



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:

"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

For security use only

Printed name of officer placing resident in vacant status: _____

Date resident returned: _____ Officer's Name: _____