

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

APPROVAL OF IMMEDIATE SUPERIOR OR COMPANY COMMANDER

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

AUTHORIZATION

NUMBER DAYS ACCRUED ON 30 JUNE <u>0</u>	NUMBER DAYS TAKEN THIS FISCAL YEAR <u>26</u>	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE <u>8 April 1952</u>
NUMBER OF DAYS GRANTED <u>Four (4)</u>	DATE AND TIME LEAVE EFFECTIVE <u>1645, 20Apr52</u>	DATE AND TIME LEAVE EXPIRES <u>0600, 25Apr52</u>	
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) <i>S. P. Judkins</i> S. P. JUDKINS	RANK AND COMPONENT <u>2ndLt. USMC</u>	TITLE <u>Ass't Bn. Adj.</u>
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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	DATE RELEASED
NOTE: In case of hospitalization, it is important that this person's Commanding Officer be notified.	
REMARKS OF DOCTOR	SIGNATURE OF DOCTOR

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

INSTRUCTIONS

1. Leave is granted subject to immediate recall; therefore, maintain communication with your leave address. Keep these leave papers in your possession at all times.

2. It is understood you have sufficient funds to defray your expenses on leave, including round-trip transportation. Each case of transportation obtained from recruiting stations, or other Marine Corps activities, by personnel on leave, will be investigated and where no urgent necessity was apparent in applying for transportation request, disciplinary action may be taken.

3. You are cautioned against the disclosure of any classified information. While it is desirable to tell the public about the Marine Corps, do not discuss any subject unless you are certain it is unclassified. In case you are asked to participate in a press conference, talk to reporters or speak through any other media on matters pertaining to the Naval Service, you should express a desire to cooperate, but should first consult with and obtain clearance from the nearest Marine Corps public information officer if at all practicable.

4. Inform yourself of transportation schedules, and make allowances for delays. Missing connections is not an excuse for UNAUTHORIZED ABSENCE. Train, bus, and plane schedules and connections are frequently unreliable.

5. Cooperate with shore patrol and military police at all times, particularly on trains. Misconduct will be cause for disciplinary action. You are subject to orders of your superior officers in all branches of the Armed Services.

6. If necessary to request an extension of leave, communicate with your commanding officer by telegram or letter. If NO REPLY IS RECEIVED YOU WILL CONSIDER YOUR REQUEST NOT GRANTED.

7. In case of serious illness or injury incurred while on leave which requires medical attention or hospitalization, report facts to your commanding officer by telegram and request instructions. You are advised that costs incident to hospitalization or medical treatment received at other than Navy, Army, Air Force, or Public Health Service facilities, may be defrayed by the Marine Corps in emergency cases only. No charge against your leave, or reduction in total period of leave granted will be made for any period of hospitalization. Unless otherwise ordered, you will revert to a leave status upon release from a hospital, and will immediately notify your commanding officer that you have been released and have reentered leave status, giving leave address, preferably by telegram. Proof of hospitalization must be provided upon return from leave.