SPECIAL REQUEST/AUTHORIZATION									
PRIVACY ACT STATEMENT THE AUTHORITY TO REQUEST THIS INFORI THE PRINCIPLE PURPOSE OF THE INFORM CONSIDERATION OR AUTHORIZATION. THE DETERMINING YOUR ELIGIBILITY FOR AND COMPLETION OF THE FORM IS MANDATOR OF YOUR REQUEST.	ATION IS TO EN E INFORMATION APPROVING OR	IABLE YOU TO MAKE IN I WILL BE USED TO AS R DISAPPROVING THE	SIST OFFICIALS AND SPECIAL CONSIDER	EMPLOYEES ATION OR AUT	OF THE D	DEPARTM TION BEIN	IENT OF THE NAVY IN IG REQUESTED.		
1. NAME:					2. RATE:				
3. SHIP OR STATION:					4. DATE OF REQUEST: (YYYYMMDD)				
5. DEPARTMENT/DIVISION:				6. DUTY SECTION/GROUP:					
7. NATURE OF REQUEST: SPECIAL SPECIAL PLIBERTY SPECIAL P					Y COMMUTED OTHER (BELOW)				
8. NO. OF DAYS REQUESTED:	D. OF DAYS REQUESTED: FROM (D			ATE AND TIME): TO (DATE			AND TIME):		
9. DISTANCE (MILES):	MODE OF TRAVEL:			AIR	TR	RAIN	BUS		
10. LEAVE ADDRESS:	,					11. TE	ELEPHONE NUMBER:		
12. REASON FOR REQUEST:13. SIGNATURE OF APPLICANT: (Use	CAC for digital	signature)							
13. SIGNATORE OF AFFEIGANT. (USE	CAC for digital	signature)							
14. I am eligible and obligate myself to perform all duties of person making application. SIGNATURE OF STAN			DBY: DUTY STATION			ION:			
15. RECOMMENDED APPROVAL YES NO	RANK/RATE/TI	TLE:	SIGNATURE:				DATE:		
16. RECOMMENDED APPROVAL YES NO	RANK/RATE/TI	TLE:	SIGNATURE:	BIGNATURE:			DATE:		
17. RECOMMENDED APPROVAL YES NO	RANK/RATE/TI	TLE:	SIGNATURE:	SIGNATURE:			DATE:		
18. RECOMMENDED APPROVAL YES NO	RANK/RATE/TITLE:		SIGNATURE:	DATE:					
19. RECOMMENDED APPROVAL YES NO	RANK/RATE/TITLE:		SIGNATURE:		DATE:				
20. RECOMMENDED APPROVAL YES NO	RANK/RATE/TITLE:		SIGNATURE:	DATE:					
		SIGNATURE:							
APPROVED DISAPI	PROVED								
22. REASON FOR DISAPPROVAL:									