DEPARTMENT OF THE ARMY
UNITED STATES ARMY NONCOMMISSIONED OFFICER ACADEMY
FORT SILL, OKLAHOMA 73503-5600

ATSF-W

6 May 2013

MEMORAMDUM FOR All Personnel, Assigned or Attached to the USA NCO Academy, Fort Sill, Oklahoma, 73503

SUBJECT: NCO Academy Policy Letter #19, Cadre Leave and Pass Policy

1. All Soldiers must take leave. The leave and pass program allows Soldiers to use their authorized leave. Every Soldier is authorized 30 days of annual leave. I hold School 1SGs/Staff heads responsible for ensuring their subordinates take leave.

2. I am the approving authority for all leaves and passes. Even if the Senior SGL, School 1SG and Deputy Commandant recommend disapproval, all requests **come to me for the final decision.** Turn in leave requests to the First Sergeants at least 14 days prior to leave start dates. Anything less than 14 days requires the School Chief to brief the Commandant why requests are inside of 14 days.

3. I will authorize SFCs and above to sign out or in telephonically **on the date and time the leave starts or ends** as appropriate. Failure to sign out or in on leave leads the School Chief and Command to believe that you are FTR or worse yet, AWOL. Soldiers can sign out no earlier than 0001 hours of the first day of leave as annotated on the DA Form 31.

4. Regular and Special passes will not be used in conjunction with leave or TDY.

Regular Pass is any one work day in conjunction with a regular two-day weekend, Friday, Saturday and Sunday or Saturday, Sunday and Monday

Special Pass is any two work-days in conjunction with a regular two-day weekend, Thursday, Friday, Saturday and Sunday, Saturday, Sunday, Monday and Tuesday, Friday, Saturday, Sunday and Monday, or three days in the middle of the week Tuesday, Wednesday and Thursday.

5. Extensions to the leave or pass end dates can only be granted by the Commandant or Deputy Commandant. The DA 31 form is your contract to return; plan accordingly.

6. Take ordinary leave and passes during Cycle Break and the Christmas Holiday period. The training cycles are posted on you School Chief's training calendar.

7. It is your responsibility to find out what dates are available for leave, request leave accordingly.

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8. All leaders and Soldiers share the responsibility to ensure that no leave is lost at the start of each fiscal year. There is no guarantee (or right) that leave will be granted in August or September of any year. At a minimum, afford every Soldier the following leave opportunities:

a. One, 14 consecutive day leave.
b. Two, 7 consecutive day leaves.

While this is not a standard, it is as a planning tool. I understand there are circumstances that may require a longer leave period; these will be handled by the chain of command and NCO support channel on a case-by-case basis.

9. I expect School First Sergeants and supervisors to sit down with their Soldiers and forecast dates available for leave using our training calendar and the Unit Commander's monthly finance report. Do not be "blackmailed" during August or September, ticket purchases prior to "approval", or a Soldier's lack of planning. Help Soldiers plan early so they can help you accomplish your mission.

10. Passes are an excellent way to reward great Soldiers. **They are not a substitute for leave.** Accrued leave should be scrutinized prior to awarding passes to Soldiers. Ordinarily, Soldiers who have over 45 days accrued leave should not receive a pass unless they meet the criteria *listed* below.

Appropriate reasons for awarding a pass are:

a. Winners of Competitive Events.
b. Honor Graduate of an Army School.
c. Exceptional Performance of Duty for Specific Event.
d. Incentive from Higher Headquarters.

11. Circumstances will determine if a leader gives a Soldier the day off. All passes must be taken within 45 days of the event earned. Passes may not be granted for more than 96 hours (must be in conjunction with a weekend) and will not be sold or raffled as a means of raising funds.

12. When Soldiers are granted a leave or pass that requires driving to a destination. I expect the School 1SG to counsel the Soldier using the Academy safety counseling statement, pre-trip checklist, the inspection checklist and also retain these documents on file in the First Sergeant's office prior to departing.

13. Leave balances will remain above five days for cadre members. Anything less than five days remaining balance will be approved on a case-by-case basis. Requesting leave that will result in a negative balance of leave days accrued is not a normal practice, this is taking benefits not yet earned.

14. Leave packets will contain:

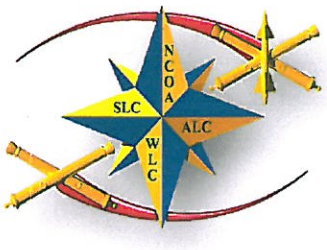
a. Counseling form (DA 31) referencing the items listed in Encl 1
b. Risk assessment completed from the CRC (TRiPS) website (this document must be printed and signed by both the Soldier and supervisor)
c. Most current LES.
d. POV inspection (Encl 2)
e. Academy coversheet placed on front of the folder (Encl 3)

15. A pass packet will contain the same items as number 14. In addition, DA 31's will state the reason why the Soldier is being rewarded with the pass. Furthermore, the DA 31 will address why the pass is warranted if the Soldier has over 45 days accrued leave. The SDNCO duty roster must be checked before submitting a pass to ensure the Soldier's name is not scheduled for duty during the requested pass

16. Packets will not be accepted by the S-1 until all of the required documents are complete.

ENCL.
1 NCOA POV Inspection
2 NCOA Request Leave/Pass Request Slip
3 Pre-trip Safety Checklist

BRYAN A. PINKNEY
CSM, USA
Commandant



POV INSPECTION: **SOLDIERS NAME:**_____ **GRADE**_____

VEHICLE	**INSURANCE**	**DRIVER LIC**
MAKE: _____	COMPANY: _____	NUMBER_____
MODEL: _____	NUMBER:_____	STATE_____
YEAR: _____	EXPIRE DATE: _____	EXPIRE DATE_____
VIN #: _____		
MILEAGE: _____		

REGISTRATION
STATE: _____
EXPIRE DATE:_____

POST REGISTRATION
POST REG #_____
EXPIRE DATE: _____

LICENCE PLATE
STATE:_____
LICENSE #:_____
EXPIRE DATE: _____

INSPECTION
STATE:_____
NUMBER: _____
EXPIRATION DATE: _____

SOLDIER INTIAL IN THE YES OR NO BLOCK

DRIVER LIC SUSPENDED YES_____OR NO_____ INSURANCE CURRENT ON POV YES_____OR NO_____

NOTIFIED STATE OF CURRENT ADDRESS YES_____OR NO_____ POST DECAL YES_____OR NO_____

ITEM	SAFETY CHECKS	PASS	FAIL
HEADLIGHTS, high beam/ low beam			
TAIL LIGHTS (OPERATIONAL)			
TURN SIGNAL L/R (OPERATIONAL)			
BACK-UP LIGHTS (OPERATIONAL)			
LICENCE PLATE LIGHT (OPERATIONAL)			
BRAKE LIGHTS (OPERATIONAL)			
FOOT BRAKE (FOOT PEDAL CANNOT TRAVEL MORE THAN HALF WAY TO THE FLOOR)			
EMERGENCY BRAKE (WHEN ENGAGED VEHICLE DOESN'T MOVE)			
WINDSHIELD (NOT CRACKED, BROKEN OR SCRATCHED TO THE DEGREE THAT IMPAIRS VISION)			
WINDSHIELD WIPERS (OPERATIONAL)			
WINDSHIELD WASHER (OPERATIONAL)			
HORN (OPERATIONAL)			
TIRES AND SPARE (1MM OF TREAD OVER ENTIRE TRACTION SURFACE)			
MIRRORS (OUTSIDE AND INSIDE NOT CRACKED)			
SEATBELTS (OPERATIONAL)			
EXHAUST SYSTEM (NO LEAKS)			
FIRST AID (OPTIONAL)			
BUMPER (NOT BENT OR DAMAGED IN-A-WAY THAT WOULD BE HAZARDOUS)			

BRAKE FLUID LEVEL (FILLED APPROPRIATE LEVEL)		
DEFROSTER (OPERATIONAL)		
MOTORCYCLE EQUIPMENT (APPROVED HELMET, PROTECTIVE CLOTHING, GLOVES AND FACE/EYE PROTECTION)		

CIRCLE ONE

STATEMENT: MY VEHICLE **DOES** OR **DOES NOT** MEET REQUIRED SAFETY STANDARDS. I WILL NOT DRIVE MY VEHICLE UNTIL ALL SAFETY STANDARDS ARE MET AND REINSPECTED.

SOLDIERS SIGNATURE: _____ DATE:

INSPECTOR PRINT _____

INSPECTOR SIGNATURE _____ DATE: _____

DEPARTMENT OF THE ARMY
United States Army Noncommissioned Officer Academy
Ft Sill, OK 73503

ATFS-W DATE SUBMITTED: _____

MEMORANDUM FOR PAC Supervisor, NCOA Ft Sill, OK 73503

SUBJECT: Request for Ordinary Leave / Pass / PCS Leave / Transitional Leave/ PERMISSIVE TDY for:

(NAME)_____(RANK) _____(SSN)_____

1. This is a request form that will be completed when requesting leave or pass. The latest Leave and Earnings Statement (LES) and DA Form 31 will be attached and forwarded through the appropriate Platoon Sergeant, SSGL, 1SG, Deputy Commandant, and Commandant for their signatures.

2. Leave requests will be submitted 15 days prior to the start date of requested leave. The only exception to this policy is emergency leave and case-by-case basis.

3. Number of days accrued leave ____ Number of days requested____
4. Type of absence: Leave / Pass / Mileage Pass / Transitional Leave / PCS leave
(**Circle One**)

5. Dates are from _____ to _____

6. Leave Address (Complete Address, Zip Code, and Telephone Number).

Street Add: _____

State: _____Zip Code: _____

Telephone Number: _____

7. Use the following Chain of Command (if applicable).

Sr. Small Group LDR/Plt SGT	Approve/Disapprove	_____	Date: _____
School Chief	Approve/Disapprove	_____	Date: _____
S1 NCO		_____	Date: _____
Deputy Commandant	Approve/Disapprove	_____	Date: _____
Commandant	Approve/Disapprove	_____	Date: _____

8. Any questions pertaining to the above should be directed to the SSGL, or 1SG. All Personnel must sign in and out when going on leave. Only SFC and above are authority to sign-in and out telephonically. All DA Form 31 will be located at the SDNCO Desk during Non-duty hours, or at PAC during duty hours.

REMARKS: Thanksgiving Holiday in between leave dates.

Requester Sign and Date _____

Risk Assessment For:	robert.charles.lowery@us.army.mil
Travel Dates:	14JUL10 - 18JUL10
Traveling From:	fort sill OK
Traveling To:	Plano TX, 203 miles, est. travel time 3.53 hours
Final Score:	LOW

TOPICS	ANSWERS	ANSWERS AFTER CONTROLS
Date Risk Assessment Completed	01JUL2010	
Time of Departure	0601 - 1200	
Vehicle Type	Four-Wheel Drive Pickup	
Vehicle Size	Large	
Driver Age	25 - 34	
Gender	Male	
I have taken a defensive driving course	Yes	
I will wear a seatbelt	Yes	
I will have my supervisor inspect my vehicle before I travel	Yes	
I plan to have the following amount of sleep 12 hours before I start my trip.	6 - 8 Hours	
I am currently taking over the counter or prescribed medications	Yes	
I have checked to make sure that my medication will not impair my driving ability	Yes	
I will consume alcohol within 8 hours of my departure	No	
I will check the weather before I travel	Yes	
I will be driving during the	Day	
I will be mostly driving on	Multi lane road	
I will take rest stops	Yes - Every two hours	
Risk Assessment Score	**Before Controls LOW**	**After Controls LOW**

Signature of Subordinate _____ Date _____

Signature of Supervisor _____ Date _____

Approve Assessment | Disapprove Assessment

PRIVACY | CONTACT | TECHNICAL & SITE FEEDBACK

AIR BAG.

BODY BAG.

BE SMART & BUCKLE UP!
Please Drive Responsibly