

**Date:**

**MEMORANDUM**

From:

To:

Subj: ADMINISTRATIVE (TEMPORARY) CWS REVISION

1. For the pay period beginning \_\_\_\_\_ through \_\_\_\_\_, your participation in the CWS program must be temporarily withdrawn due to the following reason(s): (check one)

\_\_\_\_\_ Mission Requirements

\_\_\_\_\_ Travel

\_\_\_\_\_ Training

\_\_\_\_\_ Court Leave

\_\_\_\_\_ Military Leave

\_\_\_\_\_ Other \_\_\_\_\_

2. Your participation in the CWS Program will be reinstated as of \_\_\_\_\_.

\_\_\_\_\_  
DD/SA Signature

Copy to:  
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