REENLISTMENT WORKSHEET PERSONAL DATA PRIVACY ACT OF 1974 (5 U. S. C. 552a)						PRIVACY ACT NOTICE: Authority: 10 USC 9012 & 8973 Principal Purpose & Routine use for the preparation of enlistment documents. Disclosure is voluntary. Failure to complete applicable items may result in reenlistment documents not being processed.							
(Note: if you are outside the 6 mor	nths reenlistment wil	ndow an	nd require	e retai	nabili	ty, cor	nsult	with RIO Detachn	nent 3)				
I am within 6 months of ETS and not cu	irrently receiving a bonus							e AGR program					
I am within 30 days of ETS and current						•		I Bill benefits	_				
I am within 36 months of ETS, retrained			nieved 3-lev	/el				eive BRS Continuation	-	- nt			
For the Years, Months, and Days to rea NAME (LAST, FIRST, FULL MIDDLE) (include		r I) date		CURE	RENTE	-	retain	ability for active duty to DAFSC					
		0014				5,4 00	000101	OMBEIT					
CURRENT ADDRESS (STREET, CITY, COUNTY, STATE, ZIP CODE)				UNIT				STATUS TR IMA AG	CITIZENS R US	HIP OTH	IER		
PROJ REENLISTMENT DATE DATI	DATE OF BIRTH		Number of y 2	per of years you will reenlist 2 3 4 5			for? 6	Enter HYT Date Be HYT	Iow: PAY GRA	PAY GRADE			
Rank, name, and unit of the officer who will co you have no preference. (Example: Maj Elvis													
I understand that I must meet all reenlistment			,	2.	MBER	SIGNA	TURE	E	DATE SIG	INED			
If I do not meet standards, I may not be eligi may authorize an extension of my current er				r									
PART II - LEGAL REQUIR	EMENT INSTRUC	CTIONS: A	rticle 137 Br located in n	nyLearn	ing <mark>OR</mark>	by visitir	ng the	listment. The Article 137 Staff Judge Advocate O of actual reenlistment. (ffice. CBT certifi	cate comple	tion date		
ADDITIONAL COMMENTS													
LEGAL REP NAME			LEGAL	. REP S	IGNAT	URE			DATE SIG	SNED			
PART III – UNIT FITNESS		n and retu	ırn. Memb	ers with	unsat	tisfactor	ry sco	approval and signature res are <u>NOT</u> eligible t s may need to process an	to reenlist witho	ut Unit Cor			
DOES MEMBER HAVE CURRENT SATISFA	CTORY SCORE?			YES				NO					
ADDITIONAL COMMENTS													
FITNESS MONITOR NAME			FITNES	SS MON	NITOR	SIGNA	TURE		DATE SIG	SNED			
PART IV – MEDICAL CLE	ARANCE sign and	d return. N	lembers wh	ose req	uiremer	nts <u>have</u>	e not b	approval and signature <u>been</u> met or are pending with the Unit Command	g FFD/MEB/ARI				
ALL MEDICAL/DENTAL REQU	IREMENTS HAVE BEEN	MET FOF	R REENLIS	TMENT	AS O	UTLINE	D IN	DAFMAN 48-123.					
MEDICAL/DENTAL REQUIREM	MENTS HAVE NOT BEEN	MET.				MEN	MBER	IS PENDING FFD/ME	EB/ARILO				
ADDITIONAL COMMENTS	-												
MEDICAL REPRESENTATIVE NAME			MEDIC	AL REF	PRESE		VF SI	GNATURE	DATE SIG				
									27112 010				
PART V – QUALITY/INC	ENTIVE REVIE	V qual	TRUCTION					ceed to Part VI. RIO I ve eligibility.	Det ensures mer	nber is			
Was the member pre-approved by Commander	on SRP? Ensure SRP is	filed with I	Detachment	t.						YES	NO		
Does the member meet reenlistment qualifications IAW DAFI 36-2606 para. 8.1.4?									YES	NO			
If member completed the Article 137 brief through MyLearning is the CBT included with this worksheet and dated within 6 months?										YES	NO		
Does member's projected ETS exceed their HYT date? (**If YES, notify member they can only reenlist to their HYT).										YES	NO		
<u>SEND TO TMC - Incentive/Bonus Check:</u> Is the member a Traditional Reservist?										YES	NO		
Does the member have more than 5 but less than 10 years of service from pay date on DOE?										YES	NO		
Does the member have less than 5 unexcused	-		SI DOE!							YES	NO		
If the above Incentive/Bonus Check question			r an incenti	ive. Fn	sure th	e follow	ina (it	f member is not eliait	ble, leave hlani	k):			
Member is reenlisting within 6 months of ETS if		-							,	YES	NO		
Member is reenlisting for at least 3 years?										YES	NO		
Member reenlisting in a tax-free zone? (If yes,	payments will be tax-free)									YES	NO		
Member's DAFSC is on the CSL? Note: Memb		-			YES	NO							
DET 3 TECHNICIAN			RIO DE	ET TEC	HNICIA	AN SIGI	NATU	RE	DATE SI	GNED			
PART VI – COMMANDE	R APPROVAL							rify eligibility IAW DAFI eenlistment takes place		7.2.9. and s	sign.		
MEMBER SELECTED & APPROVED FOR F	REENLISTMENT	· · ·	YES			NO (A	TTAC	H AF FORM 418 & SU			5)		
COMMANDER NAME & SIGNATURE				NO (ATTACH AF FORM 418 & SUPPORTING DOCUMENTS) COMMANDER SIGNATURE DATE SIGNED							- 1		