

ENLISTED PERSONNEL ACTION REQUEST

FROM: _____
 TO: _____
 VIA: _____
 REF: _____
 ENCL: _____

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

- | | | | | | | | |
|--|--|---|---|---------------------------------|-------------------------------|--------------------------------|--|
| <input type="checkbox"/> TYPE DUTY | <input type="checkbox"/> TOUR ADJUSTMENT | <input type="checkbox"/> CHANGE OF RATE | <input type="checkbox"/> EXTENSION / REENLISTMENT | <input type="checkbox"/> SCHOOL | <input type="checkbox"/> STAR | <input type="checkbox"/> SCORE | <input type="checkbox"/> SPECIAL PROGRAM |
| <input type="checkbox"/> OTHER _____
(TRANSFER, EXCHANGE OF DUTY, NEW CONSTRUCTION, ETC.) | | | | | | | |

DESIRED TIME FRAME	EARLIEST/LATEST	CHOICES: 1ST (TYPE/AREA)	2ND (TYPE/AREA)	3RD (TYPE/AREA)
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REASON FOR REQUEST/AMPLIFYING INFORMATION/OTHER REQUEST

REQUESTED ACTION

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
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DATE REPORTED	PRESENT PRD	EAOS/EAOS AS EXTENDED	SEX	MILITARY SPOUSE <input type="checkbox"/> YES SSN: _____ <input type="checkbox"/> NO
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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

<input type="checkbox"/> YES	<input type="checkbox"/> NO	ELIGIBLE FOR DUTY REQUESTED
<input type="checkbox"/> YES	<input type="checkbox"/> NO	HAS CLEAR RECORD (NO NJP) FOR PAST _____ MONTHS AS REQUIRED
<input type="checkbox"/> YES	<input type="checkbox"/> NO	MEETS SECURITY CLEARANCE REQUIREMENTS <input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	SECNAV FIND REQUIRED

C.O.'S ENDORSEMENT

FROM: _____ DATE: _____

TO: _____ PERSONNEL OFFICE PHONE: _____

VIA: _____

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