



TRAINEE REQUEST FOR LEAVE - CHAPTER 31, TITLE 38 U.S.C.

INSTRUCTION TO TRAINEE: (Read carefully before completing form.) Complete and sign Section I. Have your trainer or authorized school official complete and sign Section II. Give the form to your VA Representative or send it to the Department of Veterans Affairs office having jurisdiction over your training.

PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Completion of this form is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701).

RESPONDENT BURDEN: The form is used by the veteran and the trainer to provide sufficient information to justify a leave of absence. Veterans on approved leave of absence continue receiving subsistence allowance. The information on the form prevents abuse of paid leave. The information collected is required by existing law (38 U.S.C. 1510). We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

SECTION I (To be completed by trainee)

NAME AND ADDRESS OF VETERAN		CLAIM NO. C-	NAME AND ADDRESS OF TRAINING ESTABLISHMENT OR SCHOOL	
DATES OF LEAVE	FIRST DAY (Mo., Day, Yr.)	IF REQUEST IS FOR ILLNESS OR INJURY, STATE NATURE OF ILLNESS OR INJURY		
	LAST DAY (Mo., Day, Yr.)	SIGNATURE OF VETERAN	DATE	

SECTION II (To be completed by trainer or authorized school official)

<input type="checkbox"/> ABSENCE OF ABOVE-NAMED VETERAN ON DATES INDICATED WILL (OR DID) NOT MATERIALLY INTERFERE WITH PROGRESS IN THE COURSE. I RECOMMEND APPROVAL OF THIS REQUEST	<input type="checkbox"/> ABSENCE OF ABOVE-NAMED VETERAN ON DATES INDICATED WILL (OR DID) MATERIALLY INTERFERE WITH PROGRESS IN THE COURSE. I DO NOT RECOMMEND APPROVAL OF THIS REQUEST.
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REMARKS

SIGNATURE OF TRAINER OR AUTHORIZED SCHOOL OFFICIAL	TITLE	DATE
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SECTION III (To be completed by VA case manager)

ACTION TAKEN <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE VETERAN NOTIFIED	SIGNATURE OF CASE MANAGER	DATE
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