

LEAVE AUTHORIZATION
OFFICER AND ENLISTED
 NAVMC 3-PD (REV. 4-51)

See reverse side for instructions

To: **Commanding Officer, 2dMTBn, 2dMarDiv, FMF, Camp Lejeune, N.C.** DATE: **8 April 1952**

FROM (Name, rank, service number, and MOS)		ORGANIZATION
Rollan, L. JONES s/sgt 650854/3534		"D" Co, 2dMTBn, 2dMarDiv, FMF, Camp Lejeune, N. C.
NUMBER DAYS REQUESTED AND INCLUSIVE DATES		TYPE OF LEAVE REQUESTED
4 Days, 21Apr52 to 24Apr52		Emergency
REGULAR DUTIES		ADDITIONAL DUTIES (Member of boards, etc.)
Company Dispatcher		None
ADDRESS WHILE ON LEAVE (If any change, notify the Commanding Officer)		SIGNATURE (Person requesting leave)
RR #1, Lawrence, Mich.		<i>Rollan L. Jones</i>

APPROVAL OF IMMEDIATE SUPERIOR OR COMPANY COMMANDER

<input checked="" type="checkbox"/> APPROVED	REMARKS (If disapproved)	SIGNATURE AND RANK
<input type="checkbox"/> DISAPPROVED		<i>Robert T. Dow</i> ROBERT T. DOW, Capt. USMC
<input checked="" type="checkbox"/> APPROVED	REMARKS (If disapproved)	SIGNATURE AND RANK
<input type="checkbox"/> DISAPPROVED		

AUTHORIZATION

NUMBER DAYS ACCRUED ON 30 JUNE	NUMBER DAYS TAKEN THIS FISCAL YEAR	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE
0	26		8 April 1952
NUMBER OF DAYS GRANTED	DATE AND TIME LEAVE EFFECTIVE	DATE AND TIME LEAVE EXPIRES	
Four (4)	1645, 20Apr52	0600, 25Apr52	
ACTIVITY AUTHORIZED TO GRANT LEAVE			

2dMTBn, 2dMarDiv, FMF, Camp Lejeune, N. C.

ACTIVITY TO REPORT TO UPON EXPIRATION OF LEAVE

"D" Co, 2dMTBn, 2dMarDiv, FMF, Camp Lejeune, N. C.

SIGNATURE (Officer authorized to grant leave)	RANK AND COMPONENT	TITLE
<i>S. P. Julkins</i> S. P. JULKINS	2nd Lt. USMC	Ass't Bn. Adj.

DEPARTURE AND RETURN

DATE AND TIME OF DEPARTURE	DUTY OFFICER (Signature and rank if required)
DATE AND TIME OF RETURN	DUTY OFFICER (Signature and rank if required)

HOSPITALIZATION RECORD WHILE ON LEAVE
 (All entries to be made in pen and ink or typewriter)

PLACE HOSPITALIZED		
DIAGNOSIS		
DATE HOSPITALIZED	NOTE: In case of hospitalization, it is important that this person's Commanding Officer be notified.	DATE RELEASED
REMARKS OF DOCTOR	SIGNATURE OF DOCTOR	

THIS PAPER TO BE RETURNED TO THE COMMANDING OFFICER UPON RETURN FROM LEAVE