

PERSONNEL REGISTER

For use of this form, see AR 680-1; the proponent agency is ODCSPER

ORGANIZATION							DATE
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DATE AND TIME	ACTION		REASON				NAME <i>(Print) (First Line)</i> SIGNATURE <i>(Second Line)</i>	SOCIAL SECURITY NUMBER	GRADE	REMARKS
	IN	OUT	LEAVE	TDY	PCS	OTHER				
1	2	3	4	5	6	7	8	9	10	11

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