United States Army Student Detachment

PAI WORKSHEET

1. Last Name, First Name and Middle Initial:
2. SSN:
3. Rank: **Date of Rank:**
4. PMOS: **Component: AC or RES or NG**
5. Branch:
6. ID Tags: Yes or No
7. Medical ID Tags: Yes or No
8. Updated Military ID card: Yes or No **Expiration Date:**
9. Mailing address: Yes or No (street, city, state/APO, zip code)

10. Home address: (street, city, state/APO, zip code)

11. School Name (City, State/APO, zip code)

12. Home Phone Number: **Alternate Phone Number:**
13. Official Email Address:
14. Emergency POC Name: **Emergency POC phone number:**
15. Graduation/Training Completion Date: _____ (YYYYMMDD)
16. Program:
17. Date of return from Last Deployment: _____ (YYYYMMDD)
18. Date reviewed policy letters: _____ (YYYYMMDD)

Required Training (Date Format YYYYMMDD):
19. Date completed AT Level 1:_____
20. Date completed Cyber Awareness Challenge Training: _____
21. Date completed SHARP Training: _____
22. Date completed Combating Trafficking: _____
23. Date completed TARP: _____
24. Date completed APFT:_____
25. Date complete ADPAAS update or review: _____
NOTE: Submit all signed trainings certificate and AFPT Card with PAI Worksheet.

Signature: _____ **Date: _____**