DIRECTION

MONTHLY REPORT

ORGANIZATION

STATION OR LOCATION

NAME	SERIAL NUMBER	GRADE	MOS	REMARKS
No change				
No limited asgn & personnel assd or stchd				
unassd this org.				

	ASSIGNED		TOTAL	AUTH STRENGTH	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	A W O L	SICK	IN QTRS	IN HOSP	TDY	REMARKS
OFF												
WO												
EM												
OFF	2		2		1		1					
WO	5		5		4		1					
EM	4		4		4							
EM	11		11		9		2					
OFF	0/1		0/1		0/1							
WO	3		3		3							
EM	17/0		17/0		16/0		1					
OFF	15/3		15/3		15/3							
WO	16/4		16/4		16/3		1					
EM	101		101		99		2					
WO	6		6		4						2	
EM												
EM	160		160		154		4				2	

I CERTIFY THAT THIS WORK IS CORRECT: PAGE 1 OF 1 PAGES

SIGNATURE

[illegible] ANDERSON

CAPT INF

(GRADE) (ARM OR SERVICE)