

VIRGINIA DEFENSE FORCE

ALTERNATIVE TRAINING / EXTRA VOLUNTEER HOURS
CERTIFICATION

UNIT _____ DATE _____

Rank/Name/-Title

CHECK ONE:

Alternative Training

Performed _____ hours of training during period _____

At _____

Description of Training _____

This training is in place of monthly drill of _____

Extra Volunteer Hours

Performed _____ hours of training during period _____

At _____

Description of Training _____

FOR THE COMMANDER:

Verified by:

Rank, Name and Title

Purpose of form: To support make-up training of individual when unable to attend regularly scheduled drill due to job conflict illness, or planned or emergency leave; to record extra volunteer hours. **Use of form:** Only for verification of alternative training in place of scheduled drill, or extra volunteer hours. **Distribution of form:** 1 copy to individual's 201 file, and 1 copy attached to monthly morning report to support attendance figures.