

NOSC BILLINGS REQUEST FOR ADDITIONAL DRILLS FORM

NAME:	DATE OF REQUEST:
RANK:	
DRILL DATE (YYMMDD/PERIOD):	TYPE OF DRILL (ATP/RMP):
1.	1.
2.	2.
3.	3.
4.	4.
REASON FOR REQUEST:	
TASKS TO BE ACCOMPLISHED:	
<i>I UNDERSTAND THAT IN ACCORDANCE WITH THE CNRF 1001.5F I MAY BE ASSIGNED UNAUTHORIZED ABSENCES IF I FAIL TO REPORT FOR SCHEDULED DRILL PERIODS.</i>	
<i>I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO GIVE A COPY OF THIS APPROVED REQUEST TO S3 (SUPPLY)</i>	
<i>I UNDERSTAND THAT IF S3 DOES NOT RECEIVE A COPY OF THIS APPROVED CHIT WITHIN 72 HOURS OF THE DRILL PERIOD BEGINNING I MAY NOT BE ELIGIBLE FOR BERTHING/MESSING.</i>	
MEMBERS SIGNATURE:	DATE:

ROUTING/APPROVAL

UNIT OIC:	DATE:
<input type="checkbox"/> I CERTIFY THAT I SPOKE WITH THE MEMBER AND THE MEMBER AGREES TO PERFORM ADDITIONAL DRILLS ON THE DATES LISTED ABOVE AND HAS SPECIFIC TASKS TO ACCOMPLISH.	
APPROVED: YES / NO	
REASON FOR DISAPPROVAL:	
N1 (PAY CLERK):	DATE:
APPROVED: YES / NO	
REASON FOR DISAPPROVAL:	
N00C (CMD CHIEF):	DATE:
APPROVED: YES / NO	
REASON FOR DISAPPROVAL:	
N00 (NOSC CO):	DATE:
APPROVED: YES / NO	
REASON FOR DISAPPROVAL:	