SPECIAL REQUEST/AUTHORIZATION

PRIVACY ACT STATEMENT

The authority to request this information is contained in 5 USC 301, and from E.O. 9397 Departmental Regulations. The principal purpose of the information is to enable you to make known your desire for one of the four 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
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 & time)*	TO *(Date & time)*
DISTANCE - *(Miles)*	MODE OF TRAVEL ☐ AIR ☐ TRAIN ☐ BUS ☐ CAR	
LEAVE ADDRESS *(Street, box or route no., City, State, Zip Code)*		Telephone Number

REASON FOR REQUEST

SIGNATURE OF APPLICANT

I AM ELIGIBLE AND OBLIGATE MYSELF TO PERFORM ALL DUTIES OF PERSON MAKING APPLICATION -

SIGNATURE OF STANDBY	DUTY STATION

RECOMMEND APPROVAL	SIGNATURE AND RANK/RATE/TITLE/DATE
☐ YES ☐ NO	
☐ YES ☐ NO	SIGNATURE AND RANK/RATE/TITLE/DATE
☐ YES ☐ NO	SIGNATURE AND RANK/RATE/TITLE/DATE
☐ YES ☐ NO	SIGNATURE AND RANK/RATE/TITLE/DATE
☐ YES ☐ NO	SIGNATURE AND RANK/RATE/TITLE/DATE
☐ YES ☐ NO	SIGNATURE AND RANK/RATE/TITLE/DATE
☐ **APPROVED** ☐ **DISAPPROVED**	SIGNATURE

REASON FOR DISAPPROVAL

NAVPERS 1336/3 (Rev. 5-96)

CLEAR FORM