

Date:

MEMORANDUM

From:

To:

Subj: ADMINISTRATIVE (TEMPORARY) CWS REVISION

1. For the pay period beginning _____ through _____ your participation in the CWS program must be temporarily withdrawn due to the following reason(s): (check one)

_____ Mission Requirements

_____ Travel

_____ Training

_____ Court Leave

_____ Military Leave

_____ Other _____

2. Your participation in the CWS Program will be reinstated as of _____.

DD/SA Signature/Date

Copy to:
N82212