

REQUEST FOR ABSENCE

(TDY, PPTY or ORD LV or Pass missing one or more class days)

****IAW CGSC 350-5, ordinary leave and pass during scheduled periods of instruction are not normally granted.**

1. Name: _____
Print Rank, Name (Last, First, MI) Signature Staff Group Today's Date

2. Type of Absence: a. _____ TDY b. _____ PPTY c. _____ ORD LV d. _____ Pass e. _____ Other

3. Date/Time Departure: _____ Date/Time Return: _____ Mode of Travel: _____

4. Reason: _____

(Mandatory entry, attach supporting documentation; include 5-W's at a minimum to fully support the reason you are requesting to miss class.)

5. Address and Telephone Number (mandatory):

6. Classes Missed (mandatory): Cumulative class hours missed PRIOR to this request: _____

	MON	TUE	WED	THU	FRI
Date:	_____	_____	_____	_____	_____
Course # (Missed Hours):	____()	____()	____()	____()	____()
	____()	____()	____()	____()	____()
	____()	____()	____()	____()	____()

7. Coordination:

	<u>Course#</u>	<u>Print Name</u>	<u>Signature</u>
Instructor (s):	_____		

REQUEST THRU:

Staff Group Leader: Acknowledged

RECOMMENDATION SECTION

SGL (Print) Signature

SGA: Recommend:

SGA (Print) Signature

Team Leader: Recommend:

Team Leader (Print) Signature

Division Chief Recommend:

Division Chief (Print) Signature

Sister Service Element: Acknowledged

Service rep (Print) Signature

APPROVAL SECTION

Commander USSD or IASD:

Commander, USSD or IASD Signature

FOR Director, CGSS:

(Only required if absence is greater than two days of class.)

Director, CGSS Signature

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CONTINUATION SHEET FOR MISSED CLASSES (IF NEEDED)

Classes Missed (mandatory):

	MON	TUE	WED	THU	FRI
Date:	_____	_____	_____	_____	_____
Course # (Missed Hours):	____()	____()	____()	____()	____()
	____()	____()	____()	____()	____()
	____()	____()	____()	____()	____()
	____()	____()	____()	____()	____()
	____()	____()	____()	____()	____()

Coordination:

	<u>Course#</u>	<u>Print Name</u>	<u>Signature</u>
Instructor (s):	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

MAKE UP PLAN/ATTACHED/EMAILED