



United States Army Student Detachment Human Resources In-Processing



SERVICE MEMBER (SM) INFORMATION

Name:

Rank:

SSN:

Program:

Component:

Functional staff offices of USASD will operate military personnel processing activities to process Soldiers efficiently and expeditiously. Ensure all required documents are uploaded timely and completed accurately to meet in-processing eligibility requirements.

Provide the following documents:

- PCS Orders and amendments (if applicable). *With duty at location must be included in the "Assigned to" lead line. Contact losing station orders issuing authority if not included.*
- Request and Authority for leave, DA Form 31, (w/Control Number)
- Emergency Data, DD Form 93
- Service Members' Group Life Insurance Election & Certificate, SGLV 8286, Feb 2015
- Exceptional Family Member Program (EFMP) Query Sheet, DA Form 7415 (authorized dependents)
- United States Army Student Detachment Policies Memorandum of Understanding (signed and dated)
- Current Army Physical Fitness Test Scorecard, DA Form 705, May 2010 and Body Fat Content Worksheet, DA Form 5500 (Male) or DA Form 5501 (Female) (if applicable)

Upon completion and collection of the above documentation, upload in a PDF file (only) to the following email address for further processing: usarmy.jackson.CAC.mbx.usasd-in-processing@mail.mil

I UNDERSTAND THAT ACTION(S)/UPDATE(S) WILL NOT BE COMPLETE UNTIL ALL MANDATORY DOCUMENTS HAVE BEEN RECEIVED.

SM SIGNATURE:

DATE:

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER	
This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is ODCSPER. (See Instructions on Reverse)					
PART - I					
2. NAME (Last, First, Middle Initial)		3. SSN		4. RANK	
5. DATE		6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER _____	
8. ORGN, STATION, AND PHONE NO.		9. NUMBER DAYS LEAVE		10. DATES	
a. ACCRUED	b. REQUESTED	c. ADVANCED	d. EXCESS	a. FROM	b. TO
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
DEPARTURE					
14. a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY	
EXTENSION					
15. a. NUMBER DAYS		b. DATE APPROVED		c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY	
RETURN					
16. a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY	
17. REMARKS This form is provided courtesy of armyproperty.com <div style="text-align: right;">Chargeable leave is from _____ to _____</div>					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extensions to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD		22. ARRIVED APOE (return only)	
23. ARRIVED HOME UNIT					
PART III - DEPENDENT TRAVEL AUTHORIZATION					
24. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP		c. DATES OF BIRTH (Children)	
d. PASSPORT NUMBER					
PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION					
26. DESIGNATION AND LOCATION OF HEADQUARTERS				27. ACCOUNTING CITATION	
28. DATE ISSUED		29. TRAVEL ORDER NUMBER		30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION	