

ABSENCE FROM QUARTERS NOTICE			
Sponsor's Name	SSN	Rank/Rate/Grade	House Address
Mailing Address (DMS for Deployed)		Contact Information	
		Home	
		Work	
		Cell	
		Email Address	
Date of Absence			
From:		To:	
Applies to:			
Entire Family	Family of the Sponsor only	Sponsor	Deployed Sponsor
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)		Caretaker Contact Info	
		Home	
		Work	
		Cell	
Caretaker will reside in quarters during absence		Email Address	
Yes		No	
CERTIFICATION (Please check each statement)			
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 60 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.			
Resident's Signature			Date
Caretaker's Signature			Date
Housing Manager's Signature		Approved	Disapproved
			Date
Remarks		Reasons for Disapproval	