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From: [Issuing commander]

To: Commander, Navy Personnel Command (PERS-913)

Subj:

Ref:

[Enlisted member concerned], USNR RECOMMENDATION FOR ADMINISTRATIVE SEPARATION

# NAVPERS 15560D

Encl: (1) NAVPERS 1910/31

# (2) NAVPERS 1070/613

* 1. SELRES ENLISTED COVID 19 ADSEP Checklist
	2. Medical Waiver/Religious Accommodation request and response (if applicable)
	3. PTSD/TBI Memo (if applicable)
	4. Dual Processing Memo (if applicable)
	5. Record of Proceedings
	6. Government Exhibits
	7. Respondent Exhibits

(10) Board Findings Sheet

1. Per reference (a), article 1910-600, the following information is submitted:
	1. Reason for processing: MILPERSMAN Article 1910-142 Misconduct-Commission of Serious Offense
	2. Basic record data: Active duty start date; date of current enlistment; end of active obligation service (EAOS)/end of service; intent to submit voluntary extension of EAOS; race; ethnicity; marital status and dependents; months on board; date and amount of most recent enlistment/reenlistment bonus; deployment status: deployed/pending deployment (number of months)/not deployed; is member pending orders (YES/NO/NA); age; total service (active, inactive); participated in Montgomery GI Bill (YES/NO/NA); specialized training (e.g., nuclear power).
	3. Involvement with civil authorities and expected court date (If none, annotate NA):
	4. Summary of military and civilian offenses:
	5. Findings of the administrative board:
	6. Recommendations of the administrative board:
	7. Type of discharge recommended by administrative board:

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* 1. Reference (a), article 1910-702, screening requirements:
		1. Was member’s record screened for post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) (Yes or No)?
		2. Was member diagnosed with PTSD/TBI (Yes or No)?(if Yes provide enclosure (6))
		3. If yes, was PTSD/TBI determined to be a contributing factor (Yes or No)?
		4. Did member serve in an imminent danger pay zone in the 2-year period prior to notification of separation processing (Yes or No)?
	2. Psychiatric, medical and/or PTSD/TBI evaluation complete or not applicable (as required):
	3. Is the member currently enrolled in the Disability Evaluation System (DES)? If member is enrolled in the DES, what is the status of the Physical Evaluation Board? (if yes provide enclosure (7) and documentation of DES/PEB enrollment/findings)
	4. Does the member currently have an approved or pending Fleet Reserve request?
	5. Was the member frocked? If so, what is the effective date of the frocking?
	6. Most recent NAVPERS 1070/613 Administrative Remarks warning (critical if required under reason for processing):
	7. Did the member request a medical waiver or religious accommodation (Yes or No) (if yes include request and disposition in enclosure (4))
	8. Commanding Officer’s comments: (Ensure a clear picture of what, when, and why is provided.)
	9. Point of contact, location of command, telephone (DSN/COMM)/e-Mail:

# SIGNATURE BLOCK

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