

ABSENTEE/DESERTER DATA

NAME				SSN		RANK		MOS	
DATE AWOL		FROM		DOB		BPED	BASD	ETS	
A	S	C	M	HR	DATE	PLACE		PRIOR SVC	
RMC	HR	DATE	PLACE	ED LEV	MAR STA	D	M	S	DEP
CUR DYS AWOL	PREV DYS AWOL	1.	2.	3.	4.	TOTAL	TIMES	DAYS	CIVIL CONVY:
PREV CONVY	ART 15	SPCM	OCM	INIT	DATE	I DO	I DO NOT	INIT	DATE
INT REC:	EM DESIRE	DRUGS	ARB	DATE	INIT	I DO	I DO NOT	INIT	DATE
R E	AD DISC	YES NO	GRAD	IP S H	INIT	I DO	I DO NOT	INIT	DATE
CDR REC:	R E	MH PSY	PHY	DATA REQUIRED BY THE PRIVACY ACT	INIT	I DO	I DO NOT	INIT	DATE
REMARKS:	R E	MH PSY	PHY	AUTHORITY: Title 10, United States Code, Section 3012(g). PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified. ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval. DISCLOSURE: Disclosure of your Social Security Number is voluntary.	INIT	I DO	I DO NOT	INIT	DATE
<p>I DO/I DO NOT WANT TO STAY IN THE ARMY.</p>									

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DATE ARR:

TIME: