

RE-ENLISTMENT CEREMONY INTERVIEW SHEET

\*\* NAVPERS 1336/3 (SPECIAL REQUEST CHIT) NOT REQUIRED WITH THIS FORM! \*\* (PRINT LEGIBLY) DATE PREPARED:

LAST NAME, FIRST, MI, RATE (DESIG) SSN(last four): DEPT: DIV: GENDER: PHONE
BRANCH: REEN DATE: TIME: # YEARS REEN: UNIFORM: ETHNIC GROUP:

REENLISTING OFFICER (LAST NAME, FIRST MI, RANK, TITLE, BRANCH) LOCATION: (reviewed per MPM 1160-020)

INCENTIVE(S): BENEFITS OF RATE SCORE GUARD 2000 STAR SPLIT TOUR SRB AWARD
SCHOOL AS A REENLISTMENT INCENTIVE PTS CONVERSION OTHER:

SRB ELIG: YES NO RATE/NEC: (PER NAVADMIN 075/09) Date SRB PRE-CERT submitted:
SRB AWARD LEVEL: 0.0 SRB ZONE: SRB Amount(estimated):

Does member have an OTT/Alternative OBLISERV approval? YES NO (If yes, attach copy to request)
Does member have a "HARD" copy of orders in hand? YES NO (If yes, attach copy to request)

PTS required: YES NO PTS ZONE: PTS approved? YES NO DATE PTS APPROVED:
If YES, is member reenlisting: IN RATE PTS CONVERT(RATE: ) PG-13 completed? YES NO

Does member need a Conditional Reenlistment? YES NO High Year Tenure (HYT) waiver? YES NO
Does member have Conditional/HYT Waiver approval? YES NO (If yes, attach copy to request)

ADSD: EAOS: EXTENSION (operative/executable): -48 months max- PRD:
0 Months / 0 Months SEAOS:

MARRIED: YES NO WILL SPOUSE BE ATTENDING CEREMONY: YES NO N/A

CERTIFICATES (FULL NAME, RELATIONSHIP): SELLING BACK LEAVE: YES NO # DAYS LV BALANCE: NA
HOME OF RECORD: (City, State)

LEGAL MATTERS PENDING: YES NO PFA COORDINATOR: PASS / FAIL (most recent PFA)
Legal Officer: (Init/Date) PFA Coordinator: (Init/Date)

HOMOSEXUAL CONDUCT TRAINING PERFORMED AS DIRECTED IN NAVADMIN(S) 291/99 AND 094/00? MEMBER COMPLETED ARGUS ONLINE QUESTIONNAIRE:
DATE COMPLETED: (Init/Date) DATE COMPLETED: (printed completion)

I CERTIFY THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I WILL INFORM MY DIVISION/DEPARTMENT CAREER COUNSELOR IMMEDIATELY IF THERE ARE ANY CHANGES.

PHOTO DESIRED: YES NO HOMETOWN NEWS RELEASE: YES NO SIGNATURE/DATE:

MEDICAL/DENTAL DEPARTMENT PERSONNEL USE ONLY (COMPLETE THIS PORTION FIRST BEFORE ROUTING)

MEDICAL SCREENING: SNM ( ) IS ( ) IS NOT ELIGIBLE FOR REENLISTMENT (SIGNATURE AND DATE)
DENTAL SCREENING: SNM ( ) IS ( ) IS NOT ELIGIBLE FOR REENLISTMENT (SIGNATURE AND DATE)

DIVISION/DEPARTMENT CAREER COUNSELOR USE ONLY (Verified per applicable MPM, INSTRUCTIONS and NAVADMINS)

SNM ( ) IS ( ) IS NOT ELIGIBLE FOR REENLISTMENT REASON IF NOT ELIGIBLE: (SIGNATURE AND DATE)

\* PERSONNEL REPRESENTATIVE VERIFIED EVALS/SERVICE RECORD IAW MPM 1160-030: (Init/Date)
CCC VERIFIED SERVICE MEMBER IS ELIGIBLE FOR REENLISTMENT: (Init/Date)
YES NO LPO YES NO ADMIN (as applicable)
YES NO CPO YES NO CMC
YES NO DIVO YES NO XO
YES NO OTHER (as applicable) \*\* To Be Routed Past XO Only If Recommending Disapproval\*\*
YES NO DH YES NO CO

\* ALL REENLISTMENT REQUESTS MUST BE SCHEDULED 30 DAYS PRIOR TO DESIRED REENLISTMENT DATE. (REV 5-09)