



JCF Workforce Management Solution Monthly Duty Forecast Certificate

Portfolio: _____

**Area /
Branch:** _____

**Geographic
Formation:** _____

**Non-Geographic
Formation:** _____

From: _____

To: _____

Please Note: Submitted Forecasts will only be processed if accompanied by a properly completed and physically signed Monthly Duty Forecast Certificate. (Text signatures will not be accepted.)

Duty Sub-Officer's Endorsement

I hereby **certify** that the foregoing **Weekly Duty Forecast(s)** represents the hours needed for optimal work by the members named therein, for the period stated therein.

Name, Rank & Reg#

Signature

yyyy / mm / dd

Verifying Officer's Endorsement

I hereby **verify** that I have examined the foregoing **Weekly Duty Forecast(s)** including proposals for overtime. I am satisfied that all alternatives have been considered and that the forecast(s) represents the hours required for optimal operation.

Name, Rank & Reg#

Signature

yyyy / mm / dd

Approving Officer's Endorsement

I hereby **affirm** that I have examined and approve the foregoing **Weekly Duty Forecast(s)** that represents the hours needed for optimal work by the members named therein, for the period stated therein.

Name & Rank

Signature

yyyy / mm / dd