

LEAVE REQUEST/AUTHORIZATION
NAVCOMPT FORM 3066 (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 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 <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			
20. LEAVE ADDRESS					
					21. RATION STATUS (Enlisted) <input type="checkbox"/> COMMUTED RATIONS (COMRATS) <input checked="" type="checkbox"/> 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 _____
 DATE _____

RECOMMENDED			
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
23. APPROVED	DISAPPROVED	REVIEWING OFFICER'S NAME AND SIGNATURE	DATE
<input type="checkbox"/>	<input type="checkbox"/>		

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 (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.	32. CERTIFYING OFFICER'S TYPED NAME/RANK/TITLE	33. CERTIFYING OFFICER'S SIGNATURE