

AUTHORIZATION AND CERTIFICATION FOR INACTIVE DUTY TRAINING

FOR USE OF THIS FORM, SEE NGR 350-1

SECTION I – GENERAL INFORMATION

1. DATE OF REQUEST	2. ORGANIZATION	3. LOCATION OF TRAINING
4. NAME(S), SSN, GRADE/RANK OF INDIVIDUAL(S) PERFORMING DUTY – OR ATTACH ROSTER, IF APPLICABLE.		
5. DATE(S) OF SUBSTITUTED (M)UTA	6. DATE(S) OF DUTY TO BE PERFORMED	7. TIMES OF DUTY TO BE PERFORMED
8. TYPE OF DUTY TO BE PERFORMED (SEE REVERSE FOR THE TYPE DUTY) CHECK <u>ONE</u> TYPE DUTY ONLY: _____ SUTA _____ ET _____ RMA (CODE 71) _____ RMA (CODE 91) _____ ATA (CODE 51) _____ AFTP (CODE 31) _____ AUTA (CODE 41) _____ NWATA (CODE 61)		

SECTION II - AUTHORIZATION

9. COMPLETE THE APPROPRIATE SECTION BELOW FOR TYPE DUTY TO BE PERFORMED

9a. AUTHORIZATION FOR SUTA The above listed individual(s) is/are hereby authorized to perform a Split Unit Training Assembly (SUTA) in paid status, in proper uniform, during Dates and times indicated above in lieu of the regularly scheduled IDT Period for this unit also indicated. The nature of the duty, training, or instruction will be:	9b. AUTHORIZATION FOR ET – AFTP – ATA – AUTA – RMA – NWT The above listed individual(s) is/are authorized to perform training indicated above, In proper uniform, during the dates and times indicated above. A minimum of four hours each assembly are required. The following training will be performed:
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10. TYPED NAME, GRADE, TITLE OF AUTHORIZING OFFICIAL	11. SIGNATURE	12. DATE
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SECTION III - CERTIFICATION

13. The above listed individual(s) performed the directed/authorized training prescribed above or in accordance with NGR 350-1. The following duty/training was performed:		
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14. TYPED NAME, GRADE, TITLE OF CERTIFYING OFFICIAL	15. SIGNATURE	16. DATE
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