

FROM:			DATE OF REQUEST:		
	<i>Last Name</i>	<i>First Name</i>		<i>NLT 14 DAYS PRIOR TO ORIGINAL DEPARTURE DATE</i>	
DATE ARRIVED:		<b>OFFICE USE ONLY</b>			
		Date of Verification of Completed Package:			
ORIGINALLY SCHEDULED DEPARTURE DATE:		Has requestor been assessed points due to any infraction(s) during their stay?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
			If YES, how many and what was the cause? <i>Please attach any pertinent documentation to request.</i>		
REQUESTED DEPARTURE DATE:		ODR Director Recommendation		<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
TOTAL NUMBER OF EXTENSION DAYS:		FSW Flight Chief Recommendation		<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
ARE YOU ABLE TO EGRESS YOUR RV WITHOUT ASSISTANCE?	<input type="checkbox"/> YES	ARE YOU ABLE TO RELOCATE YOUR RV WITHOUT ASSISTANCE?	<input type="checkbox"/> YES	RV SITE NUMBER	
	<input type="checkbox"/> NO		<input type="checkbox"/> NO		
<b>JUSTIFICATION OF EXTREME EMERGENCY OR HARDSHIP</b> <i>PLEASE PRINT NEATLY</i>					
<p style="text-align: center;"><b>Please complete and return to the FamCamp Office for processing.</b></p>					
CUSTOMER SIGNATURE:					
CONTACT INFO:	PHONE:		EMAIL:		
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date:		New Date of Departure:	
Reason for Disapproval:					
<p>_____ Don C. Slayton, GS-14, DAF Deputy Director, 6th Force Support Squadron</p>					