## SIDPERS INPUT AND CONTROL DATA AUTHENTICATION AND TRANSMITTAL

The proponent agency is NGB-ARP. The prescribing directive is NG Pam 600-8-1.

| 1. DATE PREPARED: | 2. ORIGIN CODE: | 3. BATCH NUMBER: |
|---|---|---|
| 4. THRU: | 5. TO: | 6. FROM: *(Reporting Unit Designation Section & Phone)* |

7. ATTACHED SOURCE DOCUMENTS HAVE BEEN VERIFIED AS COMPLETE AND ACCURATE.

| INPUT FORMS | PERTAINING TO | COUNT |
|---|---|---|
| a. Officer Accession | | |
| b. Enlisted Accession | | |
| c. Extension of Enlistment | | |
| d. Personnel Change | | |
| e. Phys Exam SF 88 & 93 | | |
| f. Transfer Orders | | |
| g. Atch/Relief from Atch | | |
| h. Grade Change Orders | | |
| i. Early Adv to PV2 | | |
| j. MOS Orders | | |
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| | | |
| | | |
| | | |
| | TOTAL | |

REMARKS:

| 8. NAME, TITLE, GRADE & BRANCH OF CERTIFYING OFFICER: | DATE PROCESSED AT SIB: |
|---|---|
| 9. SIGNATURE OF CERTIFYING OFFICER: | SIB ANALYST'S INITIALS: |