

FTNGD-OS ANNUAL STATEMENT OF UNDERSTANDING

Soldier's Name: _____

Rank: _____

Soldier's HOR (City, State): _____

Unit of Assignment and Location (City, State): _____

Soldier must initial all entries below.

____ I certify that I have reviewed NE policy letter, Guidance for members Performing Full Time National Guard Duty – Operational Support (FTNGD-OS) Under the Authority of Title 32 U.S.C. Sec 502(f) and the associated references.

____ I certify that my commander and I have read and signed the required FTNGD-OS Counseling Statement.

____ I voluntarily agree to attend IDTs as indicated below. (Voluntary attendance will occur during regularly scheduled days off).

____ OCT ____
____ NOV ____
____ DEC ____

____ JAN ____
____ FEB ____
____ MAR ____

____ APR ____
____ MAY ____
____ JUN ____

____ JUL ____
____ AUG ____
____ SEP ____

____ I voluntarily agree to attend Annual Training as indicated below.

DATES

LOCATION

____ I understand that my FTNGD-OS Mission takes precedence over IDT and AT attendance, and changes to the above agreed upon dates must be coordinated with my Full Time Supervisor and my Company Commander.

____ I understand that failure to meet agreed upon conditions may result in curtailment of my FTNGD-OS orders.

FTNGD-OS Soldier Signature

Printed Name

Date

Unit Commander Signature

Printed Name

APPROVAL / DISAPPROVAL

Date

FTNGD-OS Supervisor Signature

Printed Name

APPROVAL / DISAPPROVAL

Date

(Upon completion a copy of the Statement of Understanding will be provided to HRO-AGR for filing in the Soldier's record.)

OCT 2013