

## AUTHORIZATION / PERFORMANCE CERTIFICATE

UNIT DESIGNATION & PAYROLL NUMBER: **PART I. AUTHORIZATION CERTIFICATE**Today's Date: 

The following individual (s) is/are AUTHORIZED to perform a:

☐ Reschedule Drill Prior to a Scheduled Drill☐ Code 51, ATA☐ Reschedule Drill After a Scheduled Drill☐ Code 71, RMA☐ Equivalent Training After a Scheduled Drill☐ Code 91, RMA

NAME	SSN	RANK	DATE (S) & NO. PERIODS TO BE PERFORMED	IN LIEU OF DATE (S) & NO. OF PERIODS
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>
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<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>

Nature of training to be performed: 

Signature of COJS, CDR, Director, or Admin/Tng Officer

Date Signed

**PART II. PERFORMANCE CERTIFICATE**Date Performed: 

I certify that the individual (s) named in Part I of this form, IAW published training schedules, orders or other competent written authority, participated in the type of training indicated in the proper uniform for the required duration on date (s) and number of periods in Part I of this form.

Nature of training performed  
(Include unit trained with if not parent unit): 

Signature of COJS, CDR, Director, or Admin/Tng Officer

Date Signed

**PRIVACY ACT STATEMENT**

1. Authority: 10 USC 275, Executive Order 9397 SSAN.
2. Principal Purpose: The purpose for requiring an individual's SSAN, which is also his military serial number, is to positively identify the individual who is requesting Rescheduled Drill/ETA/RMA/ATA.
3. Routine Use: The SSAN provides an additional identifier not providing information: Mandatory disclosure is necessary in order that the individual who is applying for Rescheduled Drill/ETA/RMA/ATA is credited properly. Without the SSAN, it is possible, particularly in the case of name similarities, to credit the wrong individual for completing Rescheduled Drill/ETA/RMA/ATA.

**DISTRIBUTION:**

Unit DA Form 1379 (1)  
Military Pay Section (1)  
Individual Concerned (1)