

Operational Support Office
FLEX DRILL SCHEDULE REQUEST

Member Information

Last Name		First Name	
Rank/Rate		NOBC/NEC/SSP	
Email Address		Last 4 SSN:	
Home Phone		Cell Phone	
Home Address		City/State/Zip	

Unit Information

OHSU		OIC of DET	
DET		OIC Email	
TRUIC/AUIC		OIC Phone	

Month	Dates Available	Hours Available	# of Drill Periods	Dept Requested	Comments
October					
November					
December					
January					
February					
March					
April					
May					
June					
July					
August					
September					

*****MEMBER-DO NOT COMPLETE BELOW THIS LINE**

Det. OIC: Approved____ Denied____ Date_____

Comments_____

OSO Comments:
