**UNIT SRP REQUEST FORM**

**Reference: Fort Lewis Regulation 600-8-101**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REQUESTING UNIT:** |  | **POC** | **NAME** | **NUMBER** |
| **BN:** |  | **S-1/PAC Clerk** |  |  |
| **BDE:** |  | **S-1 NCOIC** |  |  |
| **UNIT UIC(s):** |  | **S-1 OIC** |  |  |
| **Medical POC** |  |  |
| **SRP Level 2** |  | **Medical OIC** |  |  |
| **DATE SENT IN:** |  | **MISSION:** |  |
| **DATE (s) REQUESTED:** |  | **DESTINATION:** |  |
| **ALT DATE(s):** |  | **DURATION:** |  |
| **PAX COUNT:** |  | **DEPLOYMENT DATE: (mon/yr)** |  |

**1. To request a pre-deployment SRP review, complete this form and forward to** usarmy.jblm.imcom.list.DHR-srp-scheduling@mail.mil

**2. SRP-180 Requests should be made at least 180 days prior to deployment date.**

**3. Unit Manifest is required NLT 10 days prior to the confirmed SRP date.**

 **4. Designate PA support to track non-deployables and one Medic for every 10 Soldiers.**

**5. This completed SRP request form will be emailed to the above listed email address by the S1. The S1 representative will receive a Unit Confirmation Checklist upon receipt of the request form once an SRP date and time is finalized.**

**5. Please see changes in AR 600-8-101 Chapter 4.**