Print Form

CAREERIST
PROCESSING CHECKLIST

REENL / EXT / LATMOVE / SEPS PAY

- ☐ "WILL REENTER" RAN (**ONLY IF RELM SUBMITTED AND SNM IS WITHIN 90 DAYS OF EAS**)
- ☐ PRINT 3270 APPLICABLE PRINT OUTS (**BIR/BTR/TROS: CPLS & BELOW AND SGT'S LESS THAN 2 YEARS TIG/TOUR**)
- ☐ SUBMIT NAVAL MSG (TOUR II) - PRINT COPY *(if applicable)*
- ☐ CHECK 3270 TO ENSURE SNM HAS NO LEGAL ACTION ON CURRENT CONTRACT (D119)
- ☐ PULL COPIES OF: 1ST PAGE OF ORIGINAL CONTRACT (1966), PAGE 3's, 11's, 12's, 13's AND UBP
- ☐ PRINT MMSB FITNESS REPORT PAGE (SERGEANTS AND ABOVE) – MUST FIX DATE GAPS PRIOR TO SUBMITTING FOR REENL
- ☐ RELM REQUEST - COMPLETED
- ☐ HARD RELM (NAVMC 10842 {*if applicable*})
- ☐ DESIGNATE NCOIC ON RELM SUBMISSION
- ☐ TFRS RESPONSE APPR _____DISAPPR_____TFRS ACTION CODE_____ (PRINT RESPONSE)
- ☐ TFRS AUTHORITY #_____
- ☐ TFRS RESPONSE WITH MARINE'S SIGNATURE ACCEPTING OR DECLINING THE AUTHORITY
- ☐ TFRS RESPONSE WITH COMMANDING OFFICER'S SIGNATURE

TFRS DISAPPROVAL

- ☐ ACKNOWLEDGE TFRS DISAPPROVAL
- ☐ CLOSE CASE FILE (ACCORDING TO CASE FILE CHECKLIST)
- ☐ CANCEL "WILL REENTER"

RETURN AUTHORITY

- ☐ EDIT TFRS - (RETURN AUTHORITY)
- ☐ CLOSE CASE FILE (ACCORDING TO CASE FILE CHECKLIST)

REENLISTMENT

SNM WILL REENL FOR _____YEARS _____MONTHS ON _____ (DATE/TIME)

INCENTIVE (S) _____

REENLISTING OFFICER_____

LOCATION _____

- ☐ **SRBP ELEGIBLE**: ZONE____ MULT_____ MOS_____ BILLET MOS _____
- ☐ SRBP PRECOMP WORKSHEET
- ☐ SRBP 3270 PRECOMP
- ☐ SRBP CHECKLIST
- ☐ SRBP STATEMENT OF UNDERSTANDING

- ☐ LSL - (SELL BACK ____ DAYS LEAVE) / ( ) NO **(LUMP SUM LEAVE ONLY APPLIES TO FIRST EXTENSION)**

- ☐ DD FORM-4 - COMPLETED **REENLISTMENT / LATMOVE ONLY
- ☐ NAVMC 321a - COMPLETED **EXTENSION ONLY
- ☐ REENLISTMENT CERTIFICATE - COMPLETED
- ☐ DISCHARGE CERTIFICATE - COMPLETED (NOTE: ONLY IF SNM HAS COMPLETED 8 YEAR OBLIGATED SERVICE {EOS})
- ☐ SPOUSE CERTIFICATE *(if applicable)*

ACTION REQUIRED ON THE SAME DAY OF:

REENLISTMENT

- ☐ EDIT TFRS - (ACKNOWLEDGE REENLISTMENT)
- ☐ ENSURE NEW CONTRACT (DD FORM-4) IS IN SRB (WITH SRBP STATEMENT OF UNDERSTANDING - *if applicable*)
- ☐ SUBMIT COPY OF DD FORM-4 TO UNIT DIARY
- ☐ PLACE OLD CONTACT RECORD IN A SEPARATE CLOSED FILE /BINDER BY CURRENT FY, ALPHABETICALLY
- ☐ MAIL ORIGINAL DD FORM-4 TO CMC (MMSB-20) WITH SRB STANDARD PAGES: 3, 11, AND 12, ROS {IF CORPORAL OR BELOW}, UPB {NAVMC 10132}, AND PG 13 *(if applicable)*, AND SRBP STATEMENT OF UNDERSTANDING *(if applicable)*

EXTENSION

- ☐ EDIT TFRS - (ACKNOWLEDGE EXTENSION)
- ☐ ENSURE ORIGINAL EXTENSION AGREEMENT (NAVMC 321a) IS MAILED TO CMC (MMSB-20)
- ☐ SUBMIT COPY OF NAVMC 321a TO UNIT DIARY
- ☐ ENSURE NAVMC 321a IS FILED IN THE SRB ON TOP OF OLD CONTRACT

- ☐ CHECK 3270 - ENSURE **REENLISTMENT / IMOS / EXTENSION** HAS POSTED

- ☐ CLOSE CASE FILE (ACCORDING TO CASE FILE CHECKLIST)

SDA INFORMATION

__ MSG __SOI
__ DI __MCSF
__ REC __

NAVMC 11539 (EF)
CPSF 003, HQMC/CRS May 2004

Adobe Designer 8.0

Reset Form

NOTES

Date	**Remarks**

UNIT DIARY INFORMATION:

Unit Diary #:_____ Date:_____

NAME: _____ SUB DATE: _____ FY: ____ NLT DATE: _____ REENL DATE: _____

“ATTACH DOCUMENTS IN CHRONOLOGICAL ORDER”

CASE FILE CHECKLIST
REENLISTMENT / EXTENSION / LATERAL MOVE REQUEST

- ☐ NAVMC 321a EXTENSION IN CONJUNCTION WITH REENLISTMENT *(if applicable)*
- ☐ JUSTIFICATION FOR EXTENSION *(i.e. Copy of orders, Medical chit, Mar Admin, etc.)*
- ☐ NAVMC 321a/NAVMC 321a CANCELED COPY *(if applicable)*
- ☐ DD FORM-4
- ☐ STATEMENT OF UNDERSTANDING
- ☐ SRBP CHECKLIST
- ☐ SRBP 3270 PRECOMP - LSL *(if applicable)*
- ☐ 3270 PRECOMP - LSL *(if applicable)*
- ☐ TFRS APPROVAL/DISAPPROVAL WITH MARINE’S AND CO’S SIGNATURE *(RETURNED AUTHORITY – if applicable)*
- ☐ NAVMC 321a *(LOCAL COMMAND AUTHORITY AND/OR TELEPHONIC – if applicable)*
- ☐ TFRS RELM REQUEST
- ☐ NAVMC 10842 *(if applicable)*
- ☐ COMPLETED RELM REQUEST
- ☐ 3270 APPLICABLE PRINT OUTS *(BIR/BTR/ROS: CPLS & BELOW AND SGT’S LESS THAN 2 YEARS TIG/TOUR/ENLM)*
- ☐ STATEMENT OF SERVICE *(REQUIRED FOR PRIOR SERVICE/OTHER BRANCH OF SERVICE)*
- ☐ MMSB FITNESS REPORT INVENTORY PAGE *(SGT’S AND ABOVE)*
- ☐ SUPPLEMENTAL INFORMATION REQUIRED TO PROCESS RELM *(i.e. PG’S 11, 12, 13, UPB, DD 214, etc…)*
- ☐ DOCS OF ACTION REQUIRED *(TFRS ADDITIONAL INFO REQUESTED, E-MAILS, etc…)*

SPECIAL DUTY ASSIGNMENT PROCESSING CHECKLIST

TYPE OF DUTY _____

- ☐ RELM REQUEST COMPLETED
- ☐ COMMANDING OFFICER'S CHECKLIST / FINANCIAL WORKSHEET
- ☐ SECURITY CLEARANCE/(S-2) PROCESS STARTED *(if applicable)*
- ☐ SDA RELM CREATED
- ☐ CMC RESPONSE
- ☐ ORDERS (IF APPROVED)
- ☐ TRAINING COMPLETED (e.g. PME, RIFLE RANGE, SWIM QUAL, etc…)

REQUIRED OBLIGATED SERVICE

EAS: _____

GRADUATION DATE: -_____ (SUBTRACT)

+1 (INCLUSIVE DATE)

=_____

EXTENSION REQUIRED: YES ☐ NO ☐

REENLISTMENT REQUIRED: YES ☐ NO ☐

30 DAYS PRIOR TO EXECUTING ORDERS

- ☐ COMMANDING OFFICER'S RECERTIFICATION
- ☐ PG 11 ENTRY (MARINE SECURITY GUARD {*if applicable*})
- ☐ RUN PFT (WITHIN 90 DAYS PRIOR FOR D.I. DUTY)
- ☐ MEDICAL EXAM COMPLETE
- ☐ DENTAL EXAM COMPLETE
- ☐ MAIL COPY TO MMEA-85
- ☐ CLOSE CASE FILE (ACCORDING TO CASE FILE CHECKLIST)

REFUSING ORDERS

- ☐ NAVAL MESSAGE SENT TO MMEA-85
- ☐ FOLLOW UP ON THE NAVAL MESSAGE IF NOT RECEIVED
- ☐ CMC RESPONSE
- ☐ PG 11 ENTRY SIGNED FOR RE-3O ASSIGNMENT

OVERSEAS EXTENSION PROCESSING CHECKLIST

- ☐ TYPE OF EXTENSION (IPCOT, COT, OEIP, TOUR CONVERSION)
- ☐ TYPE OF INCENTIVE *(if applicable)*
- ☐ LOCAL RECORDS CHECK
- ☐ FAMILY INFORMATION (HOME OF RECORD, NO DEPNS, LOCATION)
- ☐ FAMILY MEMBERS MEDICALLY SCREENED
- ☐ RESPONSE FROM CMC