



Mecklenburg County Young Marines

Leave of Absence Request Form

Young Marine Name: _____ Date: _____

Dates of absence: _____ to _____

Reason for absence:

If you are requesting a leave of absence due to a specific extracurricular activity such as a school, Scouts, sporting event or personal/medical issues, which would require you to follow a schedule, include a copy of that schedule or doctors note with this request and submit to this form to the Unit Adjutant.

Note-All promotion and awards are suspended during this Leave of Absence and your current Billet is will be assigned to another Young Marines.

Parent signature: _____ YM signature: _____

Start leave date: _____ End leave date: _____ Return to duty date: _____

Y / N Outside Activity Y / N Personal/Family/Medical Y / N Attached schedule/Doctors note
(Circle Yes or No)

MCYM Staff use only

Approved _____

Disapproved _____

UC/XO Signature: _____ Date: _____

Adjutant Signature: _____ Date: _____

Date entered inactive: _____