

SECTOR JACKSONVILLE ADT REQUEST FORM

Name: _____

EMPLID: _____

ONLY if sent from CG1 Account

Residence Address: _____

(As listed in Direct Access) _____

Phone Number: _____ Personal Email: _____

Last ASQ Date: _____

Last PHA Date: _____ Security Clearance: _____ (date/level)

Last Dental Date: _____ Dental Class: _____

Unit Address (where you will be drilling): _____

DTOD: _____

LOCAL: (within RCD) Y N _____

Dates of ADT: _____

Mode of Transportation: POV Commercial Carrier Other: _____

Reason for ADT: _____

Is this request in conjunction with TQC orders? Yes No If **Yes ETR/STTR must be routed**. Date Routed if applicable: _____ Please use form on website and route as indicated

Member Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Active Duty Dept Head Signature/Date (E-7 & Above) _____

RFRS Signature: _____ Date: _____

Input DA ADT Request and save. -> Email this form to your supervisor for signature and they will route this to ADMIN for action.

*******DO NOT ROUTE YOUR DA ADT REQUEST TO ANYONE... JUST SAVE IT*******