**DEMOBILIZATION CHECKOUT**

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
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<td>3. Demob. No.</td>
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<td>7. Manifest? □ Yes □ No Number</td>
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<tr>
<td>8. Destination</td>
<td>9. Notified: □ Agency □ Region □ Area □ Dispatch Name: Date:</td>
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<td>10. Unit Leader Responsible for Collecting Performance Rating</td>
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11. Unit/Personnel

You and your resources have been released subject to sign off from the following: *Demob. Unit Leader check the appropriate box*

**Logistics Section**

- □ Supply Unit
- □ Communications Unit
- □ Facilities Unit
- □ Ground Support Unit Leader

**Planning Section**

- □ Documentation Unit

**Finance Section**

- □ Time Unit

**Other**

- □
- □

12. Remarks

13. Prepared by (include Date and Time)
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### Other

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- [ ] Facilities Unit
- [ ] Ground Support Unit Leader

**Planning Section**

- [ ] Documentation Unit

**Finance Section**

- [ ] Time Unit

**Other**

- [ ]

12. Remarks

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