

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		2. FOR ADMIN USE ONLY APPROVAL OF THIS LEAVE IS NOT VALID WITHOUT CONTROL		LEAVE CONTROL NO.	
3. SSN		4. NAME (Last, First, MI)		5. PAY GRADE	
6. SHIP/STATION		7. DEPT/DIV	8. DUTY SECTION	9. DUTY PHONE 1	
10. TYPE OF LEAVE <input type="checkbox"/> REGULAR <input type="checkbox"/> SICK <input type="checkbox"/> EMERGENCY <input type="checkbox"/> SEPARATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER .		FOR USE OUTUS ONLY		12. MODE OF TRAVEL <input type="checkbox"/> AIR <input type="checkbox"/> BUS <input type="checkbox"/> CAR <input type="checkbox"/> TRAIN	
		11a. Leaving Area of PERMDUTYSTA <input type="checkbox"/> YES <input type="checkbox"/> NO			
		11b. Taking Leave INCONUS <input type="checkbox"/> YES <input type="checkbox"/> NO			
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		21. RATION STAUS (Enlisted) <input type="checkbox"/> COMMUTED RATIONS (COMRATS) <input type="checkbox"/> MEAL PASS NO . Entitled to EDF meals except during periods of leave	
20. LEAVE ADDRESS					

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

RECOMMENDED				DATE
<input type="checkbox"/> YES	<input type="checkbox"/> NO			DATE
<input type="checkbox"/> YES	<input type="checkbox"/> NO			DATE
<input type="checkbox"/> YES	<input type="checkbox"/> NO			DATE
<input type="checkbox"/> YES	<input type="checkbox"/> NO			DATE
23. APPROVED <input type="checkbox"/> YES	DISAPPROVED <input type="checkbox"/> NO	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)
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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
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WHITE COPY
 PINK COPY
 GREEN COPY