

872nd MC CO (GRD AMB)**RST REQUEST****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, print or type all entries**

1. NAME (Last, First, MI):			2. Section and Unit of Assignment			
3. DMOS:	4. RANK:	5. SSN:	6. Date(s) of Absence:	7. No. of Drills Missed:		
				Morning	Afternoon	Evening
872nd MC CO (GRD AMB) 6270 MIDWAY STREET SACRAMENTO, CA 95828						
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 19 thru 20)						
9. Reason for Absence:						
10. Signature of Applicant:					11. Date:	

PART II**To be completed by Applicant's Supervisor**

12. The RST Window for this month is: 60 DAYS BEFORE AND 60 DAYS AFTER FROM DATE OF ABSE CE (Do not cross FY)		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: *****SEE ATTACHED WORK PLAN*****		
18. Recommend: ____ Approval ____ Disapproval	19. Supervisor's Signature:	20. Date:

PART III**To be completed by the Commander**

____ Approved (Soldier will perform duty as required and submit DA Form 1380 with a copy of this approval to the Unit Administrator) ____ 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. First Sergeant's Signature:	23. Date:
24. Commander's Signature:	25. Date:

<div>RST WORK PLAN 872nd MC CO (GRD AMB)</div>							
RANK:		NAME:					
PLATOON:			RST DATES:		TO		
LOCATION:							
REPORT TIME:		RST SUPERVISOR:					
UNIFORM:	ACU / APFT (AS REQUIRED BY WORKPLAN AND IAW AR 670-1)						
DUTIES TO BE PERFORMED:							
REMARKS:							
PLATOON LEADER / SERGEANT SIGNATURE:					DATE:		
RST SUPERVISOR SIGNATURE:					DATE:		