

# **Long Term Health Education and Training Action Request** **Form**

Requesting Officer's Name:  
(Last, First, Middle Initial)

Rank:

SSN (last 4 digits):

Branch:

Type of waiver being requested:

**\*\*Ensure you have provided supporting documentation for each action request (ex. Consultant concurrence, University documentation, etc.)\*\***

**In the space provided below: Please explain WHY you are requesting this waiver.**

**Requesting Officer's Signature:**

**In the space provided below: The Consultant/DCN/GME will concur or nonconcur and provide comments on the requested action, especially for nonconcurrences.**

**CONCUR**

**NONCONUR**

**Consultant/DCN/GMA Signature:**

**In the space provided below: The HRC Branch Chief will concur or nonconcur and provide comments on the requested waiver, especially for nonconcurrences.**

**CONCUR**

**NONCONCUR**

**HRC Branch Chief's Signature:**

**The Corps Chief/Corps Designee will approve or disapprove and provide comments on the requested waiver, especially for disapprovals.**

**APPROVE**

**DISAPPROVE**

**Corps Chief/Designee Signature:**

