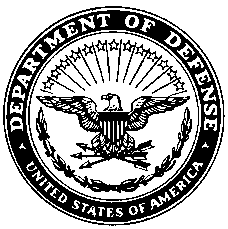
**UNITED STATES MARINE CORPS**

MARINE CORPS BASE

QUANTICO, VIRGINIA 22134-5001

From: / USMC

**FULL NAME FULL SSN MOS**

To: Officer in Charge, Installation Personnel Administration Center

Via: (1) Section Head

(2) Commanding Officer

Subj: TERMINAL LEAVE / PERMISSIVE TAD REQUEST

Ref: (a) MCO P1050.3H

(b) MCO P1900.16F

THIS FORM MUST BE RETURNED NLT 45 DAYS PRIOR TO THE COMMENCEMENT DATE OF PTAD OR TERMINAL LEAVE.

SCHEDULE AN APPOINTMENT TO REVIEW YOUR PAPERWORK NLT 15 DAYS TO THE COMMENCEMENT DATE OF PTAD OR TERMINAL LEAVE.

FINAL PHYSICAL AND /PRE-SEPARATION COUNSELING CHECKLIST (DD FORM 26348/COMPLETED TAP CLASS) MUST BE TURNED IN PRIOR TO THE COMMENCEMENT DATE OF PTAD OR TERMINAL LEAVE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MARINES SIGNATURE DATE EAS PDD or last day

1. Contact Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Contact Phone Number for SNCOIC or OIC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(alternate unit contact)

3. DMO Orders requested: Yes / No (5-10 Days prior to TMO appointment date)

DATE OF DMO APPOINTMENT:\_\_\_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

4. Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_

5. Number of Dependants Traveling:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Meal Card? Yes / No If yes, provide Meal Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Per reference (a), it is requested that I be authorized permissive TAD for job/house hunting for a period not to exceed 20 days (30 days for a MCC of W95 from an overseas command): **Involuntary discharges, TDRL/PDRL, VSP, TERA, Separation (disability) with/without severance pay, Retirement, or Transfer to the FMCR ONLY. All PTAD that is taken in increments must be requested via MOL and a copy of the approved PTAD orders will be given to IPAC.**

a. 0800\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to 2359\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) days.

b. 0800\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to 2359\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) days.

c. 0800\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to 2359\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) days.

d. 0800\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to 2359\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) days.

e. 0800\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to 2359\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_ ( ) days.

8. Per reference (b), it is requested that I be authorized terminal leave for the following period:

**NOTE: LEAVE ON EXCESS OF 90 DAYS (CONUS MARINES) REQUIRES CMC (MMEA/MMOA) APPROVAL.**

**LEAVE ON EXCESS OF 60 DAYS (OCONUS MARINES) REQUIRES CMC (MMEA/MMOA) APPROVAL.**

a. 0800 (Local/(PTAD/terminal leave))/1201 (Outside local area) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to 2359\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) days.

b. Any unreported leave, or planned leave prior to terminal date?

Yes /No If yes, provide total number of days(\_\_\_\_\_\_\_\_\_\_\_)

c. I **(elect / do not elect)** to be paid in advance for travel.

d. My phone number and terminal leave/separation address is:

( ) .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. Next of kin name and address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10. Mode of travel: POV / DUAL POV / COMMERCIAL AIR / COMMERCIAL BUS /

COMMERCIAL TRAIN / OTHER

11. Assigned to BCP / Limited Duty / Pending Medical Procedures? Yes / No

If yes Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Eligible for the Survivor Benefit Plan (SBP)(**ONLY IF** Retiring, Transfer to the FMCR, TDRL/PDRL, TERA): Yes/No

1. I elect SBP coverage: \_\_\_\_\_\_\_\_
2. I Declined SBP coverage: \_\_\_\_\_\_\_\_ If married, form DD 2656 needs to be signed by spouse and notarized.

**I UNDERSTAND THAT I AM NOT AUTHORIZED TO COMMENCE TERMINAL LEAVE, SEPARATE, OR RETIRE UNTIL I HAVE COMPLETED A FINAL PHYSICAL AND HAVE TURNED IN MY HEALTH AND DENTAL RECORDS AND APPROPRIATE PAPERWORK TO THE SEPARATIONS/RETIREMENTS SECTION. I FURTHER UNDERSTAND THAT I MUST RETURN TO SEPARATIONS/RETIREMENTS SECTION TO PICK UP MY TERMINAL LEAVE ORDERS TO BE CONSIDERED ON TERMINAL LEAVE. \_\_\_\_\_\_INITIALS**

**I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO VERIFY THE ACCURACY OF MY RECORDS VIA MOL AND I WILL NOTIFY IPAC OF MISSING INFORMATION ON MY RECORDS (AWARDS, SCHOOLS, OPERATION HISTORY, ETC) PRIOR TO MY SCHEDULED APPOINTMENT. \_\_\_\_\_\_INITIALS**

**I HAVE BEEN COUNSELED THE REQUIREMENT TO TURN IN ALL THE REQUIRED DOCUMENTATION (PHYSICAL, PRE-SEP COUNSELING, DD 2656) 15 PRIOR TO TERMINAL LEAVE DATE/EAS (TO BE PROVIDED ON APPOINTMENT DATE). \_\_\_\_\_\_INITIALS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FIRST ENDORSEMENT**

From: Department/Section Head

To: Officer in Charge, Installation Personnel Administration Center

Via: Commanding Officer

1. Forwarded, recommending approval / disapproval.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Department/Section Head Date

**SECOND ENDORSEMENT**

From: Commanding Officer

To: Officer in Charge, Installation Personnel Administration Center

1. Is the TAP class or Pre-retirement seminar completed? Yes / No Date\_\_\_\_\_\_

(If yes, provide a copy of the DD2648 (Pre-separation Counseling Worksheet).)

(If no, is the TAPS or Pre-Retirement Seminar scheduled?) Yes / No Date\_\_\_\_\_\_\_

2. Is the Final Physical Completed? \_\_\_\_ Yes \_\_\_\_ No

(If yes, provide a copy of the Report of Medical Assessment.)

(If no, is the final physical scheduled?) \_\_\_Yes \_\_\_No Date\_\_\_\_\_\_\_

3. Forwarded, recommending approval / disapproval.

Company CO/XO: Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total days approved

Company CO/XO: Print Name

**(FINAL PHYSICAL AND TAPS CLASS DO NOT HAVE TO BE COMPLETED, JUST SCHEDULED, FOR THIS FORM TO BE APPROVED, BUT IT WILL NEED TO BE COMPLETED PRIOR DEPARTING ON PTAD AND/OR TERMINAL LEAVE)**

RECV’D DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECV’D CLERK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_