

**Request for Authorization for Rescheduled Training (RST)
Equivalent Training (ET), or Excuse from Regular Scheduled Unit Training
(AR 135-91 and AR 140-1)**

PART I

To be completed by Applicant, FLL & PSG print or type all entries

1. NAME (Last, First, MI):			2. Section and Unit of Assignment SQD PLT 414th MP CO		
3. DMOS:	4. RANK:	5. SSN:	6. Date(s) of Absence:		7. No. of UTA's Missed:
8. REQUEST:					
a. _____ Rescheduled Training (RST) (Complete blocks 12 thru 20)					
b. _____ Equivalent Training (ET) (Complete blocks 13 thru 20)					
c. _____ Excused Absence (No Make-Up) (Complete blocks 18 thru 20)					
9. Reason for Absence:					
10. Signature of Applicant:					11. Date:

PART II

12. The RST Window for this month is:		13. Date of Makeup:	
14. Location of Training:		15. Training will be supervised by:	
		16. Time of Training: FROM _____ TO _____	
17. Duties to be performed:			
18. Recommend:		19. Signature:	
<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval			
20. Date:			

PART III

To be completed by the Commander

21. _____ Approved (Soldier will perform duty as required and submit DA Form 1380 with a copy of this approval to the Orderly Room). _____ Disapproved (Reasons will be listed on reverse of this form and form will be returned thru the section to the soldier listed in Part I).	
22. Signature:	23. Date: <i>Λ-</i>