</i>	28. EXCESS LEAVE REQUESTED <i>(44-46) (Block 9 minus 26)</i>	29. TOTAL LEAVE APPROVED			
30. UNIT HEADQUARTERS	31. COMMANDER'S SIGNATURE/GRADE	32. AUTHORIZATION DATE	33. AUTHORITY FOR ADVANCE LEAVE OVER 30 DAYS			
PRIVACY ACT STATEMENT						
AUTHORITY: 10 U.S.C., Chapter 40; 37 U.S.C., Chapter 9; EO 9397, November 1943. PRINCIPAL PURPOSES: To authorize military leave, document the start and stop of such leave; record address and telephone number where you may be contacted in case of emergency during leave; and certify leave days chargeable to you. ROUTINE USES: Information may be disclosed to the Department of Justice, and to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; the American Red Cross for information concerning the needs of the member or dependents and relatives in emergency situations DISCLOSURE: Disclosure of SSN is voluntary. However, this form will not be processed without your SSN, since the Air Force identifies members by SSN for pay or leave purposes.						
GENERAL INSTRUCTIONS						
(For emergency, reenlistment, convalescent, terminal, appellate review leave, and PTDY, see variations in AFM 177-373, Volume II, Ch 7.) 1. THIS FORM MUST BE TYPED OR COMPLETED IN INK. 2. BEFORE SEPARATING PARTS I, II, AND III, COMPLETE THE FOLLOWING BLOCKS: a. Blocks 1 thru 5, 9, 12 thru 21, and 23 thru 25 are self-explanatory. b. Block 6, current Leave Balance. Verify that the member has enough leave balance to cover the period of leave requested. This may be done by checking the member's LES or the orderly room's leave balance listing. Complete 6a when member requests leave with a planned return date within 30 days of DOS. c. Block 7. This block will be completed, signed, and stamped by the appropriate medical authority if convalescent leave is recommended. d. Block 8. For PTDY, state the paragraph number of the applicable reason for PTDY as stated in AFR 35-26 and in Remarks area give abbreviated description of purpose of PTDY. (For example: base baseball team.) e. Block 10. Leave Authorization Number. Supervisor or designee obtains a leave authorization number from the unit orderly room immediately before signing a leave approval and forwarding Part I to AFO. Do not get leave number earlier than 14 days before effective date. f. Block 11. First Day/Time of Leave Status. This is the earliest time a member can depart or sign up for space available transportation. If planned departure is on a non-duty day, enter the non-duty date and 0001 hours. If planned departure is on a duty day without performing the majority (more than 50%) of scheduled duty, enter the date and time when more than 50% of the scheduled duty will be completed. NOTE: Leave status is not necessarily chargeable leave. Date cannot be more than 1 day before the date in block 12. See also Part III, Instructions for Charging Leave. g. Block 22. For PTDY, use approval level required by AFR 35-26. h. Blocks 26-33. Complete only to authorize advance or excess leave. Blocks are self-explanatory except for blocks 27, 28, and 33. (1) Advance Leave (Block 27). If the requested leave exceeds the current balance but does not exceed the balance to ETS, the leave is advance leave. Complete Blocks 26-27 and forward the form (all parts) to the unit commander for approval. If a member requesting leave has a cumulative advance balance of 30 days, comply with AFR 35-9 (2) Excess Leave (Block 28). If the requested leave exceeds the balance to ETS, the leave is excess leave. Complete Blocks 26 and 28 and forward the form (all parts) to the unit commander for approval. (3) Authority for Advance Leave Over 30 Days (Block 33). Record message date/time group if approval was received by message. 3. AFTER INITIALLY COMPLETING THIS FORM: a. Separate Part I immediately after getting a leave authorization number and signing the form. forward to the AFO using normal distribution unless the leave is terminal/separation or involves excess or advance leave. forward these requests (all parts) to the unit for approval. b. Separate Part II and give to member. c. Hold Part III for completion after the member's return from leave. If member requests cancellation before any leave is taken, complete Section III of Part III and forward to your unit commander. 4. INSTRUCTIONS FOR COMPLETING AND PROCESSING PART III ARE PRINTED ON PART III. 5. GUIDELINES FOR CHARGING LEAVE AND INSTRUCTIONS FOR LEAVE ADJUSTMENTS ARE PRINTED ON PART III.						

LEAVE REQUEST/AUTHORIZATION <i>(See Privacy Act Statement and General Instructions below)</i>				SECTION I			
		TO: ACFP		1. DATE OF REQUEST		2. TYPE OF TRANSACTION <i>(1-5) (AFO Use Only)</i>	
3. SSN (6-14)		NAME (Last, First, Middle Initial) (15-19)		5. GRADE		6. CURRENT LV BALANCE	6a. DOS
7. RECOMMEND CONVALESCENT LEAVE FROM _____ TO _____			8. TYPE OF LEAVE <i>(Check one)</i>		<input type="checkbox"/> Terminal (P) <input type="checkbox"/> Reenlistment (E) PTDY Reason <input type="checkbox"/> Emergency (D) <input type="checkbox"/> Graduation (J) (AFI 36-3003) <input type="checkbox"/> Ordinary (A) <input type="checkbox"/> Appellate Review (R) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Convalescent (F) <input type="checkbox"/> Special (H) <input type="checkbox"/> Permissive TDY (T) _____		
_____ PROVIDER'S SIGNATURE & STAMP			REMARKS:				
9. NO. DAYS REQUESTED <i>(33-35)</i>		10. LEAVE AUTH NO. <i>(37-43)</i>	11. FIRST DAY/TIME OF LV STATUS		12. FIRST DAY OF CHARGEABLE LV <i>(47-52)</i>	13. LAST DAY OF CHARGEABLE LV <i>(53-58)</i>	
14. LEAVE AREA (36) <input type="checkbox"/> CONUS <input type="checkbox"/> OS <input type="checkbox"/> OS to CONUS			15. EMERGENCY PHONE NO.		16. LEAVE ADDRESS (Street, City, State, Zip Code, and Phone No.)		
17. DUTY PHONE NO.	18. UNIT		19. DUTY SECTION				
20. DUTY LOCATION							
LEAVE REQUEST CERTIFICATION: <i>I acknowledge that the leave requested by me will be charged against my leave account unless otherwise cancelled or corrected through Part III of this form. In addition, if I cannot earn enough leave before separation to cover this request, I consent to withholding from current pay, final pay, or any other pay due me to satisfy this indebtedness. I understand that there is no actual debt until my final separation from the Air Force; however, I consent to this withholding of pay in anticipation of the indebtedness for the unearned portion of my leave balance. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my requested or projected separation date, and understand that this could result in the withholding of 100% of any current pay, final pay, or any other money due me. I have read the instructions on PART II.</i>							
21. MEMBER'S SIGNATURE				22. LEAVE IS <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED DATE _____			
23. SUPERVISOR'S NAME AND GRADE (Print or Type)				24. DUTY PHONE NO.		25. SUPERVISOR'S SIGNATURE	
SECTION II (For member's use to record data for leave originating outside CONUS)							
DATE/TIME DEPART PERM DUTY STATION		DATE/TIME RETURN PERM DUTY STATION		DATE DEPART DESG PAY AREA	DATE ARR CONUS	DATE DEPART CONUS	DATE RETURN DESG PAY AREA
INSTRUCTIONS FOR MEMBERS DEPARTING ON LEAVE							
<p>1. If you take more leave than you will accumulate before date of separation (DOS), the AFO immediately collects all pay and allowances you receive during the period of excess leave.</p> <p>2. Remember:</p> <p style="margin-left: 20px;">a. Your leave is normally effective on the date you include in your leave request as "first day of chargeable leave."</p> <p style="margin-left: 20px;">b. If you want to change your starting or projected return date before departing on leave, you must notify the leave-approving authority.</p> <p style="margin-left: 20px;">c. When you sign up for space-available transportation, you have started a period of leave. Once space-available travel has been signed for, leave is charged according to the table on Part III. (Authority: AFR 35-9).</p> <p>3. You must be in the local area of your permanent duty station before start, and upon completion of leave. Local area is defined as the place of residence or home from which the member commutes to the duty station on a daily workday basis.</p> <p>4. Before departure, you must have an approved leave authorization (AF Form 988, Leave Request/Authorization) or special order and enough funds for expenses, including costs for travel. Do not assume you can return on time by military air transportation.</p> <p>5. You must be able to be contacted through the address or phone number shown on your leave authorization. Members with key mobility deployment responsibilities must notify their unit mobility officer, NCO or alternate of scheduled leave as soon as possible before departure.</p> <p>6. If you need an extension of leave, call or send a telegram to the individual who approved your leave. If you are on emergency leave, ask the nearest American Red Cross chapter to verify the continuing emergency to the leave-approving authority.</p> <p>7. If you require medical or dental treatment while on leave, go to the nearest uniformed services treatment facility. If you must be treated for an emergency at a civilian facility, instruct the civilian source of care to submit a claim for payment to the nearest Air Force medical treatment facility/Resource Management Office. The claim must be itemized, including diagnosis, medical records, your pay grade, military address, and SSN.</p> <p style="margin-left: 20px;">a. If you are hospitalized in a military medical treatment facility, ensure that your organization of assignment is notified as soon as possible.</p> <p style="margin-left: 20px;">b. If you are hospitalized in a civilian facility, notify the nearest Air Force medical treatment facility (Patient Affairs Office) as soon as possible</p> <p>8. If you are in need of funds, go to the nearest Air force finance office and show this leave form and current Leave and Earnings Statement (LES). Casual payments, if authorized, cannot exceed unpaid pay and allowances to date. If you do not have your LES, you may experience a delay.</p> <p>9. Observe all traffic rules if you travel by automobile.</p> <p>10. If you plan to travel by commercial air at reduced rates, contact the airline to learn what documents you need.</p> <p>11. It is your responsibility to return to your permanent duty station or obtain a leave extension from your supervisor before expiration date of your leave.</p> <p>12. If travelling by DOD-owned aircraft, MAC contract flights, or commercial air, you must comply with dress requirements according to AFR 35-10, Chapter 6.</p> <p>13. Personnel possessing a DD Form 714, Meal Card, or DD Form 2 AF, when used in lieu of a meal card, must not use either identification to obtain meals while on leave.</p> <p>14. During PTDY, days not used for reason stated in Section I, block 8, are chargeable as leave. Proof of use may be required.</p> <p>15. You must meet all appointments while on leave or reschedule the appointments before departure.</p> <p>16. Before you depart on leave, you should complete DD Form 2258. Temporary Mail Disposition Instructions, at the Postal Service Center, to direct your mail during your leave.</p>							

LEAVE REQUEST/AUTHORIZATION <i>(See Privacy Act Statement and General Instructions below)</i>				SECTION I			
		TO: ACFP		1. DATE OF REQUEST		2. TYPE OF TRANSACTION <i>(1-5) (AFO Use Only)</i>	
3. SSN (6-14)		NAME (Last, First, Middle Initial) (15-19)		5. GRADE		6. CURRENT LV BALANCE	6a. DOS
7. RECOMMEND CONVALESCENT LEAVE FROM _____ TO _____			8. TYPE OF LEAVE <i>(Check one)</i>		<input type="checkbox"/> Terminal (P) <input type="checkbox"/> Reenlistment (E) PTDY Reason <input type="checkbox"/> Emergency (D) <input type="checkbox"/> Graduation (J) (AFI 36-3003) <input type="checkbox"/> Ordinary (A) <input type="checkbox"/> Appellate Review (R) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Convalescent (F) <input type="checkbox"/> Special (H) <input type="checkbox"/> Permissive TDY (T) _____		REMARKS:
PROVIDER'S SIGNATURE & STAMP							
9. NO. DAYS REQUESTED <i>(33-35)</i>		10. LEAVE AUTH NO. <i>(37-43)</i>	11. FIRST DAY/TIME OF LV STATUS		12. FIRST DAY OF CHARGEABLE LV <i>(47-52)</i>	13. LAST DAY OF CHARGEABLE LV <i>(53-58)</i>	
14. LEAVE AREA (36) <input type="checkbox"/> CONUS <input type="checkbox"/> OS <input type="checkbox"/> OS to CONUS			15. EMERGENCY PHONE NO.		16. LEAVE ADDRESS (Street, City, State, Zip Code, and Phone No.)		
17. DUTY PHONE NO.		18. UNIT	19. DUTY SECTION				
20. DUTY LOCATION							
SECTION II - MEMBER <i>(Use to record data for leave originating outside CONUS)</i>							
DATE/TIME DEPART PERM DUTY STATION		DATE/TIME RETURN PERM DUTY STATION		DATE DEPART DESG PAY AREA	DATE ARR CONUS	DATE DEPART CONUS	DATE RETURN DESG PAY AREA
SECTION III - HOW DID ACTUAL LEAVE COMPARE TO THE LEAVE REPORTED IN BLOCKS 12 AND 13 ABOVE?							
A	CHECK ONE, AND COMPLETE DESIGNATED SUBSECTION		<input type="checkbox"/> No change (Complete subsections C, D and E only) <input type="checkbox"/> Last day should be corrected (Complete subsections B thru E) <input type="checkbox"/> Should be cancelled (Complete subsection E only)				
B	CORRECT LAST DAY OF CHARGEABLE LEAVE IS:		IF LEAVE WAS EXTENDED, EXTENSION WAS APPROVED BY:			TOTAL NUMBER OF DAYS TAKEN (See Block 12 for first day of chargeable leave)	
C	Space A transportation was used/not used <i>(Circle one)</i> If Space A transportation was used, it was signed up for on _____ (date)						
D	THIS IS A TRUE AND CORRECT STATEMENT OF LEAVE TAKEN. I make this statement with the full knowledge of the penalties for willfully making a false statement. Intentional misstatements or omissions of facts constitute federal criminal violations. (Maximum penalties: \$10,000 fine or 5 years imprisonment, or both. 18 U.S.C. 1001. Also see Article 107, UCMJ)					MEMBER'S SIGNATURE	
E.	In consideration of the last duty day before starting leave and the first day after return from leave, or member's cancellation request, and including all other information available, I certify the above days of leave used, or cancelled, are true and correct to the best of my knowledge and belief. (See below for computing chargeable leave.)						
SUPERVISOR'S NAME AND GRADE <i>(Print or Type)</i>			DUTY PHONE NO.		SUPERVISOR'S SIGNATURE		DATE
INSTRUCTIONS FOR CHARGING LEAVE				<i>Examples: Using a normal work schedule of Monday through Friday, 0730 to 1630.</i>			
if the member	and has performed over 50 percent of scheduled duty		on a nonduty day	then duty status is	<ol style="list-style-type: none"> 1. If the member departs the local area or signs up for Space-A travel on Tuesday, and if the leave-approving authority determines that the majority (over 50%) of schedule duty was performed, Tuesday is a day of duty and Wednesday is the first day of leave. 2. If the member departs the local area or signs up for Space-A travel on Saturday, regardless of the hours, that day is a day of duty and Sunday is the first day of leave. 3. If departure from the local area or sign-up is on Sunday, regardless of the hour, that day is a day of duty and Monday is the first day of leave. 4. If the member returns from leave on Friday, and if the leave-approving authority determines that the majority (over 50%) of scheduled duty was performed, Friday is a day of duty and Thursday is the last day of leave. 		
Departs or signs up for space-available travel	Yes	No		Duty			
	X	X		Leave			
			X	Duty			
Returns	X			Duty			
		X		Leave			
			X	Leave			