

**ARMY RESERVE  
RECORD OF INDIVIDUAL PERFORMANCE OF RESERVE DUTY TRAINING**

For use of this form see AR 140-185; the proponent agency is DCS, G-1.

**1. DATE**  
Submitted  
within 72hrs

**1. DATE**  
YYYYMMDD

**2. FROM:** (Reporting Agency) (Include ZIP Code)

HQ, U.S. Army Japan, Unit 45005, APAJ-RC, APO AP 96338-5005

**3. ANNIVERSARY YEAR**  
ENDING DATE

MMDD

**4. TO:** (Records Manager AMHRR) (Include ZIP Code)

Department of the Army  
U.S. Army Human Resources Command  
ATTN: AHRD-G8/RMP  
1600 Spearhead Division Avenue  
Fort Knox, KY 40122

**2. FROM & 4. TO**  
Please print exactly the  
same addresses here.

**3. RYE DATE**  
Month and date

**5. Include SSN, even  
on new forms  
w/ no SSN box.**

**5. LAST NAME - FIRST NAME - MIDDLE INITIAL**

SNUFFY, JOE A (TYPE THE SOLDIERS SSN - REQUIRED FOR PAY)

**6. GRADE**

E7

**7. BRANCH**

MI

**8. INDIVIDUAL'S ASSIGNED ORGANIZATION** (If different from office of addressee)

ENTER SOLDIERS UNIT OF ASSIGNMENT IF DIFF THEN BLOCK 2)

**9. THE ABOVE NAMED SOLDIER PERFORMED**

EQUIVALENT  APPROPRIATE  SUITABLE  ATA  ATADL  OTHER

(Check applicable box) DUTIES, TRAINING OR INSTRUCTION ON THE DATES AND FOR THE HOURS INDICATED AS AUTHORIZED BY (Cite authorization)

AR 140-145 AND AR 140-185

a. DATE			b. HOURS	c. RETIREMENT POINTS	d. LOCATION OF DUTIES, NATURE OF DUTIES, TRAINING OR INSTRUCTION
DAY	MONTH	YEAR			
25	09	2016	4	P-1	SOLDIER PERFORMED DUTIES OF IMA POSITION
26	09	2016	8	P-2	SOLDIER PERFORMED DUTIES OF IMA POSITION

**Payment & Retirement Point Chart**

	Hours	Payment	Points
P-1 = PAID 4 HOUR BLOCK			
P1	4hrs	Paid	1 Point
P2	8hrs	Paid	2 Points
N1	4hrs	Not Paid	1 Point
N2	8hrs	Not Paid	2 Points
P-2 = PAID 8 HOUR BLOCK			

/////////////////NOTHING FOLLOWS ///////////////////

BLOCK 3 SHOULD BE THE RETIREMENT YEAR, MONTH AND DAY FOR THE CURRENT RETIREMENT YEAR DATE)

(BLOCK 7 SHOULD BE THE BRANCH FOR BOTH OFFICER AND ENLISTED, NOT MOS)

**IDT Training & Retirement Points**  
Please submit separate forms when you perform both PAID and NON-PAID training.

**DA 1380 Sample: Inactive Duty Training Completion Certificate**  
Please have this form signed by your section supervisor and submit it to the ARET's Office.

Site Certifier (If applicable)

Signature

**Your Section Supervisor's Rank, Name, and Signature Here**

**10. TYPED NAME, GRADE AND POSITION OF OFFICER HAVING KNOWLEDGE OF DUTIES PERFORMED**

Leave this box blank.

**11. SIGNATURE OF OFFICER**

Leave this box blank.

**12. FOR RECORDS MANAGER OF INDIVIDUAL SOLDIER'S RECORDS**

SUBMITTED TO IPERMS

PAY DATA

SUBMITTED

NOT APPLICABLE