

REQUEST FOR EXCUSED ABSENCE OR EXCEPTION OF AN EXCUSED ABSENCE

PRIVACY ACT STATEMENT

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| 1. Disclosure by member is mandatory.
2. Principal purpose is to obtain prior approval of equivalent training to supplement excused absence from scheduled unit training assembly. | 3. Routine uses: To document approval of excused absence and to substantiate the OHMR Form 1 non-attendance codes.
4. Disclosure is mandatory. Failure to provide all information subjects soldier to enforcement procedures, when applicable. |
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TO:	FROM:	DATE:
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SECTION I

1. I request my absence from the regular scheduled unit training assembly(ies) (RSUTA)/regular scheduled training (RST) on _____ be considered:
- a. Excused (Authorized Absence "A")
- b. Excused and I be granted authority to perform an RST (Equivalent Training "T") on: _____
- c. An exception of an unexcused absence (Equivalent training mandatory upon approval) on _____
2. The reason for the absence: _____
3. (Complete only if 1a. Or 1b. Above is requested) Statement(s) from _____
 is are enclosed.
4. Complete only if 1c. Above is requested) The reason I feel that an exception should be granted is: _____

- Statements or other documents to support this request are are not enclosed.

SIGNATURE OF SOLDIER	SIGNATURE OF SECTION SUPERVISOR
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TO BE COMPLETED BY APPROPRIATE COMMANDER

SECTION II

1. Your written telephonic electronic request for
 excused absence
 exception of an unexcused absence is:
- a. APPROVED (No make-up required.)
- b. APPROVED - You will perform equivalent training on _____
- c. DISAPPROVED. Your request was disapproved because: _____

2. Reasons for telephonic/electronic request and circumstances surrounding absences are: _____

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.
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.
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.

SIGNATURE OF APPROPRIATE COMMANDER	DATE
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