

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, Soldier for Life-Transition Assistance Program; and Army Regulation 600-8-10, Leaves and Passes.

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. IS THE SOLDIER CONSIDERED TO BE "AT-RISK"?

☐

(Age 18-24, first term enlistment, involuntarily separating due to force shaping, rapid separation from active duty, or medical separation)

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. START DATE

13. END DATE

14. CSP TRAINING LOCATION (GARRISON NAME OR FULL ADDRESS OF OFF-POST CSP)

15. IS CSP TRAINING LOCATION OUTSIDE OF THE 50-MILE RADIUS FROM CURRENT INSTALLATION

☐ YES, USE OF ADMINISTRATIVE ABSENCE REQUESTED (MUST COMPLETE PARTS III, IV, AND V)

☐ NO (MUST COMPLETE PARTS III AND IV)

16. 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.

17. SOLDIER SIGNATURE

DATE

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

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

PART III: COMPANY COMMANDER RECOMMENDATION FOR CSP PARTICIPATION

☐ **Concur** (I will maintain daily accountability of this Soldier during participation, IAW AR 600-81, and maintain a copy of approval granted)

☐ **Non-Concur**

Company Commander Rank and Name

Date

Company Commander Signature

PART IV: COMMAND DECISION FOR CSP PARTICIPATION - First Field Grade Officer With UCMJ Authority in Soldier's Chain of Command (Battalion Commander)

☐ I approve this transitioning Soldier to participate in the CSP listed above. I verify the Soldier will be within 180 days of their separation/retirement as of the CSP start date. I confirm the Soldier has fulfilled all CRS requirements, IAW AR 600-81, prior to CSP enrollment. The Soldier has been counseled on financial implications of enrollment in the CSP, if applicable. The Soldier is able to meet these demands. The Soldier understands that participation in the CSP may be terminated at any time for unit mission requirements or disciplinary reasons. Accountability procedures have been put in place.

☐ I disapprove the request for this transitioning Soldier to participate in the CSP listed above. IAW AR 600-81, a Commander has the authority to approve/disapprove Soldier participation in a CSP. I based my decision on the following reason(s):

BN Commander Rank and Name

Date

BN Commander Signature

PART V: AUTHORIZATION FOR ADMINISTRATIVE ABSENCE TO ATTEND A CSP OUTSIDE 50-MILE RADIUS

IAW AR 600-8-10: The first O-6 Commander in the Soldier's chain of command has the authority to approve up to 60 days of Administrative Absence to attend an approved CSP. The authority may be delegated to the first field grade officer in the chain of command, but not further delegated. Commanders having general court-martial convening authority may approve 61-180 days of Administrative Absence to attend an approved CSP. The authority may be delegated to unit commanders in the rank of Colonel or higher, but not further delegated. Requests for Administrative Absence beyond 180 days are not authorized.

ADMINISTRATIVE ABSENCE IS AUTHORIZED FOR A CSP LASTING 1-60 DAYS BY:

☐ O-6 COMMANDER

☐ FIELD GRADE COMMANDER DELEGEE

ADMINISTRATIVE ABSENCE IS AUTHORIZED FOR A CSP LASTING 61-180 DAYS BY:

☐ COMMANDER W/ GENERAL COURT-

☐ COLONEL OR HIGHER COMMANDER DELEGEE

MARTIAL CONVENING AUTHORITY

I have reviewed/approved the Soldier's DA Form 31 and authorize the use of Administrative Absence to participate in an approved CSP at a location outside of a 50-mile radius outlined in Part II. The Soldier has been counseled on financial implications of utilizing Administrative Absence for CSP attendance and can meet the demands. I have established command and control accountability for the Soldier while on Administrative Absence. The Soldier has also provided an emergency point of contact. IAW AR 600-8-10 (dtd 3 Jun 20), the Administrative Absence includes travel time to the CSP location and sufficient time after completion of CSP for Soldier to return to their permanent duty station to complete physical and administrative out-processing requirements in accordance with AR 600-8-101, to include unit-level and installation-level out-processing and final out, before the Soldier's separation or retirement date. Separation or retirement dates will not be extended to allow for CSP attendance, or to allow terminal leave after attending a CSP.

Administrative Absence Authority
Rank and Name

Date

Administrative Absence Authority Signature

ARMY CSP INSTALLATION OR CSP REGIONAL COORDINATOR VERIFICATION:

Army CSP POC Name/Email/Phone

Army CSP POC Digital Signature