

AUTHORIZATION FOR INDIVIDUAL INACTIVE DUTY TRAINING

SQUADRON: _____ DATE PERFORMED: _____

Duty Type Codes
 F = AFTP U = RUTA
 P = PT T = TPPA
 Q = EQT

SSAN	Name			Member's Signature
Duty Code	WUC	Time In	Time Out	Certifying Official's Signature

Local Use Only

Authorizing Official

Printed Name, Grade & Title

Signature

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PRIVACY ACT STATEMENT

- 1. **Authority:** Title 37 US code Sec 204 SSAN: Executive Order 9397 10 USC 275.
- 2. **Principal Purpose (s):** Authorize individuals to perform Inactive Duty Training.
- 3. **Routine Uses:** Used to verify performance of Inactive Duty Training for pay purposes and awarding of retirement point credit.
- 4. **Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information:** Providing information on this form is mandatory. SSAN information is one of the edits in the Joint Uniform Military Pay System. If SSAN is not on form individual will not be paid.

WORKDAY UTILIZATION CODES

PROFICIENCY TRAINING

AFTP

TTPA

HA - Crash/Fire Rescue
 HB - Combat Control Team
 HC - Air Weapons Controller
 HD - Air Traffic Controller
 HE - Other

LA - Mission Ready (MR) FLYING
 LB - Mission Support (MS) FLYING
 LC - Mission Ready Ground
 LD - Mission Support Ground

IT - Unit Training Prep Per
 Assembly
 UTA (RUTA, SUTA & EQT)
 KA - Pay Category A
 KB - Pay Category P

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