

REQUEST FOR EXCUSED ABSENCE OR EXCEPTION OF AN EXCUSED ABSENCE		
<div>PRIVACY ACT STATEMENT</div> <div><div>1. Disclosure by member is mandatory.</div><div>2. Principal purpose is to obtain prior approval of equivalent training to supplement excused absence from scheduled unit training assembly.</div><div>3. Routine uses: To document approval of excused absence and to substantiate the OHMR Form 1 non-attendance codes.</div><div>4. Disclosure is mandatory. Failure to provide all information subjects soldier to enforcement procedures, when applicable.</div></div>		
TO:	FROM:	DATE:
SECTION I		
<div>1. I request my absence from the regular scheduled unit training assembly(ies) (RSUTA)/regular scheduled training (RST) on _____ be considered:</div> <div><div><input type="checkbox"/> a. Excused (Authorized Absence "A")</div><div><input type="checkbox"/> b. Excused and I be granted authority to perform an RST (Equivalent Training "T") on: _____</div><div><input type="checkbox"/> c. An exception of an unexcused absence (Equivalent training mandatory upon approval) on _____</div></div> <div>2. The reason for the absence: _____</div> <div>3. (Complete only if 1a. Or 1b. Above is requested) Statement(s) from _____ <div><input type="checkbox"/> is <input type="checkbox"/> are enclosed.</div></div> <div>4. Complete only if 1c. Above is requested) The reason I feel that an exception should be granted is: _____ _____</div> <div>Statements or other documents to support this request <input type="checkbox"/> are <input type="checkbox"/> are not enclosed.</div>		
SIGNATURE OF SOLDIER		SIGNATURE OF SECTION SUPERVISOR
TO BE COMPLETED BY APPROPRIATE COMMANDER		
SECTION II		
<div>1. Your <input type="checkbox"/> written <input type="checkbox"/> telephonic <input type="checkbox"/> electronic request for <div><input type="checkbox"/> excused absence</div><div><input type="checkbox"/> exception of an unexcused absence is:</div><div><div><input type="checkbox"/> a. APPROVED (No make-up required.)</div><div><input type="checkbox"/> b. APPROVED - You will perform equivalent training on _____</div><div><input type="checkbox"/> c. DISAPPROVED. Your request was disapproved because: _____ _____ _____</div></div></div> <div>2. Reasons for telephonic/electronic request and circumstances surrounding absences are: _____ _____</div> <div>3. You are advised that failure to perform the scheduled equivalent training may constitute unexcused absence(s) which could result in being declared an unsatisfactory participant.</div> <div>4. You have been granted a total of _____ exceptions to unexcused absences. Not more than a total of four such exceptions may be granted within any one year period.</div> <div>5. A copy of this completed action will be attached to the unit work copy of the OHMR Form 1 to substantiate the absence recorded for the month shown.</div>		
SIGNATURE OF APPROPRIATE COMMANDER		DATE