CREDO WORKSHOP
COMMAND ENDORSEMENT

ENDORSEMENT MUST BE ***DIGITALLY SIGNED***

WORKSHOP INFORMATION:

Date's: _____ - _____ Type: _____ Location: _____

SERVICE MEMBER INFORMATION:

Rate/Grade: _____ Rank: _____ Last Name: _____ First Name: _____

SUPERVISOR'S ENDORSEMENT

Attendance at this workshop is ◯ **APPROVED** ◯ **DISAPPROVED**

The Command hereby authorizes the above-named Service Member to attend this workshop. It will be their appointed place of duty without interruption for the duration of the workshop, and participation is mandatory. Supervisor approval is required, and must be from an E-7 or above (CMC, SEL, DLCPO for enlisted; or CO/XO/DH for officers) or equivalent for other Military Branches.

Supervisor Rank/Name: _____

Supervisor Signature: _____

Supervisor Email: _____ Phone: _____