

RE-ENLISTMENT WORKSHEET
PERSUPPET NTC GREAT LAKES, IL

INSTRUCTIONS AND SPECIFIC NOTES REGARDING WORKSHEET

1. PERSONAL DATA

- a. RE-ENLISTMENT DATE/TIME. Ensure worksheet is received by PSD no later than 30 days prior to reenlistment date requested (45 days if requesting SRB).
- b. RE-ENLISTING OFFICER / TITLE. Reenlistment contract cannot be printed without these two fields.
 1. Ensure maximum of 28 characters/spaces for officer name, rank, branch or class.
 2. Ensure maximum of 18 characters/spaces for officer title.
EXAMPLE: COMMANDING OFFICER, EXECUTIVE OFFICER, DIVISION OFFICER, FSO, EPO, etc..

2. LEAVE SELLBACK / SELECTIVE RE-ENLISTMENT BONUS

- a. LEAVE SELLBACK: Members may sell up to a maximum of 60 days leave during their military career. This includes breaks in service and different branches of service.
- b. SRB / LSRB:
 1. Select RATE/NEC as it appears on the current NAVADMIN.
 2. Ensure member's EAOS is in the same fiscal year as reenlistment request (exceptions noted on NAVADMIN)
 3. Ensure member has a minimum of 24 months between reenlistment date and PRD when requesting Location Selective Reenlistment Bonus.

3. OTHER PROGRAMS / SPECIAL CONSIDERATIONS

- a. EARLY REENLISTMENT REQUEST: Members must have BUREAU approval to reenlist more than one year prior to their EAOS.
- b. EARLY SRB: An SRB request for a member with EAOS next fiscal year will not normally be approved. Examples of exception: member has PCS orders to detach this fiscal year; crossing over SRB zones; STAR; Score Conversion.
- c. GUARD 2000: Member must be approved for Guard Assignment. Attach copy of enlisted orders that contain the actual guarantee for GUARD.
- d. CONDITIONAL REENLISTMENTS: Attach copy of approval message from BUPERS. Reenlistment contract will be for 2 years with conditional clause in remarks.
- e. HIGH YEAR TENURE: Members cannot be reenlisted beyond their High Year Tenure without BUREAU approval. If a Fleet Reserve request has been approved, a CONDITIONAL REENLISTMENT approval will be required to reenlist.

4. CERTIFICATION / AUTHORIZATION

- a. CHANGES TO REQUEST: Changes to reenlistment requests must be in writing/email from the member's Command Career Counselor.

RE-ENLISTMENT WORKSHEET

PERSUPPDET NTC GREAT LAKES, IL

1. PERSONAL DATA

FULL NAME (LAST, FIRST, MI)		RATE (INCL DESIG)	SSN	WORK EXT
DATE/TIME OF RE-ENLISTMENT	PLACE OF RE-ENLISTMENT	# OF YEARS RE-ENLISTING	ADSD: EAOS:	PEBD: PRD:
RE-ENLISTING OFFICER (LAST, FIRST, MI)	RE-ENLISTING OFFICER'S TITLE		COMMAND	

2. LEAVE SELLBACK / SELECTIVE RE-ENLISTMENT BONUS

<input type="checkbox"/> LEAVE SELLBACK (MAX 60 DAYS PER CAREER)		HOW MANY DAYS:		
<input type="checkbox"/> SRB ELIGIBLE?	RATE / NEC:	ZONE:	AWARD LEVEL:	SRB NAVADMIN
<input type="checkbox"/> LSRB ELIGIBLE?	RATE / NEC:	ZONE:	AWARD LEVEL:	LSRB NAVADMIN

3. OTHER PROGRAMS / SPECIAL CONSIDERATIONS (ATTACH COPY OF MESSAGE / ORDERS)

<input type="checkbox"/> EARLY RE-ENLISTMENT				
<input type="checkbox"/> EARLY SRB (EAOS NOT IN SAME FISCAL YEAR AS RE-ENLISTMENT)				
<input type="checkbox"/> STAR	<input type="checkbox"/> SCORE	<input type="checkbox"/> GUARD 2000	<input type="checkbox"/> USNR ⇄ USN	<input type="checkbox"/> CANREC ⇄ TAR
<input type="checkbox"/> OBLISERV FOR ORDERS	<input type="checkbox"/> HIGH YEAR TENURE WAIVER	<input type="checkbox"/> CONDITIONAL RE-ENLISTMENT	<input type="checkbox"/> LATERAL CONV	

4. REMARKS

ESTIMATED TOTAL SRB \$	TRANSFER DATE:
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DIVISIONAL CAREER COUNSELOR'S SIGNATURE:

5. MEDICAL APPROVAL

MEMBER FOUND PHYSICALLY QUALIFIED TO RE-ENLIST <input type="checkbox"/> YES <input type="checkbox"/> NO (EXPL)	MEDICAL DEPARTMENT REP (PRINT & SIGN NAME)	RANK / SERVICE
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6. CERTIFICATION / AUTHORIZATION

The above request has been verified and determined to be correct and accurate IAW OPNAVINST 1160.5C, OPNAVINST 1160.6A, MILPERSMAN 1160-030 and the current SRB/LSRB NAVADMIN.

MEMBERS SIGNATURE	DATE:	
CCC NAME / SIGNATURE	DATE:	
CCC PHONE: (847) 688-2693 / 6738	FAX #: (847) 688-7028	E-MAIL:

REENLISTING UNIFORM:

CERTIFICATES:

(Write names exactly as it should appear on the
Certificate of Appreciation)

SPOUSE NAME

ADDITIONAL CERTIFICATES

1. _____
2. _____
3. _____
4. _____