

IN-PROCESSING PERSONNEL RECORD

For use of this form, see AR 600-8-101; the proponent agency is DCS, G-1

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Section 301, Title 5, USC.

PRINCIPAL PURPOSE: To ensure the proper in-processing of Soldiers into their gaining installation units.

ROUTINE USES: To in-process Soldiers into their gaining installations and units, to report any non-deployable conditions identified during in-processing to their gaining commanders, and to provide historical dates for after action reports and reviews. Forms will not be disclosed outside Department of Defense (*DoD*) and DoD sponsored agencies.

DISCLOSURE: Disclosure of this information is voluntary; however, failure to disclose the requested information could result in improper in-processing.

INSTRUCTIONS

This form will be initiated on every in-processing Soldier at the processing control station. All Soldiers are required to in-process through the activities marked with an asterisk (*). The processing control station will designate which additional activities each Soldier is required to in-process through, based on the applicable Army regulations, installation instructions, and information in the Soldier's records/furnished by the Soldier. Each required activity will sign or initial this form and annotate any non-deployable conditions (*deficiencies*) identified that could not be remedied during in-processing, if any. The Soldier will clear all required activities and then report back to the processing control station. The processing control station will verify by signing this form that all required installation/community level in-processing has been completed and release the Soldier to the replacement activity for clearance and movement to the gaining unit. The gaining unit will then ensure the completion of the Soldier's battalion/unit level in-processing.

1. NAME (<i>Last, First, Middle</i>)	2. RANK	3. MOS/AOC
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SECTION A - INSTALLATION/COMMUNITY LEVEL IN-PROCESSING ACTIVITIES

4a. INSTALLATION/COMMUNITY ACTIVITY	4b. DEFICIENCIES NOTED (<i>If any</i>)	4c. CLEARANCE SIGNATURE
1. Personnel Information *		
2. Personnel Strength Management *		
3. Personnel Management *		
4. Medical Facility */PDHRA DD Form 2900		
5. TRICARE Service Center Health Benefits Advisor or Medical Element Equivalent *		
6. Dental Facility *		
7. DEERS/RAPIDS/ID Cards/ID Tags *		
8. Security Office *		
9. Education Center *		
10. Provost Marshal Office *		
11. Central Issue Facility		
12. Housing Office		
13. Transportation Office		
14. Army Community Services Center *		
15. Commercial Activities		
16. Child, Youth, and School Services		
17. Lodging Office		
18. Soldier for Life - Transition Assistance *		
19. Defense Military Pay Office *		
20. Behavioral Health *		
21. Family Advocacy Program *		
22. Processing Control Station *		
23. Replacement Activity *		
24. DA Form 7274 (Sponsorship Program Survey) *		

SECTION B - BATTALION/UNIT LEVEL IN-PROCESSING ITEMS

5. BATTALION S1/UNIT COMMANDER ITEMS

a. ITEMS	b. DEFICIENCIES NOTED <i>(If any)</i>	c. REVIEW/CLEARANCE SIGNATURE
1. Special Pays (BAS, BAH, COLA, OHA, IDP, CPP, SDAP, Incentive Pays, Medical Specialty Pays, Enlistment Bonus, Reenlistment Bonus, and/or other special pays)		
2. DA Forms 67-10/2166-8 (Evaluation Reports)		
3. DA Form 268 (Flag Check/Processing)		
4. DA Form 6 (Duty Roster)		
5. DA Form 3955 (Mail Room)		
6. DD Form 714 (Meal Card)		
7. Exceptional Family Member Program		
8. DA Form 5305 (Family Care Plan)		
9. DA Forms 5500/5501 (Body Composition Program)		
10. DA Form 3349 (Physical Profile)		
11. DoD Travel Charge Card		
12. Army Disaster Personnel Accountability and Assessment System (ADPAAS) Update		
13. DD Form 93/SGLV update		

6. BATTALION S2/S3/UNIT COMMANDER ITEMS

a. ITEMS	b. DEFICIENCIES NOTED <i>(If any)</i>	c. REVIEW/CLEARANCE SIGNATURE
1. Security Briefing		
2. Training Records		
3. Security Clearance		
4. Mission Oriented Briefing		
5. Weapons Qualification		
6. Army Physical Fitness Test		
7. Common Task Training and Testing		
8. Service Member Deployment History Out-processing Verification Sheet		

7. BATTALION S4/UNIT COMMANDER ITEMS

a. ITEMS	b. DEFICIENCIES NOTED <i>(If any)</i>	c. REVIEW/CLEARANCE SIGNATURE
1. Supply Room		
2. Arms Room		
3. NBC Room		
4. Protective Mask Inserts		

8. UNIT COMMANDER SIGNATURE

a. NAME (Last, First, Middle)	b. SIGNATURE	c. DATE (YYYYMMDD)
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