LEAVE REQUEST/AUTHORIZATION NAVCOMPT FORM 3065 (3PT) (REV. 2-83)

INSTRUCTIONS FOR COMPLETING THIS FORM ARE ON THE ${\bf REVERSE}$ OF ${\bf PART}$ 3.

SEE REVERSE FOR	
PRIVACY ACT	
STATEMENT	

1. DATE OF REQUEST 2. FOR ADMIN. USE ONLY APPROVAL OF THIS LEAVE IS LEAVE CONTROL NO.																
3. SSN	OT VALID WITHOUT CONTROL NO. 4. NAME (Last, First, MI)									5. PAYG	DADE					
3. 33N				4. NAME (Là	ISI, FII'SI, IVII)							J. PATG	KADE			
6. SHIP/STATION						7. DEPT/I	DIV	8. DUTY SECTION		9. DUTY	PHONE					
10. TYPE LEAVE							FOR USE OUTUS ONLY				12. MODE OF TRAVEL					
REGULAR	EMERGENCY			11a. Leaving Area of PERMDUTYSTA YES NO				AIR BUS								
SEPARATION	RETIREMENT			OTHE	R	11b. Taking Leave INCONUS YES NO				CAR TRAIN						
13. DAYS REQUESTED	Hour, Date	(YYMMDD)		15. TO (/	Hour, Date) (YYMMD			16. NORM	ЛAL WOR	KING HOU	RS					
										DAY OF DEPARTURE:						
17. LEAVE BALANCE			18. LEAVE USED THIS FY			19. LEAVE PHONE				FROM: TO:						
DAYS AS OF						()				DAY OF RETURN: FROM: TO:						
20. LEAVE ADDRESS										21 RATI	ON STAT	us <i>(Enlis</i> i	ted)			
										21. RATION STATUS <i>(Enlisted)</i> COMMUTED RATIONS (COMRATS)						
										Meal Pass No. Entitled to EDF meals except						
										during	periods o		ais excep	ι		
I CERTIFY THAT I HAVE SUFFI	ICIENT F	UNDS TO COV	ER THE CO	ST OF ROUNI) TRIP TRAVEL. I UNDEF	RSTAND TH	AT SHOULD ANY POR	TION OF THIS	22. SIG	NATURE OF	APPLIC/	ANT				
LEAVE, IF APPROVED, RESULT OBLIGATION, MY PAY WILL B					RN ON MY CURRENT UN	NEXTENDED	ENLISTMENT OR CUF	RRENT ACTIVE DUTY								
RECOMME	NDED									DATE						
YES		NO														
										DATE						
YES NO																
YES	S NO									DATE						
YES	NO NO									DATE						
23. APPROVED	DISAPPROVED REVIEWING OFFICER'S NAME AND SIGNATURE									DATE						
24. COMMENTS/REMARKS			1							ı						
25. SHIP OR STATION (Includ	lina telea	ranhic address)				26 REPORT ON	EXPIRATION OF LEAV	F TO (If ot)	her than hlo	ck 25)					
20.0 00	g tolog	rapino addi 655)					ZOTNET ON TOTAL		2 10 (11 00	ior than bio	on 20)					
DEPARTED ON LEAVE					RETURNED FROM	LEAVE GRAN			GRANTE	NTED EXTENSION OF LEAVE ENDING						
27a. HOUR	27b. DATE (YYMMI		DD) 2		28a. HOUR 2		8b. DATE (YYMMDD)		29a. HOUR 29b. DATE (YYMMDD)					DD)		
27c. OOD'S SIGNATURE 28c. OOD'S SIGNATURE						29c. AUTH			HORIZING OFFICER'S SIGNATURE							
-								EIE	ST:		LAST:			31. NO. OF		
IN CONSIDERATION OF THE MEMBER'S COMPLETION OF A FULL WORKDAY (AS DEFINED IN MILPER NAVPERS 15560) ON THE DAYS OF DEPARTURE AND RETURN, THE INCLUSIVE DAYS SHOWN ARE AND PROPER FOR CHARGING AS LEAVE.							30. INCLUSIVE LEAVE PERIOD TO BE CHARGED	(YY		(DD)	(YY)	(MM)	(DD)	DAYS		
I CERTIFY THAT THE ABOVE IS CORRECT AND PROPER TO THE BEST OF MY KNOWLEDGE. 32. CERTIFYING OFFICER'S TYPED NAME/RANK/TITLE								33	33. CERTIFYING OFFICER'S SIGNATURE							