

INDIVIDUAL INACTIVE DUTY TRAINING (IDT) PARTICIPATION RECORD

		DATE: / /	
NAME: _____	RANK/RATE: _____	SSN: _____ - _____ - _____	
RUIC: _____	UNIT: _____		
<u>ITD ORIGINALLY SCHEDULED FOR</u>	<u>IDT PERIOD</u>	<u>HAS BEEN CHANGED TO (or) ADDITIONAL IDT SCHEDULED FOR</u>	<u>IDT PERIOD</u>
REASON:	1 ST	#	
<u>ITD ORIGINALLY SCHEDULED FOR</u>	<u>IDT PERIOD</u>	<u>HAS BEEN CHANGED TO (or) ADDITIONAL IDT SCHEDULED FOR</u>	<u>IDT PERIOD</u>
REASON:	2 ND	#	
<u>ITD ORIGINALLY SCHEDULED FOR</u>	<u>IDT PERIOD</u>	<u>HAS BEEN CHANGED TO (or) ADDITIONAL IDT SCHEDULED FOR</u>	<u>IDT PERIOD</u>
REASON:	1 ST	#	
<u>ITD ORIGINALLY SCHEDULED FOR</u>	<u>IDT PERIOD</u>	<u>HAS BEEN CHANGED TO (or) ADDITIONAL IDT SCHEDULED FOR</u>	<u>IDT PERIOD</u>
REASON:	2 ND	#	
<u>ITD ORIGINALLY SCHEDULED FOR</u>	<u>IDT PERIOD</u>	<u>HAS BEEN CHANGED TO (or) ADDITIONAL IDT SCHEDULED FOR</u>	<u>IDT PERIOD</u>
REASON:	1 ST	#	
<u>ITD ORIGINALLY SCHEDULED FOR</u>	<u>IDT PERIOD</u>	<u>HAS BEEN CHANGED TO (or) ADDITIONAL IDT SCHEDULED FOR</u>	<u>IDT PERIOD</u>
REASON:	2 ND	#	
COMMENTS:			
TASKS AND ACCOMPLISHMENTS:			
The IDT periods scheduled above are hereby approved.		I certify that a minimum of four hours were performed exclusive of meal for each IDT period.	
_____		_____	
CO or Designated Representative / Date		Mustering Official / Date	
Legend: A - MEMBER ABSENT B - MEMBER PRESENT		Posted to NSIPS: _____ INITIALS	