

SPECIAL REQUEST/AUTHORIZATION

NAVPERS 1336/3 (Rev. 9-75)
SIN 106-LF-063-8633

PRIVACY ACT STATEMENT

The authority to request this information is contained in 5 USC 301, Departmental Regulations. The principal purpose of the information is to enable you to make known your desire for one of the four name 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 / WARD		DUTY SECTION / GROUP	
NATURE OF REQUEST <input type="checkbox"/> LEAVE <input type="checkbox"/> SPECIAL LIBERTY <input type="checkbox"/> SPECIAL PAY <input type="checkbox"/> COMMUTED RATIONS <input type="checkbox"/> OTHER (Below)			
NO. DAYS REQUEST	FROM (Date and Time)	TO (Date and Time)	
DISTANCE (Miles)	MODE OF TRAVEL <input type="checkbox"/> AIR <input type="checkbox"/> TRAIN <input type="checkbox"/> BUS <input type="checkbox"/> CAR		
LEAVE ADDRESS (Street, box Or route number., 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 _____

PERSONNEL OFFICE

EARNED LEAVE DAYS AS OF:	LEAVE THIS FISCAL YEAR	DATE LAST PAID
RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK / RATE / TITLE / DATE	
<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK / RATE / TITLE / DATE	
<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK / RATE / TITLE / DATE	
<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK / RATE / TITLE / DATE	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE	
REASON FOR DISAPPROVAL		

LOG OUT AND IN WITH OOD (When required)

OUT (Hour and date)	INITIALS OOD	IN (Hour and date)	INITIALS OOD
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HITCHHIKING IS PROHIBITED

• U.S.GPO:1994-505-188