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**Leadership Development Notebook**

**(Short Version)**

***All personnel are responsible for treating personally identifiable information (PII) IAW DoD 5400.11R (DoD Privacy Program), MARADMIN 162/10 (Safeguarding PII), and comply with the following:***

DATA REQUIRED BY THE PRIVACY ACT OF 1974

(5 U. S. C. 552A)



PART A GENERAL



The Marine Corps uses a variety of forms in administering matters related to the individual Marine. Forms are necessary for enlistment and reenlistment, evaluating performance, applying for training and assignments, granting leave, disciplinary action, administering pay, and other purposes. In some instances, these forms involve the collection of personal information from the individual Marine. Information such as home address and telephone number, names and other information on dependents, preference for duty, address on leave, and the individual’s Social Security Number are illustrative of the information asked for on forms.

The Privacy Act of 1974 requires that you be informed of the authority, purposes, uses, and effects of not providing information when it is requested from you. In order to eliminate the need for issuing an individual statement each time information is requested from you about matters such as those described, this statement serves as a one-time Privacy Act Statement which is intended to satisfy the requirements of the Privacy Act when forms elated to your personnel and pay records are used. If you desire more information about a specific form when it is used, your commanding officer will provide such information upon request.

Pursuant to the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503), information furnished mayor will be subject to verification by computer matching (internally or with another specific agency). The match may be necessary to verify accuracy of data, and to uncover waste, fraud, or abuse in Federal Programs.



PART B - INFORMATION TO BE FURNISHED TO INDIVIDUAL



1. AUTHORITY

Title 5, U.S. Code, Section 301, is the basic authority for maintaining personnel and pay records. Use of Social Security Number as a means of personal identification is authorized by Executive Order 9397 of 23 November 1943.



2.PRINCIPAL PURPOSES

The basic purposes of personnel and pay records are to enable officials and employees of the Marine Corps to efficiently manage personnel resources; to administer pay and allowances; to screen and select individuals for promotion; to provide educational and training programs; to administer appeals, grievances, discipline, litigation, investigations, and adjudication of claims; to administer benefits and entitlements; and to manage retirement and veterans affairs programs. Further information about the purposes and uses of information being requested from can be obtained by consulting the applicable description for system such as the following:

SYSTEM DESCRIPTION SYSTEM NUMBER  
 Marine Corps Military Personnel Records System MMN 00006  
 Bond and Allotment System MFD 00004

Joint Uniform Military Pay System/Manpower Management System MFD 00003



3. ROUTINE USES

Information included in personnel and pay records is used by officials and employees of the Marine Corps in the execution of their official duties. The information is also used under certain conditions by officials and employees elsewhere in the Department of Defense; by other Federal agencies such as the General Accounting Office; Office of Personnel Management; Veterans Administration; the Federal Bureau of Investigation and other Federal, state, and local law enforcement authorities; and the General Services Administration. Information is also furnished to Congressional sources. Your Social Security Number is used as a means of personal identification.



MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

Disclosure of information required on forms related to personnel and pay records is mandatory. An individual may, at his or her option, elect not to apply for benefits and services to which entitled (leave, registration of allotments, etc.) but once the individual has made the decision to apply for such benefits the disclosure of information on related forms becomes a mandatory action. Failure to provide requested information could have the effect of denying certain benefits and would hamper the efficient management of an individual’s career while in the Marine Corps. Disclosure of your Social Security Number is mandatory.



PACT C - STATEMENT OF UNDERSTANDING BY THE INDIVIDUAL



I have read and understand this statement, I understand that I may have the opportunity to review published systems notices and current Marine Corps directives which pertain to forms which I am asked to complete

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of the Individual Social Security No. (Last Four)



PRIVACY ACT STATEMENT FOR MARINE CORPS PERSONNEL AND PAY RECORDS

NAVMC 11000 (REV. 5-90) (EF) SN: 0000-00-006-6542 U/I: PAD (50 Sheets per pad) (5211)

(File Original in OQR or SRB; Provide Copy to Individual)

# *Initial* Coaching/Counseling Form

**Completed by the Leader**

***Date:***

|  |  |  |
| --- | --- | --- |
| **NAME (LAST, FIRST, MIDDLE INITIAL)** | **GRADE** | **UNIT / SECTION** |
| **GRADE & NAME OF LEADER** | | |

***Introduction/Welcome Aboard:***

***Unit Mission:***

***Section Mission:***

***Marine’s or Sailor’s critical role in support of the unit mission:***

***Billet Description/Responsibilities:***

***Next Steps:***

* Leader: Make a copy of completed Initial Coaching/Counseling Form and provide to the Marine or Sailor. In addition, provide a blank copy of enclosure (3) (Follow-on/Subsequent Coaching Form), explain its purpose and arrange for the subsequent or follow-on session (respectively).
* Marine or Sailor: Review Initial Coaching/Coaching Form (Billet Description/Responsibilities in particular) prior to follow-on/subsequent session. Complete enclosure (3) prior to follow-on session and be prepared to discuss personal and professional goals.

# Instructions for completing the *Initial* Coaching/Counseling form

The purpose of the *initial* coaching/counseling form is to establish rapport between the leader and Marine or Sailor and to set the conditions for their success in the unit. The leader will ask simple questions including those about where the Marine or Sailor came from and if he or she wishes to discuss any family/personal issues. Before the *initial* session ends, the leader will set-up a follow-on session and encourage the Marine or Sailor to think about personal/professional goals as outlined on the sample coaching form found in enclosure (3).

1. **Date**: Date of session.
2. **Name**: Name of the Marine or Sailor.
3. **Grade**: Grade of the Marine or Sailor.
4. **Unit/Section**: Unit/Section of the Marine or Sailor.
5. **Name/Grade of Leader**: Name and grade of the leader.
6. **Introduction/Welcome Aboard:** The leader establishes rapport by asking a few questions about the Marine’s or Sailor’s previous duty station, billet, and if there are any family/personal issues they wish to discuss. Additional information in preparing for a coaching/counseling session can be found in NAVMC 2795 (USMC User’s Guide to Counseling) in the “Future” section of the MCLD website: https://vcepub.tecom.usmc.mil/sites/ldp/
7. **Unit Mission:** Mission of Marine’s or Sailor’s unit.
8. **Section Mission:** Mission of Marine’s or Sailor’s section.
9. **Marine’s/Sailor’s critical role in support of the unit’s mission:**  In specific terms, the role of the Marine or Sailor in support of the unit’s mission.
10. **Billet Description/Responsibilities:** For E-5 and above, reference (j) requires the Reporting Senior (RS) and Marine Reported On (MRO) to establish and formalize the MRO’s billet description within 15-days of establishing the reporting relationship. The MCLD Order requires the leader to establish a billet description and responsibilities for E-4 and below during the initial session as well.
11. **Next Steps:** Sets-up the follow-on session by reviewing enclosure (3) and enclosure (4) and scheduling.

# Follow-On & Subsequent Coaching Form

**Completed by the Marine or Sailor**

***Date:***

***Reason for coaching (circle one)***: follow-on / subsequent

|  |  |  |
| --- | --- | --- |
| **NAME (LAST, FIRST, MIDDLE INITIAL)** | **GRADE** | **UNIT / SECTION** |
| **GRADE & NAME OF LEADER** | | |

***Goals: (Specific, Measurable, Attainable, Realistic, Time-based)***

|  |  |  |
| --- | --- | --- |
| **Functional Area & Goals** | **Action Steps to Achieve Goals**  **& Goal Status** | **Deadline** |
| Fidelity: |  |  |
| Fighter: |  |  |
| Fitness: |  |  |
| Family: |  |  |
| Finances: |  |  |
| Future: |  |  |

# Instructions for completing Follow-On/Subsequent Coaching Form

The purpose of the follow-on/subsequent coaching session is to help a Marine or Sailor to establish goals and provide feedback on an informal basis. Coaching can be related to job performance and professional development, but is not restricted to these areas. Progress or lack of progress of the goals outlined on the coaching form shall not be a part of the Marine’s or Sailor’s performance evaluation except in very rare circumstances. The individual Marine or Sailor completes the coaching form. To be most effective, goals must be SMART (Specific, Measurable, Attainable, Realistic, Time-based).

1. **Date:** Date of session.
2. **Reason for coaching:** Reason for the session indicating whether follow-on or subsequent.
3. **Name**: Name of the Marine or Sailor.
4. **Grade:** Grade of the Marine or Sailor.
5. **Unit/Section:** Unit/Section of the Marine or Sailor.
6. **Grade/Name of Leader:** Grade and name of the leader.
7. **Goals**

* Functional Area & Goals: Marine or Sailor fills in specific goals for each of the six functional areas.
* Action steps: Marine or Sailor lists steps to be taken IOT achieve his or her goals; status of goals (including those from previous sessions) should be reviewed.
* Deadline: Marine or Sailor lists a deadline to achieve action steps.
* Additional information in preparing for a coaching/counseling session can be found in NAVMC 2795 (USMC User’s Guide to Counseling) in the “Future” section of the MCLD website: https://vcepub.tecom.usmc.mil/sites/ldp/

# Follow-On & Subsequent Counseling Form

**Completed by the Leader**

***Date:***

***Reason for counseling (circle one)***: follow-on / subsequent

|  |  |  |
| --- | --- | --- |
| **NAME (LAST, FIRST, MIDDLE INITIAL)** | **GRADE** | **UNIT / SECTION** |
| **GRADE & NAME OF LEADER** | | |

***Billet Description/Responsibilities:***

***Billet Accomplishments:***

***Plan of action / Suggested resources:***

***Comments by Marine/Sailor:***

# Instructions for completing Follow-On/Subsequent Counseling Form

The purpose of the follow-on/subsequent counseling session is to formalize or review a billet description, document billet accomplishments and ensure the Marine or Sailor is on-track for success. The leader completes the counseling form.

1. **Date:** Date of session.
2. **Reason for counseling:** Reason for the session indicating whether follow-on or subsequent.
   1. The leader should take a few minutes to review NAVMC 2795 (USMC User’s Guide to Counseling). Suggested areas to focus on within NAVMC 2795 are as follows:

* Para 1001 gives the purpose of counseling and its importance on developing Marines.
* Chapter 2 reviews the process, practices and skill of counseling.
* Chapter 3 reviews preparing for, opening, conducting and closing the session along with following-up after the session has been completed.
* Chapter 4 provides an in-depth review of counseling practices and skills required to conduct an effective counseling session to include setting targets, problem solving, questioning, active listening, giving feedback, and planning for improvement.
* Chapter 5 identifies some of the most common problems that arise in the counseling process for both the senior and the junior.
* Additional information in preparing for a coaching/counseling session can be found in NAVMC 2795 (USMC User’s Guide to Counseling) in the “Future” section of the MCLD website: https://vcepub.tecom.usmc.mil/sites/ldp/

1. **Name:** Name of the Marine or Sailor.
2. **Grade:** Grade of the Marine or Sailor.
3. **Unit/Section:** Unit/Section of the Marine or Sailor.
4. **Grade/Name of Leader:** Grade and name of the leader.
5. **Billet Description/Responsibilities:** Used to review/update billet description and responsibilities.
6. **Billet Accomplishments:** Used to document billet accomplishments.
7. **Plan of Action / Suggested Resources:** A plan of action and suggested resources for the Marine or Sailor. To be most effective, goals must be SMART (Specific, Measurable, Attainable, Relevant, and Time-based).
8. **Comments by Marine/Sailor:** Comments by the individual Marine or Sailor.

**Common Combat Skills Checklist**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Marine** | | | | | | | | | | | | | | **Date** | | | | |
|  | **Military Skills** | | | | **Last Score** | | | | | | | | **Date** | | **Current Score** | | | **Date** | |
|  | BLOCK TRAINING | Annual | | |  | | | | | | | |  | |  | | |  | |
|  | PFT | Semi-Annual | | |  | | | | | | | |  | |  | | |  | |
|  | Weigh-in | Semi-Annual | | |  | | | | | | | |  | |  | | |  | |
|  | NBC | Annual | | |  | | | | | | | |  | |  | | |  | |
|  | Rifle Range | Annual | | |  | | | | | | | |  | |  | | |  | |
|  | Pistol Range | Annual | | |  | | | | | | | |  | |  | | |  | |
|  | BST | Annual | | |  | | | | | | | |  | |  | | |  | |
|  | Swim Qual | Annual | | |  | | | | | | | |  | |  | | |  | |
|  | MCMAP | Weekly | | |  | | | | | | | |  | |  | | |  | |
|  | **Required Classes** | | | | | **Previous** | | | | | | | | | | | **Next** | | |
|  | STD/HIV PREV | Annual | | | |  | | | | | | | | | | |  | | |
|  | Suicide Awareness | Annual | | | |  | | | | | | | | | | |  | | |
|  | Alcohol/Drug Prev. | Annual | | | |  | | | | | | | | | | |  | | |
|  | \*Tobacco Cessation | As Required | | | |  | | | | | | | | | | |  | | |
|  | Stress Management | As Required | | | |  | | | | | | | | | | |  | | |
|  |  |  | | | |  | | | | | | | | | | |  | | |
|  | **Leadership** | | | | | **Previous** | | | | | | | | | | | **Next** | | |
|  | Counseling | As Required | | | |  | | | | | | | | | | |  | | |
|  | \*\*Equal Op Program | Annual | | | |  | | | | | | | | | | |  | | |
|  | \*\*Security Training | Annual | | | |  | | | | | | | | | | |  | | |
|  | Motorcycle Safety | As Required | | | |  | | | | | | | | | | |  | | |
|  | Driver Improvement | As Required | | | |  | | | | | | | | | | |  | | |
|  | Troop Info Program | On-Going | | | |  | | | | | | | | | | |  | | |
|  | Family Planning | Check-In | | | |  | | | | | | | | | | |  | | |
|  | Financial Planning | As Required | | | |  | | | | | | | | | | |  | | |
|  | **PME** | **Current Course** | | | | **Projected Completion Date** | | | | | | | | | | | | | |
|  | Distance Education |  | | | |  | | | | | | | | | | | | | |
|  | Resident PME |  | | | |  | | | | | | | | | | | | | |
|  | Prof. Reading |  | | | |  | | | | | | | | | | | | | |
|  | Cmd. Sponsor PME |  | | | |  | | | | | | | | | | | | | |
|  | Off Duty Education |  | | | |  | | | | | | | | | | | | | |
|  | **Mission Oriented Training** | | | | | **Previous** | | | | | | | | | | | **Next** | | |
|  | **MOS Training** | **As Required** | | | |  | | | | | | | | | | |  | | |
|  | W/C Supv. Training | Quarterly | | | |  | | | | | | | | | | |  | | |
|  | \*\*Job Safety Trng | Annual | | | |  | | | | | | | | | | |  | | |
|  | \*\*Haz. Comm. | Annual | | | |  | | | | | | | | | | |  | | |
|  | **Administrative/Health** | | | | | | | | | | | | | **Item** | | | | | |
| Gas Mask | | |  | Trousers | | |  | | | | | | | Blood Type | | | | |  |
| Inserts | | |  | Boots | | |  | | | | | | | MOPP Suit | | | | |  |
| Blouse | | |  | Cover | | |  | | | | | | | Helmet | | | | |  |
| Recall Info | | | |  | | | | | | | | | | | | | | | |
| Next of Kin Info | | | |  | | | | | | | | | | | | | | | |
| Mil. ID & ID Tags | | | |  | | | | | | | | | | | | | | | |
| Gas Mask Size: | | | | GLASSES | | | | |  | | | ALLERGY TAGS | | | | | | |  |
| SPARE | | | | |  | | | GAS MASK INSERTS | | | | | | |  |
| **Family Care Plan** | | | | *Dual Military and Single Parents; Married or Single with family members only* | | | | | | | | | | | | | | | |
| DEERS | | | | Spouse | | | |  | | | | Children Qty: \_\_\_\_\_ | | | | | | | |
| Will | | | |  | | | | | | | | | | | | | | | |
| Power of Attorney | | | |  | | | | | | | | | | | | | | | |
| S.G.L.I. | | | |  | | | | | | | | | | | | | | | |
| R.E.D. | | | |  | | | | | | | | | | | | | | | |
| Family S.G.L.I. | | | |  | | | | | | | | | | | | | | | |
| Family Dental Plan | | | |  | | | | | | | | | | | | | | | |
| Exceptional Family Member Program | | | |  | | | | | | | | | | | | | | | |
| Fit Reps/Pro-Cons | | | |  | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | |
| **Medical Readiness** | | | | | | | | | | | | | | | | | | | |
| Physical Exam | | | | Date: | | | | | | Notes: | | | | | | | | | |
| Dental Exam | | | | Date: | | | | | | Notes: | | | | | | Class: | | | |
| Vaccinations | | | | Notes: | | | | | | | | | | | | | | | |
| Vision | | | | Notes: | | | | | | | | | | | | | | | |
| Hearing | | | | Notes: | | | | | | | | | | | | | | | |
| Medications | | | | Notes: | | | | | | | | | | | | | | | |
| Allergies | | | | Notes: | | | | | | | | | | | | | | | |
| Flight Physical Exam | | | | Date: | | | | | | | Notes: | | | | | | | | |
| **Notes:** | | | | | | | | | | | | | | | | | | | |

*\* Not mandatory, but should be made available by the command.*

*\*\* Training required upon check-in to the command.*

*\*\*\* To satisfy PME requirements and become more competitive for promotion, enlisted Marines should complete appropriate distance education and attend resident course for their grade (requirements for grade are outlined in the Annual Training Plan).*

# Individual Marine Information

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_ Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Blood Type: \_\_\_\_\_\_\_\_ MOS: \_\_\_\_\_\_\_\_\_\_\_\_ EAS: \_\_\_\_\_\_\_\_\_\_

**RECALL INFORMATION**

Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BKS Resident (Y/N):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BKS Room #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Civilian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POV INFORMATION**

Do you own a POV on base (Y/N)? \_\_\_\_\_\_\_\_\_\_\_\_

POV# 1 POV# 2

Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTS’ INFORMATION**

Father Mother

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY INFORMATION**

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse: Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_

Children: Childs Name (1st):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Childs Age (1st):\_\_\_\_\_\_\_\_\_\_\_\_ EFMP

Childs Name (2nd):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Childs Age (2nd):\_\_\_\_\_\_\_\_\_\_\_ EFMP

Childs Name (3rd):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Childs Age (3rd):\_\_\_\_\_\_\_\_\_\_\_ EFMP

Childs Name (4th):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Childs Age (4th):\_\_\_\_\_\_\_\_\_\_\_ EFMP N

Do you have a current Family Care Plan? \_\_\_\_\_\_\_\_\_\_ Date Family Care Plan was completed? \_\_\_\_\_\_\_\_\_\_

Family location while deployed if different from above:

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Emergency Contact Info (Name/Phone/Relationship): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_