

<b>PROMOTION POINT WORKSHEET</b> For use of this form, see AR 600-8-19; the proponent agency is DCSPER	1. TYPE <input type="checkbox"/> a. Initial <input type="checkbox"/> b. Total Reevaluation	2. DATE (YYYYMMDD)
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**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5 USC, Section 301.  
**PRINCIPAL PURPOSE:** To determine eligibility for promotion.  
**ROUTINE USES:** Reviewed to determine promotion eligibility and validity of points granted.  
**DISCLOSURE:** The furnishing of fraudulent information may result in denial of promotion.

3. NAME	4. SSN	5. RECOMMENDED GRADE
6. ORGANIZATION	7. PMOS	

**SECTION A - RECOMMENDATION**

1. MILITARY TRAINING (*Maximum 100 Points*)

a. LATEST APFT DATE (YYYYMMDD)	b. SCORES			c. POINTS AWARDED
	PUSH-UPS	SIT-UPS	RUN	
d. LATEST WEAPONS QUALIFICATION DATE (YYYYMMDD)	e. DA FORM USED:		f. TOTAL HITS	g. POINTS AWARDED
h. TOTAL POINTS AWARDED _____ →				

2. DUTY PERFORMANCE EVALUATION (*Maximum 150 Points Award 1-30 Points For Each Category*)

CATEGORY	POINTS AWARDED
a. COMPETENCE: Proficient, Knowledgeable, Communicates Effectively	
b. MILITARY BEARING: Role Model, Appearance, Confidence	
c. LEADERSHIP: Motivates Soldiers, Sets Standards, Mission, Concern	
d. TRAINING: Individual and Team, Shares Knowledge and Experience, Teaching	
e. RESPONSIBILITY AND ACCOUNTABILITY: Equipment, Facilities, Safety, Conservation	
f. TOTAL POINTS AWARDED _____ →	

I certify that the above APFT and weapons qualification scores shown have been extracted from appropriate records and the latest valid scores are in accordance with Army Training Regulations and Army Field Manuals.

3. SIGNATURE OF COMMANDER	4. TYPED OR PRINTED NAME AND GRADE	5. DATE (YYYYMMDD)
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**SECTION B - ADMINISTRATIVE POINTS**

1. AWARDS, DECORATIONS AND ACHIEVEMENTS (*Maximum 100 Points. List all awards individually. Include award number (i.e. 3rd OLC) and the order number.*)


TOTAL POINTS AWARDED _____ →	
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NAME						SSN	
<b>SECTION B - ADMINISTRATIVE POINTS (Continued)</b>							
2. MILITARY EDUCATION <i>(Maximum 200 Points. List all military education.)</i>							
TOTAL POINTS AWARDED						→	
3. CIVILIAN EDUCATION <i>(Maximum 100 Points. List all civilian education.)</i>							
TOTAL POINTS AWARDED						→	
I certify that the above administrative points shown have been accurately extracted from appropriate records and that the promotion points indicated are correct.							
4. TYPED OR PRINTED NAME OF RESPONSIBLE OFFICIAL			5. DATE (YYYYMMDD)		6. SIGNATURE OF RECOMMENDED INDIVIDUAL <i>(Required)</i>		7. DATE (YYYYMMDD)
<b>SECTION C - TOTALS</b>							
Only whole numbers will be used in awarding promotion points for all sections (drop fractions). Only initial and total reevaluations require submission of DA Form 3355. Administrative reevaluations and adjustments are submitted on DA Form 4187 and annotated in the Eval/Adj column.							
1. POINTS GRANTED							
ITEM		INITIAL <i>(Date)</i>	EVAL/ADJ <i>(Date)</i>	EVAL/ADJ <i>(Date)</i>	EVAL/ADJ <i>(Date)</i>	EVAL/ADJ <i>(Date)</i>	EVAL/ADJ <i>(Date)</i>
a. TOTAL PERFORMANCE EVALUATION AND MILITARY TRAINING POINTS - SECTION A <i>(Maximum 250 points)</i>							
b. TOTAL ADMINISTRATIVE POINTS - SECTION B <i>(Maximum 400 points)</i>							
c. TOTAL BOARD POINTS <i>(Maximum 150 points)</i>							
d. TOTAL PROMOTION POINTS <i>(Maximum 800 points)</i>							
2. INITIALS OF RESPONSIBLE PSB OFFICIAL							
<b>SECTION D - CERTIFICATION</b>							
I certify that the above total points shown have been accurately extracted from appropriate records and promotion list points indicated are correct.							
1. RECOMMENDED BY BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO				2. ATTAINED MINIMUM POINTS <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. TYPED OR PRINTED NAME AND SIGNATURE OF BOARD RECORDER				4. GRADE		5. DATE (YYYYMMDD)	
I certify that the soldier has been recommended for promotion by a valid promotion board.							
6. TYPED OR PRINTED NAME OF PROMOTION AUTHORITY				7. SIGNATURE		8. DATE PROCEEDINGS WERE APPROVED (YYYYMMDD)	
Counseling statement: I have been counseled on my promotion status and deficiencies. <i>(Use only when recommendation is disapproved, when a soldier is not selected by a board, or when a soldier cannot be added to the recommended list due to not attaining the minimum required points).</i>							
9. SIGNATURE OF SOLDIER			10. DATE (YYYYMMDD)		11. TYPED OR PRINTED NAME AND SIGNATURE OF COUNSELOR		