

# Soldier Participation Memorandum - Army Career Skills Program (CSP)

**AUTHORITY:** 10 U.S.C. 1143e - Employment assistance; DoD Directive 5124.02, Under Secretary of Defense for Personnel and Readiness (USD(P&R)); DoD Instruction 1332.35, Transition Assistance Program (TAP) for Military Personnel; DoD Instruction 1322.29, Job Training, Employment Skills Training, Apprenticeships, and Internships (JTEST-AI) for Eligible Service Members; Army Regulation 600-81, Transition Assistance Program.

**PURPOSE:** To allow Commander to approve or deny participation in the Army Career Skills Program (CSP).

**ROUTINE USES:** None

**DISCLOSURE:** Voluntary. However, failure to provide the requested information may result in the individual not being allowed to participate in the Army Career Skills Program (CSP).

## PART I: SOLDIER INFORMATION

- |                                   |   |
|-----------------------------------|---|
| 1. RANK                           | 2. NAME (LAST, FIRST MI)                |
| 3. SOLDIER CURRENT UNIT           | 4. EXPECTED SEPARATION/ RETIREMENT DATE |
| 5. CATEGORY                       | 6. TYPE OF SEPARATION                   |
| 7. SOLDIER CIVILIAN EMAIL ADDRESS | 8. SOLDIER PHONE NUMBER                 |
| 9. FIRST LINE SUPERVISOR NAME     | 10. FIRST LINE SUPERVISOR EMAIL         |

## PART II: PROGRAM INFORMATION

- |                      |              |                |              |                 |
|----------------------|--------------|----------------|--------------|-----------------|
| 11. CSP PROGRAM NAME | 12. CSP TYPE | 13. START DATE | 14. END DATE | Duration (Days) |
|----------------------|--------------|----------------|--------------|-----------------|
15. CSP TRAINING LOCATION (GARRISON NAME OR FULL ADDRESS OF OFF-POST CSP)
16. IS CSP TRAINING LOCATION OUTSIDE OF THE 50-MILE RADIUS FROM CURRENT INSTALLATION
- YES (MUST HAVE AN APPROVED ADMINISTRATIVE ABSENCE REQUEST IN IPPS-A)**
- NO**
17. CSP PARTNER COMPANY POINT OF CONTACT (NAME/EMAIL/PHONE)

IAW AR 600-81, I must maintain satisfactory progress and attendance throughout my period of enrollment in the CSP. I will uphold military standards and accountability requirements. I have been counseled on the financial responsibilities, if any, associated with the program. I understand that my participation in this program may be terminated at any time for unit mission requirements or disciplinary reasons. I will fulfill all Career Readiness Standards (CRS) requirements prior to CSP enrollment, and provide a completed DD Form 2648 upon request. I authorize the release of my contact information to allow Army representatives or CSP partners to contact me regarding this program and my post-military employment, following my transition from military service. I understand that my CSP start date must be within 180 days of my separation/retirement date.

- |                       |      |
|-----------------------|------|
| 18. SOLDIER SIGNATURE | DATE |
|-----------------------|------|

## INSTALLATION TAP VERIFICATION:

Installation TAP Representative Name/Email/Phone

Installation TAP Representative Signature

\* Information on the Army Career Skills Program may be found at:

<https://home.army.mil/imcom/index.php/customers/career-skills-program>