

AUTHORIZATION FOR INDIVIDUAL INACTIVE DUTY TRAINING

The proponent agency is ANG/FM. The prescribing directive is ANGI 65-101.

PRIVACY ACT STATEMENT

1. **AUTHORITY:** Title 10 USC 275, Title 37 USC 204, and Executive Order 9397.
2. **PURPOSE:** Used to verify performance of Inactive Duty Training for pay purposes and awarding of retirement point credit.
3. **ROUTINE USES:** None
4. **DISCLOSURE:** Mandatory; SSN is required by the Defense Joint Military Pay System (DJMS). If SSN is not provided, individual will not be paid.

NAME: (Last, First, Middle)		SSN:	SQUADRON:		
MEMBER'S SIGNATURE: _____		ORIGINAL SCHEDULED DUTY DATE:			
DUTY CODE:	WUC:	DATE PERFORMED:	TIME IN:	TIME OUT:	PERIOD:
DUTY CODE:	WUC:	DATE PERFORMED:	TIME IN:	TIME OUT:	PERIOD:

FHD	FUNERAL HONORS DETAIL:			
ZZC617 - Enlisted	ZZC507 - Officer	<input type="checkbox"/> Base Pay	<input type="checkbox"/> Retirement Points Only	
(See ANG Pay Message 2003-05 and 2003-8 for format)		<input type="checkbox"/> \$50.00 Stipend	<input type="checkbox"/> Retiree (Must be done on SF 1034)	

DUTY CODES & WORK UTILIZATION CODES

DUTY CODES	AFTP (Additional Flying Training Periods)	PT (Proficiency Training)	EQT and UTA (RUTA, SUTA, & BUTA)	TPPA
F = AFTP P = PT U = UTA Q = EQT T = TPPA	LA - Mission Ready (MR) Flying LB - Mission Support (MS) Flying LC - Mission Ready Ground LD - Mission Support Ground	HA - Crash/Fire Rescue HB - Combat Control Team HC - Air Weapons Controller HD - Air Traffic Controller HE - Other	KA - Pay Category A KB - Pay Category P	IT - Unit Training Prep Period Assembly

LOCAL USE ONLY

CERTIFYING OFFICIAL

PRINTED NAME, GRADE & TITLE:	
SIGNATURE OF CERTIFYING OFFICIAL: _____	DATE:

AUTHORIZING OFFICIAL

PRINTED NAME, GRADE & TITLE:	
SIGNATURE OF AUTHORIZING OFFICIAL: _____	DATE: