

RETENTION DATA WORKSHEET

For use of this form, see AR 601-280; the proponent agency is DCS, G-1.

1. NAME <i>(Last, First, Middle, Jr./Sr.)</i>										2. DATE ELIGIBLE				3. DATE INELIGIBLE <i>(90 Day)</i>					
RETAIN PREPARE SCREENS										RETAIN PREPARE SCREENS									
4. MPC-SPOUSE					5. EFMP		6. EFMP-DATE			42. WEIGHT			43. AUDIO		44. COLOR		45. APFT		
7. DOB		8. LOCID		9. GENDER		10. CIT		11. RACE			46. APFT-DATE		47. APFT-PRO		48. MMRB DATE		49. MOS CERT		
12. HOR <i>(Street, City, State, ZIP)</i>										50. PMOS			51. SMOS		52. PRMOS		53. BONUS MOS		
13. BASD			14. PEBD			15. ETS				54. BONUS DATE		55. EB		56. SQI-1		57. ASI-1			
16. NBR-RENL		17. DEROS		18. GRADE/RANK			19. DROS			58. LANG-1		59. SQI-2		60. ASI-2		61. LANG-2			
20. TERM			21. DCOST			22. DT-LST-PCS				62. UIC				63. CURR LOC					
23. DOR		24. PROM PTS		25. ERUP		26. CIV-ED-LEV				64. UNIT ADDRESS <i>(Unit Name, Street, City, State, ZIP, Phone)</i>									
27. CIV-ED-CERT			28. YRS CIV ED			29. ASVAB DATE													
30. ASVAB TEST SCORES										65. MACOM		66. AWOL		67. ART 15		68. WAIVER			
GT	GM	EL	CL	MM	SC	CO	FA	OF	ST	69. COURT		70. PSC		71. PSIC		72. PSIC-DATE			
31. DLAB		32. AFQT		33. MATH		34. SCI		35. DRI			73. PSII		74. PSII-DATE		75. DDPSTA		76. PRP-STAT		
36. MVB		37. TYPWPM		38. PHY-PRO		39. PPCAT		40. PP-DATE		41. HEIGHT		80. SPECIAL PREREQUISITES/REMARKS							
77. MOS DESIRED			78. OS AREA PREFERENCE			79. CONUS PREFERENCE													
81. CREDIT		82 a. OPTION		b. CODE		83. REUP/EXT <i>(Yrs/Mos)</i>				84. REUP/EXT/RECLASS DATE		85. RCN/ECN		86. BONUS <i>(SRB/AMT)</i>					
87. TRAINING DATA					88. ASSIGNMENT DATA					91. EXTENSION									
MOS		CRS NO.			UNIT		LOC			CURRENT ENL. PERIOD			ENLISTMENT DATE						
START		GRAD			UIC														
CLASS		LOC			EPD/CTL		REQ <i>(Mo/Yr)</i>			NEW PERIOD OF ENL: Years Months Weeks									
89. TAFS		YEARS		MONTHS		DAYS		90. TIAFS		YEARS		MONTHS		DAYS		PERIOD OF EXTENSION: Months New ETS			
92. SPOUSE'S NAME					93. REENLISTMENT NCO					EXTENSION REASON									
94. CAREER COUNSELOR <i>(Typed name, grade, and telephone number)</i>										95. SIGNATURE				96. DATE SUBMITTED					