EDUCATIONAL LEAVE OF ABSENCE (ELA) REQUEST AUTHORITY: 44 USC 3101, 10 USC 708, 5 USC 301, and EO9397 PRINCIPLE PURPOSE: To request ELA and determine individual's eligibility for ELA. Use of SSAN is necessary to make positive identification of the individual and records. ROUTINE USES: This information may be disclosed to the academic institution to obtain grades/completion status. DISCLOSURE IS VOLUNTARY: Failure to complete this form will result in disapproval of a request for ELA. Disclosure of SSAN is voluntary INSTRUCTIONS Student will ensure the application is completed in total and returned to the Education and Training Flight Chief TO; FROM: ORGN: ORGN: BASE: BASE: **GENERAL INFORMATION** NAME AND GRADE SSAN DUTY TELEPHONE | TAFMSD DOS DEROS (For overseas bases) ACADEMIC AND ELA INFORMATION SCHOOL/LOCATION This ELA will make me eligible for: OTS **AFROTC AECP** This ELA will allow me to complete coursework and graduate with a: PhD CCAF DEGREE BA/BS DEGREE MA/MS DEGREE Other: Certificate in: **DEGREE SOUGHT** QTR **FIELD** SEM **MAJOR HOURS NEEDED** TOTAL NUMBER OF WEEKS ON ELA **ELA BEGINNING DATE ELA CLOSING DATE** CONDITIONS III. YES NO I HAVE READ AND UNDERSTAND THE REQUIREMENTS OF AFI 36-2306, PARA 10, 10 U.S.C. 708, AFI 36-3003, RULE 14. I UNDERSTAND THAT I WILL INCUR AN ACTIVE DUTY SERVICE COMMITMENT OF TWO MONTHS FOR EACH MONTH OF ELA TO BE SERVED IN ADDITION TO ANY EXISTING ADSC. I WILL ASSURE THIS RETAINABILITY BY EXTENSION OR REENLISTMENT PRIOR TO THE PROCESSING OF AN AF FORM 988 (LEAVE FORM). I ALSO AM AWARE THAT UNDER THE ELA, I WILL RECEIVE BASIC PAY ONLY. I WILL RECEIVE NO ALLOWANCE TO COVER ACADEMIC OR TRAVEL COSTS, INCLUDING SHIPMENT OR STORAGE OF PERSONAL EFFECTS ARISING FROM THE ELA WILL BE PAID, NOR WILL BAH, BAS, OR OTHER PAY AND ALLOWANCE TO WHICH I WOULD BE OTHERWISE ENTITLED BE PAID. I UNDERSTAND THAT I MUST CONFORM TO THE REQUIREMENTS OF AFI 36-2903 DURING THE ENTIRE LEAVE PERIOD AND THAT ANY VARIANCE MAY BE CAUSE TO CANCEL MY ELA. IF THE ELA IS APPROVED, I CONSENT THIS INFORMATION MAY BE DISCLOSED TO THE ACADEMIC INSTITUTION TO OBTAIN GRADES/ COMPLETION STATUS, OR THE INSTITUTION MAY RELEASE ACADEMIC INFORMATION TO THE AIR FORCE RELATIVE TO COURSES COMPLETED DURING THE ELA, PURSUANT TO PUBLIC LAW 93-380 AS AMENDED BY PUBLIC LAW 93-358. DATE SIGNATURE OF APPLICANT ATTACHMENT: APPROVED FULL-TIME PROGRAM FROM INSTITUTION **INDORSEMENTS IN-TURN** IV. 1. EDUCATION AND TRAINING FLIGHT CHIEF The applicant has been counseled concerning the proposed ELA and meets the conditions as outlined in AFI 36-2306. Officers' request of ELA will be submitted to AFIT/RR for further evaluation and review and submitted to HQ AFPC/DPAPE for final review and clearance. COMMENTS: DATE SIGNATURE OF EDUCATION AND TRAINING FLIGHT CHIEF

2 LINIT TRAINING MA	NACED			
2. UNIT TRAINING MANAGER Certifies student is not in pipeline status.				
COMMENTS;				
COMMENTS,				
DATE		SIGNATURE OF UNIT TRAINING	G MANAGER	
3. IMMEDIATE SUP	ERVISOR			
I APPROVI		E THIS APPLICATION		DO NOT APPROVE THIS APPLICATION
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A - 4b 1i 4b - i	diata aaa iaaa 1ada.			and the configuration distribution and distribution the FLA without
As the applicant's immediate supervisor, I understand ELA and agree that arrangements can be made to cover the applicant's duty requirements during the ELA without endangering the mission performance of this organization. I have also secured the concurrence of other base level agencies and commanders concerned with the work				
performance of the applicant. (If applicable, comments or recommendations of other agencies may be included as added attachments.)				
COMMENTS:				
	TYPED OD DDWTED	NAME ODADE AND TITLE OF O		CIONATURE
DATE	TYPED OR PRINTED	NAME, GRADE AND TITLE OF C	OMMANDER	SIGNATURE
4. MPF INDORSEM	ENI			
I ensure the appl	icant has met the fo	ollowing conditions before be	eing placed on Ass	ignment Availability Code 52:
	-	the required period equal to	TWO times the leng	th of the ELA(must be served in addition to any
existing commitment).				
2. If an enlisted member, has completed at least one term of enlistment and has reenlisted.				
3. If an officer, has served the initial period of obligated service on active duty				
Conditions have been met and individual has been placed on AAC 52 on:: (yyyymmdd)				
(777)				
Comments:				
Comments:				
DATE SIGNATURE OF MPF OFFICIA				
5. SPECIAL ROUTING (for officers only). The ESO may accomplish this sec			tion by fax, email, or telephone	
TO.			Return completed form to :	
AFIT/RR		Education and Training Flight Chief Address:		
	this officer does not h	ave a degree at the level for whic	h this program is beir	ng approved. Officer is not in pipeline for AFIT or officer
education program.				
COMMENTS:				
DATE			omplished by email o	r phone, name of verifying RR must be entered here and
		initiated by ESO)		