



SAD ANNUAL/PERSONAL DAY LEAVE REQUEST FORM

FROM: SERVICE MEMBER NAME (Print Name)

STANDING MISSION:

RANK

LEAVE TYPE: ANNUAL LEAVE: PERSONAL DAY:

Section 1: REQUESTED DATE(S) FOR ABSENCE / ACCRUAL BALANCES (before use of leave):
REQUESTED DATE(S) FOR ABSENCE: ANNUAL LEAVE BALANCE: PERSONAL DAYS BALANCE:
days days

Section 2: COMMENTS:
COMMENTS: (Please provide additional information if requested by Command)

Section 3: CONTACT INFORMATION:
Please provide an address, phone number and any additional information necessary for command to contact you during your absence in the event of an emergency National Guard response.

Section 4: REQUESTER SIGNATURE:
I am requesting to use (have used) SAD Annual leave and/or Personal day(s) leave as noted above in accordance with policy. I certify I have sufficient leave accruals available to cover the requested absence. I understand utilization of a day with insufficient leave accruals available will result in recoupment or being coded "N" (no duty status). I understand my request for the use of leave accruals can be denied. I certify the information provided is true and accurate.
SERVICE MEMBER SIGNATURE DATE

Section 5: APPROVER SIGNATURE/COMMENTS:
Approver will also verify sufficient leave accruals are available for service member:
[] Approved [] Disapproved
COMMENTS:
APPROVING AUTHORITY SIGNATURE DATE
APPROVING AUTHORITY NAME (Print Name) RANK/TITLE

[SAD personnel staff must forward this document at the end of every payroll to JALC in accordance with Records Management procedures.]