

## USMC SKILLBRIDGE PACKET CHECKLIST

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C., Chapter 58, Benefits and services for members being separated or recently separated; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397 (SSN), as amended; and SORN [MO1754-4](#).

**PRINCIPAL PURPOSE:** The primary purpose of this form is to support participation in the Marine Corps SkillBridge Program supported by the Department of Defense (DoD) SkillBridge (JTEST-AI) Voluntary Employment Training Program. Information will be used to determine eligibility and enrollment.

**ROUTINE USES:** Information will be accessed by Marine Corps SkillBridge personnel with a need to know in order to meet the purpose. Information may be disclosed to individuals or organizations authorized to provide services to the participant. A complete list and explanation of the applicable routine uses is published in the authorizing SORN available at: <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570629/m01754-4/>.

**DISCLOSURE:** Providing information is voluntary; however, failure to provide the information will result in an inability to participate in the SkillBridge Program.

**RECORDS MANAGEMENT:** This form shall be managed in accordance with record schedule 1000-34, "General Correspondence (Military Personnel)" of SECNAV M-5210.1. **TEMPORARY:** Cutoff at CY. Destroy when 3 years old.

## GENERAL INFORMATION

DoDI 1322.29 established the DoD SkillBridge Program, which provides transitioning Service members with the opportunity to develop job training and employment skills, including pre-apprenticeships, apprenticeships, and internships. SkillBridge is designed to facilitate the transition of eligible Service members into civilian sector occupations and careers with reasonable expectation and high probability of post-service employment and comparable living wage. SkillBridge is not to be used to further civilian education or for experiential purposes. Securing meaningful employment is the expectation. All participation request are to be forwarded to, reviewed and authorized by the first field grade commander, O-4 or above, in the Service member's Chain of Command with UCMJ authority; Battalion/Squadron Commander. For those under civilian leadership, a GS-13 or above. This convening authority cannot be delegated. Commanders are responsible for establishing and maintaining Service member accountability procedures for the duration of training.

## SERVICE MEMBER INFORMATION

Rank:	Name (Last, First, MI):		
Current Unit (Company/ Battalion):			Separation/ Retirement Date:
Government Email:		Civilian Email:	
Name of SkillBridge Provider / Training Dates:			DoD Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
SkillBridge Location:			
Residential Address During Training:			
The Package Includes the following information in this order (all documents must be included in one attachment - separate documents will be returned):			
<input type="checkbox"/> 1) Administrative Action (AA) Form via Installation SkillBridge Office (if requesting an exception to policy from HQMC)			
<input type="checkbox"/> 2) DoD SkillBridge Participant Screening			
<input type="checkbox"/> 3) TRS 5-day Transition Readiness Seminar (TRS). Date Completed:			
<input type="checkbox"/> 4) Individual Program Vetting Document (If not DoD Approved)			
<input type="checkbox"/> 5) SkillBridge Provider Acceptance Letter (for everyone)			
<input type="checkbox"/> 6) Commander's Participation Letter (authorization)			
<input type="checkbox"/> 7) Other:			
SkillBridge Application Reviewed by First Sergeant/SNCOIC			
Name:		Signature:	
Rank:	Phone:	Email:	
SkillBridge Application Reviewed by Company Commander/OIC			
Name:		Signature:	
Rank:	Phone:	Email:	
Application Reviewed and Verified by Installation SkillBridge Representative			
Name:		Signature:	
Position:	Phone:	Email:	

**USMC SKILLBRIDGE PARTICIPANT SCREENING****PRIVACY ACT STATEMENT**

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

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**APPLICANT INFORMATION**

NAME (Last, First, MI.):		GRADE:		RANK:		BRANCH:	
DEPARTMENT OF DEFENSE (DoD) IDENTIFICATION NUMBER:				MILITARY OCCUPATIONAL SPECIALTY:			
PHONE #:		EMAIL (Personal):			INSTALLATION:		
MAJOR SUBORDINATE COMMAND:				UNIT (Company and Battalion):			
PREREQUISITES		YES	NO	REMARKS			
1. Expected to be released from AD within 180 days of starting the course with an Honorable Discharge, including General Discharge Under Honorable Conditions. Date:		<input type="checkbox"/>	<input type="checkbox"/>				
2. Completed Transition Readiness Seminar or its equivalent if non-Marine Corps participant.		<input type="checkbox"/>	<input type="checkbox"/>				
3. Has sufficient time remaining under contract to complete the course prior to established separation date. Extensions to existing Expiration of Active Service (EAS) are not authorized. EAS Date:		<input type="checkbox"/>	<input type="checkbox"/>				
4. Has attended or completed a Marine Corps or DoD approved workplace ethics brief or training within the last 12 months or its equivalent if non-Marine Corps participant. Date Completed:		<input type="checkbox"/>	<input type="checkbox"/>				

## STATEMENT OF UNDERSTANDING OR RESPONSIBILITIES AND AUTHORIZATION

Please read AND acknowledge the below statements indicating your full understanding of the policies and procedures.

1. I have inquired directly to the course point of contact and secured current course information as well as the additional requirements to apply. I acknowledge that I fully understand the prerequisites, funding, and selection process to apply for this course.

2. I understand that any omission or inaccurate statement provided in this form shall be grounds for course rejection or withdrawal.

3. I am fully aware that there are limited seats in the course, and acceptance into the course may be competitive. If I am selected to participate, my command will be notified via the SkillBridge provider's acceptance letter.

4. I fully understand the financial requirements to participate in this course, and I voluntarily assume any additional costs that may occur including travel, meals, parking, books, equipment, uniform, testing, and/or housing costs associated with course participation, and attest that this will not cause any financial hardship for me or my family.

5. I ensure that I shall return any items utilized throughout the course in good working order.

6. If the course utilizes my GI Bill, I verify that I have met with an Advisor to ensure that I fully understand the utilization of my education benefits.

7. I understand that I must maintain satisfactory attendance, progress, and safety regulations throughout my enrollment, as per course guidelines, and uphold all military and accountability requirements. I understand that the classroom will be my appointed place of duty, and failure to attend class may result in a charge of Unauthorized Absence.

8. I agree to adhere to military travel policy and any unauthorized travel will be grounds for dismissal. Course approved travel for interviews or to fulfill course duties may be required.

9. I understand that I am responsible for sponsoring base access for any guest attending the course graduation.

10. If required, I acknowledge I will have base access after EAS in order to complete SkillBridge.

11. I acknowledge that I have adequate housing, transportation and financial resources for the duration of my SkillBridge participation.

12. I acknowledge I am able and intend to start working upon leaving Active Duty Service per DoDI 1322.29.

13. I understand and allow the Course Provider and SkillBridge Program Office to contact me after my transition to gain information on my employment status for course evaluation and continuance. I authorize the use of both the application and employment information for program statistical purposes.

14. 5-Day Transition Readiness Seminar was completed on \_\_\_\_\_

## PARTICIPANT ACKNOWLEDGEMENT

I understand that the SkillBridge location is my appointed place of duty. If I am removed or withdraw from the program, I must immediately contact my Commander and installation SkillBridge Representative. I am to report immediately back to my duty station.

PARTICIPANT (Print rank, Name):

SIGNATURE:

PHONE #:

DATE:

INSTALLATION SKILLBRIDGE REPRESENTATIVE (Print rank, Name):

SIGNATURE:

PHONE #:

DATE:

# Headquarters Marine Corps, Henderson Hall

## Authorized Absence Correction Form

Rank:		Last:		First:		EDIPI:		EAS:	
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Unit/Section:

### Documents Attached

	MOL Pay and Leave Summary <b>(required)</b>		Temporary Additonal Duty Orders
	Approved MOL Leave/Liberty Reqeusts		Other:

### Justification

### Erreneously Charged Absence Period(s)

Period	Type	Start Date	End Date	# of Days	Remarks
1					
2					
3					
4					
5					

### Corrected Absence Period(s)

Period	Type	Start Date	End Date	# of Days	Remarks
1					
2					
3					
4					
5					

### Approval

Billet	Name	Decision	Signature	Date
Requester				
SNCOIC				
OIC				
1stSgt				
Company CO				
Admin Chief				
Adjutant				
Bn SgtMaj				
Bn XO				
Bn CO				



# SERVICE MEMBER PRE-SEPARATION/TRANSITION COUNSELING AND CAREER READINESS STANDARDS EFORM FOR SERVICE MEMBERS SEPARATING, RETIRING, RELEASED FROM ACTIVE DUTY (REFRAD)

## SECTION I - PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 1142, Pre-separation Counseling; transmittal of medical records to Department of Veterans Affairs.

**PURPOSE(S):** To record pre-separation counseling services and benefits requested by and provided to Service members; to identify pre-separation counseling areas of interest as a basis for development of an Individual Transition Plan (ITP). The signed pre-separation counseling checklist will be maintained in the Service member's official personnel file. Title 10 USC 1142, requires that not later than 365 days before the date of separation, for anticipated losses, pre-separation counseling for Service members be made available. For unanticipated losses, or in the event a member of a reserve component is being demobilized under circumstances in which operational requirements make the 365-day requirement unfeasible, pre-separation counseling shall be made available as soon as possible within the remaining period.

**ROUTINE USE(S):** Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. Applicable Routine Use(s) are: To the Department of Veterans Affairs for available benefits to the Service member; additional routine uses are listed in the applicable system of records notice, DMDC 01, Defense Manpower Data Center Data Base; at <https://dpcid.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DMDC-01.pdf>

**DISCLOSURE:** Voluntary; however, it may not be possible to initiate pre-separation counseling and other transition assistance services or develop an Individual Transition Plan (ITP) for a Service member if the information is not provided.

## SECTION II – SERVICE MEMBER PERSONAL INFORMATION

1. NAME	2. DOD ID NUMBER	3. GRADE	4. DATE OF BIRTH	5. SERVICE	5a. COMPONENT
6. UNIT NAME		6a. UNIT ID CODE		7. MILITARY INSTALLATION	
8. ANTICIPATED DATE OF SEPARATION	8a. REASON FOR SEPARATION		8b. TYPE OF SEPARATION		9. DATE FORM WAS INITIATED
10. MEMBER ALLOWS THIS FORM TO BE SENT TO FEDERAL AGENCIES FOR ADDITIONAL TRANSITION ASSISTANCE POST SEPARATION:					
10a. MEMBER ALLOWS THIS FORM TO BE SENT TO FEDERAL AND OTHER AGENCIES WHO LOOK FOR CRITICAL LANGUAGE SKILLS AND/OR REGIONAL EXPERTISE THAT COULD BE VITAL DURING TIMES OF NEED, CRISIS, AND/OR NATIONAL EMERGENCIES:					
10b. MEMBER ALLOWS THIS FORM TO BE SENT TO STATE AGENCIES FOR ADDITIONAL TRANSITION ASSISTANCE POST SEPARATION:					
10c. POST-SEPARATION EMAIL:			10d. POST-SEPARATION PHONE NUMBER:		

## SECTION III – INITIAL COUNSELING

Service members shall receive individualized initial counseling pursuant to Title 10 U.S.C., Section 1142 and DoD policies.

11. SPOUSE/CAREGIVER/LEGAL GUARDIAN/DESIGNEE GOING TO BE PRESENT DURING PRE-SEPARATION COUNSELING:	
12. HAS THE SERVICE MEMBER COMPLETED A PERSONAL SELF-ASSESSMENT:	
13. HAS THE SERVICE MEMBER COMPLETED AN INITIAL COUNSELING:	13a. INITIAL COUNSELING COMPLETION DATE:
14. WHAT ARE THE SERVICE MEMBER'S POST-TRANSITION GOALS:	
15. REQUIRED CRS AND SESSIONS BY SELECTED PATHWAY AND TIER:	

## SECTION IV – PRE-SEPARATION / TRANSITION COUNSELING, PRE-SEPARATION / TRANSITION COUNSELING NEEDS ASSESSMENT, REVIEW, AND VERIFICATION TO MEET CAREER READINESS STANDARDS (CRS), AND TITLE 10 U.S.C. COMPLIANCE

Service members will be counseled on all items prescribed in Title 10, United States Code (U.S.C.), Sections 1142(b) (1-18), Sections 1143, 1144, 1145, 1146, 1147, 1148, 1149, 1150, 1151, 1154, and 1155 and DoD policies. Involuntarily separated Service members receive alternative benefits and programs that apply to them. Service member completed the following to meet Career Readiness Standards (CRS): \*Required

16. Completed Pre-Separation Counseling*	Pre-Sep Assessment	Capstone CRS Review
17. Registered on eBenefits *		
18. Completed resume or provided employment verification in support of the Individual Transition Plan (ITP)		
19. Prepared a criterion-based, post separation financial plan		
20. Completed a criterion-based Individual Transition Plan (ITP) *		
21. Completed a Continuum of Military Service Opportunity Counseling (Required Active Component Only)		
22. Verify a completed Gap Analysis or provide verification of employment		
23. Completed a comparison of higher education or vocational technical training institution options		
24. I WAS COUNSELED AND RECEIVED DOCUMENTATION ON ALL ITEMS IN SECTION IV, WHICH INCLUDES ALL ITEMS LISTED ON THE PRE-SEPARATION / TRANSITION COUNSELING ADDENDUM SHEET:		
25. PRE-SEPARATION / TRANSITION COUNSELING WAS COMPLETED WITH 364 DAYS OR LESS REMAINING BEFORE SEPARATION:		
25a. PRE-SEPARATION / TRANSITION COUNSELING COMPLETED 364 DAYS OR LESS JUSTIFICATION:		

26. SERVICE MEMBER SIGNATURE & DATE	27. TRANSITION COUNSELOR SIGNATURE & DATE
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<b>SECTION V – MANDATORY CURRICULUM ATTENDANCE</b>	
28. DoD TRANSITION DAY:	
29. VETERANS AFFAIRS (VA) BENEFITS AND SERVICES:	
30. DOL ONE-DAY:	
<b>SECTION VI – OTHER CURRICULUM ATTENDANCE</b>	
31. DOL EMPLOYMENT TRACK:	
32. DOD EDUCATION TRACK:	
33. SBA ENTREPRENEURSHIP TRACK:	
34. DOL VOCATIONAL TRACK:	
<b>SECTION VII – WARM HANDOVER REQUIREMENTS</b>	
35. EVALUATED POST-TRANSITION TRANSPORTATION REQUIREMENTS AND DEVELOPED A PLAN TO MEET PERSONAL/FAMILY NEEDS:	
36. EVALUATED POST-TRANSITION HOUSING REQUIREMENTS AND DEVELOPED A PLAN TO MEET PERSONAL/FAMILY NEEDS:	
37. EVALUATED POST-TRANSITION PEER SUPPORT REQUIREMENTS AND DEVELOPED A PLAN TO MEET THESE NEEDS:	
<b>SECTION VIII – WARM HANDOVER TO SUPPORTING AGENCIES CONTACT INFORMATION</b>	
38. VETERANS AFFAIRS:	
39. DEPARTMENT OF LABOR:	
40. MILITARY ONE SOURCE:	
41. OTHER RESOURCE:	
<b>SECTION IX – CAPSTONE REVIEW</b>	
42. SERVICE MEMBER SIGNATURE & DATE:	43. TRANSITION COUNSELOR SIGNATURE & DATE:
<b>SECTION X – COMMANDER OR COMMANDER’S DESIGNEE VERIFICATION</b>	
44. APPLICABLE CAREER READINESS STANDARDS MET:	47. COMMANDER OR COMMANDER’S DESIGNEE SIGNATURE & DATE:
45. VIABLE ITP COMPLETED:	
46. WARM HANDOVERS EXECUTED:	
<b>SECTION XI – REMARKS</b>	
48. REMARKS	

**SECTION XI – REMARKS (CONTINUED)**

**48. REMARKS**

Official

# United States Marine Corps



Completion Certificate

This is to certify that

Has completed

***Skillbridge Ethics for Marines***

***COURSE NUMBER: MFRSBMAR01***

*Given through the*

*Marine Corps Distance Learning Network*  
*on*

Semper Fideli

T.K. Kerrigan  
Director

College of Distance Education and Training





**UNITED STATES MARINE CORPS**  
HEADQUARTERS AND SERVICE BATTALION  
HEADQUARTERS MARINE CORPS, HENDERSON HALL  
ARLINGTON, VIRGINIA 22214-5000

1000

DEPT

14 May 25

From: Officer in Charge, (DEPT)  
To: Commanding Officer, Headquarters and Service Battalion,  
Headquarters Marine Corps, Henderson Hall  
Subj: SKILLBRIDGE APPROVAL IN CASE OF LANCE CORPORAL RIFLE MAN  
0000000000/0111 USMC

1. If accepted into (company) , (start date to end date) , Lance Corporal Rifle Man , will be released from all regular duties for the duration of the training program. Lance Corporal Reynosogarcia will be placed in a permissive temporary duty status for the duration of the training program.
2. We understand the Marine will be gapped during the Skillbridge program and a replacement will not be sourced.
3. The point of contact for this letter is the Battalion (OIC). She/He can be reached at (phone number) or via email at (email).

*Company Letterhead*

**Date:**

**To:** Marine

**Offer/Acceptance:**

The (company/organization name) would like to offer (Marine's name) a (*chose one*: internship, preapprenticeship/ apprenticeship, employment skills training or on-the-job training) opportunity.

**Organization Overview:**

Provide a brief summary of the current state of the company/organization and years of operations, including start date, business structure, services, number of employees, location and territory of coverage.

**Training Details:**

- Start date:
- End date:
- Working hours: example: M-F, 8:00 am to 5:00 pm
- Location: (physical location address)
- Define any out-of-pocket costs associated to the Marine
- The point of contact for this company is (contact name, title, company, address, phone, email and role of who will be overseeing and responsible for the day-to-day activities of the Marine)

**Required Statements:**

- The (company/organization) has reviewed DoDI 1322.29 and MARADMIN 350/18.
- This training opportunity is unpaid and the participating Marine will not receive wages, training stipends, or any other form of financial compensation for the time that the Marine spends participating in training opportunity.
- The (company/organization) understands that the Marine Corps may terminate the Marine's participation in the training opportunity based on mission requirements. Upon notification that their participation is terminated, a participating Marine must immediately withdraw from the program and report to their unit of assignment.

**Training Overview:**

Clearly describe the proposed activities of the training opportunity, and the tangible benefits and value to the Marine. List subject areas and training topics that will provide the knowledge, skills and abilities that gives the participant a greater than normal chance of employment in the desired occupational field. (List any certifications gained.)

**Training Outcome:**

State the employment probability at the end of the training opportunity. (Guaranteed interview, job placement, earned credentials, etc.)

Signed by Human Resource Manager/President  
Name  
Title