

BEFORE REENLISTMENT WORKSHEETS ARE ROUTED ENSURE THE FOLLOWING ARE CHECKED FOR COMPLETENESS

1. SPECIAL REQUEST CHIT REQUESTING TO REENLIST.
2. AN UPDATED COPY OF EDVR WITH MEMBERS NAME (WITH NAME HIGHLIGHTED).
3. ENSURE REENLISTMENT REQUEST IS PROPERLY TYPED AND PRINTED. HAND WRITING WILL NOT BE ACCEPTED, EXCEPT TO SIGNATURES AND CIRCLE YES/NO ANSWERS. THIS IS BECAUSE THIS SHEET GOES THROUGH THE CHAIN OF COMMAND AS WELL AS PSD AND REFLECTS ON OUR PROFESSIONALISM.
5. COPY OF MEDICALLY ELLIGIBLE TO REENLISTMENT MEMORANDUM ATTACHED.
6. WHEN IN DOUBT, PLEASE ASK FOR GUIDANCE AND ASSISTANCE.
7. SAMPLE ON NEXT PAGE

SAMPLE REENLISTMENT REQUEST FORM

FULL NAME: MS2(SW/AW) SAILOR, JOHN JAMES, 123-45-6789, USN
(RATE, WARFARE, LAST, FIRST MIDDLE, SSN, USN/R)

DEPARTMENT ATTACHED TO: PM3 LOCATION: NAVSTA NORFOLK GALLEY

TERM OF SERVICE: CAREERIST YEARS OF ACTIVE SERVICE: 15 SEX: M/F

MARTIAL STATUS: MARRIED ETHNIC GROUP: CAUCASIAN

REENLISTING: 20 JAN 01 @ 1200, NAVSTA NORFOLK GALLEY, SERVICE DRESS BLUES
(REENLISTMENT DATE, TIME, LOCATION AND UNIFORM)

REENLISTING OFFICER: SAMPLES, ALOT O., CWO3, USN, FOOD SERVICE OFFICER
(LAST, FIRST, MI, RANK, USN/R, TITLE)

SPOUSE / GUESTS: IVANA Q. SAILOR / DIVISION PERSONNEL
(SPOUSE'S FIRST MI LAST)

PRT COORDINATOR PROGRAM MANAGER: HAS SNM FAILED 3 OR MORE PRT'S? NO / YES

MEDICAL FORM: IS SNM PHYSICALLY QUALIFIED TO REENLIST? NO / YES

NUMBER OF YEARS SNM REENLISTING FOR: 5 YEARS

SELL BACK LEAVE: NO / YES - HOW MANY DAYS LEAVE SNM TO SELL BACK: 60

SRB ELIGIBLE: NO / YES - REENLISTMENT ZONE: C @ AWARD LEVEL: 5.5

REENLISTING FOR: BENEFITS OF RATE
(STAR / SCORE / BENEFITS OF RATE / OTHER)

REENLISTEE'S SIGNATURE

REENLISTING OFFICER'S SIGNATURE

DIVISION CAREER COUNSELOR: MS2(SW) SKATE PHONE: 444-1313

DEPARTMENT CAREER COUNSELOR: MS1(SW) PAPERCLIP PHONE: 322-3039

COMMAND CAREER COUNSELOR: NCC(SW/AW) ANDERS PHONE: 836-1845