

RESERVE AFFILIATION SCREENING CHECKLIST AND CONTACT INFORMATION SHEET

NAVPERS 1306/97 (Rev. 10-2024)

Supporting Directive MILPERSMAN Article 1306-1501

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Department Regulations; 10 U.S.C. 5013, Department Regulations; MILPERSMAN Article 1306-1501.

PURPOSE: To assist officials and employees of the Department of the Navy in determining future duty assignment of personnel.

ROUTINE USES: Department of the Navy officials and employees involved in the assignment and distribution of Navy personnel.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in delay or disapproval of your assignment request.

1. NAME:	2. RATE:	3. PROPOSED NAVY RESERVE CENTER:
4. CONVERSION RATE, IF APPLICABLE:		5. TRANSITION ASSISTANT (if known):

SECTION A: GENERAL CRITERIA

				INTERVIEWER'S INITIALS
1. Is member recommended for retention on most recent evaluation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input style="width:100%;" type="text"/>
2. If member is identified as 4-2-2, have he or she been briefed on requirements per most recent NAVADMIN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input style="width:100%;" type="text"/>
3. Is member eligible for an affiliation bonus per the current Fiscal Year Reserve Incentive Program Guidance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input style="width:100%;" type="text"/>
4. Does member have 3 or more physical fitness assessment failures within the past 48 months? (If yes, provide a copy of PRIMS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input style="width:100%;" type="text"/>
5. If frocked, will member be paid prior to his or her Active Duty separation date? (if no, refer to BUPERINST 1430.16 series CH.7)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input style="width:100%;" type="text"/>
6. COMMAND CAREER COUNSELOR'S (CCC) NAME/RATE:		7. CCC E-MAIL ADDRESS:		
8. CCC SIGNATURE:		9. CCC PHONE NUMBER:	10. DATE:	

SECTION B: MEDICAL/DENTAL SCREENING

				INTERVIEWER'S INITIALS
1. Is member physically qualified to be retained on active duty? Ref: NAVMED P-117 Manual of the Medical Department.	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input style="width:100%;" type="text"/>
2. Is member worldwide assignable? Ref: BUMEDINST 1300.2 series	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input style="width:100%;" type="text"/>
If "NO" to either question, additional documentation will be required				
3. Last PHA completed on _____ (PHA must be with in 365 days of separation)				
4. MEDICAL OFFICER OR IDC NAME AND RANK/RATE:		5. MEDICAL OFFICER OR IDC SIGNATURE:		6. DATE:

SECTION C: COMMAND MASTER CHIEF INFORMATION

1. NAME/RATE:	2. E-MAIL ADDRESS:		
3. SIGNATURE:		4. PHONE NUMBER:	5. DATE:

SECTION D: MEMBER CERTIFICATION AND CONTACT INFORMATION

SELRES CAREER WAYPOINT APPROVAL ELECTRONIC PERSONNEL ACTION REQUEST 1306/7 APPROVAL

1. PERSONAL E-MAIL:

2. WORK E-MAIL:

3. LEAVE PHONE:	4. CELL PHONE:	5. EAOS/SEAOS:	6. TERMINAL LEAVE DATE:
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SECTION D: MEMBER CERTIFICATION AND CONTACT INFORMATION (continued)

7. SEPARATION ADDRESS (ADDRESS WHERE YOU WILL RESIDE):

STREET
ADDRESS:

CITY:

STATE:

ZIP
CODE:

8. CPPA NAME:

9. CPPA E-MAIL:

ALL OF THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

10. MEMBER'S NAME AND RANK:

11. MEMBER'S SIGNATURE:

12. DATE:

SECTION E: COMMAND CO/XO/OIC/COS/DIRECTOR ENDORSEMENT

1. Are there any compelling reasons why Service member should not be accepted for affiliation into the Navy Reserve?

 YES NO**ENDORSEMENT OF THIS SCREENING REPRESENTS FULL RECOMMENDATION OF THIS CANDIDATE BY TRANSFERRING COMMAND.
ALL INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE.**

2. Command Endorsement: Provide written recommendation from commanding officer indicating member's potential to perform and excel in the Navy Reserve.)

3. Command endorsement for Reserve Affiliation.

APPROVED

DISAPPROVED

4. NAME AND RANK:

5. SIGNATURE:

6. DATE: