

U.S. DEPARTMENT OF
HOMELAND SECURITY
U.S. COAST GUARD
CG-2519 (Rev. 06-04)

LEAVE AUTHORIZATION

1. NAME	LAST NAME	INIT	2. RATE/ RANK	3. EMPLOYEE ID	4. UNIT NAME
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5. LEAVE ADDRESS	STREET	CITY	STATE	ZIP CODE	TELEPHONE ()
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6. AUTHORIZED ABSENCE (NUMBER OF DAYS)			
<input style="width: 80%; height: 20px;" type="text"/> REGULAR LEAVE	<input style="width: 80%; height: 20px;" type="text"/> EMERGENCY LEAVE	<input style="width: 80%; height: 20px;" type="text"/> SICK LEAVE	<input style="width: 80%; height: 20px;" type="text"/> COMPENSATORY LEAVE

7. AUTHORIZED	AUTHORIZING OFFICIAL
DEPARTURE	RETURN
_____ <small>TIME YR MO DY</small>	_____ <small>TIME YR MO DY</small>
DATE _____	

CHANGE ENDORSEMENT

8. AUTHORIZED	AUTHORIZING OFFICIAL
DEPARTURE	RETURN
_____ <small>TIME YR MO DY</small>	_____ <small>TIME YR MO DY</small>
DATE _____	

BUCKLE UP FOR SAFETY

TRANS. NO: _____

Previous editions are obsolete

PART 1 - PERSRU PDR

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REGULAR LEAVE	EMERGENCY LEAVE	SICK LEAVE	COMPENSATORY LEAVE

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DEPARTURE	RETURN	
_____	_____	_____
DATE	DATE	DATE
TIME YR MO DY	TIME YR MO DY	

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DEPARTURE	RETURN	
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PART 2 - MEMBER