RWX SAM DETAILS

XXX Station "X" Platoon

DATE: xx/xx/xxx

Day/Night 1/2

To be completed & emailed to RWX Duty Commander at the commencement of each shift.

	No.	RANK	NAME	STN	Pltn	LEAVE	START	FINISH
XXX		**S/O**		**XXX**				
Replacement								
Extend								
Recall								
XXX				**XXX**				
Replacement								
Extend								
Recall								
XXX				**XXX**				
Replacement								
Extend								
Recall								
XXX				**XXX**				
Replacement								
Extend								
Recall								
XXX				**XXX**				
Replacement								
Extend								
Recall								

COMMON SAM LEAVE CODES

Annual Leave = AL
Stand Off = SP
Military Leave = ML
Long Service Leave = LS
Consolidated Leave = CL
AL – CL Conversion = A/C
Off Duty Injury = ODI
Part Change of Shift = PCS
Sick Leave (Personal Carers) = PC
Sick Leave (Ordinary Illness) = SL
Sick Leave (No Certificate) = NMC

Proposed Activities for the Shift
Community Safety Activities:
PIP conducted/reviewed:
Other:

OVERTIME AS A RESULT OF TASK FORCE, TRAINING OR RETAINED STAFF SHORTAGE

No.	NAME	BASE STN	DUTY STN	O/T START	O/T FINISH	COST CODE	POS. No.