LEAVE REQUEST/AUTHORIZATION

NAVCOMPT FORM 3065 (3PT)(REV. 2-83)

INSTRUCTIONS FOR COMPLETING THIS FORM ARE ON THE **REVERSE OF PART 3**

SEE REVERSE FOR PRIVACY ACT STATEMENT

1. DATE OF REQUEST 09NOV21	2. FOR **ADMIN USE ONLY** APPROVAL OF THIS LEAVE IS **NOT VALID** WITHOUT CONTROL	**LEAVE CONTROL NO.**

3. SSN	4. NAME *(Last, First, MI)* Yeager, Chuck, E.	5. PAY GRADE MIDN

6. SHIP/STATION Notre Dame NROTC	7. DEPT/DIV Alpha	8. DUTY SECTION A1-2	9. DUTY PHONE (574) 631-7274

10. TYPE OF LEAVE

☐ REGULAR ☐ SICK ☐ EMERGENCY

☐ SEPARATION ☐ RETIREMENT ☐ OTHER .

FOR USE OUTUS ONLY

11a. Leaving Area of P E R M D U T Y S T A

☑ YES ☐ NO

11b. Taking Leave I N C O N U S

☑ YES ☐ NO

12. MODE OF TRAVEL

☐ AIR ☐ BUS

☐ CAR ☐ TRAIN

13. DAYS REQUESTED 3	14. FROM (Hour, Date) (YYMMDD) 0730, 211118	15. TO (Hour, Date)(YYMMDD) 1600, 211120
17. LEAVE BALANCE . DAYS AS OF .	18. LEAVE USED THIS FY	19. LEAVE PHONE

16. NORMAL WORKING HOURS

DAY OF DEPARTURE FROM: 0730 TO: 1600

DAY OF RETURN FROM: 0730 TO: 1600

20. LEAVE ADDRESS

U.S. Naval Academy
121 Blake Road
Annapolis, MD 21402

21. RATION STAUS *(Enlisted)*

☐ COMMUTED RATIONS (COMRATS)

☐ MEAL PASS NO .
Entitled to EDF meals except during periods of leave

I CERTIFY THAT I HAVE SUFFICIENT FUNDS TO COVER THE COST OF ROUND TRIP TRAVEL. I UNDERSTAND THAT SHOULD ANY PORTION OF THIS LEAVE, IF APPROVED, RESULTS IN MY TAKING MORE LEAVE THAN I CAN EARN ON MY CURRENT UNEXTENDED ENLISTMENT OR CURRENT ACTIVE DUTY OBLIGATION, MY PAY WILL BE CHECKED FOR SUCH EXCESS LEAVE

SIGNATURE OF APPLICANT

RECOMMENDED			
☐ YES	☐ NO		DATE
☐ YES	☐ NO	LT Cunningham, Alpha Company Advisor	DATE
☐ YES	☐ NO	LT Buresh, 3/C Advisor	DATE
☐ YES	☐ NO	Capt Pantoja, MOI	DATE
23. APPROVED ☐ YES	DISAPPROVED ☐ NO	REVIEWING OFFICER'S NAME AND SIGNATURE CDR Thompson, XO	DATE

24. COMMENTS/REMARKS

I respectfully request permission to take out of area leave from 18NOV21 to 20NOV21. I am going to be visiting family.

25. SHIP OR STATION (Including telegraphic address) Notre Dame NROTC 213 Pasquerilla Center Notre Dame, IN 46556	26. REPORT ON EXPIRATION OF LEAVE TO *(If other than block 25)* Notre Dame NROTC 213 Pasquerilla Center Notre Dame, IN 46556

DEPARTED ON LEAVE		RETURNED FROM LEAVE		GRANTED EXTENSION OF LEAVE ENDING	
27a. HOUR	27b. DATE (YYMMDD)	28a. HOUR	28b. DATE (YYMMDD)	29a. HOUR	29b. DATE (YYMMDD)
27c. OOD'S SIGNATURE		28c. OOD'S SIGNATURE		29c. OOD'S SIGNATURE	

IN CONSIDERATION OF THE MEMBER'S COMPLETION OF A FULL WORKDAY (AS DEFINED IN MILPERSMAN, NAVPERS 15560) ON THE DAYS OF DEPARTURE AND RETURN, THE INCLUSIVE DAYS SHOWN ARE CORRECT AND PROPER FOR CHARGING AS LEAVE.	30. INCLUSIVE LEAVE PERIOD TO BE CHARGED	FIRST: (YY)	(MM)	(DD)	LAST: (YY)	(MM)	(DD)	31. NO. OF DAYS

I CERTIFY THAT THE ABOVE IS CORRECT AND PROPER TO THE BEST OF MY KNOWLEDGE	CERTIFYING OFFICER'S TYPE NAME/RANK/TITLE	33. CERTIFYING OFFICER'S SIGNATURE

Reset Form

☐ **WHITE COPY** ☐ **PINK COPY** ☐ **GREEN COPY**