

**EMPLOYEE NAME: Robert A. [Signature]**  
**SSN: [Signature]**

**PL 4 TO SIGNIFY SR (10) LOSS TO**  
**ON 21 May 45 per Sec 1 of 11 BR**  
**STOPS 21 May 45**

**No limited assignment personnel**  
**assigned or attached unassigned**  
**to this organization**

ORGANIZATION	GRADE	STATUS	COUNT		TOTAL
			ASSIGNED	UNASSIGNED	
...	...	...	1	1	2
...	...	...	2	1	3
...	...	...	2	2	4
...	...	...	5	1	6
...	...	...	0/1	0/1	0/2
...	...	...	5	4	9
...	...	...	8/0	8/0	16/0
...	...	...	6/4	6/4	12/8
...	...	...	5/00	5/00	10/00
...	...	...	95	91	186
...	...	...	2	2	4
...	...	...	1	1	2
...	...	...	157	130	287

I HEREBY CERTIFY THAT THE FOREGOING REPORT IS CORRECT  
 NAME: [Signature] OF: [Signature]

**DAVID J. [Signature]**

