

ACTEDS INTERN PROGRAM UTILIZATION

For use of this form, see DA PAM 690-950; the proponent agency is ASA (M&RA).

REQUIREMENTS
CONTROL SYMBOL -
CSGPA-1572**Annual Obligation Plan - FY _____**
as of _____**PART A: SECTION I - Gains Losses (Actual Projected) Show # of new intern hires (gains) and interns reassigned from ACTEDS to mission rolls (losses)**

COMMAND

POC: (Name and telephone number)

Career Program	End of FY _____ On Board	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Proj End-FY _____ On Board
		+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -
10														
11														
12														
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28														
31														
32														
33														
34														
35														
Total														
Cumulative Total														

ACTEDS INTERN PROGRAM UTILIZATION (cont.)

Annual Obligation Plan - FY _____
as of _____

PART A: SECTION II - \$ Execution (Actual Projected)

COMMAND _____

POC: (Name and telephone number) _____

Career Program	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total \$K
	\$K	\$K	\$K	\$K	\$K	\$K	\$K	\$K	\$K	\$K	\$K	\$K	
10													
11													
12													
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15													
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28													
31													
32													
33													
34													
35													
Total													
Cumulative TOTAL													

ACTEDS INTERN PROGRAM UTILIZATION (cont.)**PART B: MONTHLY RECURRING REPORT**STATUS AS OF (Date) _____
FY _____**SECTION I**

REPORTING COMMAND

POC: (Name and telephone number)

SECTION II**STRENGTH BY CAREER PROGRAM**

Career Program	GS-5	GS-7	GS-9	GS-11	TOTAL
CP-10					
CP-11					
CP-12					
CP-13					
CP-14					
CP-15					
CP-16					
CP-17					
CP-18					
CP-19					
CP-20					
CP-22					
CP-24					
CP-26					
CP-27					
CP-28					
CP-31					
CP-32					
CP-33					
CP-34					
CP-35					
TOTAL					