From: Rank, Name, USN,

To: Deputy Chief of Naval Personnel

Via: Commanding Officer, Officer’s Command

Subj: INFORMATION FOR CONSIDERATION BY THE PROBATIONARY OFFICER

CONTINUATION AND REDESIGNATION BOARD

Ref: (a) Notification ltr dtd DD Mmm YY

1. I acknowledge receipt of reference (a). I acknowledge that I have the right to review my service record and to object to, or comment on, any reason(s) provided in paragraph 2 of reference (a) if, based on my own review of my service record, I believe that I have been improperly identified as being eligible for the probationary officer continuation and redesignation (POCR) board prior to the POCR board convening date.

2. I understand this is a non-voluntary board and that I have from the time of board notification, reference (a), to the board convening date to dispute my record being adjudicated at the board. I understand that once the board has convened, the results are binding. I understand that if I am not selected for retention on active duty, I will be removed from the ADL and redesignated to the IRR, SELRES or TAR effective four months from the first day of the month following approval of the probationary officer continuation and redesignation board results. I agree to sign a new oath of office in accordance with the signed board results to facilitate designator changes. I understand that I will incur a two-year obligation upon redesignation to be served concurrently with any existing obligation.

3. I understand that the POCR board will conduct an assessment of my record to determine my status in the Navy. The following is a list of possible outcomes of that assessment:

a. Retention on active duty in:

(1) Current designator, or

(2) Alternative designator

b. Transfer into the Reserve Component in:

(1) Training and Administration of the Reserve (TAR),

(2) Selected Reserves (SELRES), or

(3) Individual Ready Reserve (IRR)

c. Discharge (not offered Reserve affiliation)

4. I respectfully request consideration for: (See Notes Section)

a.

b.

c.

d.

e.

5. Officer’s personal comments, contact information and other information: (Officer provide)

1. Medical status: (Indicate one or more of the following, as appropriate)
2. I am currently fit for full duty, or
3. I am currently in a limited duty status which will be reevaluated no later than Mmm YY, and/or
4. I am currently in a limited duty status and awaiting processing or results of a PEB to determine my duty status and/or
5. I am fit for full duty but have documented detailing restrictions based on a medical condition.

b. Security clearance and effective date.

c. Education (Major and School) (Include Copy of College transcript(s)):

d. Certifications or licensures.

e. Foreign language qualifications.

f. Prior enlisted service; number of months, rank, rate.

6. I understand that if I am not selected for retention on active duty, I will be discharged or removed from the ADL and redesignated to the IRR, SELRES, or TAR effective not later than 4 months from the first day of the month following approval of the POCR board results.

7. I have attached all documentation that I wish to be considered by the POCR board including any objection or comment I have regarding the identified reason(s) for POCR board consideration.

8. My point of contact information:

a. Command Name, Address: (if due to transfer in next 6 months, also add new command)

b. Work email:

c. Work Phone:

d. Personal email:

e. Cell Phone:

f. Other information: (if desired)

FI. MI. LAST NAME

Notes:

1. Redesignation. You should list five designator choices in priority order for which you are qualified. You may not list separation as a choice. You must include a URL designator in the five choices if medically qualified. If you continue to be qualified in your current designator you should list that designator as well.

2. TAR, SELRES or IRR. If not offered retention on active duty, state preference to affiliate with TAR, SELRES or IRR.

3. Officer may include any additional information he/she deems appropriate.

(Command Letter Head)

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DD Mmm YY

FIRST ENDORSEMENT on Rank, First Last Name, USN, ltr of DD Month YY

From: Commanding Officer, (Officer’s Command)

To: Deputy, Chief of Naval Personnel

Subj: INFORMATION FOR CONSIDERATION BY THE PROBATIONARY OFFICERS CONTINUATION AND REDESIGNATION BOARD

1. Rank, Name (First, Middle, Last)

2. Command Assigned, Phase of Training (if applicable)

3. Commanding Officer’s Comments. (e.g. opinion on effort exerted, potential for future service, attitude, motivation, recommendation, command operational mission impact if officer is selected for separation and recommended separation date based on command operational requirement, etc.)

4. I certify that this member is not currently under investigation for misconduct, awaiting disciplinary action, awaiting administrative action or awaiting medical actions that may fall under a different discharge authority.

5. The member is available to accept redesignation and execute orders as approved by DNCP.

6. Identify if the departure of the officer would have a severe impact to the command’s operational mission and for how long as appropriate.

7. Identify a Command POC (name, email, and phone) for this matter as desired.

Commanding Officer