

Red Cross: 1-877-272-7337

PRIVACY ACT OF 1974, AS AMENDED APPLIES. THIS DOCUMENT CONTAINS INFORMATION WHICH MUST BE PROTECTED IAW AFI 33-332 AND DoDR 5400.11 AND IS FOR OFFICIAL USE ONLY (FOUO)

EMERGENCY LEAVE REQUEST WORKSHEET

EMERGENCY LEAVE IS CHARGEABLE

RED CROSS CASE # _____

MEMBER'S NAME/RANK: _____ SSN: _____

AFSC: _____ DEROS: _____ ETS/DOS: _____ LEAVE BALANCE: _____

FAMILY MEMBER'S NAME: _____ RELATIONSHIP: _____

LOCAL FAMILY POC: _____ NUMBER: _____

COMPLETE LEAVE ADDRESS: _____

EMAIL ADDRESS (can be accessed by member while at leave location): _____

NAME/RELATIONSHIP OF DEPENDENT(s)/DATE OF BIRTH FOR CHILDREN TRAVELING:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

CITY AND STATE MEMBER WILL FLY INTO: _____

MEMBER'S HOME OF RECORD: _____

NUMBER OF DAYS REQUESTED: _____

DEPARTURE DATE (ex: 1 Jan 08): _____ **RETURN DATE** (ex: 1 Jan 08): _____

COST OF 1 PLANE TICKET (From SATO): _____

ADDITIONAL INFORMATION: VIEW TRAVEL INFO AT: WWW.VIEWTRIP.COM

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