

OFFICER LEAVE REQUEST AND AUTHORIZATION

1. FROM: LAST NAME FIRST NAME MIDDLE INITIAL			2. GRADE	3. SOCIAL SECURITY NO.	4. DATE
5. ACTIVITY AND LOCATION				6. MAIN LINE COMPONENT	
7. TO: <i>(Leave granting authority)</i>			8. VIA <i>(Supervisor)</i>		
9. IT IS REQUESTED THAT I BE GRANTED LEAVE AS INDICATED:		a. NO OF DAYS	b. TYPE OF LEAVE <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY <input type="checkbox"/> SICK <input type="checkbox"/> LIBERTY		c. CURRENT LEAVE BALANCE
d. BEGINNING - PLACE		BOB/COB	DATE	e. ENDING - PLACE	BOB/COB DATE
f. ADDRESS WHILE ON LEAVE				g. PHONE NO. <i>(include area code)</i>	
10. REMARKS			11. SIGNATURE <i>(Requester)</i>		
12. FIRST ENDORSEMENT <i>(Supervisor)</i> <input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED			13. SIGNATURE AND TITLE		
14. SECOND ENDORSEMENT <i>(Leaving granting authority)</i> <input type="checkbox"/> GRANTED <input type="checkbox"/> NOT GRANTED			15. SIGNATURE AND TITLE		
16. CERTIFICATION OF ACTUAL LEAVE					
	PLACE	BOB/COB	DATE	c. SIGNATURE <i>(Requester)</i>	d. SUPERVISOR INTIALS
a. LEAVE BEGAN					
b. LEAVE ENDED					

GENERAL INFORMATION ON LEAVE

Medical attention while on leave is authorized at any facility of the Uniformed Services in accordance with Chapter 55, Title 10, U.S. Code. See NOAA Corps Regulations, Chapter 3.

INSTRUCTIONS - NOAA FORM 56-12

1. Request leave sufficiently in advance to allow processing via official channels.
2. Keep endorsed original in possession at all times while on leave; provide copy to duty station.
3. LEAVE COMPUTATION: The day of departure on leave is counted as a day of duty provided leave commences at or after the end of normal working hours; please indicate so by using COB (close of business) vs. a specific time. The day of return shall be counted as a day of leave, except when such return is made before the regular work day begins in which case it shall be counted as a day of duty; please indicate so by using BOB (beginning of business) vs. a specific time.
4. Complete item 16 after returning from leave and sign. Have immediate supervisor review dates, initial certification, and send original to NOAA Commissioned Payroll Unit, **CPC11**.

PRIVACY ACT INFORMATION

The information requested on the reverse is authorized by Chapter 40, 10 USC, 5 USC 301, and 44 USC 3101, and is voluntary. It will be used to grant and record leave if you fail to furnish the information. No leave will be granted