

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													
13													
14													
15													
16													
17													
18													
19													
20													
22													
24													
26													
27													
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					