## PRESEPARATION COUNSELING CHECKLIST FOR ACTIVE COMPONENT SERVICE MEMBERS

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

pres		142, E.O. 9397.					NI					
pres	NCIPAL PURPOSE(S)	: To record preser	earation services and benefi as a basis for development	ts requ	lested	by and	l provided	to Service	e membe	ers; to identify		
cou	nseling checklist will	be maintained in t	he Service member's officia	al perso	onnel f	ile. Tit	tle 10, US	SC 1142, r	equires	that not later than 90 da	iys	
befo	ore the date of separ	ation, preseparatio	n counseling for Service me	embers	be ma	ide ava	ilable.		•		,	
	JTINE USE(S): None CLOSURE: Voluntar		not be possible to initiate p	resepa	ration	service	es or deve	lop an Ind	ividual T	ransition Plan (ITP) for a	1	
Serv	vice member if the in	formation is not pr	ovided.	·				•				
SEC	TION II - PERSONAL	INFORMATION (7	o be filled out by all applica	ants)								
1. 1	NAME (Last, First, M	liddle Initial)		1	2. SSI	N			3. GR/	ADE		
4. \$	SERVICE (X one)		5. DUTY STATION	(			TED DAT		Iam (λ	( one)		
	ARMY	AIR FORCE			SEF	PARAT	ION (YYY	YMMDD)	Re	etiring		
	MARINE CORPS	COAST GUAF	RD						Se	parating Voluntarily		
	NAVY								Se	parating Involuntarily		
	DATE CHECKLIST		X in this box ONLY if you h								<u>,</u>	
	PREPARED (YYYYMMDD)		lease read the following ins g on active duty before you									
	(עסואוואוז דדד)		rlier? Please go to Section				check the	response	that bes	t describes the reason		
SEC.		1 1 1	ation counseling was not co CE MEMBERS MUST READ									
			or Service member to receiv			•			attend a	dditional workshops		
			rs that check "YES" in Item									
	workshop, briefing, e					(			<b>.</b> .			
			nean (1) the information is for example: 11.b. is shade									
			use they refer to Web site a									
			ICE EMPLOYMENT RESTRI									
			ation. Therefore, no blocks Inselors shall refer separatii								٢	
			ensure they receive a post									
	from an ethics officia			0								
			on the above date (Item 7) d to assist my transition pro								at	
			sire further information or c									
				de <u>velo</u> ping an In <u>divid</u> ual Transition Plan (ITP).								
Τ.	f. I accept decline ( <i>X appropriate block</i> ) preseparation counseling. ( <i>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.</i> ) Sign and date the checklist.											
	preseparation counse											
	•	eling only on those	items on this checklist whe	ere you	ı have	the op	tion of de	clining.) S	Sign and	date the checklist.	7/	
	preseparation counse SERVICE MEMBER	eling only on those		ere you	ı have	the op	tion of de		Sign and		<i>כו</i>	
	•	eling only on those	items on this checklist whe	ere you	ı have	the op	tion of de	clining.) S	Sign and	date the checklist.	<i>D)</i>	
8a. SE	SERVICE MEMBER CTION IV. Please in	eling only on those SIGNATURE dicate (by checking	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you	ere you 9a. T (or you	r have RANSI	the op TION (	tion of de COUNSEL pplicable)	clining.) S OR SIGNA desire cou	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service	es	
8a. SE	SERVICE MEMBER CTION IV. Please in d benefits. All benef	eling only on those SIGNATURE dicate (by checking its and services ch	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used	ere you 9a. T (or you	r have RANSI	the op TION (	tion of de COUNSEL pplicable)	clining.) S OR SIGNA desire cou	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service	es	
8a. SE	SERVICE MEMBER CTION IV. Please in	eling only on those SIGNATURE dicate (by checking its and services ch	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used	ere you 9a. T (or you in deve	r have RANSI Ir spou eloping	the op TION ( se if a your l	<i>tion of de</i> COUNSEL <i>pplicable)</i> ITP. The	Clining.) S OR SIGNA desire con following	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service	es	
8a. SE	SERVICE MEMBER CTION IV. Please in d benefits. All benef	eling only on those SIGNATURE dicate (by checking its and services ch	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used	ere you 9a. T (or you in deve SERV	I have RANSI Ir spou eloping	the op TION ( se if a your   MBER	tion of de COUNSEL pplicable) ITP. The	clining.) S OR SIGNA desire con following s	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service	es	
8a. SE and to	SERVICE MEMBER CTION IV. Please in d benefits. All benef all Service members,	dicate <i>(by checking</i> its and services ch	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used	ere you 9a. T (or you in deve	r have RANSI Ir spou eloping	the op TION ( se if a your l	tion of de COUNSEL pplicable) ITP. The	Clining.) S OR SIGNA desire con following	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service and benefits are availab	es	
8a. SE and to 1	SERVICE MEMBER CTION IV. Please in d benefits. All benef all Service members, EFFECTS OF A CAR	dicate (by checking dicate (by checking its and services ch , unless otherwise	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used	ere you 9a. T (or you in deve SERV	I have RANSI Ir spou eloping	the op TION ( se if a your   MBER	tion of de COUNSEL pplicable) ITP. The	clining.) S OR SIGNA desire con following s	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service and benefits are availab	es	
8a. SE and to 10. 11.	SERVICE MEMBER CTION IV. Please in d benefits. All benef all Service members, EFFECTS OF A CAR EMPLOYMENT ASS	Bignature SIGNATURE dicate (by checking its and services ch unless otherwise REER CHANGE SISTANCE	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used specified:	ere you 9a. T (or you in deve SERV	I have RANSI Ir spou eloping	the op TION ( se if a your   MBER	tion of de COUNSEL pplicable) ITP. The	clining.) S OR SIGNA desire con following s	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service and benefits are availab	es	
8a. SE and to 10. 11.	SERVICE MEMBER CTION IV. Please in d benefits. All benef all Service members, EFFECTS OF A CAR EMPLOYMENT ASS Dept. of Labor spor	dicate (by checking SIGNATURE dicate (by checking its and services ch , unless otherwise REER CHANGE SISTANCE nsored Transition A	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used specified: ssistance Workshops and	ere you 9a. T (or you in deve SERV	I have RANSI Ir spou eloping	the op TION ( se if a your   MBER	tion of de COUNSEL pplicable) ITP. The	clining.) S OR SIGNA desire con following s	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service and benefits are availab	es	
8a. SE( and to 10. 11. a.	SERVICE MEMBER CTION IV. Please in d benefits. All benef all Service members, EFFECTS OF A CAI EMPLOYMENT ASS Dept. of Labor spor Service sponsored	dicate (by checking Gignature dicate (by checking its and services ch unless otherwise REER CHANGE GISTANCE Insored Transition A Transition Seminar	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used specified: ssistance Workshops and s/Workshops	ere you 9a. T (or you in deve SERV	I have RANSI Ir spou eloping	the op TION ( se if a your   MBER	tion of de COUNSEL pplicable) ITP. The	clining.) S OR SIGNA desire con following s	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service and benefits are availab	es	
8a. SE( and to 10. 11. a.	SERVICE MEMBER CTION IV. Please in d benefits. All benef all Service members, EFFECTS OF A CAI EMPLOYMENT ASS Dept. of Labor spor Service sponsored Use of DD Form 25	bling only on those SIGNATURE dicate (by checking its and services ch , unless otherwise REER CHANGE SISTANCE nsored Transition A Transition Seminar 86 (Verification of	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used specified: ssistance Workshops and s/Workshops	ere you 9a. T (or you in deve SERV	I have RANSI Ir spou eloping	the op TION ( se if a your   MBER	tion of de COUNSEL pplicable) ITP. The	clining.) S OR SIGNA desire con following s	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service and benefits are availab	es	
8a. SE( and to 10. 11. a.	SERVICE MEMBER CTION IV. Please in d benefits. All benef all Service members, EFFECTS OF A CAI EMPLOYMENT ASS Dept. of Labor spor Service sponsored Use of DD Form 25 Experience and Tra	dicate (by checking SIGNATURE dicate (by checking its and services ch , unless otherwise REER CHANGE SISTANCE Disored Transition A Transition Seminar 86 (Verification of ining)	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used specified: ssistance Workshops and s/Workshops Military	ere you 9a. T (or you in deve SERV	I have RANSI Ir spou eloping	the op TION ( se if a your   MBER	tion of de COUNSEL pplicable) ITP. The	clining.) S OR SIGNA desire con following s	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service and benefits are availab	es	
8a. SE( and to 10. 11. a.	SERVICE MEMBER CTION IV. Please in d benefits. All benef all Service members, EFFECTS OF A CAI EMPLOYMENT ASS Dept. of Labor spor Service sponsored Use of DD Form 25 Experience and Tra (1) Do you want a c Experience and	Aling only on those SIGNATURE dicate (by checking its and services ch , unless otherwise REER CHANGE SISTANCE Insored Transition A Transition Seminar 86 (Verification of ining) iopy of your Verific Training (VMET) Do	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used specified: ssistance Workshops and s/Workshops Military ation of Military cument? If yes, go to	ere you 9a. T (or you in deve SERV	I have RANSI Ir spou eloping	the op TION ( se if a your   MBER	tion of de COUNSEL pplicable) ITP. The	clining.) S OR SIGNA desire con following s	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service and benefits are availab	es	
8a. SE( and to 10. 11. a.	SERVICE MEMBER CTION IV. Please in d benefits. All benef all Service members, EFFECTS OF A CAR EMPLOYMENT ASS Dept. of Labor spor Service sponsored Use of DD Form 25 Experience and Tra (1) Do you want a c Experience and http://www.dmo	dicate (by checking SIGNATURE dicate (by checking its and services ch , unless otherwise REER CHANGE SISTANCE nsored Transition A Transition Seminar 86 (Verification of ining) sopy of your Verific Training (VMET) Do to.osd.mil/vmet to	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used specified: ssistance Workshops and s/Workshops Military ation of Military cument? If yes, go to	ere you 9a. T (or you in deve SERV	I have RANSI Ir spou eloping	the op TION ( se if a your   MBER	tion of de COUNSEL pplicable) ITP. The	clining.) S OR SIGNA desire con following s	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service and benefits are availab	es	
8a. SEt and to 3 10. 11. a. b.	SERVICE MEMBER CTION IV. Please in d benefits. All benef all Service members, EFFECTS OF A CAR EMPLOYMENT ASS Dept. of Labor spor Service sponsored Use of DD Form 25 Experience and Tra (1) Do you want a c Experience and http://www.dmc document and c	dicate (by checking SIGNATURE dicate (by checking its and services ch , unless otherwise REER CHANGE SISTANCE nsored Transition A Transition Seminar 86 (Verification of ining) sopy of your Verific training (VMET) Do dc.osd.mil/vmet to over letter.	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used specified: ssistance Workshops and s/Workshops Military ation of Military pocument? If yes, go to print your VMET	ere you 9a. T (or you in deve SERV	I have RANSI Ir spou eloping	the op TION ( se if a your   MBER	tion of de COUNSEL pplicable) ITP. The	clining.) S OR SIGNA desire con following s	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service and benefits are availab	es	
8a. SEE and to 10. 10. 11. a. b.	SERVICE MEMBER CTION IV. Please in d benefits. All benef all Service members, EFFECTS OF A CAI EMPLOYMENT ASS Dept. of Labor spor Service sponsored Use of DD Form 25 Experience and Tra (1) Do you want a c Experience and http://www.dmc document and co DoD Job Search We	dicate (by checking SIGNATURE dicate (by checking its and services ch , unless otherwise REER CHANGE SISTANCE nsored Transition A Transition Seminar 86 (Verification of ining) topy of your Verific Training (VMET) Do to over letter. eb site <u>http://www</u>	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used specified: ssistance Workshops and s/Workshops Military ation of Military ocument? If yes, go to print your VMET w.dod.jobsearch.org	ere you 9a. T (or you in deve SERV	I have RANSI Ir spou eloping	the op TION ( se if a your   MBER	tion of de COUNSEL pplicable) ITP. The	clining.) S OR SIGNA desire con following s	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service and benefits are availab	es	
8a. SEE and to 10. 10. 11. a. b.	SERVICE MEMBER CTION IV. Please in d benefits. All benef all Service members, EFFECTS OF A CAR EMPLOYMENT ASS Dept. of Labor spor Service sponsored Use of DD Form 25 Experience and Tra (1) Do you want a c Experience and http://www.dmc document and c	Aling only on those SIGNATURE dicate (by checking its and services ch , unless otherwise REER CHANGE SISTANCE Isored Transition A Transition Seminar 86 (Verification of ining) topy of your Verific Training (VMET) Do dc.osd.mil/vmet to over letter. eb site <u>http://www</u> Board (TBB) and Pu	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used specified: ssistance Workshops and s/Workshops Military ation of Military ocument? If yes, go to print your VMET w.dod.jobsearch.org blic and Community	ere you 9a. T (or you in deve SERV	I have RANSI Ir spou eloping	the op TION ( se if a your   MBER	tion of de COUNSEL pplicable) ITP. The	clining.) S OR SIGNA desire con following s	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service and benefits are availab	es	
8a. SE4 ancto 10. 10. 11. a. b. c. d.	SERVICE MEMBER CTION IV. Please in d benefits. All benef all Service members, EFFECTS OF A CAR EMPLOYMENT ASS Dept. of Labor spor Service sponsored Use of DD Form 25 Experience and Tra (1) Do you want a c Experience and c (1) Do you want a c DoD Job Search We Transition Bulletin E Service Opportuniti	dicate (by checking SIGNATURE dicate (by checking its and services ch , unless otherwise REER CHANGE SISTANCE msored Transition A Transition Seminar 86 (Verification of ining) copy of your Verific Training (VMET) Dc dc.osd.mil/vmet to over letter. eb site <u>http://www</u> Board (TBB) and Pu es <u>http://www.dn</u> er's Aide Opportun	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used specified: ssistance Workshops and s/Workshops Military ation of Military ocument? If yes, go to print your VMET w.dod.jobsearch.org blic and Community	ere you 9a. T (or you in deve SERV	I have RANSI Ir spou eloping	the op TION ( se if a your   MBER	tion of de COUNSEL pplicable) ITP. The	clining.) S OR SIGNA desire con following s	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service and benefits are availab	es	
8a. SE4 ancto 10. 10. 11. a. b. c. d.	SERVICE MEMBER CTION IV. Please in d benefits. All benef all Service members, EFFECTS OF A CAR EMPLOYMENT ASS Dept. of Labor spor Service sponsored Use of DD Form 25 Experience and Tra (1) Do you want a c Experience and Tra (1) Do you want a c Experience and c DoD Job Search We Transition Bulletin E Service Opportuniti Teacher and Teache	dicate (by checking SIGNATURE dicate (by checking its and services ch , unless otherwise REER CHANGE SISTANCE nsored Transition A Transition Seminara 86 (Verification of ining) sopy of your Verific Training (VMET) Do do.osd.mil/vmet to over letter. eb site <u>http://www.dn</u> es <u>http://www.dn</u> er's Aide Opportun oserveagain.com	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used specified: ssistance Workshops and s/Workshops Military action of Military ocument? If yes, go to print your VMET w.dod.jobsearch.org blic and Community ndc.osd.mil/ot/	ere you 9a. T (or you in deve SERV	I have RANSI Ir spou eloping	the op TION ( se if a your   MBER	tion of de COUNSEL pplicable) ITP. The	clining.) S OR SIGNA desire con following s	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service and benefits are availab	es	
8a. SE4 and to ) 10. 11. a. b. c. d. d.	SERVICE MEMBER CTION IV. Please in d benefits. All benef all Service members, EFFECTS OF A CAR EMPLOYMENT ASS Dept. of Labor spor Service sponsored Use of DD Form 25 Experience and Tra (1) Do you want a c Experience and Tra (1) Do you want a c DoD Job Search We Transition Bulletin E Service Opportuniti Teacher and Teache http://www.proudt	Aling only on those SIGNATURE dicate (by checking its and services ch , unless otherwise REER CHANGE SISTANCE asored Transition A Transition Seminar 86 (Verification of ining) topy of your Verific Training (VMET) Do dc.osd.mil/vmet to over letter. eb site <u>http://www.dm</u> es <u>http://www.dm</u> er's Aide Opportun oserveagain.com at Opportunities	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used specified: ssistance Workshops and s/Workshops Military action of Military ocument? If yes, go to print your VMET w.dod.jobsearch.org blic and Community ndc.osd.mil/ot/	ere you 9a. T (or you in deve SERV	I have RANSI Ir spou eloping	the op TION ( se if a your   MBER	tion of de COUNSEL pplicable) ITP. The	clining.) S OR SIGNA desire con following s	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service and benefits are availab	es	
8a. SE4 and to ) 10. 11. a. b. c. d. d.	SERVICE MEMBER CTION IV. Please in d benefits. All benef all Service members, EFFECTS OF A CAR EMPLOYMENT ASS Dept. of Labor spor Service sponsored Use of DD Form 25 Experience and Tra (1) Do you want a c Experience and Tra (1) Do you want a c Experience and C DoD Job Search We Transition Bulletin E Service Opportuniti Teacher and Teache http://www.proudt	Aling only on those SIGNATURE dicate (by checking its and services ch , unless otherwise REER CHANGE SISTANCE Insored Transition A Transition Seminar 86 (Verification of ining) topy of your Verific Training (VMET) Do dc.osd.mil/vmet to over letter. eb site <u>http://www.dm</u> es <u>http://www.dm</u> er's Aide Opportun oserveagain.com at Opportunities ujobs.com	items on this checklist whe b. DATE (YYYYMMDD) g YES or NO) whether you ecked YES should be used specified: ssistance Workshops and s/Workshops Military action of Military ocument? If yes, go to print your VMET w.dod.jobsearch.org blic and Community ndc.osd.mil/ot/	ere you 9a. T (or you in deve SERV	I have RANSI Ir spou eloping	the op TION ( se if a your   MBER	tion of de COUNSEL pplicable) ITP. The	clining.) S OR SIGNA desire con following s	Sign and TURE	date the checklist. <b>b. DATE</b> (YYYYMMD) for the following service and benefits are availab	es	

FOR ACTIVE COMPONENT SERVICE MEMBERS SECTION IV (Continued)				MBER		F		
DEC		YES		N/A	YES	SPOUS NO	E N/A	REFERRED TO
1.	EMPLOYMENT ASSISTANCE (Continued)	1120	NO	11/A	TLO	NO	10/4	
	State Employment Agencies/America's Job Bank							
	(1) http://www.ajb.org							
i	Career One Stop http://www.careeronestop.org							
	RELOCATION ASSISTANCE *NOTE: Status of Forces Agree	ment li	mitatio	ne an	alv for	overse	200 500	l vice members
	Permissive (TDY/TAD) and Excess leave							
	Travel and transportation allowances							
	EDUCATION/TRAINING							
	Education benefits (Montgomery GI Bill, Veterans Educational Assistance Program, Vietnam-era, etc.)							
	(1) http://www.gibill.va.gov							
b.	Workforce Investment Act (WIA)							
	Additional education or training options							
	(1) Small Business Administration http://www.sba.gov							
d.	Licensing, Certification and Apprenticeship Information	1					1	
	(1) Department of Labor http://www.acinet.org							
	(2) U.S. Army https://www.cool.army.mil							
	(3) U.S. Military Apprenticeship Program https://www.cnet.navy.mil/usmap/							
	(4) DANTES http://www.dantes.doded.mil/dantes_web/danteshome.asp							
e.	Defense Activity for Non-Traditional Educational Support http://www.dantes.doded.mil/dantes_web/danteshome.asp							
14.	HEALTH AND LIFE INSURANCE							
a.	Transitional Health Care Benefit - for Eligibility Criteria and additional information go to: <u>http://www.tricare.osd.mil</u> or <u>http://www.tricare.osd.mil/Factsheets/viewfactsheet.cfm</u>							
b.	Option to purchase 18-month conversion health insurance. Concurrent pre-existing condition coverage with purchase of conversion health insurance. <u>http://www.tricare.osd.mil/chcbp</u>							
c.	Veterans' Group Life Insurance (VGLI) http://www.insurance.va.gov							
	Veterans Centers <u>http://www.va.gov/rcs</u>							
15.	FINANCES		-					
a.	Financial Management (TSP, Retirement, SBP)							
b.	Separation pay (Eligible Involuntary Separatees)							
c.	Unemployment compensation							
d.	Other financial assistance (VA Loans, SBA Loans, and other							
	government grants and loans)							
16.	RESERVE AFFILIATION							
17.	VETERANS BENEFITS BRIEFING							
18.	DISABLED VETERANS BENEFITS							
a.	Disabled Transition Assistance Program (DTAP)							
	VA Disability Benefits http://www.va.gov							
20.	POST GOVERNMENT (MILITARY) SERVICE EMPLOYMENT REST Information on post government (military) employment counseling be conducted by Services as appropriate. Transition/Command C an installation legal office (Staff Judge Advocate or Counselor's restrictions briefing or counseling from an ethics official. INDIVIDUAL TRANSITION PLAN (ITP) As a separating Service member, after receiving basic preseparati spouse (if applicable) are entitled to receive assistance in develop have identified on this checklist. The preseparation counseling ch you may be entitled. Each individual is strongly encouraged to ta	g (restr Career ( Office) on cou ing an necklist	ictions Counse to ens nseling Individ addre	on em elors sh ure the inform ual Tra sses a	nploym nall ref ey rece nation ansition variety	er sepa eive a p and co n Plan y of tra	onstion ompleti (ITP) b ansitior	and retiring Service members to overnment (military) employment ing this checklist, you and your ased on the areas of interest you n services and benefits to which
	ITP is to identify educational, training, and employment objective: Military Department's responsibility to offer Service members the member's responsibility to develop an ITP based on his/her specif	s and to opport	o deve :unity a	lop a p and ass	olan to sistanc	help y e to d	ou ach evelop	ieve these objectives. It is the an ITP. It is the Service
	Based upon information received during Preseparation		ICE ME			SPOUS	E	
	Counseling, do you desire assistance in developing your ITP? If yes, the Transition staff/Command Career Counselor is	YES	NO	N/A	YES	NO	N/A	

PRESEPARATION COUNSELING CHECKLIST	NAME (Last, First, Middle Initial)	SSN
FOR ACTIVE COMPONENT SERVICE MEMBERS	l .	
SECTION V - REMARKS (Attach additional pages if neces		
Complete the following ONLY if you placed an X in Item <b>21.</b> My counseling was conducted <b>89</b> days or less before	7a. See page 1, Section II, Item 7a. re my separation or retirement because: (X one)	
MISSION REQUIREMENTS		
PERSONAL REASONS		
MEDICAL SEPARATION		
LEGAL SEPARATION		
CHANGE IN CAREER DECISION		
OTHER ( <i>Please provide a brief explanation</i> )		