

ENLISTED INACTIVE DUTY TRAINING ORDERS TO A NAVAL RESERVE UNIT (OBLIGOR)

NAVRES 1326/5 (Rev. 7-81) S/N 0117-LF-013-2628

PRIVACY ACT STATEMENT

Authority to request this information is derived from 5 United States Code 301, Departmental Regulations. Purpose of this form is to permit an individual to apply for assignment to a Naval Reserve drilling unit. The information is used to evaluate individual's request for assignment to a drilling unit and to notify him/her of that decision. Form becomes a part of the individual's personnel record. Completion of this form is mandatory. Failure to provide required information shall result in your involuntary assignment to the Selective Reserve.

NAME (Last, first, middle)		SSN	RATE	EXP. OBL. SERV.
PRESENT ADDRESS (Street and Number, City, State and Zip Code)			SERVICE RECORD HOLDER	
DATE RELEASED FROM ACTIVE DUTY	LAST SHIP OR STATION			

You are hereby directed to report on _____
(Date of next drill)

To Commanding Officer	
Unit:	APC:
Address (drill site)	

Your assignment to the above unit and commencement of computation toward satisfactory participation (*drill attendance*/ACDTRA) is effective on the following date: _____

You are available for immediate active duty in event of war or national emergency declared by Congress or the President or otherwise authorized by law. When directed by appropriate authority; or upon announcement via radio, other news media, or other means, report on M-Day (*or as otherwise directed*) to your assigned drilling unit.

While Engaged in training pursuant hereto, you are subject to the provisions of the Uniform Code of Military Justice.

These orders remain effective until terminated or cancelled by competent authority, and are contingent upon you eligibility for assignment based on current directives. Information subsequently received which indicates otherwise will be cause for termination.

You are physically qualified in accordance with current SF 88 and 93 having been examined and found physically qualified within the past year.
 You are required to promptly notify your Commanding Officer of any change in your physical condition.

DATE	AUTHENTICATING SIGNATURE (Commanding Officer/O in C Naval Reserve Activity)	RANK
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I certify that I am I am not drawing a pension, retired pay, retainer pay, or disability compensation from the United States Government for prior military service, and that I have I have not a claim pending for any of the aforementioned types of compensation.

I understand the above orders.

(Date)

(Signature of Reservist)