

APPENDIX K

RECOMMENDATION FOR AWARD (For other than Valor) OF CALIFORNIA STATE MILITARY RESERVE RIBBONS

1. TO:	2. FROM:	3. DATE:
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PART A- PERSONAL DATA

4. BRANCH OF SERVICE: <input type="checkbox"/> ARNG <input type="checkbox"/> ANG <input type="checkbox"/> SMR <input type="checkbox"/> CIVILIAN <input type="checkbox"/> OTHER		
5. RECOMMENDED AWARD: <input type="checkbox"/> SMRTER <input type="checkbox"/> SMREEM <input type="checkbox"/> SMRRAR <input type="checkbox"/> SMRPDR <input type="checkbox"/> SMRMQR <input type="checkbox"/> SMRETR <input type="checkbox"/> SMROSR <input type="checkbox"/> SMRVSR <input type="checkbox"/> SMRDAR <input type="checkbox"/> DEVICE	6. REASON: <input type="checkbox"/> ACH <input type="checkbox"/> SVC <input type="checkbox"/> PCS <input type="checkbox"/> ETS <input type="checkbox"/> RET	
7. PERIOD OF AWARD a. FROM:	8. POSTHUMOUS? <input type="checkbox"/> YES <input type="checkbox"/> NO	9. PROPOSED PRESENTATION DATE:
a. FROM:	b. TO:	
10a. NAME (Last, First, Middle):	10b. RANK	10c. SSN
11. DUTY POSITION / TITLE	12. ORGANIZATION	
13. PREVIOUS AWARDS:		
14. RECOMMENDER		
a. NAME	b. TITLE / POSITION	c. ADDRESS
d. SIGNATURE	c. RANK	

PART B – JUSTIFICATION / CITATION / APPROVAL / DISAPPROVAL

20a. JUSTIFICATION (use additional sheets if necessary)
20b. CITATION

21. CERTIFICATION OF ELIGIBILITY AND DATA		
<i>I certify that this individual is eligible for this award in accordance with CAARNG Regulation 600-8-22 and that the information contained in Part A is correct</i>	a. SIGNATURE	b. DATE:
22. APPROVAL AUTHORITY		
a. TO:	b. FROM:	c. DATE:
d. RECOMMEND <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:		
e. NAME	f. TITLE / POSITION	g. SIGNATURE
		h. RANK
i. COMMENTS		

PART C – ORDERS DATA

25. ORDERS ISSUING HEADQUARTERS	25a. ORDER NUMBER (if applicable)	26. APPROVED AWARD
	25b. DATE	
27a. NAME OF ORDERS APPROVAL AUTHORITY	27b. TITLE / POSITION	28. DISTRIBUTION
27c. SIGNATURE	27d. RANK	