1430

 Ser

 DD MMM YYYY

From: Commanding Officer, USS ALWAYS SAIL (FFG 15)

To: Commander, X Fleet Command

Via: Commander, Naval Air/Surface Forces Pacific/Atlantic

Subj: 2021 SEASON TWO MERITORIOUS ADVANCEMENT PROGRAM (MAP)CONTROLLED RATE REQUEST

Encl: (1) Last three profile sheets

 (2) Copy of PRIMS (last 6 Cycles if available)

 (3) Most recent three EVALs(if available)

 (4) NAVPERS 1070/881 (ESR Training/Qualification History)

 (5) Additional justifying correspondence (if required by ISIC/TYCOM/BSO)

1. PURPOSE OF REQUEST: 2021 Season Two MAP Controlled Rate Request

1. SERVICE INFORMATION: (DDMMMYYYY)
	1. Name:
	2. Assigned UIC:
	3. Parent UIC:
	4. ADSD:
	5. Date Reported:
	6. PRD:
	7. EAOS:
	8. TIR Date:
	9. MAP Quota Paygrade:
	10. MAP Rate:

1. WARFARE QUALIFICATION: Name of Qualification(s), Date(s) earned.
2. PRIMARY DUTY/JOB PERFORMANCE: Description/time in position/accomplishments/number supervised/impact to Command/SOQ division/department level
3. COLLATERAL DUTIES: Command Collaterals (Description/date assumed/accomplishments/number supervised/impact to Command)
4. Department Collaterals
5. Division Collaterals
6. COMMAND INVOLVEMENT: Not related to the member’s primary job duties e.g., associations, projects, CSADD, MWR, etc.
7. SAILORIZATION & MENTORSHIP (RETENTION/ADVANCEMENT): Accomplishments, retention and advancement of Sailors led, Navy programs knowledge, CDB’s, process improvement
8. OFF DUTY EDUCATION & TRAINING: Degree earned, courses/classes taken, NKO or NRTC courses (be specific)
9. COMMUNITY & VOLUNTEER SERVICE: Type of service/number of hours/results
10. PERSONAL AWARDS & RECOGNITION: Military (include dates covered), other awards
11. CO RECOMMENDATION:
12. My point of contact on this matter is Mr. Firstname Lastname (999) 999-9999/DSN 99 or via email at my.name@navy.mil.

 I.M. UNDERWAY

 (By direction not authorized)

Copy to:

ISIC