

REQUEST AND AUTHORITY FOR LEAVE

This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10.
The proponent agency is ODCSPER. (See Instructions on Reverse)

1. CONTROL NUMBER
PASS

PART - I

2. NAME (Last, First, Middle Initial)	3. SSN (LAST 4 ONLY)	4. RANK	5. DATE
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)	7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input checked="" type="checkbox"/> OTHER <p align="center">PASS</p>		8. ORGN. STATION, AND PHONE NO. C CO TSB, ____PLT, ____ SQD, Room# _____ FORT JACKSON SC 29207 803-751-6904

9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED	b. REQUESTED	c. ADVANCED	d. EXCESS	a. FROM	b. TO
				@1800hrs	@2200hrs

11. SIGNATURE OF REQUESTOR	12. 1SG SIGNATURE; CHECK IF DISAPPROVED <input type="checkbox"/> DISAPPROVED (SEE REASON IN BLOCK 17) CHESTER M. UNDERWOOD, 1SG, USA	13. CDR SIGNATURE; CHECK IF DISAPPROVED <input type="checkbox"/> DISAPPROVED (SEE REASON IN BLOCK 17) RYAN S. THOMAS, CPT, AG, CDR
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14. DEPARTURE		
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY

15. DEPARTURE		
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY

16. DEPARTURE		
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY

17. REMARKS
By requesting this pass and signing block 11, I understand C TSB's pass/recall policy. All the information provided is accurate and reliable; I understand that I must get permission from the chain of command before making changes to any information provided. I will also sign in/out on pass in-person with C TSB CQ. I will immediately notify C TSB CQ/Chain of Command if there are any issues affecting my timely return. See continuation page on reverse.

1SG/CDR COMMENTS:

PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL

18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extensions to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.

19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:

For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC):
Should you require other assistance call PAP:

20. DEPARTED UNIT	21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT
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PART III - DEPENDENT TRAVEL AUTHORIZATION

25. (Space available or required cash reimbursable) ONE WAY ROUND TRIP
 (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25

DEPENDENT INFORMATION			
a. DEPENDENTS (Last name, First, MI)	b. RELATIONSHIP	c. DATES OF BIRTH (Children)	d. PASSPORT NUMBER

PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION

26. LOCATION AND LOCATION OF HEADQUARTERS	27. ACCOUNTING CITATION
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28. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
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CONTINUATION SHEET

Verified Mileage # _____ Circle One: Greater Less than 100 miles (TO PASS DESTINATION)

Mileage Limits: 2 Day- 250 miles, 3 Day- 350 miles, 4 day- 450 miles

If your pass destination is GREATER than 100 miles, attach TRiPS to the DA 31 (see https://crcapps2.crc.army.mil/ako_auth/TRiPs/default.aspx).

If your pass destination is LESS than 100 miles (EXCEPT for Columbia, Irmo, Lexington, and Sumter), attach a mileage confirmation (i.e. MapQuest/TRiPS) to THIS SIDE of the pass request.

MODE OF TRAVEL (select one):

POV- POV Inspection Date _____
Will License, Registration, and insurance expire while at C TSB? Yes or No; If yes, what/when: _____

BUS _____ PLANE _____ TRAIN _____ TAXI _____ RENTAL CAR (Attach Rental Agreement/tickets as applicable)

PASSENGER NAME, RELATIONSHIP, AND CONTACT # _____

Alcohol Contract

I am an American Soldier. I am a Warrior and member of a team.

- ✓ I will demonstrate the Army values in my daily actions. (Initials _____)
- ✓ I will not drink and drive or ride with anyone that is not sober. (Initials _____)
- ✓ I will not consume alcohol if I am under the age of twenty one. (Initials _____)
- ✓ I will have a buddy with me if I decide to consume alcohol. (Initials _____)
- ✓ I will notify my chain of command if I need a ride home, in the event I cannot receive a sober ride home. (Initials _____)

Safety Contract

- ✓ I will demonstrate the Army values in my daily actions. (Initials _____)
- ✓ I will use good judgment and take appropriate steps to ensure my personal safety. (Initials _____)
- ✓ I will not drink and drive or ride with anyone that is not sober. (Initials _____)
- ✓ I will wear my seatbelt at all times while riding in motor vehicles and obey all traffic laws to make the extra effort to return safely to home station. (Initials _____)
- ✓ I will have emergency supplies (i.e. blanket, flash light, medical kit, extra cash, etc.) in the vehicle. (Initials _____)
- ✓ I will conduct a risk assessment using the Travel Risk Planning System (TRiPS) website. I will plan my route including rest stops before I depart. (Initials _____)
- ✓ I will be licensed and wear all approved protective gear before riding a motorcycle or ATV. (Initials _____)
- ✓ I will dress in layers to include covering my head and extremities to prevent hypothermia while involved in any winter sporting activities (i.e. skiing, fishing, hunting, etc.). (Initials _____)
- ✓ I will wear bright colors and use caution when loading weapons while hunting. (Initials _____)
- ✓ I will observe all warnings when lighting a fire in order to prevent a fire hazard. (Initials _____)
- ✓ I understand that the principles of Composite Risk Management I learned during my training are just as applicable to my off-duty activities as they are to training. (Initials _____)
- ✓ I understand that I must maintain the same high standards of conduct and discipline at all times, on and off-duty. (Initials _____)

STUDENT

PRINT NAME SIGNATURE DATE

PLATOON SERGEANT

SIGNATURE RECOMMEND APPROVAL/DISAPPROVAL DATE

PLT SGT REMARKS _____