

TELECOMMUTING DUTY FORM

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

SECTION I

NAME	GRADE
<input type="text"/>	<input type="text"/>

UNIT

SECTION II

DATE	LOCATION	SUMMARY OF TASKS/PROJECTS WORKED ON	HOURS
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*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.

TELECOMMUTER SIGNATURE	SUPERVISOR SIGNATURE
<input type="text"/>	<input type="text"/>