

REQUEST AND AUTHORITY FOR LEAVE

(AR 630-5)

1. DATE

21 January 1968

2. NAME, GRADE AND SERVICE NUMBER

ACHESON, Theodore T. PFC E-3
RA 16 931 452

3. ORGANIZATION AND STATION

DA Special Photographic Detachment, Pacific
APO San Francisco 96558

4. TYPE OF LEAVE

 ORDINARY OTHER (Specify)

5. PERIOD OF AUTHORIZED ABSENCE

6. NO. OF DAYS

15

6. DATE FROM

21 Jan 68

c. DATE TO (Inclusive)

4 Feb 68

6. a. I HAVE SUFFICIENT LEAVE ACCRUED TO COVER THIS ABSENCE.

b. I DO NOT HAVE SUFFICIENT LEAVE ACCRUED TO COVER THIS ABSENCE
AND I REQUEST 8 DAYS ADVANCE LEAVE AND/OR DAYS EXCESS LEAVE.

c. I REQUEST A DA FORM 2467 (Casual Payment Record).

8. I HAVE READ AND UNDERSTAND THE INSTRUCTIONS ON THE REVERSE
SIDE OF THIS FORM. I WILL SIGN OUT AND IN ON THE PERSONNEL REGIS-
TER OF MY UNIT UPON BEGINNING AND TERMINATING THIS LEAVE.10. (Approving Authority) APPROVED. THE ORGANIZATION AND SUSPENSE COPIES OF THIS FORM WILL BE FURNISHED THE APPRO-
PRIATE CUSTODIAN OF THE MORNING REPORT AND CUSTODIAN OF THE INDIVIDUAL'S MILITARY LEAVE RECORD RESPECTIVELY.
(NOTE: AR 630-5 requires the approving authority, prior to approving leave, to ascertain that the individual has sufficient leave accrued to
cover the entire period of absence requested, or that advance or excess leave, if requested, is authorized.)11. REMARKS: DA FORM 2467 HAS HAS NOT BEEN ISSUED.

9. SIGNATURE

Theodore T. Acheson

12. DATE APPROVED

13. NAME, GRADE & TITLE OF APPROVING AUTHORITY

21 Jan 68

PLEAS PENNY JR, CPT, SigC, Commanding

14. SIGNATURE OF APPROVING AUTHORITY

Oleas Penny Jr.

INSTRUCTIONS TO INDIVIDUAL

This request (BLOCKS 1 THROUGH 9) will be prepared in triplicate and presented to the approving authority. When granted leave, you assume full responsibility for your travel expenses to include return to proper station. You should have available sufficient funds to defray all expenses. If requested leave exceeds 10 days, you may request Casual Payment Record (DA Form 2467) by checking Block 6c. However, the mere possession of the DA Form 2467 does not qualify you for a casual payment. This form must be presented together with DA Form 2467 in order to obtain a casual payment while on leave.

Before departing from your unit, you must sign out on the Personnel Register (DA Form 647 or 647-1). Failure to do so will make you liable to disciplinary action. You must have this authority for leave in your possession at all times. The approving authority, shown in Block 13, should be advised by the most expeditious means in case of a serious accident or illness, or if for ANY reason it is impossible for you to report for duty on or before the date you are to return from leave.

IV. If you require medical treatment while on leave, you should report to the nearest military medical facility. Medical treat-

ment at Government expense at other than military facilities is authorized only in emergencies when it cannot be obtained from such Government facilities. In the event of hospitalization in a civilian facility, the approving authority should be notified as soon as possible of the date and place of hospitalization, together with the nature of the illness or injury. You will advise the approving authority as soon as possible of any medical treatment obtained from civilian hospital or physician.

If you have no means to return to your proper station, report to the nearest military installation. The cost of subsistence and transportation furnished you will be charged against your military pay account.

ST 1001 98
TADGEI, W. C. TESU 0702280

You must report for duty not later than 2400 hours (Midnight) of the day following the date shown in Item 5c. You may report for duty at an earlier date if you wish, in which case you will not be charged for the unused portion of your leave.

Upon return from leave, you must sign in on the Personnel Register, DA Form 2467, Casual Payment Record, if issued. DA Form 2467 may be returned to the approving authority whether used or unused.

ST 1001 98
TADGEI