P3T Planned Rank, Last Name, First Name					*RETURN TO P3T NCOIC/I
Soldier's Name:	Group: Please Circle One			Today's Date:	
	1	2	3	PP	Today's Date.
Supervisor's Name (Print):				Date(s	s) of Absence:
				Reaso	on for Absence
Supervisor's Phone#:				(Appt.	UA,SD,Mission):
Supervisor's Signature:	D	ate:			
Signature indicates acknowledgment of abse	ence & re	esponsil	bility for	accountabi	lity on date of absence
P3T Planned	Absenc	e Notif	ication	Slip (P.A.I	N.S)
Rank, Last Name, First Name	G	roup: F	Please Cir	cle One	*RETURN TO P3T NCOIC/
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