

**ORDER TO RESCHEDULE DRILL ASSEMBLY**

**AUTHORITY:** NGR 50-1; the proponent agency is DCSOPS

**PRINCIPAL PURPOSE:** To reschedule a scheduled Unit Training Assembly by Individual Service Member

**PRIVACY ACT STATEMENT** 

1. NAME (Last, First, MI)

2. DATE: (YYYYMMDD)

3. SSN (Last 4 Digits)

4. EMAIL ADDRESS

5. SERVICE MEMBERS UNIT AND ADDRESS:

6. LOCATION OF ORIGINAL DRILL ASSEMBLY:

TRAINING PERIOD: DATE(S):

START TIME:

7. LOCATION OF DRILL TO BE SPLIT TRAINED:

TRAINING PERIOD: DATE(S):

START TIME:

8. SIGNATURE OF REQUESTING OFFICIAL

DATE SIGNED (YYYYMMDD)

Click here to input Electronic Signature

**COMPLETE THIS SECTION IF APPLICABLE** IF VERBAL OR APPROVAL VIA EMAIL IS ACQUIRED, INITIAL, DATE AND MARK AS VPA

SECTION SERGEANT   SQUAD LEADER   PLATOON SERGEANT   1ST SERGEANT    
INITIAL INITIAL INITIAL INITIAL

9. TO BE FILLED IN BY APPROVING OFFICIAL

APPROVED

DISAPPROVED

10. SIGNATURE OF APPROVING OFFICIAL

DATE SIGNED (YYYYMMDD)

Click here to input Electronic Signature

**CERTIFICATE**

DATE: (YYYYMMDD)

This is to certify that the above listed individual performed the training specified.

SIGNATURE OF SENIOR INDIVIDUAL PRESENT

Click here to input Electronic Signature

**CONTINUATION ORDER TO RESCHEDULE DRILL**

NAME \_\_\_\_\_

DATE (YYYYMMDD) \_\_\_\_\_

**DISPOSITION INSTRUCTIONS:**

COPY 1 To Senior Individual Attending Split Training Assembly.

Upon completion of training, authenticated form will be returned to unit for filing with DA FORM 1379 effected.

COPY 2 Unit Suspense File or Unit Official Training Schedule .

COPY 3 Squad Leader.

COPY 4 Platoon Sergeant.