INDIVIDUAL MONTHLY DRILL PERFORMANCE

COMNAVSURFRESFORINST 1570.2
COMNAVRESFORINST 1570.9B
COMNAVRESFOR 1570-16

INSTRUCTIONS: 1. The worksheet on the reverse side of this form will be used to itemize drill activity performed in increments of less than four hours. 2. The front page will include documentation of all drill activity claimed for the month, including a summary of those activities on the worksheet (see reverse side). 3. Verification of each claimed activity will be by signature, endorsement, or written statement from a representative of the activity/site sponsoring the CHEER/CME or mutual support.

ATTENTION: Medical IMA/PRIMUS Reports will be submitted to COMMANDER NAVAL RESERVE READINESS CENTER (specify) via C.O. MTF/OIC DET/OIC Unit. Other IMA Reports will be submitted to the NAVAL RESERVE READINESS COMMAND.

FROM: NAME/RANK (print or type) | UNIT ASSIGNED:

To: Commander, Naval Reserve Readiness Center/Command _____ Code _____

Via: (MTF/PRIMUS OIC/UNIT C.O.) _____

1. I report the following activity creditable for drill.

NO. OF DRILLS		DATE OF DRILL(S)	NO. OF HOURS*	LOCATION OF DRILL(S)	DUTY PERFORMED	VERIFICATION (e.g. signature, endorsement)
DP	NP					

*4 hours (excluding meals) required for each pay drill.
3 hours required if only one nonpay (NP) drill performed in one day.
4 hours (excluding meals) required for each nonpay (NP) drill if TWO drills performed in the same day.

SIGNATURE OF MEMBER: | DATE SIGNED:

FIRST ENDORSEMENT

From: (MTF/PRIMUS OIC/UNIT C.O.) _____

To: Commander, Naval Reserve Readiness Center/Command _____ Code _____

1. The following drills are authorized: Drill Pay _____ Non Pay _____

NAME: | SIGNATURE: | DATE:

Copy to: RETAIN
MEMBER