

# SPECIAL REQUEST/AUTHORIZATION

SUPPORTING DIRECTIVE MILPERSMAN ARTICLES  
1810-010 AND 1810-040

**PRIVACY ACT STATEMENT**

THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301, AND FRIM E.O. 9397 DEPARTMENTAL REGULATIONS. THE PRINCIPLE PURPOSE OF THE INFORMATION IS TO ENABLE YOU TO MAKE KNOW YOUR DESIRE FOR ITEMS LISTED OR FOR SOME OTHER SPECIAL CONSIDERATION OR AUTHORIZATION. THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR ELIGIBILITY FOR AND APPROVING OR DISAPPROVING THE SPECIAL CONSIDERATION OR AUTHORIZATION BEING REQUESTED. COMPLETION OF THE FORM IS MANDATORY, FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DELAY IN RESPONSE TO OR DISAPPROVAL OF YOUR REQUEST.

NAME:	RATE:	SSN (LAST 4 DIGITS):
-------	-------	----------------------

SHIP OR STATION:	DATE OF REQUEST:
------------------	------------------

DEPARTMENT/DIVISION:	DUTY SECTION/GROUP:
----------------------	---------------------

NATURE OF REQUEST:       LEAVE       SPECIAL LIBERTY       SPECIAL PAY       COMMUTED RATIONS       OTHER (BELOW)

NO. OF DAYS REQUESTED:	FROM (DATE AND TIME):	TO (DATE AND TIME):
------------------------	-----------------------	---------------------

DISTANCE (MILES):	MODE OF TRAVEL: <input type="checkbox"/> CAR <input type="checkbox"/> AIR <input type="checkbox"/> TRAIN <input type="checkbox"/> BUS
-------------------	---

LEAVE ADDRESS:	TELEPHONE NUMBER:
----------------	-------------------

REASON FOR REQUEST:

SIGNATURE OF APPLICANT:

I AM ELIGIBLE AND OBLIGATE MYSELF TO PERFORM ALL DUTIES OF PERSON MAKING APPLIZATION.

SIGNATURE OF STANDBY:	DUTY STATION:
-----------------------	---------------

RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE
--	------------------------------------

RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE
--	------------------------------------

RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE
--	------------------------------------

RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE
--	------------------------------------

RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE
--	------------------------------------

RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE
--	------------------------------------

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE
--	-----------

REASON FOR DISAPPROVAL: