|  |
| --- |
| **RANK and FULL NAME:** |
| **Home Address:** |
| **Cell Phone #:** | PMOS: |  |
| **Work Phone #:** | Section: |  |
| **Emergency Contact Name:** |
| **Emergency Contact Phone #:** |
| **SPONSOR:** |
| **IN-PROCESS** | **REQUIRED RECORDS, DOCUMENTS, OR OTHER ITEMS** | **OUT-PROCESS** |
| **Initial** | **N/A** | ***a. Personnel Record Documents (S1)*** | **Initial** | **N/A** |
|  |  | Assignment Order w/any amendments  |  |  |
|  |  | Valid Common Access Card (CAC) |  |  |
|  |  | TASP/ ACT |  |  |
|  |  | DD Form 93 (Record of Emergency Data) |  |  |
|  |  | SGLV 8286 (Family coverage election and certificate) |  |  |
|  |  | Latest Evaluation (OER/NCOER), if applicable |  |  |
|  |  | RLAS Update |  |  |
|  |  | MYPAY (Direct Deposit -SF 1199) |  |  |
|  |  | DA Form 5960 (Basic Allowance for Quarters/Housing) |  |  |
|  |  | Initiate/Verify Personnel/Finance Records Review |  |  |
|  |  | Marriage Certificate (if applicable) |  |  |
|  |  | Birth Certificates |  |  |
|  |  | Divorce Degree(if applicable) |  |  |
|  |  | USAR Form 107-R (Family Information Data Worksheet) |  |  |
|  |  | Family Care Plan Questionnaire |  |  |
|  |  | Family Care Plan Packet (if applicable) |  |  |
|  |  | DA Form 31 (*AGR Soldier Only)* |  |  |
|  |  | Medical and Dental Records *(TPU Soldier Only)* |  |  |
|  |  | LHI account |  |  |
| Current PHA Date:  |
| Current Dental Date:  |
|  |  | DD Form 3349 (Physical Profile) if applicable |  |  |
|  |  | DD Form 1351-2 (Travel Voucher) *AGR Soldier Only* |  |  |
|  |  | TLE Claim Form (if applicable) AGR Soldier Only |  |  |
|  |  | Battalion Policy Letters |  |  |
|  |  | DTS Enrolled (if no existing account) |  |  |
|  |  | DTA (attached/release/ BN S1) |  |  |
|  |  |  |  |  |
| **Initial** | **N/A** | ***b. Training (S3)*** | **Initial** | **N/A** |
|  |  | DA Form 705 (Army Combat Fitness Test Scorecard) |  |  |
|  |  | DA Form 5500/5501 (Body Fat Content Worksheet) |  |  |
|  |  | DA Form 348 (Equipment Operator's Qualification Record) |  |  |
|  |  | Weapons Qualification Card |  |  |
|  |  | DMOSQ (if not initiate packet) for current position |  |  |
|  |  | PME (if not initiate packet) for current grade |  |  |
|  |  | Provide BA Schedule |  |  |
| **Initial** N/A b. Training (S3) continued Initial N/A | **N/A** | ***b. Training (S3) continued*** | **Initial** | **N/A** |
|  |  | Individually Billed Account Travel Card Application (Citibank) |  |  |
|  |  | Government Travel Statement of Understanding |  |  |
|  |  | Travel Card 101 Certificate (Online Trax) |  |  |
|  |  | DTS Travel 101 Certificate (Online Trax) |  |  |
|  |  | DTS Account Updated |  |  |
|  |  | Verify GTC Balance/Active/Expiration Date/Information Updated |  |  |
| **Initial** | **N/A** | ***d.Security-S2***  | **Initial** | **N/A** |
|  |  | Security Clearance Validation in DISS |  |  |
|  |  | Initial Brief |  |  |
|  |  |  |  |  |
| **Initial** | **N/A** | ***c. Supply (S4)*** | **Initial** | **N/A** |
|  |  | Order OCIE |  |  |
|  |  | Weapons Issue (MAL) |  |  |
|  |  | Mask Issue (MAL) |  |  |
|  |  | KyLoc Order (Prior service w/ no uniforms) |  |  |
|  |  | Unit Patch |  |  |
|  |  | MEM Verification |  |  |
|  |  | LIK (LIK Coordinator) |  |  |
|  |  | DA 4886 (Complete prior to arrival) |  |  |
|  |  | Reviewed/Sign DA 3645 (Pulled from ISM) |  |  |

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| **Initial** | **N/A** | ***e. USARC Network -S6***  | **Initial** | **N/A** |
|  |  | Do you have an ICAM account, username and password? |  |  |
|  |  | Valid Common Access Card (CAC) |  |  |
|  |  | Register in ATCTS : https://atcts.army.mil/iastar/index.php |  |  |
|  |  | HQ Alignment on ATCTS |  |  |
|  |  | DoD Cyber Awareness Date: |  |  |
|  |  | Complete Information Assurance Trainings: |  |  |
|  |  | 1. Safe Home Computing |  |  |
|  |  | 2. Phishing Awareness V6 |  |  |
|  |  | 3. Portable Electronic Devices and Removable Storage HTML |  |  |
|  |  | 4. Personally Identifiable Information (PII) V4 |  |  |
|  |  | 5. Social Networking V4 |  |  |
|  |  | ARNet Account Request |  |  |
|  |  | Upload USAR 75-R (USAR Acceptable Use Policy for Access) |  |  |
|  |  | Update ATCTS, Milconnect, and Aramp profile. |  |  |
|  |  | Out-processing: Clear Hand Reciept  |  |  |

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| ***Chain of Command*** |
| FLL |  |  |
| CO 1SG |  |  |
| CO CDR |  |  |
| BN CSM |  |  |
| BN CDR |  |  |