

TEMPORARY ADDITIONAL DUTY

COMNAVRESFORINST 12001.5

From: _____ **Date:** _____

To: Commanding Officer, _____

1. I will be away (beyond reasonable commuting distance) from this area from _____ to _____.

2. I request authorization to perform Temporary Additional Duty (TAD) at _____
 _____ (Location)

3. Place where I can be contacted during my TAD will be _____
 _____ (Address)

Phone: _____
 _____ (Area code, Number)

 (Reservist's Signature)

FIRST ENDORSEMENT

From: Commanding Officer, _____ **Date:** _____

To: _____

Ref: (a) COMNAVRESFORINST 1001.5
 (b) _____
 _____ (Cite approval from TAD activity)

Encl: (1) Certified copy of Security Clearance (if applicable for rating)

1. Per references (a) and (b), you are authorized to report to _____

 _____ (Name and Location of TAD command)

This duty is only authorized and not directed, and will involve no expense to the government for travel or per diem.

2. Your Inactive Duty Training (IDT) schedule for this period of TAD follows: _____ / _____ / _____
 _____ (Time/Date) _____ (Time/Date) _____ (Time/Date)

Deviations must be with my approval. Uniform requirements are _____

 _____ (Signature) By direction

Copy to:
 TAD Command

SECOND ENDORSEMENT

From: Commanding Officer, _____ **Date:** _____
 _____ (TAD Site)

To: Commanding Officer, _____
 _____ (Parent Unit)

1. The above Reservist reported/failed to report (circle one) IDT so indicated below:

DATE & TIME IN	DATE & TIME OUT	INITIALS	DESCRIBE BRIEFLY TASK, FUNCTION, MISSION OR PROJECT ACCOMPLISHED
AM			
PM			
AM			
PM			
AM			
PM			

NOTE: Time allotted for meals cannot be used to satisfy IDT time requirements, but must be included as part of either the FIRST or SECOND IDT period.

SIGNATURE OF CERTIFYING OFFICIAL	TITLE	DATE
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NOTE: Forward original/cerified copy of this form to Supporting Reserve Activity upon completion of each IDT period/weekend.