

CG SECTOR JACKSONVILLE

IDT LODGING REQUEST

NAME: _____

GRADE: _____

GENDER: _____

HOME ADDRESS:

CELL PHONE NUMBER: _____

CG E-MAIL: _____

PERSONAL E-MAIL: _____

CHECK-IN DATE: _____

CHECK-OUT DATE: _____

HAVE YOU ENTERED YOUR IDT IN DIRECT ACCESS? _____

HAS YOUR SUPERVISOR APPROVED YOUR DRILL? _____

NAME/SIGNATURE

DATE

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CANCEL THIS REQUEST IAW SECTOR/DXR POLICY IF I WILL NO LONGER NEED IT.