NOTIFICATION OF MAKE-UP HOURS

School Name _____ **School No.** _____

STUDENT NAME (Last, First, M.I.)	DATE MISSED	PROPOSED DATE OF MAKEUP	# OF HOURS	PROPOSED TIME	TOPIC #	TOPIC TITLE	INSTRUCTOR NAME & # *	LOCATION ACADEMY #	DATE FIELD AGENT NOTIFIED	COMPLETED (Commander Initial)

_____ _____

School Commander Name Typed School Commander Original Signature

***If instructor is different than the original submit a copy of the OPOTC instructor certificate which indicates approved topics and expiration date for each substitute instructor.**