



# ANNUAL TRAINING RELEASE OR CANCELLATION REQUEST

COMNAVRESFORINST 1571.7F

Authority to request this information is derived from 5 USC 301 Departmental Regulations. Purpose of this form is to request waiver from Annual Training. Information is used to evaluate individual's request and notify him/her of decision. Form becomes part of individual's personnel record. Completion of this form is mandatory. Failure to provide required information may result in an inability to process the request.

|  |                            |                   |
|--|----------------------------|-------------------|
| FROM: (Name - Last, First, Middle) _____ | SOCIAL SECURITY NO.: _____ | GRADE/RATE: _____ |
|--|----------------------------|-------------------|

TO: \_\_\_\_\_ (Submit to appropriate command having waiver authority)

VIA: COMMANDING OFFICER \_\_\_\_\_

## FILL IN ALL APPROPRIATE BLANKS

|   |  |
|---|--|
| CANCELLATION<br>REQUEST   | A. DUTY REQUESTED: _____   |
|   | B. I HAVE BEEN ORDERED TO _____ COMMENCING _____                               |
|   | C. ORDER SERIAL NUMBER _____ (Attach information copy of orders, if available) |
| ORIGINAL AND ALL COPIES OF ORDERS MUST BE RETURNED IMMEDIATELY UPON RECEIPT IF CANCELLATION IS DESIRED. |  |

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| WAIVER<br>REQUEST                                  | FISCAL YEAR: _____  | NO. OF DRILLS SCHEDULED/<br>ATTENDED DURING FISCAL<br>YEAR: _____ | NO. OF UNEXCUSED<br>ABSENCES PAST 12<br>MONTHS: _____ | PREVIOUSLY RELEASED<br>FROM TRAINING DUTY<br>OBLIGATIONS:<br><input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, STATE WHAT YEAR AND REASONS: _____      |
|  | DATES AND LOCATIONS OF AT PERFORMED LAST THREE YEARS: _____ |   |   |   | DATE OF AFFILIATION WITH<br>CURRENT UNIT: _____ |
| Enclose all substantiating documents you may have. |   |   |   |   |   |

DETAILED REASONS FOR THIS REQUEST: (If cancellation request, and required annual training not yet performed this fiscal year, indicate month and year you plan to fulfill annual training requirements)

|             |                  |
|-------------|------------------|
| DATE: _____ | SIGNATURE: _____ |
|-------------|------------------|

### FIRST ENDORSEMENT

FROM: COMMANDING OFFICER \_\_\_\_\_ (UNIT) \_\_\_\_\_ (MAILING ADDRESS) \_\_\_\_\_ (ZIP CODE)

TO: \_\_\_\_\_

1. The above information has been verified and is forwarded recommending  APPROVAL  DISAPPROVAL for the following reasons:  
(When Disapproval is recommended, include action taken.)

|             |                  |
|-------------|------------------|
| DATE: _____ | SIGNATURE: _____ |
|-------------|------------------|

### SECOND ENDORSEMENT

FROM: \_\_\_\_\_

TO: COMMANDING OFFICER \_\_\_\_\_ (UNIT) \_\_\_\_\_ (MAILING ADDRESS) \_\_\_\_\_ (ZIP CODE)

1. Returned  APPROVED  DISAPPROVED. (If Disapproved, state action to be taken by Unit Commanding Officer.)

|             |                  |
|-------------|------------------|
| DATE: _____ | SIGNATURE: _____ |
|-------------|------------------|