

RESERVE AFFILIATION SCREENING CHECKLIST AND CONTACT INFORMATION SHEET

NAVPERS 1306/97 (Rev. 12-2013)

PREVIOUS EDITIONS ARE OBSOLETE

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. DESIRED TRANSITION DATE:
<input type="text"/>		<input type="text"/>	<input type="text"/>
4. EAOS:	5. PROPOSED NAVY RESERVE ACTIVITY:		6. PRISE-R RATE: *Conversion
<input type="text"/>	<input type="text"/>		<input type="text"/>
7. TRANSITION ASSISTANT (if known):			
<input type="text"/>			

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="text"/>
2. Does member meet all eligibility requirements for ECTP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text"/>
3. Is member eligible for an affiliation bonus per the current NAVADMIN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text"/>
4. Does member have 3 or more physical fitness assessment failures within the past 48 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text"/>
5. Is member currently frocked? (Must request permission through Reserve Enlisted Programs and NEAS Branch (PERS-812) to retain pay grade). Refer to BUPERSINST 1430.16.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text"/>
6. ADMIN OFFICER'S NAME AND RANK:	7. ADMIN OFFICER'S SIGNATURE:		8. DATE:
<input type="text"/>	<input type="text"/>		<input type="text"/>

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 type="text"/>
2. Is member worldwide assignable? Ref: BUMEDINST 1300.2A. Last PHA completed on _____ .	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text"/>
3. MEDICAL OFFICER'S NAME AND RANK:	4. MEDICAL OFFICER'S SIGNATURE:		5. DATE:
<input type="text"/>	<input type="text"/>		<input type="text"/>

SECTION C: COMMAND CAREER COUNSELOR INFORMATION

1. NAME:	2. RATE:	3. COMMAND NAME:
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. PERSONAL EMAIL:	5. WORK PHONE NUMBER:	
<input type="text"/>	<input type="text"/>	

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SECTION D: MEMBER CERTIFICATION AND CONTACT INFORMATION

SELRES CAREER WAYPOINT APPROVAL ENLISTED EARLY CAREER TRANSITION PROGRAM (ECTP) APPROVAL

1. PERSONAL EMAIL: <input style="width: 250px;" type="text"/>		2. WORK EMAIL <input style="width: 250px;" type="text"/>		
3. HOME PHONE <input style="width: 150px;" type="text"/>	4. WORK PHONE <input style="width: 150px;" type="text"/>	5. LEAVE PHONE <input style="width: 150px;" type="text"/>	6. CELL PHONE <input style="width: 150px;" type="text"/>	7. CELL CARRIER <input style="width: 150px;" type="text"/>
8. EAOS/SEAOS <input style="width: 150px;" type="text"/>	10. SEPARATION ADDRESS (ADDRESS WHERE YOU WILL RESIDE):			
	STREET ADDRESS: <input style="width: 550px;" type="text"/>			
9. TERMINAL LEAVE DATE <input style="width: 150px;" type="text"/>	CITY: <input style="width: 250px;" type="text"/>	STATE: <input style="width: 50px;" type="text"/>	ZIP CODE: <input style="width: 100px;" type="text"/>	
11. PERSUPP DET SEPARATION CLERK'S NAME <input style="width: 450px;" type="text"/>		12. PERSUPP DET SEPARATION CLERK'S EMAIL <input style="width: 400px;" type="text"/>		

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

13. MEMBER'S NAME AND RANK: <input style="width: 400px;" type="text"/>	14. MEMBER'S SIGNATURE: <input style="width: 300px;" type="text"/>	15. DATE: <input style="width: 100px;" type="text"/>
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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: (A summary statement evaluating the applicant is required. Provide written recommendation from Commanding Officer indicating member's potential to perform and excel in the Navy Reserve.)

3. Command endorsement for Reserve Affiliation. APPROVE DISAPPROVED

4. NAME AND RANK: <input style="width: 350px;" type="text"/>	5. SIGNATURE: <input style="width: 300px;" type="text"/>	6. DATE: <input style="width: 100px;" type="text"/>
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RECERTIFICATION

RE-CERTIFY WITHIN 5 WORKING DAYS OF TRANSITION TO ENSURE MEMBER CONTINUES TO MEET ALL REQUIREMENTS.
If there are any adverse changes, notify CTO at (Phone) 901-874-4108 or (E-mail) cto.enlisted@navy.mil.

FINAL APPROVAL FINAL DISAPPROVAL

NAME AND RANK: <input style="width: 350px;" type="text"/>	SIGNATURE: <input style="width: 300px;" type="text"/>	DATE: <input style="width: 100px;" type="text"/>
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