INDIVIDUAL MONTHLY DRILL PERFORMANCE

INSTRUCTIONS: 1. The worksheet on the reverse side of this form will be used to itemize drill activity performed in increments of less than four hours. 2. The front page will include documentation of all drill activity claimed for the month, including a summary of those activities on the worksheet (see reverse side) 3. Verification of each claimed activity will be by signature, endorsement, or written statement from a representative of the activity/site sponsoring the CHFCR, CME or mutual support.

ATTENTION: Medical IMA/PRIMUS Reports will be submitted to COMMANDER NAVAL RESERVE READINESS CENTER (specify) via CO MTF/OIC DET, OIC Unit. Other IMA Reports will be submitted to the NAVAL RESERVE READINESS COMMAND

CO MTF/OIC DET, OIC Unit. Other IMA Reports will be submitted to the NAVAL RESERVE READINESS COMMAND											
FROM: NAME/RANK (print or type)					UNIT ASSIGNED:						
To: Commander, Naval Reserve Readiness Center/CommandCode											
Via	: (M	FF/PRIMUS OIC/UN	IT CO)								
1.	I rep	port the following	ng activi	ty creditable fo	or drill.						
NO.		DATE OF	NO. OF	LOCATION OF	DVIIIV DEDECOMED	VERIFICATION					
DRI	NP	DRILLS	HOURS*	DRILL(S)	DUTY PERFORMED	(e.g. signature endorsement)					
						drills performed in one day					
	1 110	Jaib (Cherading	mearb) re	equired for each	nonpay (NI) dilli ii ino	arrirs periormed in one day.					
SIG	NATUI	RE OF MEMBER:				DATE SIGNED:					
FII	RST	ENDORSEMENT	EMENT								
From: (MTF/PRIMUSOIC/UNIT CO)											
To: Commander, Naval Reserve Readiness Center/Command											
1. The following drills are authorized: Drill Pay Non Pay											
NAME:					SIGNATURE:	DATE:					
Сору		RETAIN MEMBER			<u> </u>	<u> </u>					

INDIVIDUAL MONTHLY DRILL PERFORMANCE

ORKSHE	ET OF ACTIV	erse before completion)	MEMBER'S NAME:		
DATE	NUMBER HOURS	LOCATION	ACTIVITY (e.g. clinics, conferences, sessions)	SUBJECT	VERIFICATION (e.g. signature, endorsement