

18 Jul 23

Appendix A

| SPECIAL REQUEST/AUTHORIZATION FORM  |  |                 |       |
|---|--|-----------------|-------|
| NAME (Last, First, MI)  | RANK   | Date of Request |       |
| FROM (Date & Time)  | TO (Date & Time)   |                 |       |
| NATURE OF REQUEST<br><input type="checkbox"/> Lab Absence <input type="checkbox"/> PT Absence <input type="checkbox"/> Company Event Absence <input type="checkbox"/> Other |  |                 |       |
| REASON & EXPLANATION  |  |                 |       |
| SIGNATURE OF REQUESTOR  |  |                 |       |
| APPROVAL RECOMMENDATION (As Req)  |  | Signature       | Date  |
| Sqd Ldr   | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____           | _____ |
| Plt Sgt   | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____           | _____ |
| Plt Cdr   | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____           | _____ |
| MIDN CO   | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____           | _____ |
| APPROVAL DECISION/RECOMMENDATION  |  |                 |       |
| Class Adv   | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____           | _____ |
| XO  | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____           | _____ |
| CO  | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____           | _____ |
| CHAIN OF COMMAND COMMENTS:  |  |                 |       |
| NOTES:  |  |                 |       |
| A. All requests must be initiated at least two weeks prior to the time in question.   |  |                 |       |
| B. Midshipmen will notify their advisor upon submission of chit and walk the request through the MIDN chain of command themselves.  |  |                 |       |
| C. Chits are approved by the Class Advisor. Any recommendation to deny the request must be routed to the Consortium CO for final decision.                                  |  |                 |       |