

1. LAST NAME, FIRST NAME, INITIALS & SSN	2. FROM (Date)	3. TO (Date)	4. PAGE OF PAGES
5 a. DSSN OF FINANCE & ACCTG OFFICER			
b. SIGNATURE OF RESPONSIBLE OFFICER			

6. LEAVE TAKEN					7. DSSN OF F & AO	8. LEAVE CREDITED				
FROM <i>a.</i>	TO <i>b.</i>	NO. OF DAYS <i>c.</i>	TYPE LP <i>d.</i>	MORNING REPORT DESIGNATION AND UIC <i>e.</i>		PERIOD			DAYS LV CREDITED <i>d.</i>	BALANCE AVAILABLE <i>e.</i>
						FROM <i>a.</i>	TO <i>b.</i>	DAYS EX-CLUDED <i>c.</i>		
FROM PREVIOUS RECORD										

9. ABSENCES DURING WHICH LEAVE DOES NOT ACCRUE BY DATES AND SPECIFIC AUTHORITY FROM AR 630-5									
FROM	TO	DAYS	AUTH	MORNING REPORT UNIT	FROM	TO	DAYS	AUTH	MORNING REPORT UNIT

10. FINAL COMPUTATION		11. REMARKS	
a. TOTAL DAYS LEAVE CREDITED (Total column 8d)		a. CASH SETTLEMENT REQUESTED <input type="checkbox"/>	
b. TOTAL DAYS LEAVE TAKEN (Total column 6c)		b. OTHER DISPOSITION <input type="checkbox"/> (Specify)	
c. BALANCE (a minus b)			

12. DSSN OF FINANCE & ACCTG OFFICER	13. SIGNATURE OF RESPONSIBLE OFFICER
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LOCATION IDENTIFICATION OF DSSN

DSSN	STATION ADDRESS	DSSN	STATION ADDRESS

REVIEW AND VERIFICATION OF LEAVE BALANCE

ENTRIES		LEAVE BALANCE	SERVICE MEMBER'S SIGNATURE	RESPONSIBLE OFFICER'S SIGNATURE
FROM	TO			