Top section to be completed by Requesting Unit/Agency or R2PC (Please fill out all fields) Submit to: usarmy.pentagon.hqda-dcs-g-1.list.resilience-training@army.mil					
Unit/Agency:				Date of Request:	
POC Info	Rank/Name	Pl	hone	Email	
Primary					
Alternate					
Dates of training: to				Training Requested:	
Training location: N				of personnel:	
Brief Description/Justification of Training:					
Submitting PC: Submi				ng PC can support: Yes No	
Recommended Staffing:					
This section for use by PMO only:					
Validated by PMO: Yes No Date Initials:				eived:	
PMO Mission Number: Require				l Personnel:	
R2PC Assigned: Da				Date Submitted to ACOR:	
R2 Approved: Yes No ACOR Sign				gnature:	
Final Training Status					
Completed Date:			Rescheduled Date:		
Cancelled:	Yes No EXSU	M: Yes	No	Story Board: Yes No	
PCM Signature: Date:					
PCM Signature:				Date:	