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NAVSUPPACT NAPLES FORM 1160/1 (REV 8-12)

REENLISTMENT REQUEST

Reference: MILPERSMAN 1160-030

PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 U.S.C. 552a(b). The principle purpose of the information provided is used to identify the member and his or her service record. The information will be used to assist officials and employees of the Department of the Navy in determining eligibility for and approving or disapproving of the reenlistment being requested. Completion of the form is mandatory; failure to provide required information may result in delay in response to or disapproval of your request.

1. Member's name (*Last, First, Middle*):	2. Rank/Rate:	3. Warfare Designator(*s*):	4. SSN:
5. EAOS (DD-Mmm-YYYY):	6. SEAOS (DD-Mmm-YYYY):	7. PRD (Mmm-YYYY):	
8. Reenlistment date (DD-Mmm-YYYY):	9. Location:		10. Time:
11. Reenlistment number of years: (2, 3, 4, 5, or 6)	12. Uniform:	13. SRB eligible:	14. Leave days sell back:
15. Home of record (City, State):	16. Member's signature:		16a. Date:

17. Reenlisting Officer's name (*First MI Last*)		17a. Rank:
17b. Reenlisting Officer's job title:	17c. Reenlisting Officer's signature:	17d. Date:

18. Spouse's name (*First Middle Last*):	18a. Child's name (*First Middle Last*):
18b. Child's name (*First Middle Last*):	18c. Child's name (*First Middle Last*):
18d. Child's name (*First Middle Last*):	18e. Child's name (*First Middle Last*):

Note: To reduce delay in leave / SRB payment, request should be submitted 60 days in advance. Please notify CCC immediately if changes are needed.

Command Fitness Leader (*CFL*)		
19. Does member meet reenlistment standards per OPNAVINST 6110.1J?		☐Yes ☐No
19a. Is member's PHA current?		☐Yes ☐No
19b. CFL name:	19c. Signature:	19d. Date:

Department Career Counselor		
20. Is member PTS approved?		☐N/A ☐Yes ☐No
20a. Department CC name:	20b. Signature:	20c. Date:

Command routing			
Recommended approval:	Name, Rank/Rate:	Signature:	Date:
21. LPO/WCS ☐Yes ☐No			
22. LCPO ☐Yes ☐No			
23. DIVO ☐Yes ☐No			
24. DH ☐Yes ☐No			
25. CCC ☐Yes ☐No			
26. CMC ☐Yes ☐No			
27. XO ☐Yes ☐No			
28. CO ☐Approved ☐Disapproved			

Notes: _____

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