INSTALLATION TRAINING - ATTENDANCE AND RATING RECORD
For use of this form, see CPPM-1; the proponent agency is Office of the Deputy Chief of Staff for Personnel

1. PERIOD COVERED *(Month and day)*
FROM TO

2. SHEET OF SHEETS

3. TITLE OF COURSE	4. TOTAL SCHEDULED HOURS OF COURSE	5. TIME OF COURSE		6. INSTRUCTIONS
		DAYS OF WEEK	HOURS OF DAY	
7. TYPE OF TRAINING ☐ REASSIGNMENT ☐ POST ASSIGNMENT	8. LOCATION OF TRAINING ☐ ON-THE-JOB ☐ OFF-THE-JOB	9. LOCATION		

10. NAME *(Include Rank or Grade, if military)*	11. REPT. REF.	12. ORG. UNIT	13. NUMBER OF TRAINING HOURS BY DATE *(Encircled hours represent on-the-job training)*																14. TOT. HOURS		15. RATING	

16. TOTAL HOURS	TRAINEE																					
	INSTRUCTOR																					

DA FORM 86 (Electronic Form)

17. NAME	18. REMARKS	19. TRAINING COURSE DATA *(Includes topical outline and references to regulations, manuals, films, etc.)*