

## VR-64 SCHOOL REQUEST WORK SHEET

|   |                        |             |            |
|---|------------------------|-------------|------------|
| PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 U.S.C 301 departmental regulations. The principle purpose is to enable you to make know your desire for training duty. The information will be used to assist in determining your eligibility for approving or disapproving the training duty being requested completion of the form is voluntary, however failure to provide the required information may result in delays, response to or disapproval of your request. |                        |             |            |
| Date of request   | Name (Last, First, MI) | RATE        | FTS/SELRES |
| <b>**NOTE**</b><br>For FTS personnel this form should be accompanied by a "FTS TRAVEL, ORDERS REQUEST".<br>For SELRES personnel this form should be accompanied by a "REQUEST FOR TRAINING ORDERS".   |                        |             |            |
| <b>COURSE INFORMATION</b>   |                        |             |            |
| TITLE:  |                        |             |            |
| CIN:  | CDP:                   | NEC EARNED: |            |
| LOCATION  |                        |             |            |
| DESIRED START DATE:   | END DATE:              | LENGTH:     |            |
| <b>ALTERNATE LOCATION/DATE</b>  |                        |             |            |
| LOCATION:   |                        |             |            |
| DESIRED START DATE:   | END DATE:              | LENGTH:     |            |
|   |                        | DATE        | COMMENTS   |
| SUPERVISOR<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | SIGNATURE              |             |            |
| EWBC/SWO<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | SIGNATURE              |             |            |
| DIV CPO/DIVO<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | SIGNATURE              |             |            |
| MAINT SCPO<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | SIGNATURE              |             |            |
| DEPT HEAD<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | SIGNATURE              |             |            |
| OPS CPO/OFFICER<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | SIGNATURE              |             |            |
| TRAINING COOR<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | SIGNATURE              |             |            |
| CMC (E-7 & ABOVE)<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | SIGNATURE              |             |            |
| COMMENTS  |                        |             |            |

VR64 1500/1 (REV 1/12)