



# RESIDENT LEAVE FORM

Room Number: \_\_\_\_\_ Date Checking Out: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Days on Leave: *Beginning Date:* \_\_\_\_\_ *Ending Date:* \_\_\_\_\_

Leave Extended Until: \_\_\_\_\_ Officer's Printed Name: \_\_\_\_\_

Comments:

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**“Hurricane force winds are expected within 36 hours. I have been advised and counseled not to evacuate AFRH-G. In spite of this guidance, I chose to evacuate AFRH-G.”**

\_\_\_\_\_  
Resident Signature                      Date

\_\_\_\_\_  
Administrator Signature              Date

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## For Security Use Only

Printed name of Officer placing Resident in vacant status: \_\_\_\_\_

Date Resident Returned: \_\_\_\_\_ Officer's Name: \_\_\_\_\_