

SECTOR NORTH CAROLINA INDIVIDUAL DRILL REQUEST AND CERTIFICATION SHEET

INSTRUCTIONS: This Individual Drill Request and Certification Sheet shall be utilized to request/report/record when a member drills outside of their assigned drill dates, per the FY IDT memo. Once the Certifying Official signs this form, immediately deliver/email it to your designated Yeoman.

Name (<i>Last, First, MI</i>):	EMPLID	Rank/Rate:
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Unit and Dept. ID:	Total Paid Drills this FY (<i>excluding below</i>):
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I respectfully request to drill on the following date(s):	Member's Signature:
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As the reserve supervisor, I approve of the amended date(s) as requested. I have ensured that the active duty supervisor is aware of the amended dates. The requested dates have been scheduled and approved in Direct Access.	Reserve Supervisor's Signature:
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Drill Date	Drill Type/ Pay Code	Meal Code	Duty Purpose
1.			
2.			
3.			
4.			
5.			

Summary of Accomplishments:

Drill Type/Pay Code	Duty Purpose	
S – Single Drill (w/pay)	AC Contingency Preparedness	GMT RMP - GENERAL MANDATED TRAININ
M – Multiple Drill (w/pay)	ADM RMP - ADMINISTRATIVE/INDIVIDUA	LC Law Enforcement Contingency
E – Single Drill (w/o pay)	AE Engineering & Logistics	LE Law Enforcement
D – Multiple Drill (w/o pay)	AF Financial Mgmt Supply & Inv	MC Environmental Contingency
	AG Operational Intelligence	ME Environmental Protection
	AK Health Services	MED RMP - MEDICAL OTHER THAN PHA
	AP Personnel Support	NUT RMP - WEIGHT PROGRAM/NUTRITION
	AQ Acquisition - General	PBC POSITION BASED COMPETENCY TRAI
	AT STRUCTURED TRAINING - GENERAL	PC Port Safety & Sec Contingency
B – Breakfast	AW Command, Control & Comms	PHA APPROPRIATE DUTY FOR COMPLETIN
L – Lunch	BA Boating Safety Activity	PS Port Safety & Security
D – Dinner	BC Boating Safety Contingency	SWE RMP FOR RESERVE SERVICE WIDE E
A – All	DN RMP - DENTAL EXAM ANNUAL	

CERTIFYING OFFICIAL SIGNATURE: I certify that this member performed training on the date(s) indicated above. I further certify in accordance with 37 U.S.C. 402(b) that this member received commuted rations while performing Inactive Duty for Training in at least eight hours on the above date(s) and that the above meals were not available to the member either from a government mess or through commercial procurement.

Signature of Certifying Official (<i>Include Name, Rank and Title</i>):	Date:
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