

**ENCLOSURE 3**  
**(Leave Request Memorandum)**

DATE:

MEMORANDUM FROM

UNIT:

MEMORANDUM FOR

SUBJECT: Request for Approval to Travel Outside the Local Area, While in a Military Leave or Pass Status

1. I request approval to travel to \_\_\_\_\_ in the county of \_\_\_\_\_. My requested Leave dates are from \_\_\_\_\_ to \_\_\_\_\_.  
The purpose of my travel is:

\* 2.

3. Please see the enclosed DD Form 2297 (Deliberate Risk Assessment Worksheet) and other pertinent enclosures, listed below. I attest that I am currently in good health and am not exhibiting any coronavirus 2019 (COVID-19) symptoms, and that I will take all necessary and required precautions to mitigate the risk of COVID-19 transmission before, during, and after my authorized leave of absence.

4. I, \_\_\_\_\_, acknowledge and understand that, as an active-service military member, I must fully comply with all CDC and DoD guidelines for non-pharmaceutical interventions, to prevent the spread of COVID-19 (e.g. social distancing; hand washing and/or sanitizing; wearing cloth face coverings; daily self-monitoring; etc.). I further acknowledge that I am personally responsible for knowing and complying with the state and local COVID-19 guidance for all locations, through which I will travel and/or spend time, during the entire period of my authorized absence (i.e. leave or pass). I further acknowledge that I am required to inform my command / supervisory chain immediately if the conditions change, at any time during my leave or pass period, that indicate an increased risk of COVID-19 transmission (e.g. I or my Family members or other traveling companions begin to exhibit symptoms; there is an increased rate of transmission at my leave location; etc.). Finally, I acknowledge and understand that my authorized absence may be canceled or curtailed if the risk of COVID-19 transmission increases before the start date of my leave period and/or anytime during my leave period.

5. Point of contact for this request is the undersigned at \_\_\_\_\_.

Enclosures:

1. DD Form 2297
2. COVID-19 Pre-screen Form
3. JFHQ Form (Staffing Sheet)

\* This field is optional; however **all other fields are required** and must be populated by the requesting service member.