LEAVE REQUEST/AUTHORIZATION

NAVCOMPT 3065 (REV. 01/2007)

INSTRUCTIONS FOR COMPLETING THIS FORM ARE ON PAGE 2.

SEE PAGE 2 FOR PRIVACY ACT STATEMENT

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

3. SSN	4. NAME *(Last, First, MI)*	5. PAYGRADE

6. SHIP/STATION	7. DEPT/DIV	8. DUTY SECTION	9. DUTY PHONE

10. TYPE LEAVE

☐ REGULAR ☐ SICK ☐ EMERGENCY

☐ SEPARATION ☐ RETIREMENT ☐ OTHER _____

FOR USE OUTUS ONLY

11a. Leaving Area of PERMDUTYSTA ☐ YES ☐ NO

11b. Taking Leave INCONUS ☐ YES ☐ NO

12. MODE OF TRAVEL

☐ AIR ☐ BUS

☐ CAR ☐ TRAIN

13. DAYS REQUESTED	14. FROM *(Hour, Date)* (YYMMDD)	15. TO *(Hour, Date)* (YYMMDD)

16. NORMAL WORKING HOURS

DAY OF DEPARTURE:

FROM: TO:

DAY OF RETURN:

FROM: TO:

17. LEAVE BALANCE DAYS AS OF	18. LEAVE USED THIS FY	19. LEAVE PHONE

20. LEAVE ADDRESS

21. RATION STATUS *(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, RESULT 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.

22. SIGNATURE OF APPLICANT

RECOMMENDED			
☐ YES	☐ NO		DATE
☐ YES	☐ NO		DATE
☐ YES	☐ NO		DATE
☐ YES	☐ NO		DATE
23. APPROVED ☐	DISAPPROVED ☐	REVIEWING OFFICER'S NAME AND SIGNATURE	DATE

24. COMMENTS/REMARKS

25. SHIP OR STATION *(Including telegraphic address)*	26. REPORT ON EXPIRATION OF LEAVE TO *(If other than block 25)*

DEPARTED ON LEAVE		**RETURNED FROM LEAVE**		**GRANTED EXTENSION OF LEAVE ENDING**	
27a. HOUR	27b. DATE (DD MMM YYYY)	28a. HOUR	28b. DATE (DD MMM YYY)	29a. HOUR	29b. DATE (DD MMM YYYY)
27c. OOD'S SIGNATURE		28c. OOD'S SIGNATURE		29c. AUTHORIZING OFFICER'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.	32. CERTIFYING OFFICER'S TYPED NAME/RANK/TITLE	33. CERTIFYING OFFICER'S SIGNATURE

FORWARD A COPY TO PERSONNEL OFFICE VIA COMMAND ONLY ON COMPLETION OF LEAVE.

IMPORTANT NOTICE !!	THIS IS YOUR "OFFICIAL" LEAVE AUTHORIZATION. DO NOT DESTROY OR LOSE!

1. Leave is granted subject to immediate recall, therefore maintain communication with your leave address. Keep this leave authorization in your possession at all times. In the event of a general recall, individual orders may not be issued. Inform your commanding officer of permanent change of leave address.
2. Save sufficient money or obtain round-trip ticket to insure you have return transportation. Keep yourself informed of transportation schedules and weather conditions through your return route and make sufficient allowances for normal delays.
3. While it is desirable to tell the public about your Navy, do not discuss any subject unless you are certain it is unclassified. If you are asked to participate in a press conference, talk to reporters, or speak over the radio or television on matters pertaining to the naval service, and you are not certain that all your remarks are unclassified, consult with and obtain guidance of the commanding officer of the nearest naval unit prior to participation.
4. Cooperate with Military or Air Police, Shore Patrol, and civil authorities at all times. You are subject to orders of your superior officers in all branches of the U.S. Armed Forces. Be an outstanding *Navy ambassador* at all times.
5. If necessary to request an extension of leave, communicate with your commanding officer by telegram. **SINCE YOU NEED POSITIVE APPROVAL FOR REMAINING ABSENT BEYOND THE TIME ORIGINALLY AUTHORIZED, IF NO REPLAY IS RECEIVED YOU MUST CONSIDER YOUR REQUEST NOT APPROVED.**
6. In case of serious illness or injury incurred while on leave which requires medical attention or hospitalization, report facts to your commanding officer. If in the immediate vicinity of a naval activity, such as recruiting station or naval station, advise them of your condition and status. You are advised that costs incident to hospitalization or medical treatment received at other than Federal medical activities (Army, Air Force, Public Health Service, or Veterans' Administration) may be defrayed by the Navy Department in *EMERGENCY* cases only.
7. In the event that conditions beyond your control indicate late return to the command to which you are ordered to report, obtain written evidence from transportation agency or others (physician, military or civil police, recruiting station, etc.) for consideration by your commanding officer.
8. Request leave sufficiently in advance to allow processing via official channels. Leave is computed as follows: The day of departure on leave, shall be counted as a day of duty, except when leave commences prior to the end of the normal workday; the day of return from leave shall be counted as a day of leave, except when such return is made at or before commencement of your normal workday in which case it shall be counted as a day of duty.

OPERATION DRIVESAFE REMINDER

Statistics show the major causes of motor vehicle accidents are attributable to:

- **Excessive speed**
- **Intoxicating liquor, and**
- **Driving while fatigued or sleepy.**

PLAN YOUR TRIP CAREFULLY. Be sure you allow yourself sufficient travel time and keep your travel to a minimum during hours of darkness.

INSTRUCTIONS FOR COMPLETING THE LEAVE REQUEST PORTION OF THIS FORM

1. Completion of this form must be in ballpoint or typewriter. The form must be completed in triplicate with all copies egible.
2. Print or type the appropriate data in blocks 1, and 3 through 21. Leave block 2 blank.
3. When completing blocks 14 and 15, follow these rules:
   a. Block 14 - The hour for starting leave may not be prior to the end of your normal workday if leave starts on a workday. If leave starts ona non-workday, the starting hour may be 0001 if not contrary to command policy.
   b. Block 15 - The hour for ending leave may not be later than the beginning of your normal workday if the day of return is a workday. If leave ends on a non-workday, the ending hour may be 2400 if not contrary to command policy.
4. Block 16 requires the following information:
   - Normal working hours for day of departure.
   - Normal working hours for day of return.
   - If day of departure or return is not a workday, enter "NONE"
5. Information required in blocks 17 and 18 may be obtained from Block 59 of your latest Leave and Earnings Statement or from your activity's Commanding Officer's Leave Listing.
6. You are advised that you must immediately return your original leave authorization to the appropriate office designated by your command upon return from leave.

PRIVACY ACT STATEMENT

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (PL 93-579) which require that Federal agencies must inform individuals who are requested to furnish information about themselves as to the following facts concerning the information requested.

1. AUTHORITY: Title 10 and 37 USC.
2. PRINCIPAL PURPOSE(S): To authorize military leave of absence.
3. ROUTINE USE(S): To deduct leave taken from member's accrued leave balance. To pay leave rations to enlisted members.
4. MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary. If the member does not request a specific period of leave and furnish his leave address, leave is not granted.