

| <b>RECORD OF INDIVIDUAL INACTIVE DUTY TRAINING</b><br><i>(Use to report days within the same month)</i>   |  |                              |   |   |   |
|---|--|------------------------------|---|---|---|
| <b>PRIVACY ACT STATEMENT</b>  |  |                              |   |   |   |
| This form requires collection and maintaining information protected by the Privacy Act of 1974. System of Records Notice FO36 AF PC C applies.  |  |                              |   |   |   |
| <b>AUTHORITY:</b> Title 10 U.S.C., Section 12732, Executive Order 13478 and Executive Order 9397 (SSN).   |  |                              |   |   |   |
| <b>PRINCIPAL PURPOSES:</b> To record Reserve Member's Inactive Duty Training (IDT) for payment, and/or points for years of service credit, and determining fulfillment of requirements for retention in Ready Reserve.  |  |                              |   |   |   |
| <b>ROUTINE USES:</b> Information may be disclosed to individual's employers to verify military duty.  |  |                              |   |   |   |
| <b>DISCLOSURE IS VOLUNTARY:</b> Failure to provide the information, including the SSN, could result in the improper recording of training and retirement credits, thus adversely affecting retirement actions.  |  |                              |   |   |   |
| <b>I. PERSONAL/PAY DATA</b> <i>(Type or print clearly in ink)</i>   |  |                              |   | <b>HOME MAILING ADDRESS</b> <input type="checkbox"/> CHECK IF NEW |   |
| RANK  | NAME <i>(Last Name, First, MI)</i>                       |                              |   | Street Address  |   |
| SSN   | RPO (IMAs) UNIT <i>(Unit Reservists)</i>                 |                              |   | City  | State <span style="border: 1px solid black; padding: 2px 10px;">Select State</span> |
|   |  |                              |   | ZIP   |   |
| PAY STATUS(MUST use separate form for pay and non-pay.<br>Non-pay IDTs - submission to ARPC/DPTA applies to IMAs Only)  |  |                              |   | <input type="checkbox"/>  | PAY   |
|   |  |                              |   | <input type="checkbox"/>  | NON-PAY   |
| INCENTIVE/SPECIALTY PAY   |  | <input type="checkbox"/>     | Aviation Career Incentive Pay (ACIP)  |   | <input type="checkbox"/>  |
|   |  | <input type="checkbox"/>     | Hazardous Duty Incentive Pay (HDIP)<br><i>(Provide authorizing documents)</i> |   | <input type="checkbox"/>  |
| TYPE OF TRAINING  |  | <input type="checkbox"/>     | Training Period   |   | <input type="checkbox"/>  |
|   |  | <input type="checkbox"/>     | Equivalent Training   |   | <input type="checkbox"/>  |
|   |  | <input type="checkbox"/>     | Points Only   |   | <input type="checkbox"/>  |
| <input type="checkbox"/> Other <i>(Specify)</i>   |  | <input type="checkbox"/>     | Excused   |   | <input type="checkbox"/>  |
|   |  | <input type="checkbox"/>     | Unexcused   |   | <input type="checkbox"/>  |
|   |  | <input type="checkbox"/>     | Readiness Management  |   | <input type="checkbox"/>  |
| <b>II. TRAINING DATA</b> <i>(List each day of training separately)</i>  |  |                              |   | <b>RETENTION/RETIREMENT (R/R) DATE</b>                            |   |
| DATE<br><i>(YYYYMMDD)</i>   | DUTY HOURS<br>WORKED <i>(Inclusive)</i>                  | HOURS<br>WORKED              | NUMBER<br>OF POINTS   | TRAINING LOCATIONS/ REMARKS                                       |   |
|   |  |                              |   |   |   |
| TOTAL NUMBER OF HOURS WORKED  |  |                              |   | TOTAL NUMBER OF POINTS  |   |
| RESERVIST'S NAME & PHONE <i>(Type or Print legibly in ink)</i>  |  |                              |   | RESERVIST SIGNATURE AND DATE                                      |   |
|   |  |                              |   | Click to sign   |   |
| <b>III. AUTHORIZATION FOR TRAINING, TELECOMMUTING, TRANSIENT QUARTERS AND SUBSISTENCE</b><br><i>(Complete and return to reservist prior to the reservist reporting for scheduled training)</i>  |  |                              |   |   |   |
| See AFI 34-246, Air Force Lodging Program, and AFI 34-239, Food Service Management Program. The Authorizing Official is the commander of the assigned/ attached unit or a representative designated IN WRITING. Subsistence-in-kind is authorized for enlisted members in a pay status if training is 8 hours or more in any 1 day. If the duty is less than 8 hours or is non-pay status, or if the reservists is an officer, the reservists must pay the full food charge. The Authorizing Official is the commander of the assigned unit or representative IN WRITING.   |  |                              |   |   |   |
| LODGING   | SUBSISTENCE  | AUTHORIZING OFFICIAL'S TITLE |   | AUTHORIZING OFFICIAL'S SIGNATURE AND DATE                         |   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO  | <input type="checkbox"/> YES <input type="checkbox"/> NO |                              |   | Click to sign   |   |
| <b>IV. CERTIFICATION</b> <i>(Certifying Official is the military member or civilian who supervised the training and had knowledge it was performed.)</i>  |  |                              |   |   |   |
| The penalty for willfully making false claims is: A maximum of \$10,000 or maximum imprisonment of 5 years (Title 18 U.S.C., Section 287). By signing and dating this form, the Reservist and Certifying Official <i>(training supervisor who has knowledge training was performed)</i> verify satisfactory completion of all training periods(s) listed in Section II. The dates must be on or after the last date of training.  |  |                              |   |   |   |
| CERTIFYING OFFICIAL'S NAME/GRADE <i>(Type or Print legibly in ink)</i>  |  |                              |   | OFFICIAL'S SIGNATURE AND DATE                                     |   |
|   |  |                              |   | Click to sign   |   |
| <b>V. DISTRIBUTION</b>  |  |                              |   |   |   |
| The Certifying Official will send copy 1 to member's Reserve Pay Office (RPO) for Paid IDT's HQ ARPC/DPTA (IMAs and IRRs only) 18420 E Silver Creek Ave. Bldg 390 MS 68 Buckley AFB, CO 80011-9502; for Non-Paid IDTs no later than 2 days for unit members and 30 for IMAs and IRRs after the member completes the training.<br>One copy each to supervisor, member, and lodging. For Unit Assigned Reservist UTAPS electronic generated AF IMT 40A will be used to the maximum extent possible.<br>When manual AF FM40A is used, duty information must be entered into UTAPS before actual performance of the duty. |  |                              |   |   |   |
| <b>PRIVACY ACT INFORMATION:</b><br>The information in this form is for OFFICIAL USE ONLY. Protect IAW the Privacy Act of 1974.  |  |                              |   |   |   |

## INSTRUCTIONS FOR COMPLETING AF 40A (IMT *must be typed or clearly printed in ink*)

Use AF 40A to certify all types of Inactive Duty Training (IDT's) except Professional Military Education correspondence courses or AFTPs/AGTPs. For Individual Mobilization Augmentee (IMAs) and Individual Ready Reserve (IRRs) manual AF 40A will be used.

### I. PERSONAL DATA SECTION:

Name - Enter the member's Last Name, First Name, Middle Initial.

SSN - Enter the member's Social Security Number.

Reserve Pay Office (RPA)/Unit - IMAs use home address. Unit Reservists use unit of assignment.

Home Mailing Address - IMAs use home address. Unit Reservists use unit of assignment.

Pay Status - Must use separate AF 40A for pay and non-pay IDT. Check either Pay or Non-Pay. IMAs and IRRs using this form for non-pay must submit it to HQ ARPC/DPTSC. Unit Reservists will submit form to Military Pay Flight (MPF).

#### **SPECIAL INSTRUCTIONS FOR IMAs AND IRRs**

Four copies of AF 40A will be required. Send copy 1 for paid IDTs to RPO or for non-paid IDTs to HQ ARPC/DPT, 18420 E Silver Creek Ave. Bldg 390 MS 68, Buckley AFB, CO 80011-9502. The member will retain copy 2. Copy 3 is to be sent to the supervisor. The billeting office will require copy 4, if transient quarters are used. Submit SF1164 to claim lodging expense. Include Base and Lodging Facility name. Approving Official must sign Block 8 on the SF1164 attach AF 40A and lodging receipt.

Incentive/Special Pay- If applicable, select either ACIP/HDIP or select other and specify incentive/special pay.

Type of Training - Select one: Training Period (TP); Equivalent Training (EQT); Telecommuting; Constructively Present (CPT); Points Only; Reschedule (RES); Excused (EXC); Unexcused (UEX); Readiness Management Period (RMP).

### II. TRAINING DATA: *List each day of training separately*

Retention/Retirement(R/R) Date - Enter the member's R/R date.

Date YYYYMMDD - Enter the member's R/R date.

Date YYYYMMDD- Enter 4 digit year, 2 digit month, 2 digit day.

Duty Hours Worked - Enter total number of hours worked.

Number of Points - Enter total number of points earned.

Training Location/Remarks - List training location and other required remarks.

Totals - Calculate and enter the total number of hours worked and the number of points shown for training days. UTAPS will automatically calculate.

### III. AUTHORIZATION FOR TRAINING, TELECOMMUTING, TRANSIENT QUARTERS, AND SUBSISTENCE:

Shall not exceed the number of training days. Complete and return to reservist prior to the reservist reporting for scheduled training. The Authorizing Official is the commander of the unit, the IMA's program manager, supervisor, or a representative designated IN WRITING.

Reservist on IDT's are authorized to occupy VOQ/VAQ, including contract quarters, in conjunction with the date(s) shown above. On an IDT day, only enlisted reservists in pay status are authorized subsistence-in-kind if training is 8 hours or more in 1 day. If the duty day is less than 8 hours or a non-pay status, or if the reservist is an officer, the reservists MUST pay full messing charge.

Lodging Authorized - Check either "YES" or "NO".

Subsistence Authorized - Check either "YES" or "NO".

AUTHORIZING OFFICIAL'S SIGNATURE AND TITLE - Authorizing official's signature and title.

### IV. CERTIFICATION:

RESERVIST'S NAME AND PHONE NUMBER - Enter the member's name and phone number.

RESERVIST'S SIGNATURE AND DATE - Member's signature and date (Date must be ON or AFTER the last date of training).

CERTIFYING OFFICIAL'S NAME/RANK/PHONE - Certifying Official's name, rank, and phone number.

CERTIFYING OFFICIAL'S SIGNATURE AND DATE - Certifying Official's signature and date (Date must be ON or AFTER the last date of training).

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