APPLICATION FOR ACTIVE DUTY TRAINING *(RPA Tour)*

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 672(d) and 8013; 44 U.S.C. 3101; and EO 9397.
PRINCIPAL PURPOSE: To make application for tours of active duty.
ROUTINE USES: Information furnished may be disclosed to any DoD component, other federal, state and local governmental agencies in the pursuit of their official duties.
DISCLOSURE IS VOLUNTARY: Failure to provide the information will preclude the publishing of orders and member will not perform tour of duty. If marital status information is not disclosed, dependents will be denied the use of authorized facilities and services during period of duty by member.

I. PERSONAL INFORMATION *(To be completed by Reservist)*

TO *(Unit of Assignment)*	NAME *(Last, First, MI)*	GRADE	SSN
CURRENT ADDRESS *(Include ZIP Code)*	CIVILIAN OCCUPATION	AFSC	
	HOME TELEPHONE *(Include area code)*	WORK TELEPHONE	

MARITAL STATUS		NEAREST MAJOR AIRPORT/CITY
☐ MARRIED	☐ SINGLE	

II. TRAINING INFORMATION *(Check one)*

☐ ANNUAL TRAINING ☐ SCHOOL TOUR ☐ SPECIAL TOUR

NUMBER ACTIVE DUTY DAYS	INCLUSIVE TRAINING DATES *(Excluding tvl) (Must = # active duty days.)*	REPORT TO *(Complete organization and address including ZIP code)*

TRAVEL ARRANGEMENTS *(Will not commute tours only)*
The orders issuing authority retains approval/disapproval right on mode of transportation.

☐ I desire to travel by personal conveyance. I understand if it is more economical I will be directed to travel by commercial air.

☐ I desire travel by commercial air and request a ticket be obtained in my behalf. I understand the ticket will be sent to me with my orders. *(You will normally be scheduled to arrive/depart as nearly as possible to your required reporting and departure times.)*

I wish to depart from/return to: | I am available for travel after *(hours):*

☐ I will arrange my own transportation through the following SATO:

DATE	SIGNATURE OF RESERVIST

III. COMMAND APPROVAL *(To be completed by commander or authorized representative where performing duty)*

TRAINING IS *(If disapproved, return to member with explanation in Remarks)*		REPORTING/DEPARTURE TIME *(Complete only if mission requires specific times)*			
☐ APPROVED	☐ DISAPPROVED	REPORT NLT TIME	REPORT NLT DATE	DEPART NET TIME	DEPART NET DATE

Approval has been obtained from unit with which annual training or active duty training is to be performed. All Category B & D IMAs must justify 14-day Annual Training Tours and tours which include holidays. *(Explain in Remarks when tour extends over a holiday.)*

Check the appropriate blocks when the tour of duty is for annual training:

☐ Request this special or school tour be credited as substitute for annual training.

☐ Multiple annual training tour is approved. Member has performed the following days of required annual training this FY*(Days):*

Number RPA or annual tour days performed this FY *(Days):*

The installation commander has determined that the member's home or place from which ordered to duty and the duty station	☐ is within the corporate limits	☐ member will commute
	☐ is not within the corporate limits	☐ member will not commute

DATE	NAME, GRADE, AND TITLE, AND PHONE NUMBER	SIGNATURE

IV. ANNUAL TOUR APPROVAL OR RESERVE PERSONNEL APPROPRIATION *(RPA)* MAN-DAY ACCOUNTABILITY

(For MAJCOM/FOA/Single Manager use only)

☐ TOUR IS APPROVED ☐ TOUR IS DISAPPROVED *(If disapproved return to activity requesting tour)*

CHARGE SPECIAL/SCHOOL TOUR TO WORK CENTER CODE	TRAINING CATEGORY CODE *(TCC)* FOR SCHOOL OR SPECIAL TOUR OF DUTY

DATE	TITLE OF MAJCOM/FOA/SINGLE MANAGER, AND PHONE NUMBER	SIGNATURE

REMARKS *(If more space is needed, continue on reverse and identify item)* | **ESP CODE:**