**REQUEST AND AUTHORITY FOR LEAVE**

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**PART I**

<table>
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6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)

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9. NUMBER DAYS LEAVE

10. DATES

11. SIGNATURE OF REQUESTOR

12. SUPERVISOR RECOMMENDATION/SIGNATURE

13. SIGNATURE AND TITLE OF APPROVING AUTHORITY

**PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL**

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**INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:**

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Should you require other assistance call PAP:

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20. DEPARTED UNIT | 21. ARRIVED APOD | 22. ARRIVED APOE (return only) | 23. ARRIVED HOME UNIT

**PART III - DEPENDENT TRAVEL AUTHORIZATION**

25. ☐ (Space available or required cash reimbursable) ☐ ONE WAY ☐ ROUND TRIP

26. DESIGNATION AND LOCATION OF HEADQUARTERS

27. ACCOUNTING CITATION

28. DATE ISSUED | 29. TRAVEL ORDER NUMBER | 30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

---

*Chargeable leave is from ___ to ___.*
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**PART III - DEPENDENT TRAVEL AUTHORIZATION**

24. [ ] (Space available or required cash reimbursable)  [ ] ONE WAY  [ ] ROUND TRIP

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2. NAME (Last, First, Middle Initial) 3. SSN 4. RANK 5. DATE

6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)

7. TYPE OF LEAVE
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DEPENDENT INFORMATION
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   __________________________________________________________________________________________
   __________________________________________________________________________________________
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DA FORM 31, SEP 93  EDITION OF 1 AUG 75 IS OBSOLETE  SUSPENSE 3  USAPPC V4.00
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15. EXTENSION
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PRIVACY ACT STATEMENT

AUTHORITY: Title 5, USC, Section 301.

PRINCIPAL PURPOSE(S): To authorize military leave, document start and stop of such leave; record address and telephone number where a soldier may be contacted in case of an emergency during leave; and certify leave days chargeable to a soldier’s leave account.

ROUTINE USES: To update a soldier’s military leave and pay records. Information furnished may be disclosed to DOD officials or employees who need this information to perform their duties; to federal, state, and local law enforcement authorities in appropriate cases; the American Red Cross; and relatives. The social security number is used for positive identification.

DISCLOSURE: Voluntary. Disclosure of SSN is voluntary. However, this form will not be processed without a soldier’s SSN, since the Army identifies members by SSN for pay or leave purposes.

INSTRUCTIONS TO INDIVIDUAL

1. AUTHORITY FOR LEAVE. A soldier on leave must carry this form while on leave.

2. CHANGES. A soldier who desires changes in authorized leave or does not begin leave on schedule will notify commander.

3. REPORTING. A soldier will report to duty station not later than 2400 on the last day of leave (block 10b) (even if PCS orders contain a later reporting date).

4. DEPARTURE/RETURN. A soldier will begin and end leave on post, at the duty location, or from the place he or she regularly commutes to work.

5. CHARGEABLE LEAVE. If a soldier works over one-half of the normally scheduled working hours on the day of his or her departure or return, that day is not a chargeable leave day. (Soldier’s commander may authorize early departure or late arrival.) If he or she returns on a normally scheduled nonduty day, that day is not chargeable to leave.

6. TRAVEL EXPENSES. A soldier on leave pays for all his or her travel expenses, to include return to duty station. He or she must have sufficient funds to pay all expenses. A soldier without sufficient funds to return to duty station reports to the nearest military installation.

7. LEAVE EXTENSIONS. A soldier must request leave extension prior to end of leave.

   a. If disapproved, 3 above applies.

   b. If approved, complete block 15a - 15c. Attach written notification of extension when received.

8. LOST OR DESTROYED LEAVE FORM EN ROUTE PCS. Request a reconstructed form from the losing station. Continue with required travel and reporting dates.

9. CASUAL PAY. A soldier who needs a casual pay while on leave should contact the servicing FAO for information and assistance.

10. MEDICAL TREATMENT.

   a. A soldier who requires medical treatment while on leave, report to the nearest military medical facility. In the absence of such a facility, report to a uniformed services treatment facility or Veteran’s Administration facility, if possible.

   b. Medical treatment at Government expense at other than federal facilities is authorized only for emergencies when treatment cannot be obtained from Government facilities or when prior approval is obtained.

   c. If a soldier becomes hospitalized by a civilian physician, the soldier or someone acting for him or her must contact the Patient Administration Office of the nearest military medical facility as soon as possible. A soldier may seek assistance from the nearest U.S. Army recruiting station or local chapter of the American Red Cross. Information provided must include nature of illness or injury, date and place of hospitalization, and name and telephone number of attending physician.

   d. If a soldier is placed sick-in-quarters by a civilian physician he or she will --

      (1) Contact the Patient Administration Office of the nearest military medical facility.

      (2) Obtain written statement from attending physician (military or civilian) verifying condition and including dates of treatment. Provide statement to leave approving authority upon return to duty.