



99 FSS ROUTING SLIP

	INITIALS	DATE
Supervisor		
Flt. Chief		
CCS/CCA		
CEF		
CEM		
CCQ		
FSO		
CD		
CC		

SUBJECT: 150 Leave Without Pay Request (LWOP)

(Include all AFI References, HHQ Suspense with explanation, etc.)

1. **PURPOSE:** To obtain 99 FSS/CC signature on the LWOP for Regular Employees Moving with Head of Household letter for XXXX XXXX.

2. In accordance with NAF Personnel Program Management and Administration Procedures Guide, paragraph 14.4.3.5. requires FSS Commander/Director approval.

3. **RECOMMENDATION:** 99 FSS/CC sign at Tab 2.

2 Tabs:

1. NAF Personnel Program Management & Admin Guide, paragraph 14.4.3.5
2. OPM Form 71

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