

VR 64 CHECK IN/CHECK OUT SHEET

Rank/Name: _____ Check in date: _____

Checking in from: _____ Sponsor: _____

Checking out date: _____ Checking out to: _____

DEPARTMENT	CHECK IN SIGNATURE	DATE	CHECK OUT SIGNATURE	DATE
COMMANDING OFFICER				
EXECUTIVE OFFICER				
COMMAND MASTER CHIEF				
COMMAND CAREER COUNSELOR				
ADMIN/GTCC/NSIPS/PASSPORTS				
SECURITY MANAGER				
TRAINING DEPARTMENT/ASM				
OPERATIONS DEPARTMENT/DTS				
DAPA				
COMMAND FITNESS LEADER				
URINALYSIS				
FINANCIAL SPECIALIST				
NALCOMIS				
TOOL ROOM				
SAFETY				
EWBC/SWO				
MEDICAL				
DEPARTMENT HEAD				
DIVISION CHIEF				
DEPARTEMENT LPO				
SMALL ARMS PROGRAM (AIRCREW)				
WORK CENTER 130/CBR				
87 th SECURITY GROUP				
KEY CONTROL OFFICER				
BAWS COORDINATOR				

VR-64 1070/3 (6/11)

THIS FORM MUST BE TURNED IN TO THE CCC UPON COMPLETION.