

**AUTHORIZATION FOR INACTIVE DUTY TRAINING**

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

**PRIVACY ACT STATEMENT**

1. **AUTHORITY:** Title 37 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; Last four of SSN is required by the Defense Joint Military Pay System (DJMS). If last four of SSN is not provided, individual will not be paid.

(Last, First MI) NAME	(Last four only) SSN XXX - XX	SQUADRON:	DATE DUTY REQUIRED: (YYYYMMDD)
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DUTY CODE	WUC	TIME IN	TIME OUT	LOCAL USE

**MEMBER SIGNATURE**

NAME	DATE:	SIGNATURE:
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**CERTIFYING OFFICIAL**

NAME, GRADE, & TITLE:	DATE:	SIGNATURE:
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**AUTHORIZING OFFICIAL**

NAME, GRADE, & TITLE:	DATE:	SIGNATURE:
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<b>DUTY CODES</b> F = AFTP P = PT U = UTA Q = EQT T = TPPA	<b>WORK UTILIZATION CODES</b>	<b>AFTP</b> LA - Mission Ready (MR) FLYING LB - Mission Support (MS) FLYING LC - Mission Ready Ground LD - Mission Support Ground	<b>PROFICIENCY TRAINING</b> HA - Crash/Fire Rescue HB - Combat Control Team HC - Air Weapons Controller HD - Air Traffic Controller HE - Other	<b>UTA and EQT (RUTA, SUTA &amp; BUTA)</b> KA - Pay Category A KB - Pay Category P	<b>TTPA</b> IT - Unit Training Preparation Period Assembly
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