
(Name)

(Unit)

Date

MEMORANDUM FOR The Adjutant General of Arkansas, Camp Robinson (ATTN: HRO-T), North Little Rock,
Arkansas 72199-9600

SUBJECT: LEAVE SCHEDULE

1. Request I be granted leave in types and amounts for periods indicated below while performing active duty in accordance with enclosed orders:

a. **MILITARY LEAVE:** _____ Days

Beginning Date (MMDDYY)/Time _____

Ending Date (MMDDYY)/Time _____

b. **COMPENSATORY TIME OFF:** _____ Hours

Beginning Date (MMDDYY)/Time _____

Ending Date (MMDDYY)/Time _____

c. **ANNUAL LEAVE:** _____ Hours

Beginning Date (MMDDYY)/Time _____

Ending Date (MMDDYY)/Time _____

d. **LEAVE WITHOUT PAY (LWOP)** _____ Hours

Beginning Date (MMDDYY)/Time _____

Ending Date (MMDDYY)/Time _____

2. **HEALTH BENEFITS:** I wish to CANCEL____CONTINUE____my health benefits insurance during this period of active duty.

I AM AWARE THAT HEALTH BENEFITS PREMIUM PAYMENTS ARE THE RESPONSIBILITY OF THE TECHNICIAN DURING THE PERIOD OF ACTIVE DUTY, AS STATED ON ORDERS ATTACHED.

3. I am aware that I must make arrangements with the appropriate payroll office (Army/Air) for payment of: Credit Union, NGAUS, Vulcan Life Insurance, and Health Benefits upon entering LWOP status.

Technician Signature

Date

APPROVED/DISAPPROVED

Supervisor Signature

Date

