

REQUESTS TO BE ABSTRACTED FOR FEDERATION BUSINESS

A. Name/Rank/Unit:

Date(s) Leave Required	Reason for Request	No. of hours

Officers Signature

Date:

B. OUC's Comment:

Will this absence have an impact on the Unit operationally?

Will the absence create the need for overtime, and if so how much?

OUC's Signature:

Date:

Please forward completed form to the Staff Officer at Culham HQ

C. Date request received at HQ:

Approved:

Date:

Entered on database, ACPO Secretariat: