

ABSENCE FROM QUARTERS NOTICE

Sponsor's Name		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 will reside in quarters during absence Yes _____ No _____		Caretaker Contact Info Home Work Cell Email Address	
<p>CERTIFICATION (read and put initial on each statement)</p> <p>1. During this absence, my residence and grounds will be adequately cared for by the above named caretaker.</p> <p>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.</p> <p>3. I understand absence in excess of 90 days is not permissible.</p> <p>4. I understand it is against regulations to rent or sublease the premise during my absence.</p> <p>5. My spouse or I will notify the site management office immediately upon my return.</p> <p>6. I understand the Housing Office will enter my housing unit in case of an emergency.</p> <p>7. I understand I am responsible for the conduct of my caretaker while in my assigned quarters.</p>			
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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