THE ARMY SCHOOL SYSTEM (TASS)

UNIT PRE-EXECUTION CHECKLIST

(FOR USE OF THIS FORM SEE TRADOC REG 350-18; PROPONENT IS DCSOPS&T, TASSD)

Please Type.

1. NAME:

2. UNIT: **3. DOR:**

4. COURSE TITLE: **5. REPORT DATE:**

First line leader's initials	Soldier's initials	**PART I - UNIT PRE-EXECUTION (D-90 to D-1)**
		Coordination between customer unit and TASS unit to identify the soldier by name?
		Soldier in receipt of school / course information?
		Read ahead packets / prerequisite testing complete? (If applicable.)
		All required clothing/equipment IAW school/course information packet?
		Soldier demonstrated physical fitness requirement on diagnostic test administered within 30 days of scheduled departure for school? (As required.)
		Soldier meets Standards of AR 600-9?
		Transportation requirements completed?
		Adequate cash / traveler checks / Government Credit Card?
		Individual Orders received?
		Individual has current periodic physical (within 5 years)?
		Individual meets remaining TIS requirements?
		School Mailing address/Telephone numbers received? (For family.)
		Ten (10) copies of orders.
		Transportation verified/approved (ticket picked up)?
		Current/valid identification card?
		ID Tags (1 pair)?
		If applicable: Soldier requiring corrective lenses has a set of military prescription eye glasses and protective mask inserts?
		Notify solider of requirement to take APFT and be weighed, as required.

Unit POC List:

CDR:_____ BB: (_____)____-_____ H: (_____) ____-_____

1SG: _____ BB: (_____)____-_____ H: (_____) ____-_____

Staff Duty Number: (_____) ____-_____

Unit POC Email:_____

PART II ROUTINE PREREQUISITES

TASK	REGULATION DATA						SOLDIER DATA					
Minimum Aptitude Score (ASVAB) (if applicable)	CMBT	ADMIN	FA	MAINT	MECH		CMBT	ADMIN	FA	MAINT	MECH	
	FOOD	ELEC	COMMO	TECH	GT		FOOD	ELEC	COMMO	TECH	GT	
Color vision requirements (if applicable)												
Physical demand rating/profile (PULHES) ***See Part III for P/T profiles**	P	U	L	H	E	S	P	U	L	H	E	S

Prerequisite phase/course attendance (if applicable): School code / Date of completion: Course completed / Phase completion

Military and civilian vehicle operator license(s) (if applicable):

Military license number:_____ Expiration date:_____

Civilian license number:_____ Expiration date: _____ State:_____

PART III - REQUIRED DOCUMENTS

Security Clearance (If applicable, attach as required)

*Permanent Profile attendees (if applicable): AC & AGR must have copy of MRB (P3, P4) results with completed DA Form 3349 (must include Army doctor-approved alternate aerobic event for APFT). TPU/Traditional Guardsman must have a copy of completed DA Form 3349 (must include Army doctor-approved alternate aerobic event for APFT).

All required waivers (if applicable)

Other requirements (if applicable)

OTHER REQUIREMENTS OF DA PAM 611-21 NOT PREVIOUSLY LISTED:

Other requirements (if applicable)

Other requirements (if applicable)

Other requirements (if applicable)

Other requirements (if applicable)

I have been counseled and have read all requirements applicable to the course I'm selected to attend. Attendance at this course and class will not pose any known hardship on me and/or my family that would detract from or prevent my successful completion of course requirements.

Student's Signature: **Date:**

I have reviewed the above soldier's qualifications and potential to successfully complete this course; have counseled him/her on these requirements and hereby verify his/her readiness to attend same.

Commanding Officer (typed): **Date:**

Commanding Officer Signature:

PERSONNEL DATA SHEET
Advanced Leader Course/Senior Leader Course
(PROPONENT NCO ACADEMY)

NAME: _____ SSN: _____ PMOS: _____ (5Digit)
(LAST, FIRST, MI, SUFFIX)

ETHNIC GROUP: GRADE: DOR: _____ PROMOTABLE:

SEX: COMPONENT: STATE: _____ PROFILE PULHES: _____

PERM PROFILE: (If Yes) P_____ CLEARANCE: CLASS# _____

START DATE: _____ GRAD DATE: _____ PLDC / WLC: _____ ALC: _____

DATE COMPLETED: _____ ETS: _____ BASD: _____ BPED: _____

DOB: _____ OVER FORTY: BILLETING: _____ BLDG# ROOM# _____

OFF-POST: TRAVEL STATUS: TRANSPORTATION AUTHORIZED:

VEHICLE MAKE: _____ MODEL: _____ YEAR: _____ REG STATE: _____ TAG#_____

EXP: _____ DRIVERS LICENSE#_____ STATE: _____ EXP: _____

COMPLETE UNIT MAILING ADDRESS (MUST INCLUDE: Your unit, installation & zip code)
TDY in route Soldiers will use address on orders.
If you are on recruiting duty give Recruiting BN address)

_____
_____
_____

Unit 1SG Email: _____Phone# (_____) _____ - _____

BN CSM Email: _____ Unit: _____ Phone# (_____) _____ - _____

BDE CSM Email: _____ Unit: _____ Phone# (_____) _____ - _____

First GO CSM Email: _____ Unit: _____ Phone# (_____) _____ - _____

NEXT OF KIN: _____ RELATIONSHIP: _____

STREET ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PRIMARY TELEPHONE NUMBER: (_____) _____ - _____ ALT. (_____) _____ - _____

Your AKO E-MAIL: _____

I (DO) ☐ (DO NOT) ☐ CONSENT TO RELEASE OF MY HOME ADDRESS AND TELEPHONE NUMBER TO A THIRD PARTY FOR SUCH ITEMS AS HOMETOWN NEWS RELEASE.

SIGNATURE _____ DATE _____

CYBER CENTER OF EXCELLENCE NONCOMMISIONED OFFICER ACADEMY SLC/ALC INPROCESSING DATA SHEET

SSN: _____ **RANK:** _____ **SEX:** _____

NAME: _____
(LAST, FIRST, MI, SUFFIX)

MOS: _____ **DOR:** _____ **ATTACHED DATE:** _____

CLASS NUMBER: _____ **PROJECTED GRADUATION DATE:** _____

COMPONENT: _____ **COURSE:** _____

TRAVEL STATUS: _____

UNIT NAME: _____ **DSN:** _____

UNIT ADDRESS: _____

_____

_____

PROMOTABLE (YES or NO): _____

"TRAIN TO LEAD, LEAD TO TRAIN!"

PRINT NAME (Last, First, MI)	GRADE	SSN	PURGE DATA
NEW ORGANIZATION (Complete Designation)			BOX NUMBER

DATA REQUIRED BY THE PRIVACY ACT OF 1974. AUTHORITY: Title 39 usc and DOD/Postal Service Agreement, 2 Feb. 59. **Principal Purpose:** To route and forward (Directory) mail. **ROUTINE USES:** Used by Army military and civilian personnel in mail functions and address inquires. Data are inspected by commanders, postal officers, and military and civilian inspectors. **DISCLOSURE:** Voluntary. However, failure to provide the requested information could result in delay/ inability to forward mail.

OLD MAILING ADDRESS (Include BOX No., if any, and ZIP Code)	NEW MAILING ADDRESS (Include ZIP Code
DATE DEPARTED OLD ORG:	DATE DUE NEW ORG:
QUARTERS/OFF POST ADDRESS	REMARKS
CONSENT: ☐ I DO ☐ I DO NOT CONSENT TO RELEASE THE ABOVE HOME ADDRESS OR SSN TO THIRD PARTIES.	(IF DEPARTING, COMPLETE BELOW ITEMS) HEADQUARTES ISSUING ORERS

SIGNATURE	DATE	ORDER NUMBER	ORDER DATE

DA FORM 1 FEB 79 **3955** EDITION OF 1 AUG 78 MAY BE USED.

CHANGE OF ADDRESS AND DIRECTORY CARD

For use of this form, see AR 600-8-3, the proponent agency is ODCSPER

ACADEMIC RECORDS STUDENT DATA SHEET

For use of this form, see USASC&FG Reg 350-5; the Proponent agency is DOT

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority: 5 USC 301 and 10 USC 3012G.
Principle Purpose: To obtain student information for an Academic Record.
Routine Use: Administrative and statistical purposes.
Disclosure: Disclosure of this information is voluntary. However, individuals not providing information may noy not receive course credit.

ATTENTION STUDENT: Print on lines (1) thru (14); enter code on lines (7)* thru (10)* from below list.

ENTRIES BY STUDENT

(1) NAME, LAST_____
include suffix: JR, III, etc.

(2) NAME, FIRST_____
no nicknames

(3) NAME, MIDDLE INITIAL_____

(4) SSN_____

(5) _____MALE _____FEMALE

(6) DATE OF BIRTH_____
example: 30 APR 13 (DD:MMM:YY)

(7) CIVILIAN EDUCATION LEVEL CODE*_____

(8) SERVICE COMPONENT CODE*_____

(9) MARITAL STATUS CODE*_____

(10) RACE/POPULATION GROUP CODE*_____

(11) MIL RANK or CIV GRADE_____ (ex: PV2/ GS 09)
contractor= contr
+FOR OFFICERS, BRANCH _____

(12) Arrival Date_____

(13) Primary MOS_____

+FOR GOVT CIVILIAN, JOB SERIES NUMBER _____

(14) UPC CODE_____
(gaining unit processing code)

(15) ATRRS Scheduled Follow-on Training _____
example: Ranger sch, Airborne, etc.

ENTRIES BY TRAINING TECHNICIAN

(16) COMPONENT CODE_____

(17) QUOTA SOURCE CODE_____

(18) CLASS NUMBER_____

CODES (Table 1-1, DA PAM 600-26)

(7) CIVILIAN EDUCATION LEVEL CODES
A - 1 Year of High School (9th Grade)
B - 2 Years of High School (10th Grade)
C - 3 Years of High School (11th Grade)
D - 4 Years of High School (nongraduate)
E - High School Graduate
F - GED (High School Level)
G - Passed GED Overseas, No State Certificate
H - GED (College Level) or CLEP (all 5 parts)
I - GED (other)
J - Associate Degree, Accredited College
K - 1 Year College (30 sem/45 qtr hours)
L - 2 Years College (60 sem/90 qtr hours)
M - 3 Years College (90 sem/135 qtr hours)
N - 4 Years College (120 sem/180 qtr), Nongrad
O - College Graduate
P - Bachelor of Laws (LLB)
Q - Doctor of Laws (LLD) R - Juris Doctor (JD)
S - Doctor of Judicial Science (JSD/SJD)
T - Graduate Work (1 year or more)
U - Masters Degree V - Doctorate Degree
W - Other Professional Degree, Beyond Undergrad
X - Completed HS, Rec'd Certificate, No Diploma
Y - Master of Laws Z - Unknown

(8) SERVICE COMPONENT CODES
R - Regular Army A - ARNG
V - Reserves M - Marines
F - Air Force C - Civilian
A - Allied

(9) MARITAL STATUS CODES
S - Single M - Married D - Divorced
W - Widowed A - Annulled
L - Legally Separated U - Unknown
I - Interlocutory (pend final divorce)

(10) RACE/POPULATION GROUP CODE
C - White N - Black X - Other
M - Asian R - Am Indian Z - Unknown