



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: _____