Clear

HEALTH BENEFITS CONTROL REGISTER

ACTIVITY TITLE & ADDRESS	PAYROLL BLOCK NO.		
	PAYROLL	FROM	TO

CODE *a*	BROUGHT FORWARD *b*	ADDI-TIONS *c*	DELE-TIONS *d*	TOTAL NO. ENROLLEES *e*	AWOP *f*	TOTAL NO. FOR WITH-HOLDING *g*	RATE		TO BE COLLECTED		
							EMPLOYEE *h*	AGENCY *i*	EMPLOYEE *j*	AGENCY *k*	TOTAL *l*
TOTAL	0	0	0	0	0	0			0	0	0

DLA FORM 1023, APR 69 (EG)

PDF (DLA)