Office of the Commandant Marion Military Institute Marion, Alabama

Subject: College Leave/Pass Today's Date: _____ To: Commandant of Cadets Student Number: It is requested that the undersigned cadet be granted leave Cadet Information (Please use Black or Blue Ink Only) Cadet: Company: **Barracks** Room Number: From (Date) To (Date) From(Hours) To (Hours) In case of an emergency, I will be traveling to following location: lackList a Complete Address (Street, City, State, and ZIP) in the above space and at the following number: List a Cellular/Mobile/Home/Landline Phone Number in the above space Initials Restriction I am not on any duty roster be it guard detail, honor guard or company duty officer I am in no way restricted to campus be it for disciplinary actions. Provide reason for request in space below: Use back for addition information as needed. Cadet Leadership Approval Leaders Name (Please Print) Position Initials Platoon Sergeant 1. 1SG or Company Cdr 2. Company TAC Officer: APPROVED _____ Initials DISAPPROVED __ Initials FOR USE OF THE ROTC DEPARTMENT ONLY (ONLY IF GOING TO DRILL) APPROVED Initials DISAPPROVED Initials FOR USE OF THE ACADEMIC DEAN (CIO) DISAPPROVED Initials APPROVED _____Initials NOTE: Cadet will inform all instructors of absence FOR USE OF COMMANDANT'S OFFICE ONLY (All leaves must be signed by the Commandant IF ON A CLOSED WEEKEND) APPROVED _____Initials DISAPPROVED _____Initials

Please write the time and date. Example (1335hrs 11/17/14)

Time Out/Date: ______
Time In/Date:

Comments: