

**14 July 2000**

**Medical**



**SUICIDE PREVENTION AND VIOLENCE  
AWARENESS EDUCATION**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements AFRD 44-1, Medical Operations, and AFI 44-154, Community Training: Suicide and Violence Awareness Education. This instruction outlines guidance for preventing suicide and violence in the workplace in the Air Force Reserve Command (AFRC). It establishes requirements and procedures for suicide prevention and violence awareness education. This instruction applies to all AFRC unit assigned members (Category A Reservists and Active/Guard/Reserve [AGR] personnel) as well as associated civilian employees. Individual mobilization augmentees (IMA, Category B Reservists) are covered under the basic AFI 44-154, with training being the responsibility of their active duty unit of assignment.

This instruction interfaces with AF 36 (Personnel) and other 44 (Medical) series publications. Send comments and suggested improvements, through channels, to HQ AFRC/SG, 155 2ND ST, ROBINS AFB GA 31098-1635.

## **1. General Information:**

1.1. The AFRC Suicide Prevention and Violence Awareness Education program relies on unit cohesion with emphasis on self-aid and buddy care. Direct unit commander and supervisor involvement is crucial to this program's success. Strategy should include a concerted effort to destigmatize self-reporting and help-seeking behavior. The program relies heavily on a team approach to achieve synergy and maximize the utilization of varied wing resources. The program employs various means of presentation to achieve optimal effect.

1.2. AFI 41-114, Military Health Services System (MHSS) Matrix, establishes medical beneficiary status. Reservists (Category A and B), during periods of inactive duty for training, are not entitled to medical benefits except for duty-related (In-Line of Duty) illness or injury. However, acute suicidal ideation is always considered a medical emergency, and as such, both these Reservists and other civilians may receive emergent intervention from DoD medical sources pending stabilization and transfer

to appropriate civilian agencies. It is far better, however, to prevent rather than to intervene in a crisis situation. AFRCI 44-101 focuses on the prevention aspect, but includes necessary guidance to ensure appropriate and timely referral of potentially suicidal or violent personnel.

1.3. Unlike active component medical treatment facilities (MTF), Reserve medical units (RMU) are neither resourced nor credentialed to perform in-garrison medical care. Unit type code (UTC) lay-down of mental health AFSCs are not aligned to support local wing populations. Reserve units rely upon either host MTF (if collocated), fire rescue, or civilian "911" emergency response forces for intervention support.

## **2. Responsibilities:**

2.1. Commander, Air Force Reserve Command, promotes command-wide sensitivity to potential suicide and violence risk factors and ensures compliance with the annual training requirement.

2.2. The AFRC Community Action Information Board (CAIB) serves as a forum for identifying and resolving individual and family related issues, needs, and resources.

2.3. The CAIB establishes an Integrated Delivery System Subcommittee (IDSS). Core members of the IDSS are from the following functional areas: Chaplaincy, Family Readiness, Military Equal Opportunity, Medical, and Public Affairs. The CAIB chairperson appoints the IDSS chairperson. This subcommittee convenes at least annually. The IDSS provides representatives via teleconference to the Air Force Suicide Prevention Integrated Product Team (IPT). The IDSS makes recommendations directly to the CAIB chairperson on suicide and violence awareness policy and guidance.

2.4. The HQ AFRC/SG participates in the AFRC CAIB, IDSS, and the USAF Suicide Prevention IPT. HQ AFRC/SG also identifies mental health experts to provide input into briefing and educational templates and modalities.

2.5. The HQ AFRC/SG requests epidemiological analysis from the Force Health and Surveillance Branch to evaluate AFRC suicide, non-fatal suicide event trends, as well as incidences of violence in the AFRC.

2.6. The HQ AFRC Family Program Manager coordinates the AFRC CAIB and provides input into the IDSS.

2.7. HQ AFRC/JA provides AFRC-level guidance on issues of confidentiality and mental health.

2.8. HQ AFRC/HC provides guidance and resource information to units and serves on the CAIB and IDSS.

2.9. HQ AFRC/PA periodically generates suicide prevention and violence awareness related products and distributes that information to members of the AFRC team. Products could include news articles, feature articles, AFRC/CC columns, audio clips, video clips, and Commander's Call topics. Distribution methods may include Citizen Airman Magazine, Citizen Airman Video Magazine, AFRC News Service, and Commander's Call topics.

2.10. AFRC Squadron Commander's Course and First Sergeants Academy provide instruction on suicide prevention and violence awareness in their curriculum.

2.11. NAF/RSG/SG:

- 2.11.1. Maintains a list of wing/base-level suicide prevention and violence awareness points of contact (POC).
  - 2.11.2. Disseminates educational materials and policies to wing POCs.
  - 2.11.3. Assesses the wing suicide prevention and violence awareness program in conjunction with staff assistance visits (SAV).
  - 2.11.4. Receives semiannual reports from the wings, and forwards compiled reports to HQ AFRC/SGP within timelines in paragraph 5.1.
- 2.12. Wing commanders serve as the wing CAIB chairperson and designate an overall POC for the Suicide Prevention and Violence Awareness Education program. In addition, wing commanders identify assets to serve geographically separated units (GSU). It is recommended that a medical professional be appointed as the POC.
- 2.13. The GSU POC coordinates the Suicide Prevention and Violence Awareness Education program using the appropriate educational materials provided by AFRC/SG. The GSU POC tracks compliance with the Suicide Prevention and Violence Awareness Education annual training requirements and ensures semiannual reporting to the respective numbered air force (NAF)/regional support group (RSG)/SG.
- 2.14. The wing chaplain ensures Chaplain Service personnel are available as a resource, participates in suicide prevention and violence awareness training, and acts as a referral for local community resources. Chaplain Service personnel actively participate in unit affairs and advise commanders, first sergeants, and supervisors.
- 2.15. Wing/PA disseminates suicide prevention and violence awareness information to members and their families. Dissemination methods may include unit newspapers, commander's calls, and electronic and conventional bulletin boards.
- 2.16. Unit commanders and first sergeants coordinate with the wing POC for suicide prevention and violence awareness education to ensure compliance with the annual training requirement.
- 2.17. All Reserve personnel must take the initiative to know fellow unit members and refer peers exhibiting signs of potential suicide or violence to the chain of command. Individuals have the responsibility to self-identify when experiencing severe stress or depression that could escalate to a suicidal or violent episode.

### **3. Training Requirements:**

- 3.1. The Secretary of the Air Force ensures all Air Force personnel (active duty, Guard and Reserve) and civilian employees receive training in suicide prevention and violence awareness at least annually. Training includes awareness of basic suicide and violence risk factors, intervention skills, and referral procedures for potentially at-risk personnel. Educational materials are designed to destigmatize help-seeking behavior among Air Force personnel and not to destigmatize the act or the attempt of suicide itself. The Suicide Prevention and Violence Awareness Education program includes post-event response options for the unit commander, to include assistance from the Critical Incident Stress Team (CIST), according to AFI 44-153, *Critical Incident Stress Management*.
- 3.2. The HQ AFRC/SG is the office of primary responsibility (OPR) for this program and ensures training is conducted throughout the Air Force Reserve. HQ AFRC/SG ensures all squadron com-

manders receive training in basic suicide risk factor identification, referral procedures, and requesting commander-directed mental health evaluations (CDE), according to AFI 44-109, Mental Health and Military Law, for all at-risk personnel.

3.2.1. If Mental Health personnel are assigned to a unit, they will serve as OPR. In the event the base has no Mental Health personnel, the wing commander appoints an OPR. Ideally OPRs and instructors should have background education and experience in a social science-related field or have specific training in suicide prevention and violence awareness. Possible instructors may include but are not limited to the Chaplaincy, Family Support Center personnel, first sergeants, nurses, physicians, and physician assistants.

3.2.1.1. It is imperative that the instructor be familiar with the AFRC Suicide Prevention and Violence Awareness Education materials and be briefed on all levels of training. This material includes the following: materials on the HQ AFRC/SG Suicide Prevention Home Page; AFRC PowerPoint, Suicide Prevention and Violence Awareness Education. AETC Pamphlet 44-101, Buddy Care Basics; AETC Pamphlet 44-102; A Suicide Prevention and Intervention Guide for Supervisory Personnel; AETC Pamphlet 44-103, Mentoring for Supervisors; AETC Pamphlet 44-104, A Suicide Prevention and Intervention Guide for Commanders, and First Sergeants; and HQ ACC Handbook, Violence in the Workplace.

### 3.3. Organizational Training Requirements:

3.3.1. AFRC emphasis of the Suicide Prevention and Violence Awareness Education program is upon education, identification, and referral; not on counseling, or treatment. The core requirements are specified in AFI 44-154. When available, active duty component host units may provide training to reservists per host-tenant support agreements.

3.3.2. HQ AFRC/SG has compiled official comprehensive educational materials to be used in the education of AFRC personnel regarding suicide prevention and violence awareness education. AFRC educational materials are required in unit briefings and include the following: AFRC PowerPoint, Suicide Prevention and Violence Awareness Education; and AFRC video Suicide Prevention and Violence Awareness Education. Supplemental materials related to suicide and violence may be used.

3.3.3. Self-Aid and Buddy Care Education. The primary theme of individual training is self-aid and buddy care. Conduct this training annually with emphasis on awareness of suicide and violence risk factors and referral procedures for potentially at-risk personnel. The purpose of this training is to encourage identification and destigmatization of referrals of potentially at-risk personnel. Squadron commanders and first sergeants ensure the delivery of self-aid and buddy care training to their personnel.

3.3.4. Leadership Suicide Prevention Education. Conduct this training at least annually for all personnel in leadership positions. For reporting purposes, leadership includes commanders, first sergeants, flight chiefs, officers in charge (OIC), superintendents, and noncommissioned officers in charge (NCOIC). For identification of civilian supervisors, contact the civilian personnel office. The purpose of leadership training is to decrease the barriers of self-referral, destigmatize help-seeking behavior, and identify and refer at-risk personnel. Referrals should be made to community resources or through Employee Assistance Programs (EAP).

3.3.5. Violence Awareness Education. Conduct this training in conjunction with annual suicide prevention education. Training in violence awareness will be the same for all personnel. Violence

awareness education improves identification of at-risk personnel for violence, common targets of violence, risk factors, and referral and response procedures.

#### 4. Referral:

4.1. If concerns arise about a member's emotional functioning, discuss it with them in a non-judgmental atmosphere of caring and concern. If a potentially dangerous situation presents itself within the AFRC community, i.e., refer individuals expressing suicidal or violent feelings to a mental health professional or supervisor immediately. Activate the "911" or base emergency response protocol if there is an imminent threat to life, i.e., a direct threat of suicide or a violent episode.

4.2. All AFRC wings review emergency referral plans annually to ensure mechanisms exist for timely referral of any person with potential suicidal or violent behavior. Wing commanders identify a POC for each squadron to ensure referrals are made for individuals identified as potentially suicidal or violent. POCs will coordinate a referral process that will be implemented. Plans and checklists will address the following issues (see Attachment 2):

4.2.1. Identification of immediate threat.

4.2.2. Activation of base or local emergency response system if indicated.

4.2.3. Identification of appropriate military and/or community resources (phone numbers and points of contact).

4.2.4. Identification of transportation requirements and procedures (security forces, fire department.).

4.2.5. Refer to AFI 44-109 regarding CDE and AFI 44-153 regarding post-incident response.

4.3. Attachment 2 is a suggested guideline for developing a suicide/violence process binder. It is recommended that your unit checklist be reviewed for input by the following local entities: JAG, Command Chief Master Sergeant, Security Forces, host security, local law enforcement, wing command post, host command post, medical group or squadron (mental health), supporting medical treatment facility, chaplain, EAP, safety, supporting EMS, first sergeants, and executive officer. Checklist should be reviewed and approved by unit commander. Keep checklist simple, practical, and customized to local situations. The following wing and squadron personnel should have direct access to the suicide prevention process binder: commanders, first sergeants, civilian supervisors, flight commanders, and superintendents.

#### 5. Reporting and Metrics:

5.1. Unit commanders ensure all personnel complete annual mandatory suicide prevention and violence awareness education. Document completion of training and develop a tracking mechanism to ensure annual training is accomplished. All unit command-appointed ancillary training managers coordinate, schedule, and track the training of unit personnel and report data in the attached format (Attachment 3) to the wing or GSU POC.

5.2. Wing or GSU POCs submit reports to the respective NAF/RSG/SG on a semiannual basis, 15 Jan and 15 Jul. Reports are cumulative for a calendar year and should cover the periods: Jan-Jun; Jul-Dec. **NOTE:** This is a deviation from AFI 44-154.

- 5.3. NAF/RSG/SG submit compiled reports to HQ AFRC/SGP by 15 Aug and 25 Jan.
- 5.4. HQ AFRC/SGP submit annual reports to AFMOA/SGOC by 31 Jan.

JAMES E. SHERRARD III, Maj Gen, USAF  
Commander

**Attachment 1**

**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION**

***References***

AFOSI Report, Aug 94, Active Duty Suicides, 1983-1993

AFPD 44-1, Medical Operations

AFRC PowerPoint, Suicide Prevention and Violence Awareness Education, The Role of Leadership

AFRC PowerPoint, Suicide Prevention and Violence Awareness Education, Self Aid and Buddy Care

AFRC Video, Suicide Prevention and Violence Awareness Education

AETC Pamphlet 44-101, Buddy Care Basics

AETC Pamphlet 44-102, A Suicide and Prevention and Intervention Guide for Supervisory Personnel

AETC Pamphlet 44-103, Mentoring for Supervisors

AETC Pamphlet 44-104, A Suicide Prevention and Intervention Guide for Commanders and First Sergeants

AETC Pamphlet 44-105, A Pocket Guide for Commanders, First Sergeants, and Supervisors

AETC Pamphlet 44-106, A Suicide Prevention and Intervention Guide for Mental Health Personnel

HQ ACC, Violence in the Workplace: A Handbook for Prevention and Response

AFI 44-109, Mental Health and Military Law

AFI 44-153, Critical Incident Stress Management

AFI 44-154, Community Training: Suicide and Violence Awareness Education

AFRCI 44-101, 1 May 2000

***Abbreviations and Acronyms***

**ACC**—Air Combat Command

**AETC**—Air Education Training Command

**AF**—Air Force

**AFI**—Air Force Instruction

**AFMOA**—Air Force Medical Operating Agency

**AFPD**—Air Force Policy Directive

**AFRC**—Air Force Reserve Command

**AFRCI**—Air Force Reserve Command Instruction

**AFSC**—Air Force Specialty Code

**AGR**—Active Guard and Reserve

**CAIB**—Community Action Information Board  
**CC**—Commander  
**CDE**—Commander Directed Evaluation  
**DoD**—Department of Defense  
**GSU**—Geographically Separated Unit  
**HC**—Chaplain  
**HQ**—Headquarters  
**IDSS**—Integrated Delivery Systems Subcommittee  
**IMA**—Individual Mobilization Augmentee  
**IPT**—Integrated Product Team  
**JA**—Judge Advocate  
**MAJCOM**—Major Command  
**MHSS**—Military Health Services System  
**MOU**—Memorandum of Understanding  
**MTF**—Military Treatment Facility  
**NAF**—Numbered Air Force  
**NCOIC**—Noncommissioned Officer in Charge  
**OIC**—Officer in Charge  
**OPR**—Office of Primary Responsibility  
**OSI**—Office of Special Investigations  
**PA**—Public Affairs  
**POC**—Point of Contact  
**RMU**—Reserve Medical Unit  
**RSG**—Regional Support Group  
**SAV**—Staff Assistance Visit  
**SEA**—Senior Enlisted Advisor  
**SG**—Surgeon General  
**SGOC**—Clinical Medicine  
**SGP**—Professional Services  
**UTC**—Unit Type Code

**Attachment 2**

**SUICIDE PREVENTION/VIOLENCE AWARENESS PROCESS BINDER**

IMMINENT DANGER

POTENTIAL DANGER

STRESS AND LIFE'S PROBLEMS

SUICIDE PREVENTION / VIOLENCE AWARENESS EDUCATION

LOCAL INPUT

SPECIAL PROCESSES

MEMORANDUM OF UNDERSTANDING

**IMMINENT DANGER TO SELF**

SUICIDE: Threats to commit suicide

Gestures of harm to self

Possession of or immediate access to deadly means of self-harm

IDENTIFY PROBLEM:

Who:

What:

Where (bldg #, floor, area, etc.):

CALL SECURITY: \_\_\_\_\_

(use emergency activation number)

Do **NOT** leave suicidal person alone unless one has to flee to avoid being harmed by armed suicidal person.

TRANSPORT: To nearest medical facility that can provide professional mental health suicide evaluation.

Security has transport protocol.

1st Sgt to follow member to medical facility to coordinate post evaluation action/  
/disposition.

Nearest Approved Medical Facility: \_\_\_\_\_

address:

phone numbers:

POC:

directions from base:

**IMMINENT DANGER**

VIOLENCE:                   Threats to commit violence  
                                   Gestures of harm to others or property  
                                   Possession of or immediate access to deadly means of violence

IDENTIFY PROBLEM:  
                                   Who:  
                                   What:  
                                   Where (bldg #, floor, area, etc.):

CALL SECURITY: \_\_\_\_\_  
                                   (use emergency activation number)

Ensure safety of personnel by evacuating the area and controlling access until security arrives.

TRANSPORT: To nearest medical or security facility that can provide professional mental health evaluation and stabilization.  
                                   Security has transport protocol.  
                                   1st Sgt to follow member to medical facility to coordinate post evaluation action/disposition.

Nearest Approved Medical Facility: \_\_\_\_\_  
                                   address:  
                                   phone numbers:  
                                   POC:  
                                   directions from base:

Nearest Approved Incarceration Facility: \_\_\_\_\_  
                                   address:  
                                   phone numbers:  
                                   POC:  
                                   directions from base:

**POTENTIAL DANGER TO SELF**

Expression of suicidal thoughts or feelings  
 Observation of risk behaviors.  
 Awareness of warning signs.

IDENTIFY PROBLEM:  
                                   Who:

What:

Where:

BEHAVIORS OBSERVED:

- expression of suicidal thoughts or feelings
- drastic change in behavior
- withdrawn from shop/unit members
- indecisiveness
- decreased interest in work
- taking unnecessary risks
- marked deterioration in military bearing

AWARENESS OF:

- feeling hopeless
- loss of appetite
- previous suicide attempts
- increased alcohol use
- can't shake off or get out of depression
- can't get control over life
- trouble sleeping
- giving away prized possessions
- recent or severe loss
- can't concentrate
- low self-esteem
- recent preparations (will, good-bye notes, increased life insurance)

other concerns not covered above

CONNECT MEMBER TO SUPPORT:

MILITARY:

CHAPLAIN:

phone number:

POC:

FAMILY SUPPORT CENTER:

phone number:

POC:

CIVILIAN:

EAP:

phone number:

POC:

MEDICAL/MENTAL HEALTH:

phone number:

POC:

CRISIS HELP TELEPHONE LINE:

phone number:

POC:

If situation deteriorates to imminent danger call SECURITY: \_\_\_\_\_

Follow imminent danger protocol.

POTENTIAL DANGER TO OTHERS

Expression of violent thoughts or feelings

Observation of risk behaviors.

Awareness of risk factors.

IDENTIFY PROBLEM:

Who:

What:

Where (bldg#, floor, area, address, etc.):

BEHAVIORS OBSERVED:

- temper outbursts
- harboring anger/grudges
- talking about violent revenge
- stalking, spying or following
- bizarre behavior
- erratic duty performance
- pre-occupation with weapons
- writings or drawings about violence

AWARENESS OF:

- rejections
- feeling victimized
- losing control
- belief people are out to get them
- alcohol abuse
- intolerant
- overload of problems
- feeling trapped
- blames others
- preoccupied with a specific person
- history of violence
- domestic violence
- other concerns not covered above

CONNECT MEMBER TO SUPPORT OR CONTROL:

MILITARY:

CHAPLAIN:

phone number:

POC:

JAG:

phone number:

POC:

FAMILY SUPPORT CENTER:

phone number:

POC:

CIVILIAN:

EAP:

phone number:

POC:

MEDICAL/MENTAL HEALTH:

phone number:

POC:

SECURITY:

phone number:

POC:

CLERGY(respective religion or ecumenical)

phone number:

POC:

MENTAL HEALTH:

phone number:

POC:

LEGAL AID SERVICES:

phone number:

POC:

DUTY TO WARN: obtain local JAG recommendations

**STRESS/LIFE PROBLEMS**

IDENTIFY PROBLEM:

Who:

What:

Where (on duty; off duty):

HOW AFFECTED (BEHAVIORS, FEELINGS):

LEADERSHIP CONCERNS:

RECOMMEND SUPPORT:

MILITARY:

CHAPLAIN:

phone number:

POC:

LEGAL SERVICES:

phone number:

POC:

CIVILIAN:

EAP:

phone number:

POC:

LEGAL AID SERVICES

phone numbers:

POC:

CRISIS HELP LINE:

phone number:

POC:

LAW ENFORCEMENT:

phone number:

POC:

FAMILY SUPPORT CENTER:

phone number:

POC:

FIRST SERGEANT:

phone number:

POC:

CLERGY(respective religion or ecumenical)

phone number:

POC:

RED CROSS:

phone numbers:

POC:

CONSUMER CREDIT COUNSELING:

phone number:

POC:

**SUICIDE PREVENTION/VIOLENCE AWARENESS EDUCATION**

OPR:

POC:

phone numbers:

Annual Education Schedule:

Education formats

Lecture (see schedule above):

can be scheduled by calling \_\_\_\_\_ at phone number \_\_\_\_\_

Video

can be obtained and certified by \_\_\_\_\_ at phone number \_\_\_\_\_

Website: \_\_\_\_\_

**LOCAL INPUT**

It is recommended that your unit checklist be reviewed for input by the following local entities:

JA, Command Chief master Sergeant, Security Forces, host security, local law enforcement, wing command post, host command post, medical group or squadron (mental health), supporting medical treatment facility, chaplain, EAP, safety, supporting EMS, first sergeants, and executive officer.

Checklist should be reviewed and approved by unit commander.

Keep checklist simple practical and customized to local situation.

**SPECIAL PROCESSES**

Use this section to keep processes and procedures covering areas or situations needing further clarification.

Use as needed.

Keep additional written guidance here.

**MEMORANDUM OF UNDERSTANDING (MOU)**

Keep copies of pertinent MOUs here.

May include but not limited to: Host Base-Tenant Command Agreements, Jurisdictional agreements, EMS contracts, etc.

Attachment 3

**SUICIDE PREVENTION AND VIOLENCE AWARENESS EDUCATION METRICS SPREAD-SHEET EXAMPLE**

**Table A3.1. Suicide Prevention and Violence Awareness Education Metrics Spreadsheet.**

| (UNIT) SUICIDE PREVENTION AND VIOLENCE AWARENESS EDUCATION METRICS FOR CY |            |            |             |            |            |             |
|---|------------|------------|-------------|------------|------------|-------------|
|   | 1ST HALF   |            |             | 2ND HALF   |            |             |
| <b>RESERVE PERSONNEL</b>  | <b>TPR</b> | <b>TPT</b> | <b>%TRN</b> | <b>TPR</b> | <b>TPT</b> | <b>%TRN</b> |
|   |            |            |             |            |            |             |
| SUPERVISORY   |            |            |             |            |            |             |
|   |            |            |             |            |            |             |
| NON-SUPERVISORY   |            |            |             |            |            |             |
|   |            |            |             |            |            |             |
| TOTAL RESERVE PERSONNEL   |            |            |             |            |            |             |
|   |            |            |             |            |            |             |
| <b>CIVILIAN PERSONNEL</b>   | <b>TPR</b> | <b>TPT</b> | <b>%TRN</b> | <b>TPR</b> | <b>TPT</b> | <b>%TRN</b> |
|   |            |            |             |            |            |             |
| SUPERVISORY   |            |            |             |            |            |             |
|   |            |            |             |            |            |             |
| NON-SUPERVISORY   |            |            |             |            |            |             |
|   |            |            |             |            |            |             |
| TOTAL CIVILIANS   |            |            |             |            |            |             |
|   |            |            |             |            |            |             |
| TOTAL   |            |            |             |            |            |             |

**NOTE:**

Bi-annual TPR may increase or decrease during the calendar year due to transfer, PCS, separation, and retirement. Each TPT entry should be additive, thus the percent trained should increase each half to correspond with the additive TPT. The goal is 100 percent trained by the end of the fourth quarter.

Reserve supervisory personnel includes commanders, first sergeants, flight chiefs, OICs, NCOICs, and superintendents. All ARTs should be counted as Reserve personnel. For identification of civilian supervisors, contact civilian personnel office.

TPR: Total Personnel Requirement

TPT: Total Personnel Trained

%TRN: Percent Trained