

**TELECOMMUTING DUTY FORM**

The proponent agency is NGB/A1PO. The prescribing directive is ANGI 36-8001.

**SECTION I**

<b>NAME</b>	<b>GRADE</b>

**UNIT**

**SECTION II**

<b>DATE</b>	<b>LOCATION</b>	<b>SUMMARY OF TASKS/PROJECTS WORKED ON</b>	<b>HOURS</b>

\*Time can be shown in quarter hour increments (i.e., 1.25, .75, or 3.5). **TOTAL HOURS**

**SECTION III**

Member requests that hours be approved for pay and points as follows:

Annual Training \_\_\_\_\_ Days

Special Training \_\_\_\_\_ Days

(minimum 8 hours accumulated for 1 day of either)

Inactive Duty Training periods \_\_\_\_\_ periods

(minimum 4 hours per period)

*This form does not replace any military pay documents. Member is responsible for the submission of pay documents.*

<b>TELECOMMUTER SIGNATURE</b>	SUPERVISOR SIGNATURE