LEAVE AND PASS REQUEST

Warrior Transition Unit
Bldg. 626 Swift Road, 2nd Floor
West Point, NY 10996

Date of Request:_____Platoon_____ Squad Leader Name:_____

Name (Last, First, MI):_____ Rank:_____

Type of Leave

☐ Ordinary ☐ Emergency ☐ Permissive TDY

☐ Pass (Circle 3 or 4 Days) ☐ Mileage ☐ Conv. Leave

☐ Other (Specify) _____

Leave Dates From _____ to _____

Documents Needed For Request:

■ DA 31 (Completed) ☐ Itinerary (If flying, bus or train)

■ LES ☐ Risk Assessment (TRiPS)

■ Soldier's Pledge* ■ Counseling Statement*

☐ POV Inspections (If driving) ☐ Profile (Conv. Lv. Only)

☐ Hospital Discharge Summary (Conv. Lv. Only)

_____ **Case Manager Initials** Date: _____ **SM Able to drive? NO   YES**

SM has Appointments NO YES, _____ **# of missed appointments** _____

NCM Comments: _____

_____ _____Social Worker Initials (High
                                              Risk Soldiers Only)

_____ **SL Initials** Date: _____ _____ **PLT SGT Initials Date:** _____

_____ **1SG Initials** Date: _____

Comments: _____

*Items maintained in counseling record, if leave/PTDY needs the hospital Commander's approval, attach
these items.