as of: 1 Jan 2012

SERVICE SCHOOL WORKSHEET

FROM _____ DATE _____

TO G35 ATRRS Quota Source Manager

1. The following information is submitted to request quota for:

Name: Rank: Unit:
SSN: MOS: Sex:
ETS/PCS Date: Soldier is/is not on LD/LIM
School Code: DUTY Class
Course Number: Location: Fort Benning, GA
Course Title:
Class Number: Report date:
Phase (if applicable): ___ (Phase 1 is usually Distance Learning)
Security Clearance (None, secret, Top Secret, etc.):_____
Duty Position:
UIC:
AKO Address: _____@us.army.mil

Marine meets prerequisites IAW prescribed directives to include height/weight and physical fitness requirements.

2. If course requires funding and it is not MTSA funded, funds to be provided by _____.

3. POC: _____
Rank, Name, Phone number

4. POC Email: _____ @usmc.mil

Approving Authority Signature
(**MUST BE SIGNED)**

Approving Authority Signature Block