

ABSENCE FROM QUARTERS NOTICE			
Sponsor's Name		Rank/Rate/Grade	House Address
Mailing Address (OMS for Deployed)		Contact Information  Home  Work  Cell  Email Address	
Date of Absence  <div style="display: flex; justify-content: space-between;"> <span>From:</span> <span>To:</span> </div>			
Applies to: <div style="display: flex; justify-content: space-between;"> <span>Entire Family</span> <span>Family of the Sponsor only</span> <span>Sponsor</span> <span>Deployed Sponsor</span> </div>			
Address while absent in case of emergency		Telephone number while absent in case of emergency:   Email address while absent in case of emergency:	
Name and Address of Caretaker (Must have SOFA Status and over 18 years old) Name:  Address:  Caretaker will reside in quarters during absence Yes: _____ No: _____		Caretaker Contact Info  Home:  Work:  Cell:  Email Address:	
CERTIFICATION (read and put Initial on each statement) <div style="margin-top: 10px;">             1. During this absence, my residence and grounds will be adequately cared for by the above named caretaker.               2. I understand that should the grounds not be maintained in accordance with housing policy, Housing will have the grounds accomplished by Contractor and I will be liable for the total cost.               3. I understand absence in excess of 90 days is not permissible.               4. I understand it is against regulations to rent or sublease the premise during my absence.               5. My spouse or I will notify the site management office immediately upon my return.               6. I understand the Housing Office will enter my housing unit in case of an emergency.               7. I understand I am responsible for the conduct of my caretaker while in my assigned quarters.           </div>			
Resident's Signature			Date
Caretaker's Signature			Date
Housing Manager's Signature      Approved      Disapproved			Date
Remarks		Reasons for Disapproval	

CFAY-11101/46 (Rev. 6-13)

Original - Housing Office    1st Copy - Resident    2nd Copy - Caretaker

Upon Completion  
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