

PRE-ANNUAL TRAINING/SPECIAL ANNUAL TRAINING CHECK-OFF SHEET

THIS FORM MUST BE COMPLETED 60 DAYS PRIOR TO THE AT/ADT COMMENCEMENT DATE. APPLICATION WILL BE RETURNED TO YOUR PROGRAM MANAGER FOR COMPLIANCE/COMPLETION FOR ANY APPLICATION NOT MEETING EMERGENT REQUIREMENTS WHERE OFFICIAL PROCEDURE REQUIREMENTS DO NOT SUPPORT A FULL 60 DAY PROCESS TIME. REQUESTS OUTSIDE THE 60 DAY TIME FRAME WILL BE HANDLED IN THE FOLLOWING MANNER:

*The NRA CO will personally call the appropriate echelon IV ISIC who will in turn communicate with the echelon III command (COMNAVSURFRESFOR (N3) OR COMNAVAIRESFOR (N8) with the justification for the shortlead order request to validate that the event is truly an emergent requirement and/or warrants exception to the 60 day processing time requirement.*

**DATE APPLICATION SUBMITTED TO RPD:**

PRIOR TO REPORTING TO THE SECURITY OFFICE (ITEM e) ON THE REVERSE SIDE, SIGNATURE OF UNIT PROGRAM MANAGER OR RAS TRAINING/ORDER WRITING REPRESENTATIVE MUST SIGN REQUEST.

DATE: UNIT: REPORT DATE:

From: Training Department, Naval Air Station, Joint Reserve Base  
New Orleans  
To: TRAVELER

Subj: (Rate/Rank) Name/SSN (SDN if available)

1. You are required to report to the below offices/checkpoints for Pre-Annual Training processing:

Initials of a representative from each office providing assistance is required:

- \_\_\_\_\_ a. **PERSUPPDET**, NAS, NOLA (obtain a certified copy of your service record page 2 for "AT").  
**You must verify DEERS Enrollment.**
- \_\_\_\_\_ b. **As a result in of a change in policy in that it no longer requires orders be endorsed by the medical officer to indicate the dates the reservist was physically qualified for AT/ADT and physically qualified for release from AT/ADT prior to executing orders. Accordingly, medical record documentation remains a requirement when injury, illness or aggravation of pre-existing conditions occur during periods of inactive duty training or active duty.**
- \_\_\_\_\_ c. **Station Classifier:** Review/complete Civilian Occupational Questionnaire (COCI) form as an annual **requirement.**
- \_\_\_\_\_ d. **Reserve Services:** The following must be completed:  
Check mark to show completion.
  - 1.  Selective Reserve Screening Questionnaire.
  - 2.  Retirement Point Capture.
  - 3.  Recall Bill.
  - 4.  Dependency Care Certificate.
  - 5.  verify presence of High year tenure

(HYT/ Retirement/ Involuntary Separation

Status

NOTE: RESERVIST WITHIN 120 DAYS (4 MONTHS) OF COMPLETING THEIR MILITARY SERVICE OBLIGATION (MSO/EOS) WILL NOT BE ALLOWED TO PERFORM ANNUAL TRAINING WITHOUT TRAINING'S APPROVAL.

	DATE RELEASED	ENLISTMENT	BIRTHDAY/AGE
EOS:	FROM ACTIVE DUTY: ("AT" not authorized if released in same FY)	DATE: ("AT" not auth after 31MAY95)	/

PRE-AT CHECKLIST CONT'D

\_\_\_\_\_ e. **Security Office: To initiate a clearance message to your training site the following must be provided:** At the request of the Program Manager

1. Activity Title/LocAtion of annual training:

(Full name/ City and State or base complex)

2. Inclusive dates of AT:

from:           to  
          (date)       (date)

3. Subject member requires a clearance level of:

TOP SECRET:    SECRET:    CONFIDENTIAL:   
In the performance of annual- training.

Unit Program Manager                   NAS Training Rep.

NOTE: YOU MUST TURN IN 3 COPIES OF ORDERS AND ENDORSEMENT TO ORDERS ALONG WITH "AT" PAY VOUCHER TO TRAINING OFFICE BUILDING 20, ROOM 101 UPON RETURN FROM ANNUAL TRAINING.

THE IMPORTANCE OF EACH CHECKLIST POINT/OFFICE CANNOT BE OVER EMPHASIZED. THEY ARE DESIGNED TO BETTER SERVE THE RESERVIST NEEDS AT THE PRE/POST ANNUAL TRAINING PERIODS.

I ACKNOWLEDGE RECEIPT OF THE PRE-AT/ADT CHECKLIST AND WILL ADHERE TO IT'S PURPOSE BY REPORTING TO EACH CHECKLIST OFFICE. I FURTHER UNDERSTAND THAT I AM PROHIBITED FROM REPRESENTING ANYONE OTHER THAN THE UNITED STATES IN CONNECTION WITH MATTERS IN WHICH THE UNITED STATES IS A PARTY OR HAS INTEREST AND IN WHICH I AM INVOLVED OR GAINED KNOWLEDGE OF WHILE ON AT/ADT. I AM PROHIBITED TO USE INFORMATION OBTAINED WHILE ON AT/ADT WHICH WOULD BE OF PARTICULAR ECONOMIC OR BUSINESS VALUE TO ME OR MY OFF DUTY EMPLOYER.

\_\_\_\_\_  
(RESERVIST SIGNATURE)

POST ACDUTRA NOTE:

THREE (3) COPIES OF "AT" ORDERS RETURNED

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(INITIAL)