DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D MEDICAL COMMAND
1650 COREY BOULEVARD
DECATUR, GEORGIA, 30032-4864

REPLY TO ATTENTION OF

AFRC-MCGA-HHC (140-185e)

_____
(Date)

MEMORANDUM FOR Commander, HHC, 3D Medical Command, 1650 Corey Boulevard, Decatur, GA 30032

SUBJECT: Request for Rescheduled training: RST ATA ADA RMA ET (circle one)

1. Request I be granted the following in lieu of drill period(s) scheduled for:

_____	_____	_____	_____
(period 1)	(period 2)	(period 1)	(period 2)

a. ( ) Permitted to perform RST on the following dates in lieu of above schedule assemblies:

_____	_____	_____	_____
(period 1)	(period 2)	(period 1)	(period 2)

b. ( ) Excused Absence.

2. Justification for above request is: _____

_____

3. I request that billeting be coordinated. _____ YES _____ NO

<u>RST TRAINING SCHEDULED MUST BE COMPLETED ON BACK</u>**

_____
(Print Rank, Last, First, MI of Requesting Soldier)

_____
(Signature of Requesting Soldier)

Recommend Approval / Disapproval

_____
(Print Rank, Last, First / **Signature**)
(Section OIC / NCOIC)

Approved / Disapproved

PETER G. HOKKY
CPT, MS
Commanding

3D MEDICAL COMMAND

RST Work Plan

SOLDIER INFO: _____

(Rank, Last Name, First Name)

LOCATION: _____ SECTION: _____

DATE	TIME	MISSION/STATEMENT	TRAINER	REMARKS

NOTE:

1. Work plan must accompany RST form.
2. All work plans must be signed by the Commander.

_____

Commander's Signature