

EVANS ARMY COMMUNITY HOSPITAL  
S2/S3

Individual Annual Tour Training Plan  
Reservists

Date \_\_\_\_\_

Name \_\_\_\_\_ Military Duty Title \_\_\_\_\_

Rank \_\_\_\_\_ Duty MOS/AFSC/RATE \_\_\_\_\_ Duty Section \_\_\_\_\_

Civilian Occupation: \_\_\_\_\_

Location of Annual Tour \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

*Training Objectives. List Peace and Wartime Objectives* (Ensure your supervisor has reviewed and approved these objectives and has compared them to you training needs. List any additional items on reverse side of page).

- 1.
- 2.
- 3.
- 4.
- 5.

Member Signature: \_\_\_\_\_

Objectives approved. Y / N

\_\_\_\_\_  
(Unit Trainer / Supervisor Signature and Date)

**Optional information:**

	<i>Date Item Completed</i>
Training Plan Completed	_____
Reviewed and approved by Trainer/Supervisor	_____
After Tour Report completed	_____
Tour evaluation signed by Trainer/Supervisor	_____
Copies of Orders attached	_____

*Complete following Items and return to the unit administrator*