

**RE-ENLISTMENT CEREMONY INTERVIEW SHEET**

\*\* NAVPERS 1336/3 (SPECIAL REQUEST CHIT) NOT REQUIRED WITH THIS FORM! \*\* (PRINT LEGIBLY) DATE PREPARED: \_\_\_\_\_

LAST NAME, FIRST, MI, RATE(DESIG)		SSN(last four):	DEPT:	DIV:	GENDER:	PHONE
BRANCH:	REEN DATE:	TIME:	# YEARS REEN:	UNIFORM:	ETHNIC GROUP:	

REENLISTING OFFICER(LAST NAME, FIRST MI, RANK, TITLE, BRANCH)					LOCATION: (reviewed per MPM 1160-020)
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INCENTIVE(S):  BENEFITS OF RATE  SCORE  GUARD 2000  STAR  SPLIT TOUR  SRB AWARD  
 SCHOOL AS A REENLISTMENT INCENTIVE  PTS CONVERSION  OTHER:

SRB ELIG:  YES  NO RATE/NEC: \_\_\_\_\_ (PER NAVADMIN 075/09) Date SRB PRE-CERT submitted:  
 SRB AWARD LEVEL: 0.0 SRB ZONE: \_\_\_\_\_ SRB Amount(estimated): \_\_\_\_\_

Does member have an OTT/Alternative OBLISERV approval?  YES  NO (If yes, attach copy to request)  
 Does member have a "HARD" copy of orders in hand?  YES  NO (If yes, attach copy to request)

**PTS required:**  YES  NO PTS ZONE: \_\_\_\_\_ PTS approved?  YES  NO DATE PTS APPROVED:  
 If YES, is member reenlisting:  IN RATE  PTS CONVERT(RATE: \_\_\_\_\_) PG-13 completed?  YES  NO

Does member need a Conditional Reenlistment?  YES  NO High Year Tenure (HYT) waiver?  YES  NO  
 Does member have Conditional/HYT Waiver approval?  YES  NO (If yes, attach copy to request)

ADSD:	EAOS:	EXTENSION (operative/executable): -48 months max- 0 Months / 0 Months	SEAOS:	PRD:
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MARRIED:  YES  NO WILL SPOUSE BE ATTENDING CEREMONY:  YES  NO  N/A

CERTIFICATES (FULL NAME, RELATIONSHIP): _____ _____	SELLING BACK LEAVE: <input type="checkbox"/> YES <input type="checkbox"/> NO	# DAYS	LV BALANCE: NA
	HOME OF RECORD: (City, State)		

LEGAL MATTERS PENDING: <input type="checkbox"/> YES <input type="checkbox"/> NO Legal Officer: _____(Init/Date)	PFA COORDINATOR: PASS / FAIL (most recent PFA) <input type="checkbox"/> YES <input type="checkbox"/> NO (# of PFA failures in 4 years: 0/1/2/3/more) PFA Coordinator: _____(Init/Date)
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HOMOSEXUAL CONDUCT TRAINING PERFORMED AS DIRECTED IN NAVADMIN(S) 291/99 AND 094/00? DATE COMPLETED: _____(Init/Date)	MEMBER COMPLETED ARGUS ONLINE QUESTIONNAIRE: <a href="https://www.npc.navy.mil/CareerInfo/StayNavyTools/CareerTools/">https://www.npc.navy.mil/CareerInfo/StayNavyTools/CareerTools/</a> DATE COMPLETED: _____(printed completion)
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I CERTIFY THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I WILL INFORM MY DIVISION/DEPARTMENT CAREER COUNSELOR IMMEDIATELY IF THERE ARE ANY CHANGES.

PHOTO DESIRED:  YES  NO HOMETOWN NEWS RELEASE:  YES  NO SIGNATURE/DATE: \_\_\_\_\_

**MEDICAL/DENTAL DEPARTMENT PERSONNEL USE ONLY (COMPLETE THIS PORTION FIRST BEFORE ROUTING)**

**MEDICAL SCREENING:**  
SNM ( ) IS ( ) IS NOT ELIGIBLE FOR REENLISTMENT \_\_\_\_\_  
(SIGNATURE AND DATE)

**DENTAL SCREENING:**  
SNM ( ) IS ( ) IS NOT ELIGIBLE FOR REENLISTMENT \_\_\_\_\_  
(SIGNATURE AND DATE)

**DIVISION/DEPARTMENT CAREER COUNSELOR USE ONLY (Verified per applicable MPM, INSTRUCTIONS and NAVADMINS)**

SNM ( ) IS ( ) IS NOT ELIGIBLE FOR REENLISTMENT \_\_\_\_\_  
REASON IF NOT ELIGIBLE: \_\_\_\_\_ (SIGNATURE AND DATE)

\* PERSONNEL REPRESENTATIVE VERIFIED EVALS/SERVICE RECORD IAW MPM 1160-030: \_\_\_\_\_ (Init/Date)

CCC VERIFIED SERVICE MEMBER IS ELIGIBLE FOR REENLISTMENT: \_\_\_\_\_ (Init/Date)

<input type="checkbox"/> YES <input type="checkbox"/> NO LPO _____	<input type="checkbox"/> YES <input type="checkbox"/> NO ADMIN _____ (as applicable)
<input type="checkbox"/> YES <input type="checkbox"/> NO CPO _____	<input type="checkbox"/> YES <input type="checkbox"/> NO CMC _____
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DIVO _____	<input type="checkbox"/> YES <input type="checkbox"/> NO XO _____
<input type="checkbox"/> YES <input type="checkbox"/> NO OTHER _____ (as applicable)	** To Be Routed Past XO Only If Recommending Disapproval**
<input type="checkbox"/> YES <input type="checkbox"/> NO DH _____	<input type="checkbox"/> YES <input type="checkbox"/> NO CO _____

\* ALL REENLISTMENT REQUESTS MUST BE SCHEDULED 30 DAYS PRIOR TO DESIRED REENLISTMENT DATE. (REV 5-09)