

PRESEPARATION COUNSELING CHECKLIST FOR ACTIVE COMPONENT SERVICE MEMBERS

(Please read Privacy Act Statement below before completing this form.)

SECTION I - PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 1142, E.O. 9397.

PRINCIPAL PURPOSE(S): To record preseparation services and benefits requested by and provided to Service members; to identify preseparation counseling areas of interest as a basis for development of an Individual Transition Plan (ITP). The signed preseparation counseling checklist will be maintained in the Service member's official personnel file. Title 10, USC 1142, requires that not later than 90 days before the date of separation, preseparation counseling for Service members be made available.

ROUTINE USE(S): None.

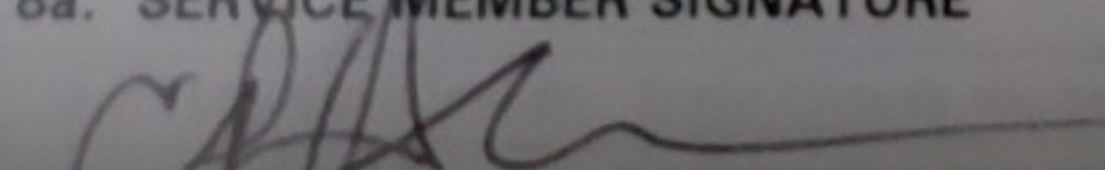
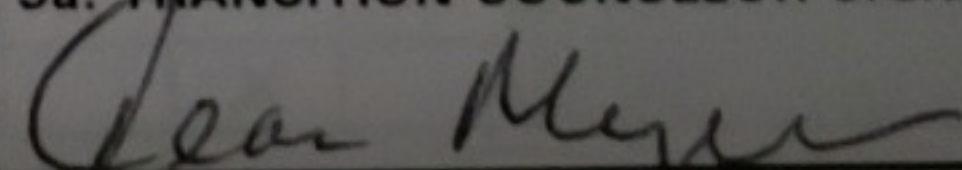
DISCLOSURE: Voluntary; however, it will not be possible to initiate preseparation services or develop an Individual Transition Plan (ITP) for a Service member if the information is not provided.

SECTION II - PERSONAL INFORMATION (To be filled out by all applicants)

1. NAME (Last, First, Middle Initial) HUDSON, CHRIS		2. SSN 223-49-8431	3. GRADE E6
4. SERVICE (X one) <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY	5. DUTY STATION Fort Hood, TX	6. ANTICIPATED DATE OF SEPARATION (YYYYMMDD) 03/14/2008	I am (X one) <input type="checkbox"/> Retiring <input checked="" type="checkbox"/> Separating Voluntarily <input type="checkbox"/> Separating Involuntarily
7. DATE CHECKLIST PREPARED (YYYYMMDD) 2007-12-13	7.a. Place an X in this box ONLY if you have less than 90 days remaining on active duty before separation or retirement. Please read the following instructions: If voluntarily separating or retiring and you have less than 90 days remaining on active duty before your separation or retirement, why was your preseparation counseling not conducted earlier? Please go to Section V - REMARKS and check the response that best describes the reason why preseparation counseling was not conducted earlier.		

SECTION III. ALL TRANSITIONING SERVICE MEMBERS MUST READ INSTRUCTIONS, SIGN AND DATE.

- Items checked "YES" are mandatory for Service member to receive further information or counseling, or attend additional workshops, briefings, classes, etc. Service members that check "YES" in Item 11.a. will be released by Commanders to attend the appropriate workshop, briefing, etc. in its entirety.
- Shaded Areas: Areas that are shaded mean (1) the information is not applicable or (2) the information is referring to a Web site address and the URL requires no explanation. For example: 11.b. is shaded under SPOUSE because DD Form 2586 does not apply to spouses. Items 11.f.(1) and (2) are shaded because they refer to Web site addresses and they require no explanation.
- POST GOVERNMENT (MILITARY) SERVICE EMPLOYMENT RESTRICTION COUNSELING (Item 19): Service members cannot decline this counseling. It is required prior to separation. Therefore, no blocks exist to allow Service members the option of checking "YES", "NO", or "NA". Transition/Command Career Counselors shall refer separating and retiring Service members to an installation legal office (Staff Judge Advocate or Counsel's Office) to ensure they receive a post government (military) employment restrictions briefing or counseling from an ethics official.
- I was offered preseparation counseling on the above date (Item 7) on my transition benefits and services as appropriate. I understand that this preseparation counseling is provided to assist my transition process as required by Title 10, USC, Chapter 58, Section 1142.
- I have checked those items where I desire further information or counseling. I have also been advised where to obtain assistance in developing an Individual Transition Plan (ITP).
- I ☒ accept ☐ decline (X appropriate block) preseparation counseling. (If you check the "decline" box, you are declining preseparation counseling only on those items on this checklist where you have the option of declining.) Sign and date the checklist.

8a. SERVICE MEMBER SIGNATURE 	b. DATE (YYYYMMDD) DEC 13 2007	9a. TRANSITION COUNSELOR SIGNATURE 	b. DATE (YYYYMMDD) DEC 13 2007
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SECTION IV. Please indicate (by checking YES or NO) whether you (or your spouse if applicable) desire counseling for the following services and benefits. All benefits and services checked YES should be used in developing your ITP. The following services and benefits are available to Service members, unless otherwise specified: