

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

LEAVE AUTHORIZATION

1. FIRST NAME, LAST NAME		INIT	2. RATE/RANK		3. EMPLOYEE ID		4. UNIT NAME		
5. LEAVE ADDRESS: STREET			CITY		STATE	ZIP CODE	TELEPHONE		
6. AUTHORIZED ABSENCE (NUMBER OF DAYS)									
REGULAR LEAVE			EMERGENCY LEAVE		SICK LEAVE		COMPENSATORY LEAVE		
7. AUTHORIZED DEPARTURE				RETURN				AUTHORIZING OFFICIAL	DATE
TIME	YR	MO	DY	TIME	YR	MO	DY	_____	_____
CHANGE ENDORSEMENT									
8. AUTHORIZED DEPARTURE				RETURN				AUTHORIZING OFFICIAL	DATE
TIME	YR	MO	DY	TIME	YR	MO	DY	_____	_____
BUCKLE UP FOR SAFETY						TRANS. NO: _____			

PART 1 - PERSRU PDR

CG-2519 (09/19)
PREVIOUS EDITIONS ARE OBSOLETE



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PART 2 - MEMBER

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