UNIT TRAINING ASSEMBLY ATTENDANCE ROSTER

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

ORGANIZATION:	LOCATION:
MONTH: YEAR:	SCHEDULED UNIT TRAINING ASSEMBLY DATES:

DUTY CODES: S = SUTA R = RUTA B = BUTA Q = EQT

ATTENDANCE CODES: A = ABSENT E = EXCUSED X = CONSTRUCTIVELY PRESENT / = PRESENT IN FORMATION P = PRESENT, NOT IN FORMATION

GRADE	SSN	NAME	1	2	3	4	TOTAL	REMARKS
		TOTAL PRESENT FOR ROLL CALL						
		INITIALS OF FLIGHT LEADER						

" I certify that the preceding roster is correct and that all personnel have qualified for the number of periods indicated."

SIGNATURE OF CERTIFYING OFFICIAL: _____ DATE: _____