

Long Term Health Education and Training Action Request

Form

Requesting Officer's Name:
(Last, First, Middle Initial)

Rank:

SSN (last 4 digits):

Branch:

Type of waiver being requested:

****Ensure you have provided supporting documentation for each action request (ex. Consultant concurrence, University documentation, etc.)****

In the space provided below: Please explain WHY you are requesting this waiver.

Requesting Officer's Signature:

In the space provided below: The Consultant/DCN/GME will concur or nonconcur and provide comments on the requested action, especially for nonconcurrences.

CONCUR

NONCONUR

Consultant/DCN/GMA Signature:

In the space provided below: The HRC Branch Chief will concur or nonconcur and provide comments on the requested waiver, especially for nonconcurrences.

CONCUR

NONCONCUR

HRC Branch Chief's Signature:

The Corps Chief/Corps Designee will approve or disapprove and provide comments on the requested waiver, especially for disapprovals.

APPROVE

DISAPPROVE

Corps Chief/Designee Signature:

