

# LEAVE AND LIBERTY POLICY ACKNOWLEDGEMENT

I acknowledge that I have been thoroughly briefed on the Leave and Liberty Policy as it pertains to students in the CNATRA Flight Training Program and specific to the Command/Training Air Wing to which I am currently assigned. I further acknowledge that all leave/liberty must be approved by proper authority before I enter into any agreement on the purchase of travel accommodations and that all costs associated with leave/liberty is at my own expense and am subject to recall at anytime during previously approved leave/liberty as dictated by any unforeseen operational requirement and/or directive.

**This form is to be executed and witnessed at each Command/Training Air Wing upon arrival, acknowledging receipt of information regarding the Command Leave and Liberty Policy and procedures. Any questions regarding the policy/procedures should be directed to the chain of command and/or Class Advisor:**

Student Name: \_\_\_\_\_

Command: \_\_\_\_\_ Naval Aviation Schools Command

Student Signature/Date: \_\_\_\_\_

Witness Name/Rank/Date: \_\_\_\_\_

Training Air Wing: \_\_\_\_\_

Student Signature/Date: \_\_\_\_\_

Witness Name/Rank/Date: \_\_\_\_\_

Training Air Wing: \_\_\_\_\_

Student Signature/Date: \_\_\_\_\_

Witness Name/Rank/Date: \_\_\_\_\_

Training Air Wing: \_\_\_\_\_

Student Signature/Date: \_\_\_\_\_

Witness Name/Rank/Date: \_\_\_\_\_

Training Air Wing: \_\_\_\_\_

Student Signature/Date: \_\_\_\_\_

Witness Name/Rank/Date: \_\_\_\_\_