



LEAVE REQUEST FORM

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

REASON FOR REQUEST _____

START DATE _____ RETURN DATE _____

SUBMISSION DATE _____

APPROVED

DENIED

OTHER _____

COMMANDING OFFICER : _____ DATE _____

(SIGNATURE)

(PRINT NAME)

YOUNG MARINE _____ DATE _____

PARENT/LEGAL GUARDIAN _____ DATE _____

ADJ: DATE FILED: _____