ANNUAL TRAINING RELEASE OR CANCELLATION REQUEST

COMNAVRESFORINST 1571.7F

PRIVACY ACT STATEMENT

Authority to request this information is derived from 5 USC 301 Departmental Regulations. Purpose of this form is to request waiver from Annual Training. Information is used to evaluate individual's request and notify him/her of decision. Form becomes part of individual's personnel record. Completion of this form is mandatory. Failure to provide required information may result in an inability to process the request.

FROM: (Name - Last, First, Middle)	SOCIAL SECURITY NO.:	GRADE/RATE:

TO: _____ (Submit to appropriate command having waiver authority)

VIA: COMMANDING OFFICER _____

FILL IN ALL APPROPRIATE BLANKS

CANCELLATION REQUEST

A. DUTY REQUESTED : _____

B. I HAVE BEEN ORDERED TO _____ COMMENCING _____

C. ORDER SERIAL NUMBER _____ (Attach information copy of orders, if available)

ORIGINAL AND ALL COPIES OF ORDERS MUST BE RETURNED IMMEDIATELY UPON RECEIPT IF CANCELLATION IS DESIRED.

WAIVER REQUEST

FISCAL YEAR:	NO. OF DRILLS SCHEDULED/ ATTENDED DURING FISCAL YEAR:	NO. OF UNEXCUSED ABSENCES PAST 12 MONTHS:	PREVIOUSLY RELEASED FROM TRAINING DUTY OBLIGATIONS: ☐ YES ☐ NO	IF YES, STATE WHAT YEARS AND REASONS:

DATES AND LOCATIONS OF AT PERFORMED LAST THREE YEARS:	DATE OF AFFILIATION WITH CURRENT UNIT:

Enclose all substantiating documents you may have.

DETAILED REASONS FOR THIS REQUEST: (If cancellation request, and required annual training not yet performed this fiscal year, indicate month and year you plan to fulfill annual training requirements)

DATE:	SIGNATURE:

FIRST ENDORSEMENT

FROM: COMMANDING OFFICER, _____
(UNIT) (MAILING ADDRESS) (ZIP CODE)

TO: _____

1. The above information has been verified and is forwarded recommending ☐ APPROVAL ☐ DISAPPROVAL for the following reasons:
(When Disapproval is recommended, include action taken.)

DATE:	SIGNATURE:

SECOND ENDORSEMENT

FROM: _____

TO: COMMANDING OFFICER _____
(UNIT) (MAILING ADDRESS) (ZIP CODE)

1. Returned ☐ APPROVED ☐ DISAPPROVED. (If Disapproved, state action to be taken by Unit Commanding Officer.)

DATE:	SIGNATURE: