

FORT BRAGG North Carolina

ENLISTED ETS CHECKLIST

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR ETS PACKET (ALL MAY NOT BE APPLICABLE)			
INSTALLATION ETS SERVICES INTRA-OFFICE WORKSHEET			
SOLDIER TALENT PROFILE (UPDATED WITHIN A WEEK OF SUBMISSION OF PACKET) & ERB (iPERMS)			
DD FORM 93 & SGLV (CURRENT WITHIN 6 MONTHS OF ETS DATE)			
——— INITIAL ENLISTED CONTRACT DD FORM 4-1, 4-2, 4-3 (ONLY) & REENLISTMENT CONTRACT DD FORM 4-1 (ONLY).			
CAREER COUNSELOR VERIFICATION FOR SOLDIERS WITH 9G IMREPR CODE (DA FORM 7783)			
DD FORM 220 (ACTIVE DUTY REPORT LESS THAN 90 DAYS)			
DD FORM 1695 (OATH OF EXTENSION FOR ALL EXTENSION (NOT THE REQUEST TO EXTEND)			
PRIOR SERVICE DD 214s AND PRIOR SERVICE DD-215s (UPDATE OR CORRECTION TO DD-214)			
PERSTEMPO AND / OR OVERSEAS TOUR CREDIT LISTING (FROM IPPS-A)			
DA FORM 31 OR AUTHORIZED ABSENCE FROM IPPS-A			
REQUIREMENTS TO PICK-UP OF FINAL DD-214 AND FNAL CLEARANCE STAMP			
DA FORM 2648 (PRE-SEPARATION COUNSELING CHECKLIST FOR ACTIVE COMPONENT SERVICE			
MEMBERS PROVIDED BY SLF-T AND MUST BE SIGNED AND HAVE SFL-T STAMP ON PAGE 5).			
<u>NOTE</u>			
SOLDIERS ON ASSIGNMENT: ASSIGNMENT MUST BE DELETED PRIOR TO ACCEPTANCE OF THE			
ETS PACKET.			
QMP SOLDIERS: REQUIRED QMP LETTERS WITH THE CDR'S COUNSELING.			
IF TAKING SEPARATION PAY, INCLUDE THE DA 7783, WHICH CAN BE RETRIEVED AT THE RESERVE COMPONENT OFFICE, 5TH FLR OF THE SOLDIER SUPPORT CENTER.			

ETS UDL#: 00000000043832 - NAME: BRAGG MPD ETS

LABEL PAR AS FOLLOWS: RANK LAST NAME, FIRST NAME W / WO LEAVE FORM

Example: MSG SMITH, JOHN W / LEAVE FORM

ETS PACKETS ARE TO BE SUBMITTED 180 DAYS PRIOR TO THE SOLDIERS ETS DATE.

ORDERS ARE PRIORITIZED BASED ON LEAVE OR ETS DATES

ALL PACKETS MUST BE SUBMITTED VIA IPPS-A AS A SINGLE (01) PDF DOCUMENT NOT TO EXCEED 8MB. HARD COPIES OR EMAILED COPIES WILL NOT BE ACCEPTED. INCOMPLETE PACKETS WILL BE RETURN WITHOUT ACTION (RWOA).

IF YOU MISS YOUR DD-214 BRIEF, YOU CAN COME IN MONDAY, WEDNESDAY AND FRIDAY BETWEEN 0830 -1130 TO SIGN YOUR DD-214. YOU WILL BE ABLE TO PICK IT UP (M,W,F 0830-1600/Tu &Th 1300-1500 ONLY).

Primary POC: TRANSITION FRONT DESK: 910-907-0126

ETS COVER SHEET

RANK, LAST NAME, FIRST NAME, MIDDLE INITIAL:			
DODID:	_		
ETS DATE:		LEAVE DATE:	
PHONE NUMBER:		-	
EMAIL ADDRESS (.MIL):		<u>.</u>	
ADDRESS AFTER SEPARATION:			
CITY:	_STATE:	ZIP CODE:	
NAME AND ADDRESS OF NEAREST RELATIVE (NOT SPOUSE):			
CITY:	_STATE:	_ZIP CODE:	
UNIT:			
UNIT PHONE NUMBER:			
PRIMARY S1 RANK, LAST NAME, FIRST NAME:			
PRIMARY S1 PHONE NUMBER:			
PRIMARY S1 EMAIL ADDRESS:			
ALTERNATE S1 RANK, LAST NAME, FIRST NAME:			
ALTERNATE S1 PHONE NUMBER:			
ALTERNATE S1 EMAIL ADDRESS:			