

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; the proponent agency is TRADOC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name <i>(Last, First, MI)</i>	Rank/Grade	Date of Counseling
Organization	Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: *(Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)*

DTS Counseling:

The purpose of DTS counseling is to inform the Non-Medical Attendants (NMA) of their responsibilities related to DTS, to include what they must do initially, how often they will get paid and how; and what must be done at the completion of their orders.

DTS Document Processing Manual: http://www.defensetravel.dod.mil/Docs/Training/Document_Processing_Manual.zip

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

While assigned as a NMA, you will receive your pay entitlements via the Defense Travel System (DTS). This system enables the Army to deposit your pay directly into your bank account. The use of this system is mandatory.

As the unit DTS Specialist, I will provide any assistance you need to get set up in the system, complete any paperwork, and help you when you close out your account.

1. To get started, you will need to complete the DTS Worksheet. It contains personal information such as your name and social security number and your bank account information. This will be entered into DTS and the worksheet will be shredded to ensure your personal information is secure. Once you are in the system, you should begin to receive payments within 30 days.
2. If your orders are for greater than 120 days, you will receive partial payments. These payments can go directly to your bank account. You will receive payments every 30 days.
3. You are required to return to "close out" your orders within 5 days for your orders ending to ensure you the receive correct pay.
4. If you go on "leave" with your Soldier, you will need to submit your leave dates to the DTS Clerk. You will not receive Per Diem pay while on leave status.
5. If your Soldier is assigned to the WTU and you are a spouse or dependent, you will no longer be entitled to per diem and will be taken off NMA orders. If this occurs, you must return here to close out your entitlements.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment *(other than rehabilitative transfers)*, separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)

- NMA must be registered in DTS by Agency DTA Personnel (see attachment).
- All Authorizations longer than 120 days MUST be set up for Partial Payments in DTS.
- All Vouchers after completion of TDY MUST be settled within 5 days of end date.

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: I agree disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: _____ Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.