## **AUTHORIZATION FOR INDIVIDUAL INACTIVE DUTY TRAINING** The proponent agency is NGB/FM. The prescribing directive is ANGI 65-101. **Privacy Act Statement** AUTHORITY: Title 10 USC 275, Title 37 USC 204, and Executive Order 9397. PURPOSE: Used to verify performance of Inactive Duty Training for pay purposes and awarding of retirement point credit. ROUTINE USES: None. DISCLOSURE: Mandatory; SSN is required by the Defense Joint Military Pay System (DJMS). If SSN is not provided, individual will not be paid. SQUADRON: NAME: (Last, First, Middle) SSN: MEMBER'S SIGNATURE: ORIGINAL SCHEDULED DUTY DATE: DUTY CODE: WUC: DATE PERFORMED: TIME IN: TIME OUT: PERIOD: **DUTY CODE:** WUC: DATE PERFORMED: TIME IN: TIME OUT: PERIOD: **FHD** FUNERAL HONORS DETAIL: ZZC617 - Enlisted ZZC507 - Officer ☐ Base Pay Retirement Points Only (See ANG Pay Message 2003-05 and 2003-8 for format) \$50.00 Stipend Retiree (Must be done on SF 1034) **DUTY CODES & WORK UTILIZATION CODES DUTY CODES EQT and UTA AFTP** PT (Proficiency Training) **TPPA** (Additional Flying Training Periods) (RUTA, SUTA, & BUTA) F = AFTPHA - Crash/Fire Rescue IT - Unit Training Prep P = PTLA - Mission Ready (MR) Flying HB - Combat Control Team KA - Pay Category A Period Assembly LB - Mission Support (MS) Flying KB - Pay Category P U = UTAHC - Air Weapons Controller LC - Mission Ready Ground Q = EQTHD - Air Traffic Controller LD - Mission Support Ground T = TPPAHE - Other **LOCAL USE ONLY CERTIFYING OFFICIAL** PRINTED NAME, GRADE & TITLE: SIGNATURE OF CERTIFYING OFFICIAL: DATE: **AUTHORIZING OFFICIAL** PRINTED NAME, GRADE & TITLE: SIGNATURE OF AUTHORIZING OFFICIAL: DATE: