APPOINTMENT SLIP For use of this form, see DA Pam 600-8						
GRADE AND NAME:		DATE:		UNIT:		
has an appointment with		(Name I	Location, Bldg. No.	Date and Time)		
REASON FOR APPOINTMENT:		(Haino, E		., Date, and Time,		
	SIGNATURE OF 1SG/CDR OR SUPERVISOR					
TIME LEFT UNIT:	TIME ARRIVED AT APPOINTMEN	IT:	TIME LEFT APPO	INTMENT:	TIME ARRIVED AT UNIT:	
			_			
	SIGNATURE OF SUPERVISOR AT APPOINTMENT SITE					
THIS SLIP MUST BE RETURNED TO ORIGINATOR						

FK FORM 130, JUL 2012

PREVIOUS EDITIONS ARE OBSOLETE

FK LF V3.50