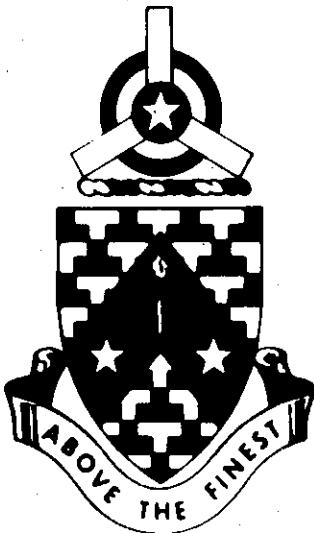


## PROGRAMED TEXT

UNIT ADMINISTRATION  
PART IV

0-62 b  
(0-100 b) new mod  
wo aviator



MARCH 1968

UNITED STATES ARMY  
PRIMARY HELICOPTER SCHOOL  
FORT WOLTERS, TEXAS

# PROGRAMMED TEXT

**PROGRAM TEXT****FILE NO:****PROGRAM TITLE**

Unit Administration Part IV

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**POI SCOPE:** Preparation of DA Form 31 (Leaves and Passes), purpose of DA Form 647 personnel register and proper steps in signing out.

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**INSTRUCTOR REFERENCES:**

AR 630-5, AR 210-10, DA Form 31, DA Form 647

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**PREPARED BY:**Mr. Norris  
Leadership Branch**DATE:**

3 April 1968

---

**REVISED BY:****DATE:****APPROVED BY:** *William H. Edwards LTC***DATE:**✓FREDERICK B. WELLER, LTC  
Chief, TP&A

May 1968

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**PROGRAMED TEXT**  
**FILE NO:**

**PROGRAM TITLE:**

Unit Administration Part IV

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## PREFACE

This programed text will require you to prepare DA Form 31 (Leave and Passes). It will also point out the purpose of DA Form 647 (Personnel Register) and require you to follow the proper steps in signing out.

This text will require responses from you as well as practical exercises.

Start with frame 1 and work each frame in succession. Each frame will usually ask you a question. The correct answer is printed on the top of the next frame. If you were incorrect, turn back and restudy the information before continuing on to the next frame. When you have finished the text, complete the self evaluation exercise. Now begin by studying the performance objectives on page 1.

## **PERFORMANCE OBJECTIVES**

Upon completion of this programed text you will be able to:

1. Prepare DA Form 31 (Leaves and Passes).
2. Identify purpose and properly complete unit sign out register, (DA Form 647).

FRAME 1

The DA Form 31, "Request and Authority," is prepared in three copies.

Copy 1 (Individual) The individual must have in his possession at all times authority for and proof of his being on authorized leave.

Copy 2 (Organization) Is left at the personnel register when departing on leave. This copy is forwarded to the morning report clerk who posts the sign out and sign in time on the reverse side.

Copy 3 (Suspense) Is also left at the personnel register when departing on leave, and is forwarded to the custodian of military leave records.

Who gets copy 1 of DA Form 31?

- (A) Organization
- (B) Individual
- (C) Morning report clerk
- (D) Company commander

TURN TO FRAME 2 PAGE 4

Answer to Frame 6

10. (Approving Authority) APPROVED. THE ORGANIZATION, AND SUSPENSE COPIES OF THIS FORM WILL BE FURNISHED THE APPROPRIATE CUSTODIAN OF THE MORNING REPORT AND CUSTODIAN OF THE INDIVIDUAL'S MILITARY LEAVE RECORD RESPECTIVELY. (NOTE: AR 630-5 requires the approving authority, prior to approving leave, to ascertain that the individual has sufficient leave accrued to cover the entire period of absence requested, or that advance or excess leave, if requested, is authorized.)			
11. REMARKS: DA FORM 2407 <input checked="" type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN ISSUED.			
<p><i>SIGN OUT AND DEPARTURE WILL NOT BE PERFORMED UNTIL 0600 HRS.</i></p>			
12. DATE APPROVED <b>15 MARCH 68</b>	13. NAME, GRADE & TITLE OF APPROVING AUTHORITY <b>JONES, DAVID L. MAJ 10TH. W.O.C. COMMANDER</b>	14. SIGNATURE OF APPROVING AUTHORITY <i>David L. Jones</i>	PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.
DA FORM 31 1 AUG 68			INDIVIDUAL 1

TURN TO FRAME 7 PAGE 5

Answer: B. Individual

FRAME 2

The individual requesting leave fills out block 1-9 of the DA Form 31.

Block 1 - Date when individual requested leave.

Block 2 - Type or print in ink; name, grade and service number of individual.

Block 3 - Organization and station of individual.

Block 4 - Either list the leave as ordinary or other. Ordinary leave is the usual type of leave requested. Other you must specify such as pass, convalescent leave, excess leave.

Which of the following types of leave would be entered as ORDINARY leave?

five days of accrued leave and emergency leave.  
(B) three day pass  
(C) three day convalescent leave  
(D) three day excess leave

REQUEST AND AUTHORITY FOR LEAVE (AR 630-5)		1. DATE
2. NAME, GRADE AND SERVICE NUMBER	3. ORGANIZATION AND STATION	
4. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> OTHER (Specify)	5. PERIOD OF AUTHORIZED ABSENCE 6. NO. OF DAYS    7. DATE FROM    8. DATE TO (Inclusive)	
6. <input type="checkbox"/> a. I HAVE SUFFICIENT LEAVE ACCRUED TO COVER THIS ABSENCE. <input type="checkbox"/> b. I DO NOT HAVE SUFFICIENT LEAVE ACCRUED TO COVER THIS ABSENCE AND I REQUEST ____ DAYS ADVANCE LEAVE AND/OR ____ DAYS EXCESS LEAVE <input type="checkbox"/> c. I REQUEST A DA FORM 2467 (Casual Payment Record).	7. LEAVE ADDRESS	
8. I HAVE READ AND UNDERSTAND THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM. I WILL SIGN OUT AND IN ON THE PERSONNEL REGISTER OF MY UNIT UPON BEGINNING AND TERMINATING THIS LEAVE.	9. SIGNATURE	
10. (Approving Authority) APPROVED. THE ORGANIZATION, AND SUSPENSE COPIES OF THIS FORM WILL BE FURNISHED THE APPROPRIATE CUSTODIAN OF THE MORNING REPORT AND CUSTODIAN OF THE INDIVIDUAL'S MILITARY LEAVE RECORD RESPECTIVELY. <i>(NOTE: AR 630-5 requires the approving authority, prior to approving leave, to ascertain that the individual has sufficient leave accrued to cover the entire period of absence requested, or that advance or excess leave, if requested, is authorized.)</i>		
11. REMARKS: DA FORM 2467 <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN ISSUED.		
12. DATE APPROVED	13. NAME, GRADE & TITLE OF APPROVING AUTHORITY	14. SIGNATURE OF APPROVING AUTHORITY

DA FORM 31  
1 AUG 65

PREVIOUS EDITIONS OF THIS FORM  
ARE OBSOLETE.

ORGANIZATION 2

The official personnel register (DA Form 647) is a source document for use in preparation of the morning report. It will be used at the lowest level of command responsible for preparing the morning report in registering military personnel upon permanent arrival or departure, temporary duty, leave or pass.

The staff duty officer will authenticate the register at a specific time. A separate register will be made out for each day and cover from 0001 hours to 2400 hours. All entries will be neat and typed or printed in ink, except for the signature. All personnel will sign in and out in person. Reconstruction of this original document for the purpose of improving appearance is prohibited.

(1) When the personnel register is closed and authenticated it goes to the

(A) Company clerk      (C) Post commander  
(B) Company commander      (D) First sergeant

(2) A new personnel register will be made out for each

(A) entry      (C) week  
 (B) day      (D) month

(3) The company clerk may remake a page of the personnel register if some of the entries are not neat.

a.  true

b.  false

Answer: A. five days of accrued leave

FRAME 3

Block 5 (a through c) - period of absence requested

5a - number of days requested

5b - date leave is to start

5c - date leave is to end

The day you sign out; no matter what time, counts as your first day of leave. The day you sign in; no matter what time, is a day of duty. You must sign in not later than 2400 hours of the day following the date in block 5c or you may be considered AWOL.

If you sign in at 1800 hours the day after the date entered in block 5c, that day will be considered as:

- (A) a day of leave.
- (B) being AWOL 18 hours.
- (C) a day of duty.

REQUEST AND AUTHORITY FOR LEAVE (AR 630-5)		1. DATE
2. NAME, GRADE AND SERVICE NUMBER		3. ORGANIZATION AND STATION
4. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> OTHER (Specify)		5. PERIOD OF AUTHORIZED ABSENCE 6. NO. OF DAYS      7. DATE FROM      8. DATE TO (Inclusive)
6. a. I HAVE SUFFICIENT LEAVE ACCRUED TO COVER THIS ABSENCE. b. I DO NOT HAVE SUFFICIENT LEAVE ACCRUED TO COVER THIS ABSENCE AND I REQUEST ____ DAYS ADVANCE LEAVE AND/OR ____ DAYS EXCESS LEAVE. c. I REQUEST A DA FORM 2487 (Casual Payment Record).		7. LEAVE ADDRESS
8. I HAVE READ AND UNDERSTAND THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM. I WILL SIGN OUT AND IN ON THE PERSONNEL REGISTER OF MY UNIT UPON BEGINNING AND TERMINATING THIS LEAVE.		9. SIGNATURE
10. (Approving Authority) APPROVED. THE ORGANIZATION AND SUSPENSE COPIES OF THIS FORM WILL BE FURNISHED THE APPROPRIATE CUSTODIAN OF THE MORNING REPORT AND CUSTODIAN OF THE INDIVIDUAL'S MILITARY LEAVE RECORD RESPECTIVELY. (NOTE: AR 630-5 requires the approving authority, prior to approving leave, to ascertain that the individual has sufficient leave accrued to cover the entire period of absence requested, or that advance or excess leave, if requested, is authorized.)		
11. REMARKS: DA FORM 2487 <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN ISSUED.		
12. DATE APPROVED	13. NAME, GRADE & TITLE OF APPROVING AUTHORITY	14. SIGNATURE OF APPROVING AUTHORITY

DA FORM 31  
1 AUG 65

PREVIOUS EDITIONS OF THIS FORM  
ARE OBSOLETE.

SUSPENSE 3

Answers: 1. A. Company clerk  
2. B. Each day  
3. B. False

FRAME 8

Study the form depicted on the next page and note the entries and instructions contained in each block.

Answer: C. A day of duty

FRAME 4

Block 6 is a statement by the individual as to the status of his accrued leave.

6a - I have sufficient leave accrued to cover requested leave.  
6b - I don't have sufficient leave, and must have \_\_\_\_\_ days advanced or excess leave to cover this absence.

Advance leave is leave you have not accrued, but have sufficient time to go on your present enlistment or service obligation to accrue this leave. It is taken with all pay and allowances. Excess leave is leave you have not accrued and do not have sufficient time left on present enlistment to accrue. It is taken without pay and allowances.

6c - Casual Payment Record DA Form 2467 may be issued to all individuals who take leave for more than ten days. (DA Form 2467 can be used to draw pay at other installations.)

A casual payment record may be issued to all individuals who:

- (A) Request and take leave.
- (B) Will be on leave during pay day.
- (C) Take leave for ten days or more.
- (D) Take leave for nine days.

INSTRUCTIONS TO INDIVIDUAL

This request (BLOCKS 1 THROUGH 9) will be prepared in triplicate and presented to the approving authority. When granted leave, you assume full responsibility for your travel expenses to include return to proper station. You should have available sufficient funds to defray all expenses. If requested leave exceeds 10 days, you may request Casual Payment Record (DA Form 2467) by checking Block 6c. However, the mere possession of the DA Form 2467 does not qualify you for a casual payment. This form must be presented together with DA Form 2467 in order to obtain a casual payment while on leave.

Before departing from your unit, you must sign out on the Personnel Register (DA Form 647 or 647-1). Failure to do so will make you liable to disciplinary action. You must have this authority for leave in your possession at all times. The approving authority, shown in Block 18, should be advised by the most expeditious means in case of a serious accident or illness, or if for ANY reason it is impossible for you to report for duty on or before the date you are to return from leave.

If you require medical treatment while on leave, you should report to the nearest military medical facility. Medical treatment at Government expense at other than military

facilities is authorized only in emergencies when it cannot be obtained from such Government facilities. In the event of hospitalization in a civilian facility, the approving authority should be notified as soon as possible of the date and place of hospitalization, together with the nature of the illness or injury. You will advise the approving authority as soon as possible of any medical treatment obtained from civilian hospital or physician.

If you have no means to return to your proper station, report to the nearest military installation. The cost of subsistence and transportation furnished you will be charged against your military pay account.

You must report for duty not later than 2400 hours (Midnight) of the day following the date shown in Item 5c. You may report for duty at an earlier date if you wish, in which case you will not be charged for the unused portion of your leave.

Upon return from leave, you must sign in on the Personnel Register. DA Form 2467, Casual Payment Record, if issued, must be returned to the approving authority whether used or unused.

*Form 9*

THE FOLLOWING ARE SPECIFIC INSTRUCTIONS FOR USE IN MAKING ENTRIES IN THE REGISTER:

DA FORM 1, JUL 64 647

PERSONNEL REGISTER (AR 210-10)							
DATE		DATE AND TIME IN		DATE AND TIME OUT		HOME STATION AND ORGANIZATION	
		a		b		c	
	Date will also be entered here even though register is made out daily and dated.						
	Date will also be entered here even though register is made out daily and dated.						
	Name will be printed at top of block. Signature will be placed below it.						
	Enter complete service number.						
	Enter appropriate rank.						
	Enter arm of service as indicated on orders.						
	For arrivals, enter home station and organization as indicated on orders; for departures, enter home station and organization from which leaving.						

REPLACES EDITION OF 1 JUL 58 WHICH WILL BE USED UNTIL 1 JUL 65 U

Answer: C. Take leave for ten days or more.

FRAME 5

Block 7 - Complete address where you can be located during leave, and phone number if possible.

Block 8 - Instructions and statement of having read instructions on reverse side of copy 1.

Block 9 - Payroll signature.

Fill out DA Form 31, block 1-9, for the following officer.

CPT Robert J. Smith, 05317012, decided on the 10 March 1968, that he would like to go on leave. He is requesting four days of ordinary leave to begin on 20 March 1968 and is going to 903 Day Street, Alpine, Texas, Phone TA3-7116. At the end of this leave CPT Smith will have 21 days of accrued leave. He is stationed with 10th WOC, USAPHC, Fort Wolters, Texas.

REQUEST AND AUTHORITY FOR LEAVE (AR 690-6)			1. DATE 10 MAR 1968
2. NAME, GRADE AND SERVICE NUMBER <b>ROBERT J SMITH C-3 05317012</b>		3. ORGANIZATION AND STATION <b>ARMY FT WOLTERS</b>	
4. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> OTHER (Specify)		5. PERIOD OF AUTHORIZED ABSENCE a. NO. OF DAYS <b>4</b>	
		b. DATE FROM <b>20 MAR 68</b>	c. DATE TO (Inclusive) <b>24 MAR 68</b>
6. <input checked="" type="checkbox"/> a. I HAVE SUFFICIENT LEAVE ACCRUED TO COVER THIS ABSENCE <input type="checkbox"/> b. I DO NOT HAVE SUFFICIENT LEAVE ACCRUED TO COVER THIS ABSENCE AND I REQUEST <u>      </u> DAYS ADVANCE LEAVE AND/OR <u>      </u> DAYS EXCESS LEAVE. <input type="checkbox"/> c. I REQUEST A DA FORM 2487 (Casual Payment Record).		7. LEAVE ADDRESS <b>903 Day St. alpine Texas</b>	
8. I HAVE READ AND UNDERSTAND THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM. I WILL SIGN OUT AND IN ON THE PERSONNEL REGISTER OF MY UNIT UPON BEGINNING AND TERMINATING THIS LEAVE.		9. SIGNATURE <b>Robert J. Smith</b>	

AUTHORITY (SO, Tel O, Type Pass)	TEMPORARY ADDRESS AND TELEPHONE NUMBER	DESTINATION AND PURPOSE	DATE DUE TO RETURN	STATUS AND LENGTH OF STAY
Enter a citation of the order: e.g. S.O. LO. 89, Hq DA.	126,	FT MEADE OFF. CLUB RT 3-7649	117TH ARVN CAV FT MEADE MD	, ,
Enter address and telephone number where you can be reached while away from home station.	, ,	1912 S.W. 19TH ST. ALPINE, TEXAS TA 4-6614	ALPINE, TEXAS LEAVE	, ,
When the destination or final address is different to temporary address, enter it here; otherwise enter temporary address again. Enter purpose below address; e.g. leave, pass, T.D.Y., P.C.S.	, ,	P.C.S.	18 MARS	L V
Entered on orders or in Block 5c of DA Form 31.	, ,	5 DAY	, ,	, ,
Difference between time signing out and date to return.	, ,	, ,	, ,	, ,

## Answer to Frame 5

REQUEST AND AUTHORITY FOR LEAVE (AR 680-5)		1. DATE 10 MARCH 68
2. NAME, GRADE AND SERVICE NUMBER <b>SMITH, ROBERT J CPT</b> <b>05317012</b>	3. ORGANIZATION AND STATION <b>10TH. W. O. C., USAPHC</b> <b>FT WOLTERS, TEX</b>	
4. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> OTHER (Specify)	5. PERIOD OF AUTHORIZED ABSENCE	
	6. NO. OF DAYS <b>4</b>	6. DATE FROM <b>20 MARCH 68</b>
		6. DATE TO (Inclusive) <b>23 MARCH 68</b>
6. <input checked="" type="checkbox"/> a. I HAVE SUFFICIENT LEAVE ACCRUED TO COVER THIS ABSENCE. <input type="checkbox"/> b. I DO NOT HAVE SUFFICIENT LEAVE ACCRUED TO COVER THIS ABSENCE AND I REQUEST <u>     </u> DAYS ADVANCE LEAVE AND/OR <u>     </u> DAYS EXCESS LEAVE. <input type="checkbox"/> c. I REQUEST A DA FORM 2487 (Casual Payment Record).		7. LEAVE ADDRESS <b>903 DAY STREET</b> <b>ALPINE, TEXAS TA3-7116</b>
8. I HAVE READ AND UNDERSTAND THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM. I WILL SIGN OUT AND IN ON THE PERSONNEL REGISTER OF MY UNIT UPON BEGINNING AND TERMINATING THIS LEAVE.		
9. SIGNATURE <i>Robert J. Smith</i>		

Fill out correctly using the information in Frame 10.

DATE		PERSONNEL REGISTER (AR 210-10)				
DATE AND TIME IN	DATE AND TIME OUT	NAME (Print) (1st Line) SIGNATURE (2d Line)	SVC NO (MID) POSITION TITLE (Civilian)	GRADE	BRANCH	HOME STATION AND ORGANIZATION
		SHERIN, JOHN C John C. Sherin	RA1200 5527	SFC E-5	Army	ft. Wotter HHC 3d Bn SFC HHS

ORGANIZATION				
AUTHORITY (SO, Tel O, Type Pass)	TEMPORARY ADDRESS, AND TELEPHONE NUMBER	DESTINATION AND PURPOSE	DATE DUE TO RETURN	STATUS AND LENGTH OF STAY

DA FORM 1 JUL 64 647

FRAME 6

Block 10-14 is filled out by the approving authority.

Block 10 - Contains instructions for the approving authority.

Block 11 - Indicates whether or not DA Form 2467 casual payment record has been issued to the individual or not. Any other instruction or remarks desired by the approving authority.

Block 12 - The date that the approving authority approved the pass or leave.

Block 13 - Typed or printed name, grade and title of approving authority.

Block 14 - Payroll signature of approving authority.

Fill out block 11-14 for Major David L. Jones, Commanding Officer, 10th WOC Company. Major Jones checked Smith's leave record and approved his leave on 15 March 68. A DA Form 2467 was not necessary. Due to post policy, no one can sign out on leave until 0600 hours in the morning.

10. (Approving Authority) APPROVED. THE ORGANIZATION, AND SUSPENSE COPIES OF THIS FORM WILL BE FURNISHED THE APPROPRIATE CUSTODIAN OF THE MORNING REPORT AND CUSTODIAN OF THE INDIVIDUAL'S MILITARY LEAVE RECORD RESPECTIVELY. (NOTE: AR 630-5 requires the approving authority, prior to approving leave, to ascertain that the individual has sufficient leave accrued to cover the entire period of absence requested, or that advance or excess leave, if requested, is authorized.)		
11. REMARKS: DA FORM 2467 <input type="checkbox"/> HAB <input type="checkbox"/> HAS NOT BEEN ISSUED.		
12. DATE APPROVED	13. NAME, GRADE & TITLE OF APPROVING AUTHORITY	14. SIGNATURE OF APPROVING AUTHORITY

DA FORM 31  
1 AUG 65

PREVIOUS EDITIONS OF THIS FORM  
ARE OBSOLETE.

INDIVIDUAL 1

STOP. RETURN TO PAGE 3 FOR ANSWER TO FRAME

## FRAME 10

Sign out on the attached personnel register for SP 5 John C. Sherin from the orders below. He departed at 1145 hours on the 16th of March.

## DEPARTMENT OF THE ARMY

## HEADQUARTERS

UNITED STATES ARMY PRIMARY HELICOPTER CENTER/SCHOOL  
Fort Wolters, Texas 76067

SPECIAL ORDERS  
NUMBER 60

8 March 1968

E X T R A C T

10. TC 223. Fol reassignment dir for fol indiv assg HHC 2d Bn Trp Bde USAPHC this sta. WP TDN TDPFO 2182020 32-20 P2160-21 S99-999

Asg to: Stu Co USAAVNS Ft Rucker, Ala (TDPFO)

Rept date: NLT 1600 20 Mar 68

Pd: Approx 16 wks

Crs: Phase III WO Rotary Wing Aviator Crs 1-R-062B (C) 1-R-062C

C1 no: DA 68-9 USAPHC 68-13

Lv data: None

PCS(MDC): 2C

Auth: AR 611-215

EDCSA: 18 Mar 68

Sp instr: 3 days TTA. Movement of depn & HHG to temp sta not auth at Govt expense. WP: 16 Mar 68. Colm 1 indic PPSC; Colm 2 indic # depn; Colm 3 indic Scty clnc.

NAME	SN	GRADE	MOS	ADC	BASD	BPED	ETS	1	2	3
CLARK, RONALD W SSAN 530-28-6216	RA19771514	SP5 E5	67D20	3yr	Jun63	Jun63	Jun70	A	3	S
HECK, ROBERT L JR SSAN 314-48-2341	RA16950859	SP5 E5	09B00	2yr	Jun67	Apr67	Jun69	A	1	S
→ SHERIN, JOHN C SSAN 059-38-5542	RA12705527	SP5 E5	67M20	6yr	Apr64	Apr64	Aug72	A	2	TS

11. TC 223. Fol reassignment dir for fol indiv assg HHC 2d Bn Trp Bde USAPHC this sta. WP TDN TDPFO 2182020 32-20 P2160-21 S99-999

Asg to: Stu Co USAAVNS Ft Rucker, Ala (TDPFO)

Rept date: NLT 1600 hrs 3 Apr 68

Pd: Approx 16 wks

Crs: Phase III WO Rotary Wing Aviator Crs 1-R-062B (C) 1-R-062C

C1 no: DA 68-509 USAPHC 68-15

Lv data: 15 DDALV Lv adrs: As indic

PCS(MDC): 2C

Auth: AR 611-215

EDCSA: 1 Apr 68

Sp instr: 3 days TTA. Movement of depn & HHG to temp sta not auth at Govt expense. WP: 16 Mar 68. Colm 1 indic PPSC; Colm 2 indic # depn; Colm 3 indic Scty clnc.

NAME	SN	GRADE	PMOS	ADC	BASD	BPED	ETS	1	2	3
BLISS, LORIN A SSAN 459-74-5744	RA15807747	SP5 E5	09B00	3yr	Jun67	Jun67	Jun70	A	0	S
KING, DON L SSAN 456-72-6921	RA15845096	SP5 E5	09B00	2yr	Jun67	Jun67	Jun69	A	3	S
LAHMAN, JOHN D SSAN 361-26-0252	RA16484317	SGT E5	09B00	2yr	Aug55	May55	Jun69	A	1	S
		Box 83 Amboy, Ill								

DATE		PERSONNEL REGISTER (AR 210-10)					
DATE AND TIME IN	DATE AND TIME OUT	NAME (Print) (1st Line) SIGNATURE (2d Line)	SVC NO. (MIL) POSITION TITLE (Civilian)	GRADE	BRANCH	HOME STAT ORGANIZ	
b	c	d	e	f	g	h	i
16 MAR 68 1145	SHERIN, JOHN C. John C. Sherin	RA12705527	E 5	ARMY	HHC 2d BN, USA PHC FT WALTER		

	ORGANIZATION				
LOCATION AND ACTION	AUTHORITY (SO, Tvl O, Type Pmn)	TEMPORARY ADDRESS AND TELEPHONE NUMBER	DESTINATION AND PURPOSE	DATE DUE TO RETURN	STATUS AND LENGTH OF STAY
h	i	j	k	l	m
TAP BDE, S. TEX.	S. O. # 60	STU, CO. USAAVNS FT. RUCKER, ALA.	FT. RUCKER ALA. PCS		

CONTINUE TO THE SELF EVALUATION EXERCISE

UNIT ADMINISTRATION  
PART IV  
SELF EVALUATION EXERCISE

1. Which of the following is ordinary leave?
  - a. Three day pass
  - b. Three day convalescent leave
  - c. Four day leave
  - d. Six day advanced leave
2. A casual payment may be made to the following personnel:
  - a. Those on three day pass
  - b. Those that will be on leave during pay day
  - c. Those on nine days leave
  - d. Those on leave for ten or more days
3. When the personnel register is closed and authenticated, it is sent to the:
  - a. CO commander
  - b. CO clerk
  - c. First sergeant
  - d. Post commander
4. The personnel register will be made out for each:
  - a. Day
  - b. Entry
  - c. Month
  - d. Week
5. The personnel register may be reconstructed when made untidy by corrected errors.
  - a. True
  - b. False

**INTENTIONALLY LEFT BLANK**

UNIT ADMINISTRATION PART IV  
ANSWERS TO SELF EVALUATION EXERCISE

1. c
2. d
3. b
4. a
5. b

AKA RE: UNIT SELF EVALUATION

L2469 Army-Ft. Sill, Okla.