ENLISTED PERSONNEL ACTION REQUEST

DATE	34
SSN	
NEC (PRI/SEC)	
DUTY PHONE (DSN)	
HOME PHONE	

FROM: _____

TO: _____

VIA: _____

REF: _____

ENCL: _____

REQUESTED ACTION

☐ TYPE DUTY ☐ TOUR ADJUSTMENT ☐ CHANGE OF RATE ☐ EXTENSION / REENLISTMENT ☐ SCHOOL ☐ STAR ☐ SCORE ☐ SPECIAL PROGRAM

☐ OTHER _____ *(TRANSFER, EXCHANGE OF DUTY, NEW CONSTRUCTION, ETC.)*

DESIRED TIME FRAME	EARLIEST/LATEST	CHOICES: 1ST *(TYPE/AREA)*	2ND *(TYPE/AREA)*	3RD *(TYPE/AREA)*

REASON FOR REQUEST/AMPLIFYING INFORMATION/OTHER REQUEST

UPON APPROVAL OF THIS REQUEST I WILL ACQUIRE NECESSARY OBLIGATED SERVICE ☐ YES ☐ NO

IF COST TRANSFER IS NOT FEASIBLE I WILL ACCEPT TRANSFER AT NO COST TO THE GOVERNMENT ☐ YES ☐ NO

DO YOU HAVE ANY OTHER REQUESTS PENDING ACTION IN BUPERS, E.G., FLEET RESERVE, HUMS, SCHOOLS, ETC.,
☐ YES ☐ NO IF YES, EXPLAIN ON THE REVERSE SIDE.

HAVE YOU PREVIOUSLY SUBMITTED THIS REQUEST ☐ YES ☐ NO IF YES, EXPLAIN ON THE REVERSE SIDE.

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 required information may result in delay in response to or disapproval of your request.

SIGNATURE:

INDIVIDUAL'S OFFICIAL DATA

NO. OF DEPNS	LOCATION OF DEPNS	LOCATION OF HHG	EDUCATION	CITZ	CLEARANCE/BASIS	DLAB

DATE REPORTED	PRESENT PRD	EAOS/EAOS AS EXTENDED	SEX	MILITARY SPOUSE
				☐ YES SSN: _____ ☐ NO

LAST TWO EVALUATIONS *(FILL-IN INDICATED BLOCK NUMBERS). For Evaluation after December 1995, use blocks 33 through 39. Block 40 is for (E1-E6) only*

EVAL BLOCK	27	28	29	30	31	32	33	34	35	36	37	38	39	40

☐ YES ☐ NO ELIGIBLE FOR DUTY REQUESTED

☐ YES ☐ NO HAS CLEAR RECORD (NO NJP) FOR PAST ____ MONTHS AS REQUIRED

☐ YES ☐ NO MEETS SECURITY CLEARANCE REQUIREMENTS ☐ N/A

☐ YES ☐ NO SECNAVFIND REQUIRED

C.O.'S ENDORSEMENT

FROM: _____ DATE: _____

TO: _____

VIA: _____ PERSONNEL OFFICE PHONE: _____

☐ YES ☐ NO RELIEF REQUIRED ____ MONTHS GAP ACCEPTABLE

☐ YES ☐ NO RECOMMENDED

USE REVERSE IF COMMENT DESIRED.

MEMBER UIC:	SIGNATURE OF COMMANDING OFFICER:

From: BUREAU OF NAVAL PERSONNEL

To: _____

Via:

ORIGINATOR'S RETURN ADDRESS

☐ APPROVED:

- ☐ ORDERS WILL BE ISSUED OR TRANSFER IN _____ TO UIC: _____
- ☐ AUTHORIZED TO EXTEND ENLISTMENT TO _____
- ☐ AUTHORIZED TO REENLIST FOR _____ YEARS
- ☐ PRD ADJUSTED TO _____ BY SEPAC. *(ENSURE MEMBER HAS OBLISERV.)*
- ☐ WILL BE ASSIGNED ON A TEMADDINS/PCS BASIS TO _____ SCHOOL
- ☐ CLCVN _____ MOS OBLISERV REQUIRED
- ☐ OTHER:

☐ DISAPPROVED *(LETTER OF EXPLANATION FORWARDED:)* _____
DATE

☐ RETURNED WITHOUT ACTION:

- ☐ NOT ELIGIBLE FOR DUTY REQUIRED.
- ☐ REQUEST NOT IN COMPLIANCE WITH _____
- ☐ OTHER *(SEE ADDITIONAL INFO.)*

ADDITIONAL INFORMATION:

DATE	SIGNATURE *(By direction)*	PERS CODE

USE THIS SPACE FOR ADDITIONAL COMMENTS