**SRP REQUEST FORM**

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| --- | --- | --- | --- | --- |
| **REQUESTING UNIT:** |  | **POC** | **NAME** | **NUMBER** |
| **BN:** |  | **S-1/PAC Clerk** |  |  |
| **BDE:** |  | **S-1 NCOIC** |  |  |
| **UNIT UIC(s):** |  | **S-1 OIC** |  |  |
| **Medical POC** |  |  |
| **SRP TYPE: (Deploy, Ready, PTDO, RSRP)** |  | **Medical OIC** |  |  |
| **TOTAL PAX COUNT:** |  | **MISSION:** |  | |
| **DATE (s) REQUESTED:** |  | **DESTINATION:** |  | |
| **ALTERNATE DATE(s):** |  | **DURATION:** |  | |
| **SUBMISSION DATE:** |  | **DEPLOYMENT DATE: (mon/yr)** |  | |

**1. SRP requests due seven (7) weeks prior to requested SRP date. Facility use only requests do not require 7-week notice and subject to availability.**

**2. Submit this completed request to**  [usarmy.johnson.id-readiness.mbx.srp@army.mil](mailto:usarmy.johnson.id-readiness.mbx.srp@army.mil) **SRP staff return a confirmation and schedule the pre-brief.**

**3. Medical and S1 personnel are required to attend the scheduled pre-brief.**

**4. Designated PA/medic support must have medical and computer access authorization to systems. Inquire at time of request for current process to gain access.**

**5. Submit unit manifest roster per template NLT 14 days prior to the confirmed SRP date.**

As of 20240801