# HEADQUARTERS & SUPPORT BATTALION LEAVE AND LIBERTY PERSONAL TRAVEL MATRIX

PRIVACY ACT STATEMENT

**AUTHORITY**, the information contained on this form is maintained under the systems of records notice MMN00010 (Personnel Services Working Files), 10 U.S.C. 1071-1087 and E.O. 11016, published February 22, 1993, 58 FR 10630. The information contained within is FOR OFFICIAL USE ONLY and may not be disclosed without the consent of the record subject, except under routine use. **PURPOSE** of this information is to provide a record for the use in the administration of programs concerning the personal welfare of Marines and their dependents. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as **ROUTINE USE** pursuant to 5 U.S.C. 552a(b)(3). **DISCLOSURE** MANDATORY

| LNAME | FNAME | M INITIAL | RANK | LAST 4 SSN | MOS | COMPANY | PLATOON/SECTION |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| Leave or Liberty Address (street, city, St., zip) | Telephone# | From (time) | From (date) | To (time) | To (date) | Total days |
|---|---|---|---|---|---|---|
| | | | | | | |

TRAVEL DESCRIPTION

Mode of Travel (check one)
- ☐ AIR
- ☐ BUS
- ☐ PMV/POV
- ☐ TRAIN

Nature of Request (check one)
- ☐ LEAVE
- ☐ SPECIAL LIBERTY
- ☐ OUT OF BOUNDS
- ☐ OTHER

Total Distance (one way)

| Justification for Request | Leave Balance | Date of Request |
|---|---|---|
| | | |

HEADQUARTERS & SUPPORT BATTALION LEAVE/LIBERTY SAFETY PLEDGE

I _____ , recognize the contribution I make to my fellow Marines, Sailors and civilian Marines of HQSPTBN, my brothers and sisters throughout the Marine Corps, and the world. Essential to our mission, I pledge to maintain my commitment with a constant display of honor and professionalism. I will plan ahead, minimize risk to my safety and return from leave/liberty prepared to continue "the fight."

SNM Signature: _____

I _____ , have confirmed that the above named Marine has an acceptable plan for leave/liberty and fully understands the valuable contribution every Marine makes to our nation. I am confident that he/she will take necessary steps to minimize risk and bring honor to our Corps and country while enjoying this well deserved break from the daily routine. I recommend approval.

Signature (NCO): _____

I understand the battalion's boundaries for liberty as follows: 75 road miles from the nearest gate for regular overnight liberty; 150 road miles from the nearest gate for weekend liberty; 300 road miles from the nearest gate for three-day special liberty; and 600 road miles from the nearest gate for four-day liberty.

Signature: _____ Date: _____

I have in my possession a Arrive Alive Card, and have been briefed on the terms of use of the Arrive Alive Program. I have a plan for the event I decide to go to a public establishment and consume alcoholic beverages, or I will have a designated driver present.

Signature: _____ Date: _____

While on leave/liberty I will remain committed to wearing my seat belt at all times while operating a motor vehicle, and when riding as a passenger. I will be sure to wear all proper PPE and get the proper training before riding any recreational vehicles.

Signature: _____ Date: _____

I fully understand the zero tolerance policy of the Marine Corps pertaining to drugs, and fully acknowledge my commitment not to drink and drive. If I choose to do either of these I will be held accountable for my actions and will be punished under the UCMJ.

Signature: _____ Date: _____

| TITLE | SIGNATURE | DATE | REC | Non-Rec | TITLE | SIGNATURE | DATE | REC | Non-Rec |
|---|---|---|---|---|---|---|---|---|---|
| NCOIC | | | ☐ | ☐ | COMPANY 1ST SGT | | | ☐ | ☐ |
| SNCOIC | | | ☐ | ☐ | COMPANY CO | | | ☐ | ☐ |
| OIC | | | ☐ | ☐ | | | | | |

| MILITARY MEMBER CHECKLIST | | | |
|---|---|---|---|
| Does the SNM have a driver improvement card? | ☐ Y | ☐ N | Int: |
| Does SNM drive a high performance POV or motorcycle? | ☐ Y | ☐ N | Int: |
| Has SNM been encouraged to get plenty of rest? | ☐ Y | ☐ N | Int: |
| Does SNM have a recall roster with phone numbers? | ☐ Y | ☐ N | Int: |
| Is SNM pending any pending Legal action? | ☐ Y | ☐ N | Int: |
| Does SNM have any Medical or Dental Appts? | ☐ Y | ☐ N | Int: |
| Has SNM Cleaned T/O Weapon within the last 30 days? | ☐ Y | ☐ N | Int: |
| Does SNM have a contract to stay alive on file? | ☐ Y | ☐ N | Int: |
| Has Marine signed a Seat Belt Statement? | ☐ Y | ☐ N | Int: |
| Does SNM have Duty? | ☐ Y | ☐ N | Int: |
| Does SNM have appropriate PPE for Motorcycles? | ☐ Y | ☐ N | Int: |

| RISK FACTORS | | | VALUE |
|---|---|---|---|
| 1 | Age 25 or less | 1 | |
| 2 | Not Married | 1 | |
| 3 | One or more driving violations w/in past 12 mos | 1 | |
| 4 | Returned from 30 day deployment <30 days ago | 1 | |
| 5 | Motorcycle Travel | 1 | |
| 6 | Travel days more than 25% or Lv/Libo days | 2 | |
| 7 | Driving alone | 1 | |
| 8 | Personal Stressors (marital/life change/death in family) | 1 | |
| 9 | Any alcohol abuse incidents w/in 12 mos | 4 | |
| 10 | Less than 8 hr of rest prior to departure | 2 | |
| 11 | Less than 12 hours between return and beginning duty | 1 | |
| 12 | Driving distance 100-500 mi | 1 | |
| 13 | Driving distance 501-1000 mi | 2 | |
| 14 | Driving distance >1000 mi | 3 | |
| 15 | Travel during holiday period | 1 | |
| 16 | Driving between 2200 & 0600 | 16 | |
| TOTAL POINTS | | 39 | |

Reset Form

ASSESSMENT:

Low if 7 or less
Medium if 8-15
High is 16 or greater

SNM is:

☐ LOW RISK
☐ MED RISK
☐ HIGH RISK

MOTOR VEHICLE INSPECTION (VEHICLE MARINE WILL BE TRAVELING IN)

| Vehicle Year | License Plate: | Drivers License: | Auto Insurance: | Operator Name (if different from SNM) | No. of Pax |
|---|---|---|---|---|---|
| Vehicle Make | State: | State: | Co. Name | | |
| Vehicle Model | No. | No. | Exp. Date | | |

| ITEM | SAT | UNSAT | ITEM | SAT | UNSAT | ITEM | SAT | UNSAT | |
|---|---|---|---|---|---|---|---|---|---|
| Headlights | | | Lic. Plate Light | | | Tail Lights | | | State Inspection Exp Date: |
| Lic. Plate Light | | | Turn Signal | | | Brake Lights | | | Base Decal # |
| Emer. Flashers | | | Reverse Light | | | Side Mirrors | | | |
| Emer. Brake | | | Foot Brake | | | Rear Mirror | | | Base Decal Exp Date: |
| Horn | | | Seat Belt | | | Spare/Jack | | | |
| Tires | | | Windshield Washer | | | Fluids | | | Sate Registration Exp Date: |
| Exhaust Sys. | | | Windshield Wipers | | | Car Seat | | | |

MOTORCYCLE INSPECTION (VEHICLE MARINE WILL BE TRAVELING IN)

| ITEM | SAT | UNSAT | ITEM | SAT | UNSAT | ITEM | SAT | UNSAT | |
|---|---|---|---|---|---|---|---|---|---|
| Headlights | | | Lic. Plate Light | | | Tail Lights | | | State Inspection Exp Date: |
| Lic. Plate Light | | | Turn Signal | | | Brake Lights | | | Base Decal # |
| Emer. Flashers | | | Reverse Light | | | Side Mirrors | | | |
| Emer. Brake | | | Foot Brake | | | Rear Mirror | | | Base Decal Exp Date: |
| Horn | | | Seat Belt | | | Spare/Jack | | | |
| Tires | | | Windshield Washer | | | Fluids | | | Sate Registration Exp Date: |
| Exhaust Sys. | | | Windshield Wiper | | | Car Seat | | | |

| TRAVEL ITINERARY ATTACHED | ☐ YES | ☐ NO |
|---|---|---|
| ETD from home: | | |
| Stops: | | |
| ETA at Dest: | | |
| Total time: | | |
| EDT from Dest: | | |
| Stops: | | |
| ETA back Home: | | |
| Total Time: | | |
| Rest Required: | | |
| Itinerary (route taken) | | |