

# DIRECTORATE OF MORALE, WELFARE & RECREATION

REDSTONE ARSENAL CONTRACTOR MEMO  
FOR MWR FITNESS CENTERS USAGE

**FY 2026**

## SECTION ONE - EMPLOYEE:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ORGANIZATION: \_\_\_\_\_

BUILDING/ADDRESS: \_\_\_\_\_

EMPLOYEE'S OCCUPATION: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SIGNATURE OF EMPLOYEE: \_\_\_\_\_ DATE \_\_\_\_\_

## SECTION TWO - EMPLOYER:

NAME OF SUPERVISOR: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

I HAVE REVIEWED THE INFORMATION PROVIDED BY MY EMPLOYEE AND CERTIFY IT TO BE TRUE AND CORRECT AND THAT THE ABOVE MENTIONED EMPLOYEE **IS EMPLOYED FULL TIME ON REDSTONE ARSENAL**. I FURTHER UNDERSTAND THAT ANY CHANGES IN MY EMPLOYEE'S STATUS WILL BE REPORTED TO LORI CIRANNI, DIRECTOR, SPORTS FITNESS AND AQUATICS, LORI.M.CIRANNI.NAF@ARMY.MIL OR 256-876-6701 IMMEDIATELY.

**CONTRACT RENEWAL DATE or EMPLOYEE TERMINATION DATE:** \_\_\_\_\_.

DIGITAL SIGNATURE OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

## SECTION THREE - CONTRACTING OFFICER:

CONTRACT #: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

I CERTIFY THAT THE ABOVE MENTIONED EMPLOYEE'S ORGANIZATION HAS A CURRENT CONTRACT ON REDSTONE ARSENAL.

BUILDING #: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CONTRACTING OFFICER: \_\_\_\_\_

(PLEASE PRINT)

(DIGITAL SIGNATURE)

**PLEASE PRINT THIS FORM AND TAKE IT TO PAGANO GYM FOR REGISTRATION.**