

**

REENLISTMENT REQUEST FORM

**

TO AVOID POSSIBLE ALLOTMENT OR PAY INTERRUPTIONS,

NAVADMIN 284/97 REQUIRES THAT MBR MUST REENLIST NLT 30 DAYS PRIOR TO EAOS DATE.

OPNAVINST 1000.23C REQUIRES THAT ALL REENLISTMENT REQUEST BE AT THE SERVICING PSD

NLT 45 DAYS PRIOR TO EAOS OR DESIRED REENLISTMENT DATE!*

I. MEMBER INFORMATION

Reenlistment Program: STAR... *.. Yes / No
 *Attach copy of approved OPINS I34 for STAR
 Name: _____ USN/USNR SCORE..... Yes / No
 Rate: _____ SSN: _____ - _____ - _____ E-mail : _____ Attach copy of approved SCORE msg
 Guard 2000..** Yes / No
 Phone (work): _____ (home): _____ Cell : _____ **Attach copy of approved GUARD msg
 Benefits of rate Yes / No
 Duty Station: _____ UIC: _____ Other (specify) _____
 Name of Career Counselor: _____ Phone: _____ Number of years reenlisting: _____
 Reenlisting Officer's Full Name/Grade/Br/Class _____ Selling leave: Yes / No
 Title (C.O., X.O., OIC, DEPT. HD. DIV. OFF.): _____ If Yes, number of days:*** _____
 ***Attach copy of current LES
 Date of Reenlistment: _____ Place (City&State) _____
 SRB Eligible: ****Yes / No
 ****Attach copy of OPINS I51 for SRB
 EAOS: _____ PEBD: _____ ADSD: _____
 COMMAND CC E-MAIL address: _____
 ALTERNATE E-MAIL address: _____

(Member's Signature and Date)

II. 1. Is PTS required for the member? Yes / No / N/A 2. If yes, has PTS been approved? Yes / No / N/A **Note: For PTS required personnel, forward copy of certification to support request.**

III. MEDICAL DEPARTMENT ENDORSEMENT.

Member met the required physical readiness standard for reenlistment and (*is*) / (*is not*) qualified to reenlist.

Print name, rate of Med. Dept. Rep. _____ Signature and Date _____ Phone: _____

IV. DENTAL DEPARTMENT ENDORSEMENT.

Member met the required physical readiness standard for reenlistment and (*is*) / (*is not*) qualified to reenlist.

Print name, rate of Med. Dept. Rep. _____ Signature and Date _____ Phone _____

V. COMMAND FITNESS LEADER ENDORSEMENT

Member met the required physical readiness standard for reenlistment and (*is*) / (*is not*) qualified to reenlist.

Print name, rate of Med. Dept. Rep. _____ Signature and Date : _____ Phone _____

VI. COMMAND ENDORSEMENT :Note: Reenlistment Request received less than 30 days prior to reenlistment date/EAOS is considered emergency. A memorandum signed by the CO or XO (by dir) is required to justify the nature of emergency reenlistment before reenlistment documents can be processed. Utilize DD 2468 on all personnel that are within 120 days prior to PRD or EAOS to state career intentions. This will help CCCs minimize emergency reenlistment situations.

Recommended: Yes: ___ No: ___ (Division LCPO/LPO Signature & date)
 Yes: ___ No: ___ (Division Officer Signature & date)
 Yes: ___ No: ___ (Department Head Signature & Date)
 Yes: ___ No: ___ (Command CC Signature & Date)
 Yes: ___ No: ___ (CMC/COB/SEA Signature & Date)
 Yes: ___ No: ___ (Executive Officer Signature & Date)
APPROVED: Yes: ___ No: ___ (Commanding Officer Signature & Date)

V. PERSUPPDET PEARL HARBOR REENLISTMENT SECTION

Date request received _____ Reenlistment Representative's Initial: _____

PRIVACY ACT STATEMENT: The information requested on this form will be used for the sole purpose of processing reenlistment requests. Disclosure of the requested information is voluntary, however, non-disclosure will result in non-processing of this request.