|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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) |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  |  |

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