

"Perform to Serve" Screening/Input Form
Keep a copy on file for one year

Date: _____

I. EDVR Data (fill in completely):

Last Name: _____ First Name: _____
SSN: _____ J-Dial: _____
Rate: _____ Dept/Div: _____/_____
Date Reported: (YYYYMMDD) _____
EAOS: (YYYYMMDD) _____ Inoperative Extensions: _____
PRD: (YYYYMM) _____ ADSD: (YYYYMMDD) _____
SRB eligible: Yes or No If yes, reenlistment # and zone: _____/_____

II. PTS Criteria Data (fill in completely):

- a. Eligible for reenlistment: Yes or No
- b. Recommended for advancement: Yes or No
- c. Desires reenlistment: Yes or No or Undecided
- d. Selected for/frocked to next pay grade: Yes or No
- e. PNA last exam: Exam Rate: _____ Yes or No
- f. Have critical NEC: List NEC: _____ Yes or No

(See current CREO-REGA msg, par 4.a. for critical NECs.)

- g. Promotion recommendation (current eval): EP MP P
- h. Promotion recommendation (previous eval): EP MP P
- i. Submitting STAR reenlistment request: Yes or No

(See MILPERSMAN 1160-100 for STAR criteria, attach STAR screening form.)

- j. Is member within 12 months of PRD? Yes or No
- k. WILLING to convert? Yes or No
- l. Requests to CONVERT ONLY: Yes or No

m. If change of rate is requested or if undesignated, what are Sailor's three rating choices or "A" School choices: (CREO 1 or 2 ratings only!)
#1: _____ #2: _____ #3: _____

Note: If member requests to convert/convert only, attach ASVAB worksheet and Page 4 with Test ID number and date administered. Member must be eligible for rating(s) per MILPERSMAN, articles 1306-XXX & 1440-XXX, including ASVAB scores, as well as any other applicable references.

Notes: _____

Applicant's signature and date: _____

Departmental CC initials/J-dial: _____/_____ LCPO initials: _____

Keep on file at Dept until Sailor is reenlisted or separated.