

ENLISTED PERSONNEL ACTION REQUEST

FROM:

TO:

VIA:

REF:

DATE (YYMMDD):	SSN (LAST 4 DIGITS):
RATE:	NEC (PRI/SEC):
DUTY PHONE:	HOME PHONE:
MEMBERS E-MAIL:	
CCC E-MAIL:	
COMMAND TEAMING INFO UPDATED <input type="checkbox"/> YES <input type="checkbox"/> NO	

REQUESTED ACTION	REASON FOR SUBMISSION (<i>Remarks are limited to 250 characters</i>):																																																						
	DATE AVAILABLE (YYMM): Earliest: Latest:			PRD:				EAOS/SEAOS:																																															
MILITARY SPOUSE DATA	SPOUSE SSN:		BRANCH OF SERVICE: <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USCG																																																				
	STATUS: <input type="checkbox"/> ENLISTED <input type="checkbox"/> OFFICER		SPOUSE RATE/RANK:			CURRENT DUTY STATION:			ROTATION DATE (YYMM):																																														
	SPOUSE DETAILER/MONITOR		NAME					PHONE NO.																																															
FAMILY MEMBER DATA	NO. OF IMMEDIATE FAMILY MBRS		LOCATION OF IMMEDIATE FAMILY MEMBERS (<i>City, State/Country</i>):																																																				
	ENROLLED EFM: <input type="checkbox"/> YES <input type="checkbox"/> NO		LOCATION OF HOUSE HOLD GOODS (<i>City, State/Country</i>):																																																				
MEMBER SIGNATURE	OTHER REQUEST PENDING/DATE (YYMM):		PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 USC 301 Departmental Regulations and from E.O. 9397. The principal purpose of the information is to enable you to make known your desires for the various types of duty listed, or some other special assignment consideration. The information will be used to assist officials and employees of the Department of the Navy in determining your future duty assignment. Completion of the form is mandatory except for duty and home phone numbers; failure to provide information may result in delay in response to or disapproval of your request.																																																				
	MEMBER SIGNATURE:																																																						
INDIVIDUAL'S OFFICIAL DATA	<table border="1"> <thead> <tr> <th>EVAL/FITREP PERIOD (YYMMDD-YYMMDD)</th> <th>33</th> <th>34</th> <th>35</th> <th>36</th> <th>37</th> <th>38</th> <th>39</th> <th>20</th> <th>PROMOTION REC</th> <th>RETENTION REC</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>											EVAL/FITREP PERIOD (YYMMDD-YYMMDD)	33	34	35	36	37	38	39	20	PROMOTION REC	RETENTION REC																																	
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<input type="checkbox"/> YES <input type="checkbox"/> NO HAS CLEAR RECORD (<i>No NJP</i>) FOR PAST ____ YEARS AS REQUIRED																																																							
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A MEETS SECURITY CLEARANCE REQUIREMENTS																																																							
<input type="checkbox"/> YES <input type="checkbox"/> NO RECOMMENDED																																																							
COMMAND ENDORSEMENT	COMMAND UIC:																																																						
	COMMENTS (<i>Address acceptable gap, relief requirement, waivers, etc.</i>):																																																						
	COMMANDING OFFICER:							DATE:																																															

FROM:

TO:

VIA:

DETAILER ACTION

- APPROVED:
 - ORDERS WILL BE ISSUED TO TRANSFER IN _____ TO COMMAND/UIC: _____.
 - PRD ADJUSTED TO _____ BY SEPAC. (ENSURE MEMBER HAS OBLISERV.)
 - AUTHORIZED TO EXTEND ENLISTMENT TO _____.
 - AUTHORIZED TO REENLIST FOR _____ YEARS.

DISAPPROVED (LETTER OF EXPLANATION FORWARDED) DATE: _____

- RETURNED WITHOUT ACTION:
 - NOT ELIGIBLE FOR DUTY REQUESTED.
 - REQUEST NOT IN COMPLIANCE WITH _____.
 - OTHER (SEE ADDITIONAL INFO)

ADDITIONAL INFORMATION:

DATE: _____

SIGNATURE (By direction): _____

CODE: _____

USE THIS SPACE FOR ADDITIONAL COMMAND COMMENTS: