

CUI//PII

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**ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES**

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME <i>(Last, First, Middle)</i> LITTLE JAMAR	2. SOCIAL SECURITY NUMBER 360-78-2144				
3. HOME OF RECORD <i>(Street, City, State, ZIP Code)</i> 9122 SOUTH BLACKSTONE CHICAGO, IL 60619-0000	4. PLACE OF ENLISTMENT/REENLISTMENT <i>(Mil. Installation, City, State)</i> CHICAGO MEPS DES PLAINES, IL 60018-1960				
5. DATE OF ENLISTMENT/ REENLISTMENT <i>(YYYYMMDD)</i> 20060608	6. DATE OF BIRTH <i>(YYYYMMDD)</i> 19860613	7. PREV MIL SVC UPON ENL/REENLIST	YEARS	MONTHS	DAYS
		a. TOTAL ACTIVE MILITARY SERVICE			
		b. TOTAL INACTIVE MILITARY SERVICE			

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States *(list branch of service)* **NAVAL RESERVE** this date for 8 years and 00 weeks beginning in pay grade E-1.
The additional details of my enlistment/reenlistment are in Section C and Annex(es) A.

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by *(list date (YYYYMMDD))* _____ for enlistment in the Regular component of the United States *(list branch of service)* _____ for not less than _____ years and _____ weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is **NOT** creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. REMARKS: *(If none, so state.)* **NONE**

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government.
ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED:

(Initials of Enlistee/Reenlistee) JL

(Continued on reverse side.)

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES: Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment/reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

c. As a member of a Reserve Component, in time of war or national emergency declared by the Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document) as follows:

(1) In time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty as prescribed by law, if I am a member of the Selected Reserve.

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

NAME OF ENLISTEE/REENLISTEE (Last, First, Middle) LITTLE JAMAR	SOCIAL SECURITY NO OF ENLISTEE/REENLISTEE 360-78-2144
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D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and initial.) NONE JL (Initials of enlistee/reenlistee)

b. SIGNATURE OF ENLISTEE/REENLISTEE 	c. DATE SIGNED (YYYYMMDD) 20060608
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14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) NAVY

I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle) ABRAMS CAROLE J	c. PAY GRADE G-9	d. UNIT/COMMAND NAME USN RECRUITING DISTRICT
e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) 20060608	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) FT SHERIDAN IL 60037

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, JAMAR LITTLE, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, , do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____, in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.a

18a. SIGNATURE OF ENLISTEE/REENLISTEE 	b. DATE SIGNED (YYYYMMDD) 20060608
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19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle) KORLIJAN SCOTT R	c. PAY GRADE O-2	d. UNIT/COMMAND NAME CHICAGO MEPS
e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) 20060608	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) DES PLAINES IL 60018-1960

NPS BASIC RESERVE PROGRAM ENLISTMENT GUARANTEES

LITTLE, JAMAR
NAME (LAST, FIRST, MIDDLE, JR., ETC.)

360-78-2144
SSN

1. ACKNOWLEDGMENT: In connection with my enlistment into the United States Naval Reserve, I hereby acknowledge that:

a. I am enlisting into the U.S. Naval Reserve for an active duty period of eight (8) years, six (6) years of which will be in an active drilling status as a Selected Reserve and the remaining two (2) years in the non-drilling Individual Ready Reserve (IRR).

b. I am enlisting with the following guarantees and understanding:

Upon enlistment, I will be enlisted under the provisions of Commander, Navy Recruiting Command Instruction 1130.8 for the option(s) indicated below:

- Option (1) UTILITIESMAN (UT) CLASS "A" SCHOOL
- Option (2) \$20000.00 ENLISTMENT BONUS SOURCE RATING
- Option (3) N/A
- Option (4) N/A
- Option (5) N/A

2. I understand that I must be fully qualified at all times throughout my obligated service for all security, professional, military, physical, psychological and academic requirements of the options guaranteed in section 1 and that my eligibility will be rechecked during recruit training and periodically throughout my enlistment.

3. The Naval Reserve will order me to Recruit Training, UTILITIESMAN (UT) CLASS "A" SCHOOL, and the Reserve unit listed in paragraph 1 above. I understand that I will be required to report to my assigned Naval Reserve Activity within three (3) working days upon completion of my Initial Active Duty for Training (IADT) orders. If during the periodic reviews of my eligibility, I am found no longer eligible for the options listed in paragraph 1 above because of information I provided in my enlistment application; because of a physical or psychological disqualification, or because of some reason that is not due to my fault, negligence, or conduct, I may only choose one of the following options:

- a: Agree to request enlistment into the regular Navy for a minimum period of two (2) years active duty with no guarantees of duty assignment or accession. I understand that if I elect this option, I am subject to worldwide assignability.
- b: Elect entry level separation from the Naval Reserve.

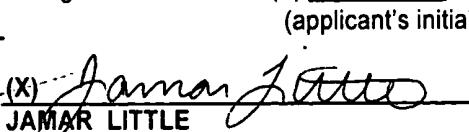
In any event, the Navy may, at its option, chose to discharge me.

4. If I am not enrolled in the training guarantee specified in section 1a(1) above because of some reason that is due to my fault, negligence or conduct or if I am disenrolled from it for any other reason not specified in paragraph 3, then I lose all guarantees and I am subject to separation from the Naval Reserve.

5. I must maintain satisfactory drill participation and Annual Training requirements as outlined in the NPS Basic Statement of Understanding. Should I fail to do so, I will be processed for Administrative Separation and/or placed in the IRR due to Unsatisfactory Performance, not recommended for reaffiliation/reenlistment.

6. I certify that I have read and received a copy of the Classifier Rating/Program Fact Sheet for the Rating/Program for which I am enlisting, and the Statement of Understandings required for Options: 1,2
I understand the obligations for the Options and training that I will receive (X) JL
(applicant's initials)


R. M. WILBER, ET1 (SW/AW), USN
Enlisted Classifier, BYDIRCO


(X) Jamar Little
JAMAR LITTLE

08 Jun 2006

ADMINISTRATIVE REMARKS
NAVPER 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991

E-32

UIC: 60268

NAVY RECRUITING DISTRICT CHICAGO

INITIAL FITNESS ASSESSMENT COMPLETED ON 20060613.

(MUST BE WITHIN 60 DAYS OF DEP IN FOR SEALS / SWCC / DIVER / EOD / AIRR), WITH THE FOLLOWING RESULTS ATTAINED:

2ND TEST FOR SEAL / SWCC / DIVER / EOD / AIRR COMPLETED ON _____ WITH THE FOLLOWING RESULTS ATTAINED:

PUSH UPS COMPLETED IN 2-MINUTES: 47

SIT UPS COMPLETED IN 2-MINUTES: 49

1.5 MILE RUN TIME: 1205

*PULL UPS IN 2-MINUTES: _____

* 500 YARD SWIM: _____

*450 METER SWIM: _____

SECOND TEST REQUIRED FOR SEAL / SWCC / DIVER / EOD AIRR

2ND TEST 10 DAYS PRIOR TO SHIP DATE _____

2ND TEST 10 DAYS PRIOR TO SHIP DATE _____

2ND TEST 10 DAYS PRIOR TO SHIP DATE _____

2ND TEST 10 DAYS PRIOR TO SHIP DATE _____

2ND TEST 10 DAYS PRIOR TO SHIP DATE _____

2ND TEST 10 DAYS PRIOR TO SHIP DATE _____

*IF REQUIRED FOR PROGRAM

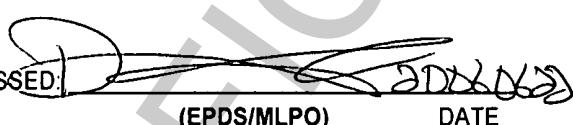
I AFFIRM THAT I ATTAINED THE ABOVE LISTED RESULTS ON THE INITIAL PHYSICAL FITNESS ASSESSMENT.


JAMAR LITTLE

(X) 
BY DIRECTION OF COMMANDING OFFICER

U.S. NAVY - "ZERO TOLERANCE" POLICY FOR DRUG ABUSE

I have completed the Navy's "Zero Tolerance for Drug Screening" training modules and successfully passed the 24-hour pre-accession NIDT testing.

WITNESSED: 
(EPDS/MLPO) 20060622 DATE

 Jamar Little 20060622
SIGNATURE OF APPLICANT DATE

NO FURTHER ENTRIES THIS PAGE

NAME(LAST, FIRST, MIDDLE)	SSN	BRANCH AND CLASS
LITTLE, JAMAR	360-78-2144	USNR

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991
UIC: 60268

E-32

NAVY RECRUITING DISTRICT CHICAGO

COUNTERINTELLIGENCE BRIEF

20060608 : THIS BRIEFING IS TO ALERT YOU TO THE POSSIBILITY THAT YOU MAY BECOME A TARGET FOR INTELLIGENCE GATHERING BY AGENTS OF COMMUNIST COUNTRIES OR COUNTRIES WHOSE INTERESTS ARE INIMICAL (HOSTILE) TO THE INTEREST OF THE UNITED STATES. UNFORTUNATELY, THE GOVERNMENTS OF SOME COUNTRIES MAY ATTEMPT TO USE RELATIVES OR FRIENDS AS A MEANS OF FORCING THE AMERICAN MEMBER TO DIVULGE SECRETS. THESE GOVERNMENTS MAY THREATEN YOUR DISTANT RELATIVES OR FRIENDS, OR OFFER SPECIAL PRIVILEGES AND FAVORS IN RETURN FOR YOUR MONEY OR INFORMATION. SOME OF THESE GOVERNMENTS MAY EVEN ATTEMPT TO GATHER INTELLIGENCE BY SIMPLY OFFERING MONEY OR FRIENDSHIP TO YOU.

HOPEFULLY, YOU WILL NEVER BE APPROACHED BY A FOREIGN AGENT WHO IS TRYING TO OBTAIN INFORMATION, NATIONAL SECRETS (OR MONEY) FROM YOU. BUT IF YOU ARE EVER CONTACTED OR HEAR OF CONTACT MADE TO YOUR FRIENDS OR FAMILY BY A REPRESENTATIVE OF A COMMUNIST OR HOSTILE GOVERNMENT, THE NAVY REQUIRES YOU TO REPORT THE INCIDENT TO YOUR COMMANDING OFFICER.

Walter J. B.
SIGNATURE OF RINC

Jamar Little
SIGNATURE OF APPLICANT

20060608 : I understand & acknowledge that I am not to obtain any additional body art / marking's applied to my person while in the Delayed Entry Program (DEP) and that failure to comply with this warning could result in DEP discharge.

WITNESSED:

Walter J. B.
WITNESSED

20060608
DATE

Jamar Little
SIGNATURE OF APPLICANT

20060608
DATE

20060608 : I HAVE BEEN APPRISED OF THE SCREENING CRITERIA FOR INSTRUMENTED DRUG TESTING (IDT) ADMINISTERED BY THE MILITARY ENTRANCE PROCESSING STATION (MEPS), RECRUIT TRAINING COMMAND (RTC), DIRECT COMMISSIONED OFFICER (DCO) COURSE, OFFICER CANDIDATE SCHOOL (OCS) AND OFFICER INDOCTRINATION SCHOOL (OIS). I UNDERSTAND THAT A "POSITIVE" TEST RESULT FOR NATURAL OR SYNTHETIC OPIATES WILL RESULT IN MY ENTRY LEVEL SEPARATION FROM THE NAVAL SERVICE IF A PHYSICIAN DID NOT PRESCRIBE ME ANY PAIN MEDICATION. I FURTHER UNDERSTAND THAT I WILL BE REQUIRED TO UNDERGO ADDITIONAL MEDICAL REVIEW FOR LEGITIMATELY PRESCRIBED PAIN MEDICATION USE. THE PURPOSE OF SUCH ADDITIONAL MEDICAL REVIEW IS TO DETERMINE THE NATURE OF THE CONDITION REQUIRING PRESCRIBED PAIN MEDICATION, WHETHER SUCH CONDITION IS ENLISTMENT, COMMISSIONING AND / OR AFFILIATION DISQUALIFYING, AND WHETHER SUCH DISQUALIFICATION IS TEMPORARY OR PERMANENT.

Walter J. B.
OPO'S OR RINC'S SIGNATURE

Jamar Little
(APPLICANT'S SIGNATURE)

NAME(LAST, FIRST, MIDDLE)

JAMAR LITTLE
NAVPERS 1070/613 (REV. 10-81)

SSN

360-78-2144

BRANCH AND CLASS

USNR

HIV ANTIBODY TESTING ACKNOWLEDGMENT FORM

For use of this form, see USMEPCOM Reg 40-8

FOR OFFICIAL USE ONLY

1. I acknowledge I have been informed by verbal briefing and this document that all statements apply to my medical processing.
2. Medical examinations include blood tests for the presence of antibodies to the Human Immunodeficiency Virus (HIV).
3. This virus causes Acquired Immune Deficiency Syndrome (AIDS).
4. This is not a test for AIDS. Positive tests mean persons have contracted the virus and built antibodies in their blood. Positive tests do not mean those persons have AIDS.
5. HIV tests are conducted by serum testing at contract laboratories.
6. Negative tests mean there are no detectable antibodies, but do not guarantee against future positive tests.
7. Positive tests are rechecked by different laboratory tests to confirm results.
8. Confirmed positive HIV tests are permanently disqualifying for entry into the Armed Forces.
9. MEPS physician will tell me personally if my test is positive and offer a second test to double check the accuracy of the first test.
10. MEPS physician will also tell my parents or legal guardians if my test is positive and I am a minor.
11. MEPS commander will notify my chain of command of all test results if I am a member of the Armed Forces.
12. All tests results are recorded on my medical examination and in MEPS computer records. MEPS will not remove either positive or negative results from computer records or medical forms, regardless of circumstances.
13. As part of my processing, I must give a current, correct address for notification.
14. Some states require by-name reporting of positive HIV results by the MEPS' higher headquarters. Those states are Alabama, Arizona, Colorado, Florida, Idaho, Illinois, Indiana, Minnesota, Nevada, Oklahoma, South Carolina, Tennessee, Virginia, West Virginia, and Wisconsin.
15. If a needlestick (or needlestick injury) occurs while my blood is being drawn, I understand that I will be required to provide a second blood specimen to continue processing.
16. My signature in this block indicates that I understand the HIV testing requirement, consequences of positive results, and use of all results.

JAMAR DWAYNE LITTLE

Print first, middle, and last name

360-78-2144

Social security number



Jamar Dwayne Little
Signature

20060608

Date



**Non-Prior Service (NPS) Basic Enlistment Bonus Written Agreement Naval Reserve Incentive Program
Program**
(Chapter 6 Title 37 US Code Section 308c)

PRIVACY ACT STATEMENT

AUTHORITY: Chapter 5, Title 37, U.S. Code, Section 308c.
 PRINCIPLE PURPOSE: To establish eligibility for the Reserve Component Incentive Bonus Program
 ROUTINE USES: Information will be used as a resource document indicating participation status of each servicemember in the Reserve Component Incentive Benefits Program. Determination of participation status or eligibility will involve computer matching between Department of the Navy and the Defense Finance and Accounting Service (DFAS) using information in this document.
 DISCLOSURE: Voluntary; however, failure to provide the Social Security Number may delay processing of this agreement and may result in the respondents eligibility not being established.

1. SERVICE MEMBER (Printer Type)

a. Name (LAST, First, Middle Initial)	b. Social Security Number:	c. Rate and/or NEC:
LITTLE, JAMAR	360-78-2144	UT

2. ACKNOWLEDGEMENT

In connection with my enlistment in the Naval Reserve under the Non-Prior Service (NPS) Basic Program, I hereby acknowledge that I meet the eligibility criteria for the Reserve Components Incentive Benefit Program, as follows:

- I am enlisting in the Naval Reserve for a period of 8 years.
- I am enlisting in a critical rating that is approved for bonus entitlement by the Naval Reserve.
- I will complete my Initial Active Duty Training (IADT), that will consist of Basic Training (Boot Camp) and my required "A" school, and that I will affiliate with a Naval Reserve unit in an Inactive Duty Training (IDT) status.
- I have not previously been paid a bonus for enlistment in a Selected Reserve Service component.
- I have not been a drilling member of the Selected Reserve at any time in the last 180 days.

3. OBLIGATION

I shall incur the obligation of this enlistment, as follows:

- I will drill in an IDT status for a minimum period of 6 years in the Selected Reserve.
- I shall serve satisfactorily as prescribed by Naval Reserve regulations and this written agreement for the entire period of my enlistment.
- I further obligate to serve in the same Military Department and in the same critical rating for which the bonus is approved, unless excused for the convenience of the Government.

4. AUTHORIZED NON-AVAILABILITY

If I am not able to continue to serve in the Selected Reserve for a valid reason approved by the Commander, Naval Reserve Force, following a period of satisfactory Reserve participation, I may be authorized up to one year of non-availability. I understand that if approved, I shall be suspended from this incentive and not receive payments during the period of suspension. To regain eligibility for further payments, I must return to a Selected Reserve status prior to the expiration of the approved non-availability and extend my commitment for the duration of the approved non-availability to serve the full qualifying period in the Selected Reserve. Entitlement to subsequent payments shall resume on the adjusted anniversary date of satisfactory, creditable Selective Reserve service (i.e. the date shall be adjusted for the period of non-availability). Failure to meet reinstatement criteria shall result in termination of the incentive and recoupment, as appropriate. Only one period of release is permitted during the qualifying contractual agreement.

5. ENTITLEMENTS

I shall receive my Non-Prior Service (Basic) enlistment bonus as follows:
 Total bonus of \$20,000.00, less tax, after completion of IADT and affiliation with the Naval Reserve in an IDT status.

6. STATEMENT OF UNDERSTANDING

- I shall be terminated from eligibility as follows:
 - If I fail to participate satisfactorily in training with the Selected Reserve per current directives that includes maintaining medical and dental readiness.
 - If I voluntarily separate from the Selected Reserve for any reason including Active Duty for Special Work, or active duty training for more than 179 consecutive days
 - If I voluntarily change to a non bonus-eligible rating without the express direction of Commander, Naval Reserve Force.
 - If I fail to extend the contracted term of service for a period of authorized non-availability.
- If I am terminated, an amount to be recouped or reimbursed shall be computed, as follows:
 - The number of months I have served satisfactorily during the term for which my bonus has been paid shall be multiplied by the monthly rate authorized by the particular bonus. That amount shall be subtracted from the total amount of the bonus paid to me to date. If the calculation indicates overpayment to me, I will refund that amount to the Government of the United States. If the calculation indicates that I have earned more than I have been paid, I shall receive a final payment in that amount.
- Termination from bonus entitlement and/or any refund made by me shall not affect my period of obligation to serve in the Ready Reserve.
- Recoupment of a bonus payment as calculated under subsection 2, above, shall be waived if the termination was for any of the following reasons:
 - I am accepting an immediate appointment as an officer in the Ready Reserve, and have completed more than 1 year of the incentive contract term.
 - I am involuntarily separated from the Selected Reserve as a result of unit inactivation, relocation, reorganization, or a directed reduction in the Selected Reserve force.
 - I am not recommended for retention in the Naval Reserve as determined by a medical review board, and that my medical condition was not caused by my own willful misconduct.
- I have read and understand each of the statements above, and understand that they are intended to constitute all promises or agreements whatsoever concerning my enlistment in the Naval Reserve. No other promises, representations, or commitments have been made to me in connection with my non-prior service basic enlistment bonus. (If none, write "NONE").

7. SERVICE MEMBER

a. Name (LAST, First, Middle Initial)	b. Rank	c. Signature	d. Date
LITTLE, JAMAR	E1	<i>Jamar Little</i>	08 Jun 2006

8. COMMANDING OFFICER OR DESIGNEE

a. Name (LAST, First, Middle Initial)	b. Rank	c. Signature	d. Date
WILBER, RACHAEL M.	E6	<i>Rachael M. Wilber</i>	08 Jun 2006

NAVCRUIT 1133/106 (03-05)



1. Name (Last, First, Middle) LITTLE JAMAR	2a. SSN 360-78-2144	2b. Initial (To indicate valid SSN)	3a. SVC	3b. Reporting Unit Code Duty Station DNV
4. Spouse's Name/Address	SINGLE			
5. Children's Names/Relationship/ Date of Birth (YYMMDD)/ Address	None			
6. Father's Name/Address	CALVIN N ROBINSON UNKNOWN			
7. Mother's Name/Address	GAIL D PETTIGREW (LITTLE) 9122 SOUTH BLACKSTONE CHICAGO IL 60619			
8. Do Not Notify Due to Ill Health	a. b. Notify Instead			
9. Beneficiary(ies) for DG - If No Surviving Spouse or Child / Address / Percentage	GAIL D PETTIGREW 9122 SOUTH BLACKSTONE CHICAGO, IL 60619 MOTHER 100 %			
10. Beneficiary(ies) for Unpaid Pay/ Allowances/Address/Percentage	GAIL D PETTIGREW 9122 SOUTH BLACKSTONE CHICAGO, IL 60619 MOTHER 100 %			
11. Allotment Designee/Percentage if Missing*	<p style="text-align: center;"><i>* Subject to Secretarial Determination</i></p>			
12. Insurance (SGLI & Other Insurance Companies/Policy Nos.)	a. SGLI (Optional Service Use) <input type="checkbox"/> Maximum <input type="checkbox"/> No <input type="checkbox"/> Other (Amount) _____	b. Insurance Companies/Policy Numbers		
13. Continuation/Remarks				
14. Signature of Servicemember (Include Rank/Grade/Rate) <i>James Jamar</i>	E-1	15. Signature of Witness (Include Rank/Grade/Rate) <i>J. D. Jamar</i>	16. Date Signed (YYMMDD) <i>060608</i>	

Privacy Act Statement

AUTHORITY: 10 USC 1475 to 1480 and 2771, 38 USC 770, 44 USC 3101, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSES: This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.

ROUTINE USES: This form is a component in the Casualty Notification file series appropriate to each branch of the Military Services. It is to be used by casualty offices to notify a servicemember's next of kin of that member's injury, illness, or death. The member designates the person(s) to receive any unrecieved pay and allowances and death gratuity benefits. Additional information concerning wills, insurance policies, and other personal data to be used in settling personal affairs in the event of the member's death may be included on this form. Release of personal identifier information to the member's finance office is required for appropriate distribution of pay and allowance benefits to designated beneficiaries of missing or interned servicemembers. This form is strictly for internal Service record purposes.

DISCLOSURE: Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.

INSTRUCTIONS TO SERVICEMEMBER: This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the following statement carefully, and sign on the line provided:

I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.

[Signature]
SIGNATURE OF SERVICEMEMBER



INSTRUCTIONS FOR PREPARING DD FORM 93

(See appropriate Service Directives for supplemental instructions for completion of this form at other than AFEES)

All entries explained below are for completion by typewriter, except those specifically noted. If typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate zip code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 13, continuations, a street address or general guidance to reach the place of residence. In addition, the notation "See Item 13" should be included in the item pertaining to the particular next of kin. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. When the space for a particular item is insufficient, insert "See #13" and continue the information in Item 13. When Item 13 is completely filled and additional space is required, type at the end of Item 13 "see Card #2." Complete Items 1, 2, 14, 15 and 16 of Card 2 and continue the entry from Card 1 in Item 13. Begin the entry with "Card #2." Also see preparation instructions for Item 13.

<u>ITEM</u>	<u>ENTRY</u>	<u>ITEM</u>	<u>ENTRY</u>
1. MEMBER'S FULL LAST NAME, FIRST NAME, MIDDLE NAME.		10. FIRST NAME, MIDDLE INITIAL, LAST NAME, ADDRESS AND RELATIONSHIP OF PERSON(S) TO RECEIVE UNPAID PAY AND ALLOWANCES AT TIME OF DEATH.	The member may indicate anyone to receive this payment. If member designates two or more beneficiaries, state the percentage to be paid for each. The sum shares must equal 100 percent. If the member does not wish to designate a beneficiary, enter "None." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in the order of precedence established by law (10 U.S.C. 2771) in the absence of a designation.
2a. MEMBER'S SOCIAL SECURITY NUMBER (SSN).		11. FIRST NAME, MIDDLE INITIAL, LAST NAME, RELATIONSHIP, AND ADDRESS OF DEPENDENT(S) THE MEMBER DESIGNATES TO RECEIVE AN ALLOTMENT OF PAY IF MISSING, CAPTURED, OR INTERNED.	This allotment may be initiated by the Service Secretary or his designee in the event the member enters a missing status. This item may be left blank. If member designates two or more allottees, state the percentage to be paid to each. The sum shares need not equal 100 percent, but may not exceed 100 percent. NOTE: Designations made in Item 11 are used as a guide by the Service Secretary or designee in establishing, changing, or discontinuing an allotment in the interest of the member (37 USC 551-558). The final decision rests with the Service Secretary or designee.
2b. MEMBER'S INITIALS in ink, verifying SSN accuracy.		12. INSURANCE INFORMATION.	a. SERVICEMAN'S GROUP LIFE INSURANCE (SGLI). Not applicable for Marine Corps and Air Force members. NOTE: Completion of this item does not constitute a SGLI election or designation of beneficiary(ies). Indicate, by entering an "X" in the appropriate block, the member's SGLI election (as stated in VA Form 29-8286). For Navy members, on the next line, enter, as appropriate, either: "Bene Desig filed (YYMMDD)", or "Bene Desig not filed."
3a. SERVICE. Use standard one letter Service code (A-Army, F-Air Force, N-Navy, M-Marine Corps).		b. INSURANCE COMPANIES/POLICY NUMBERS.	Enter full name of all commercial life insurance companies to be notified in case of death. Enter policy number if member desires; this expedites settlement of claims.
3b. REPORTING UNIT CODE/DUTY STATION. Army/Air Force/Navy - See Service Directives. Marine Corps - AFEES enters Monitored Command Code (MCC) to which the member will be assigned.		13. CONTINUATIONS/REMARKS.	Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./03/451220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed.
4. FIRST NAME, MIDDLE INITIAL, MAIDEN NAME (<i>if applicable</i>), AND ADDRESS OF SPOUSE. If member is single, divorced, or widowed, so state.		14. MEMBER'S SIGNATURE.	Have the member check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade.
5. FIRST NAME, MIDDLE INITIAL, LAST NAME (<i>only if different from member's</i>), RELATIONSHIP TO MEMBER, AND DATE OF BIRTH OF ALL CHILDREN. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Indicate relationship, for example: 03 - son, 04 - daughter, 13 - stepson, 14 - stepdaughter, 33 - adopted daughter, 34 - adopted son. Sample entries: Mary A./04/650704; Donald E. Jones/13/630102. For children not living with the member's current spouse, include address and name and relationship of person with whom residing.		15. SIGNATURE OF WITNESS.	Have a witness (<i>disinterested person</i>) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade.
6. FIRST NAME, MIDDLE INITIAL, LAST NAME, AND ADDRESS OF FATHER. If unknown or deceased, so state. Include civilian title or military grade if applicable. If other than natural father is listed, indicate relationship.		16. DATE THE MEMBER SIGNS THE FORM.	This item is an ink entry and must be completed by the member on all copies.
7. FIRST NAME, MIDDLE INITIAL, MAIDEN NAME, LAST NAME, AND ADDRESS OF MOTHER. If unknown or deceased, so state. Include civilian title or military grade, if applicable. If other than natural mother is listed, indicate relationship.			
8. PERSON(S) NOT TO BE NOTIFIED DUE TO ILL HEALTH.	a. List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6 or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan." b. List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in Item 8a.		
9. FIRST NAME, MIDDLE INITIAL, LAST NAME, ADDRESS, AND RELATIONSHIP OF PERSON(S) TO RECEIVE THE 6 MONTHS' GRATUITY PAY IF THERE IS NO SURVIVING SPOUSE OR CHILD AT THE TIME OF DEATH. Only parents (<i>including a person in loco parentis status</i>) and brothers and sisters (<i>including those of half-blood and those through adoption</i>) may be designated. Loco Parentis means any person(s) who acted in place of the member's parent(s) for a period of no less than one year at any time before the member entered on active duty. If brothers or sisters are designated, show date of birth (YYMMDD). Show percentage to be paid to each person if two or more beneficiaries are designated. The sum shares must equal 100 percent. If no percentage is indicated and more than one person is named, the money is paid in equal shares to the persons named. Enter "None" if the member has no eligible beneficiary. No benefit can be paid in that instance (10 U.S.C. 1477). Also enter "None" if the member does not wish to designate a beneficiary. Payment then is made in the order of precedence established by law. The member should make specific designation, however, as it expedites payment.			



***** USMEPCOM PCN 680-3ADP ***
PROCESSEE/ENLISTEE RECORD**

DATE: 2006-06-23

TIME: 0831

MEPS: B54

A standard linear barcode representing the number 360782144.

360782144

SSN

*** *PRIVACY ACT PI 93-579 APPLIES* ***

680-3ADP

<input checked="" type="checkbox"/> BACKGROUND	PMS INFO						P-SPF	DATE RCVD
	SSN	DATE SUB	RSLT	DATE RCVD	FOREIGN BORN	DATE DEATH	DEATH SOURCE	
	2006-06-02	R	2006-06-06	A	--			
<input type="checkbox"/> ARN	DATE SUB	CASE #	DATE CASE #	RSLT	DATE CLSD	DOB	POB-CTRY	STATUS
								CTZN WORK
L-NAME: F-NAME:	USCIS INFO							
<input type="checkbox"/> ENTRAC	PATH	DATE SUB	CASE #	DATE CASE #	RSLT	AGY	DATE CLSD	TYPE NAME
	M	2006-06-08	60375664		F		2006-06-20	ALIAS
PEI/PAI	TYPE APPLY TO	DATE INTVWD	DATE CLR'D	REMARKS				

<input type="checkbox"/> DISCREPANCIES	REMARKS	REASON
--	---------	--------

WORK HISTORY

REJ	WKID	DOA/TIME	SYNC	MEPS	OWN	SPF	USERNAME	REJ	WKID	DOA/TIME	SYNC	MEPS	OWN	SPF	USERNAME
B000C	20060623/083116	N	B54	P	DNV PARKSBEA										
B001C	20060623/083112	N	B54	P	DNV PARKSBEA										
B070P	20060623/061641	Y	B54	P	DNV HAMMONTR										
B006F	20060621/042801	Y	B54	P	DNV USMIRSDB										
B0D0P	20060613/043249	Y	B54	P	DNV USMIRSDB										
B050P	20060610/042618	Y	B54	P	DNV USMIRSDB										
B006S	20060609/042707	Y	B54	P	DNV USMIRSDB										
B006M	20060608/151724	Y	B54	P	DNV GRIFFIN										
B002A	20060608/151722	Y	B54	P	DNV GRIFFIN										
J000V	20060608/151605	Y	B54	P	DNV GRIFFIN										
B000P	20060608/151050	Y	B54	P	DNV NOESEN										
J003V	20060608/123356	Y	B54	P	DNV DOUGLAS										
B010P	20060608/120625	Y	B54	P	DNV JONES										
V000S	20060606/041331	Y	B54	P	DNV USMIRSDB										
B100P	20060602/110937	Y	B54	P	DNV MARTIN										
B000N	20060602/110125	Y	B54	P	DNV MARTIN										
A000V	20060602/110119	Y	B54	P	DNV MARTIN										



DATE: 2006-06-23

TIME: 0831



680-3ADP

RECORD OF MILITARY PROCESSING - ARMED FORCES OF THE UNITED STATES

(Read Privacy Act Statement and Instructions on back before completing this form.)

*Form Approved
OMB No. 0704-0173
Expires Oct 31, 2006*

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0173). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

A. SERVICE PROCESSING FOR NAVY	B. PRIOR SERVICE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	C. SELECTIVE SERVICE CLASSIFICATION NA	D. SELECTIVE SERVICE REGISTRATION NO. 8615321083
DNV - NUMBER OF DAYS:			

SECTION I - PERSONAL DATA

1. SOCIAL SECURITY NUMBER 360-78-2144	2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.) LITTLE JAMAR
--	---

3. CURRENT ADDRESS	(Street, City, County, State, Country, ZIP Code)		4. HOME OF RECORD ADDRESS	(Street, City, County, State, Country, ZIP Code)
9122 S BLACKSTONE			9122 S BLACKSTONE	
CHICAGO, IL 60619			CHICAGO, IL 60619	
(COOK COUNTY) (US)			(COOK COUNTY) (US)	

5. CITIZENSHIP (X one)		6. SEX (X one)	7.a. RACIAL CATEGORY (X one or more)	7.b. ETHNIC CATEGORY
<input checked="" type="checkbox"/> a. U.S. AT BIRTH (If this box is marked, also X (1) or (2)) <input checked="" type="checkbox"/> (1) NATIVE BORN <input type="checkbox"/> (2) BORN ABROAD OF U.S. PARENT(S)		<input checked="" type="checkbox"/> a. MALE <input type="checkbox"/> b. FEMALE	<input type="checkbox"/> (1) AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input checked="" type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN <input type="checkbox"/> (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> (5) WHITE	<input type="checkbox"/> (1) HISPANIC OR LATINO <input checked="" type="checkbox"/> (2) NOT HISPANIC OR LATINO
b. U.S. NATURALIZED ALIEN REGISTRATION NUMBER c. U.S. NON-CITIZEN NATIONAL (If issued) B				
d. IMMIGRANT ALIEN (Specify)		8. MARITAL STATUS (Specify)		
e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)		9. NUMBER OF DEPENDENTS 0		

10. DATE OF BIRTH (YYYYMMDD) 19860613	11. RELIGIOUS PREFERENCE (Optional) NO RELIGIOUS PREFERENCE	01	12. EDUCATION (Yrs/Highest Ed Gr Completed) 12L	13. PROFICIENT IN FOREIGN LANGUAGE (If Yes, specify. If No, enter NONE.) NONE	1st	2nd
---	---	----	---	---	-----	-----

14. VALID DRIVER'S LICENSE (X one) YES NO
(If Yes, list State, number, and expiration date)
ILLINOIS 123456789 EXP: 2027-04-13

15. PLACE OF BIRTH (City, State and Country)
CHICAGO, IL US

SECTION II : EXAMINATION AND ENTRANCE DATA PROCESSING CODES

SECTION II - EXAMINATION AND ENTRANCE DATA PROCESSING CODES
(FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SECTION - Go on to Page 2, Question 20)

16. APTITUDE TEST RESULTS

a. TEST ID	b. TEST SCORES	AFQT PERCENTILE	60	GS	AR	WK	PC	MK	EI	AS	MC	AO	VE
26G			51	49	52	60	52	52	40	48	61	55	

17. DEP ENLISTMENT DATA

a. DATE OF DEP ENLISTMENT (YYYYMMDD)	b. PROJ ACTIVE DUTY DATE (YYYYMMDD)	c. ES	d. RECRUITER IDENTIFICATION	e. PROGRAM ENLISTED FOR			
20060608	20060623	3	022100000D	DRBUT			
f. T-E MOS/AFS	g. WAIVER (2)	(3)	(4)	(5)	(6)	h. PAY GRADE	
SR	444					E1	

18. ACCESSION DATA

a. ENLISTMENT DATE (YYYYMMDD) <u>20060608</u>	b. ACTIVE DUTY SERVICE DATE (YYYYMMDD) <u>20060623</u>	c. PAY ENTRY DATE (YYYYMMDD) <u>20060623</u>	d. TOE <u>3</u>						
e. WAIVER (1) <u>Y</u>	(2) <u> </u>	(3) <u> </u>	(4) <u> </u>	(5) <u> </u>	(6) <u> </u>	f. PAY GRADE <u>E9</u>	g. DATE OF GRADE (YYYYMMDD) <u>20060623</u>	h. ES <u>3</u>	i. YRS /HIGHEST ED OR COMPL <u>12+</u>

j. RECRUITER ID#
321

J. RECRUITER IDENTIFICATION		k. PROGRAM ENLISTED FOR		I. T-E MOS/MFS		m. PMOS/AFS		n. YOUTH		o. OA		p. TRANSFER TO (UIC)																	
321762187 ADRBUT		SR.						YD WY		N3D646																			
19. SERVICE REQUIRED CODES		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25			
		1252134								060600							39												
		26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50			
		D20	D00	D00	D00	D00	D00	D00	D00	D00	D00	D00	D00	D00	D00	D00	D00	D00	D00	D00	D00	D00	D00	D00	D00	D00			
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
Y	Y	Y	Y	Y	O	X	O	O							060					C	6	8	1	6	7	BRNM			
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110
AZ							OD																						
111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140

19a. DEP/ACCESSION RECORD (TO BE COMPLETED BY MEPS PERSONNEL)

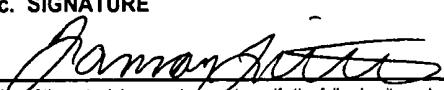
20. NAME (Last, First, Middle Initial) LITTLE JAMAR				21. SOCIAL SECURITY NUMBER 360-78-2144	
SECTION III - OTHER PERSONAL DATA					
22. EDUCATION					
a. List all high schools and colleges attended. (List dates in YYYYMM format.) (1) FROM (2) TO (3) NAME OF SCHOOL (4) LOCATION				(5) GRADUATE YES NO	
199809	20040622	ROBERT LINDBLOM	CHICAGO, IL	X	
				YES	NO
b. Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or Civil Air Patrol?				JL	
23. MARITAL/DEPENDENCY STATUS AND FAMILY DATA (If "Yes," explain in Section VI, "Remarks.")					
a. Is anyone dependent upon you for support? X					
b. Is there any court order or judgment in effect that directs you to provide alimony or support for children? X					
c. Do you have an immediate relative (father, mother, brother, or sister) who: (1) is now a prisoner of war or is missing in action (MIA); or (2) died or became 100% permanently disabled while serving in the Armed Services? X					
d. Are you the only living child in your immediate family? X					
24. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE U.S. GOVERNMENT (If "Yes," explain in Section VI, "Remarks.")					
a. Are you now or have you ever been in any regular or reserve branch of the Armed Forces or in the Army National Guard or Air National Guard? X					
b. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States? X					
c. Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States? X					
d. Have you ever been employed by the United States Government? X					
e. Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or a pension from any agency of the government of the United States? X					
25. ABILITY TO PERFORM MILITARY DUTIES (If "Yes," explain in Section VI, "Remarks.")					
a. Are you now or have you ever been a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?) X					
b. Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector? X					
c. Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i.e., do you have any personal restrictions or religious practices which would restrict your availability)? X					
26. DRUG USE AND ABUSE (If "Yes," explain in Section VI, "Remarks.")					
Have you ever tried, used, sold, supplied, or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), or anabolic steroid, except as prescribed by a licensed physician? X					

27. NAME (Last, First, Middle Initial) LITTLE, JAMAR	28. SOCIAL SECURITY NUMBER 3 6 0 - 7 8 - 2 1 4 4
---	---

SECTION IV - CERTIFICATION

29. CERTIFICATION OF APPLICANT (Your signature in this block must be witnessed by your recruiter.)

a. I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document; that if any of the information is knowingly false or incorrect, I could be tried in a civilian or military court and could receive a less than honorable discharge which could affect my future employment opportunities.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial) LITTLE, JAMAR	c. SIGNATURE 	d. DATE SIGNED (YYYYMMDD) 20060608
---	--	---------------------------------------

30. DATA VERIFICATION BY RECRUITER (Enter description of the actual documents used to verify the following items.)

a. NAME (X one)	b. AGE (X one)	c. CITIZENSHIP (X one)
(1) BIRTH CERTIFICATE	(1) BIRTH CERTIFICATE	(1) BIRTH CERTIFICATE
X (2) OTHER (Explain)	X (2) OTHER (Explain)	X (2) OTHER (Explain)
d. SOCIAL SECURITY NUMBER (SSN) (X one)	e. EDUCATION (X one)	f. OTHER DOCUMENTS USED
X (1) SSN CARD	X (1) DIPLOMA	
(2) OTHER (Explain)	(2) OTHER (Explain)	

31. CERTIFICATION OF WITNESS

a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial) ANDOH, FRANKLIN N	c. PAY GRADE E5	d. RECRUITER I.D. 321-76-2187	e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) 20060608
---	--------------------	----------------------------------	--	---------------------------------------

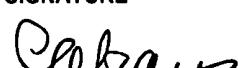
32. SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES

a. SPECIFIC OPTION/PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service.) (Use clear text English) (6YD&UT Utilitiesman UT) Class "A" school, \$20000.00 enlistment bonus source rating; Active duty Service date 23 JUN 2006	c. APPLICANT'S INITIALS JL
b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in Item 32.a. above and annexes attached to my Enlistment/Reenlistment Document (DD Form 4).	

33. CERTIFICATION OF RECRUITER OR ACCEPTOR

a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service) U.S. NAVY and certify that I have not made any promises or guarantees other than those listed in item 32.a.

above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.

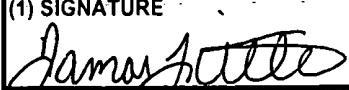
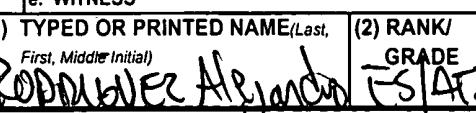
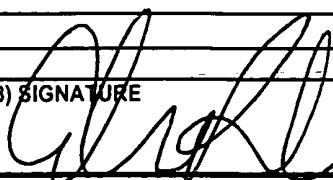
b. TYPED OR PRINTED NAME (Last, First, Middle Initial) Abrems, Carole J	c. PAY GRADE GS-9	d. RECRUITER I.D. OR ORGANIZATION NRO CHICAGO	e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) 20060608
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SECTION V - RECERTIFICATION

34. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY

a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 34" and the correct information is provided below.

b. ITEM NUMBER	c. CHANGE REQUIRED

d. APPLICANT 	e. WITNESS 			
(1) SIGNATURE	(2) DATE SIGNED (YYYYMMDD) 20060622	(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) RODRIGUEZ ALEJANDRO ISLA	(2) RANK/ GRADE E5	(3) SIGNATURE 

35. NAME (Last, First, Middle Initial) LITTLE, JAMAR	36. SOCIAL SECURITY NUMBER 360-78-2144	
SECTION VI - REMARKS (Specify items(s) being continued by item number. Continue on separate pages if necessary.)		
08 Jun 2006 : Classification interview conducted this date.		
<p>R. M. WILBER, ET1 (SW/AW), USN Enlisted Classifier, BYDIRCO DD Form 369 not sent to law enforcement agencies.</p> <p>R. M. WILBER, ET1 (SW/AW), USN Enlisted Classifier, BYDIRCO</p>		
08 Jun 2006 : DD FORM 1966/3 REDONE AT MEPS. MLPO SIGNS FOR RECRUITER OF RECORD: ANDOH, FRANKLIN N; E5; 321-76-2187		
PAGE 1 OF _____	DD FORM 1966/5 YES ATTACHED? (X one) NO <input checked="" type="checkbox"/>	
SECTION VII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS		
37. NAME CHANGE. If the preferred enlistment name (name given in Item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following:		
a. NAME AS SHOWN ON BIRTH CERTIFICATE	b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD	
c. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of _____ by which I am known in the community as a matter of convenience and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.		
d. APPLICANT (1) SIGNATURE	(2) DATE SIGNED (YYYYMMDD)	
e. WITNESS (1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) PAYGRADE	(3) SIGNATURE

35. NAME (Last, First, Middle Initial) LITTLE, JAMAR	36. SOCIAL SECURITY NUMBER 3 6 0 - 7 8 - 2 1 4 4
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SECTION VI - REMARKS.

(Specify items(s) being continued by item number. Continue on separate pages if necessary.)

30a,b,c: USED DD372

I have personally sighted JAMAR LITTLE's original Social Security Number Card issued by the Social Security Administration. I certify the reproduced document is a true copy of the original and is provided for reference purposes only.

Recruiter Signature

RinC Signature

ORIGINAL HS DIPLOMA SIGHTED AT PEPES

Page ____ of ____

DD FORM 1966/5	YES
ATTACHED? (X one)	NO

SECTION VII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS

37. NAME CHANGE.

If the preferred enlistment name (name given in item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following:

a. NAME AS SHOWN ON BIRTH CERTIFICATE b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD

JAMAR DWAYNE LITTLE

JAMAR LITTLE

c. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of

JAMAR LITTLE by which I am known in the community as a matter of convenience and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.

d. APPLICANT

(1) SIGNATURE

(2) DATE SIGNED

(YYYYMMDD)

20060608

e. WITNESS

1. TYPED OR PRINTED NAME (Last, First, Middle Initial)

PEEPLES, WALTER

(2) PAY GRADE

E-6

(3) SIGNATURE

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- Name or update your beneficiary
- Reduce the amount of your insurance coverage
- Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name First name Middle name
LITTLE JAMAR

Rank, title or grade
E-1Social Security Number
360-78-2144Branch of Service (Do not abbreviate)
UNITED STATES NAVYCurrent Duty Location
RECRUIT TRAINING COMMAND, GREAT LAKES, IL 60088**Amount of Insurance**

By law, you are automatically insured for \$400,000. **If you want \$400,000 of insurance**, skip to *Beneficiary(ies) and Payment Options*. **If you want less than \$400,000** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. **If you do not want any insurance***, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage under the SGLI program.

- I want coverage in the amount of \$ _____ Your initials _____
 _____ (Write "I do not want Insurance at this time.")

*Note: Reduced or refused insurance can *only* be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1. GAIL LITTLE 9122 BLACKSTONE ST. CHICAGO, IL 60619		MOTHER	50%	LUMP SUM
2. DANTRELL PETTIGREW 9122 BLACKSTONE CHICAGO, IL 60619		BROTHER	50%	LUMP SUM
3.				
4.				
Additional Principals on page 5 (check if applicable)				
Contingent				
1. NONE				
2.				
3.				
4.				
Additional Contingents on page 5 (check if applicable)				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- *This form cancels any prior beneficiary or payment instructions.*
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.

SIGN HERE IN INK ➤

Jamar Little
(Your signature. Do not print.)Date: 05JUL06

Do not write in space below. For official use only.

WITNESSED AND RECEIVED BY:

RANK, TITLE OR GRADE

ORGANIZATION

DATE RECEIVED

*CTR**CSD RTC**05JUL06*

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) LITTLE, JAMAR DWAYNE		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USNR		3. SOCIAL SECURITY NUMBER 360 78 2144			
4a. GRADE, RATE OR RANK UTCR	b. PAY GRADE E1	5. DATE OF BIRTH (YYYYMMDD) 19860613		6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20140607			
7a. PLACE OF ENTRY INTO ACTIVE DUTY CHICAGO IL		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) CHICAGO IL					
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NTC SHEPARD AFB WICHITA FALLS TX			b. STATION WHERE SEPARATED PERSUPPDET GREAT LAKES IL				
9. COMMAND TO WHICH TRANSFERRED NAVY OPERATIONAL SUPPORT CENTER CHICAGO IL				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$ 400,000.00			
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) UT-0000				12. RECORD OF SERVICE			
X X X X	X X X X	X X X X	X X X X	YEAR(S)	MONTH(S)	DAY(S)	
X X X X	X X X X	X X X X	X X X X	06	JUN	23	
X X X X	X X X X	X X X X	X X X X	06	DEC	01	
X X X X	X X X X	X X X X	X X X X	00	05	08	
X X X X	X X X X	X X X X	X X X X	00	00	00	
X X X X	X X X X	X X X X	X X X X	00	00	00	
X X X X	X X X X	X X X X	X X X X	00	00	00	
X X X X	X X X X	X X X X	X X X X	06	JUN	23	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL				14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) RECRUIT TRAINING, 9WKS, AUG06; UT "A" SCHOOL, 14 WKS, NOV06			
X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	
X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	
X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	
X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM b. HIGH SCHOOL GRADUATE OR EQUIVALENT						<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
16. DAYS ACCRUED LEAVE PAID 14.0		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
18. REMARKS SER# 43106-06-0056-AAA. "MEMBER SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNUAL SCREENING"							
X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	X X X X
X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	X X X X
X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	X X X X
X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	X X X X
X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	X X X X	X X X X
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.							
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 9122 SOUTH BLACKSTONE CHICAGO IL 60619				b. NEAREST RELATIVE (Name and address - include ZIP Code) GAIL PETTIGREW 9122 SOUTH BLACKSTONE CHICAGO IL 60619			
20. MEMBER REQUESTS COPY 6 BE SENT TO		IL	DIRECTOR OF VETERANS AFFAIRS			<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
21. SIGNATURE OF MEMBER BEING SEPARATED		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) T. L. GEORGE, PS1 USN, RES SVCS LPO BY DIR OIC					
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)							
23. TYPE OF SEPARATION RELACDU AND TRF TO NAVAL RESERVE				24. CHARACTER OF SERVICE (Include upgrades) HONORABLE			
25. SEPARATION AUTHORITY MILPERSMAN 1910-104				26. SEPARATION CODE MBK		27. REENTRY CODE RE-1	
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE							
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) TL-NONE				30. MEMBER REQUESTS COPY 4 (Initials)			

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) LITTLE, JAMAR DWAYNE	2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USNR	3. SOCIAL SECURITY NUMBER 360 78 2144
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4a. GRADE, RATE OR RANK UTCR	b. PAY GRADE E1	5. DATE OF BIRTH (YYYYMMDD) 19860613	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20140607
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7a. PLACE OF ENTRY INTO ACTIVE DUTY CHICAGO IL	b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) CHICAGO IL
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8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NTC SHEPARD AFB WICHITA FALLS TX	b. STATION WHERE SEPARATED PERSUPPDET GREAT LAKES IL
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9. COMMAND TO WHICH TRANSFERRED NAVY OPERATIONAL SUPPORT CENTER CHICAGO IL	10. SGLI COVERAGE NONE AMOUNT: \$ 400,000.00
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11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) UT-0000 <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	12. RECORD OF SERVICE <table border="1"><tr><td>a. DATE ENTERED AD THIS PERIOD</td><td>06</td><td>JUN</td><td>23</td></tr><tr><td>b. SEPARATION DATE THIS PERIOD</td><td>06</td><td>DEC</td><td>01</td></tr><tr><td>c. NET ACTIVE SERVICE THIS PERIOD</td><td>00</td><td>05</td><td>08</td></tr><tr><td>d. TOTAL PRIOR ACTIVE SERVICE</td><td>00</td><td>00</td><td>00</td></tr><tr><td>e. TOTAL PRIOR INACTIVE SERVICE</td><td>00</td><td>00</td><td>00</td></tr><tr><td>f. FOREIGN SERVICE</td><td>00</td><td>00</td><td>00</td></tr><tr><td>g. SEA SERVICE</td><td>00</td><td>00</td><td>00</td></tr><tr><td>h. EFFECTIVE DATE OF PAY GRADE</td><td>06</td><td>JUN</td><td>23</td></tr></table>	a. DATE ENTERED AD THIS PERIOD	06	JUN	23	b. SEPARATION DATE THIS PERIOD	06	DEC	01	c. NET ACTIVE SERVICE THIS PERIOD	00	05	08	d. TOTAL PRIOR ACTIVE SERVICE	00	00	00	e. TOTAL PRIOR INACTIVE SERVICE	00	00	00	f. FOREIGN SERVICE	00	00	00	g. SEA SERVICE	00	00	00	h. EFFECTIVE DATE OF PAY GRADE	06	JUN	23
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15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM b. HIGH SCHOOL GRADUATE OR EQUIVALENT	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DAYS ACCRUED LEAVE PAID 14.0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO

18. REMARKS SER# 43106-06-0056-AAA. "MEMBER SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNUAL SCREENING" <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 9122 SOUTH BLACKSTONE CHICAGO IL 60619	b. NEAREST RELATIVE (Name and address - include ZIP Code) GAIL PETTIGREW 9122 SOUTH BLACKSTONE CHICAGO IL 60619
---	---

20. MEMBER REQUESTS COPY 6 BE SENT TO	IL DIRECTOR OF VETERANS AFFAIRS	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO
---------------------------------------	---------------------------------	--

21. SIGNATURE OF MEMBER BEING SEPARATED 	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) T. L. GEORGE, PS1, USN, RES SVCS LPO BY DIR OIC
---	---

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)				
23. TYPE OF SEPARATION RELACDU AND TRF TO NAVAL RESERVE	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	25. SEPARATION AUTHORITY MILPERSMAN 1910-104	26. SEPARATION CODE MBK	27. REENTRY CODE RE-1

28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE	29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) TL-NONE	30. MEMBER REQUESTS COPY 4 (Initials)
--	---	--

E N L I S T E D Q U A L I F I C A T I O N S H I S T O R Y

1. EDUCATIONAL EXPERIENCE LEVEL

GED (HS) EQUIVALENT TEST			COLLEGE LEVEL GENERAL EXAMS				PRESENT LEVEL OF EDUCATION					
DATE ISSUED	ISSUING STATE	INIT	DATE PASSED		INIT	12	13	14	15	16	17	

2. CLASSIFICATION/ASVAB TESTING QUALIFICATIONS

TEST FORM ID	DATE ADMIN.	AFQT	GS	AR	WK	PC	NO	CS	AS	MK	MC	EI	VE	CS
26G	31-MAY-06	60	51	49	52	60	52	52	40	48	61	55	0	

ASVAB ADMINISTERED BY: MEPS CHICAGO, IL

SPECIAL TEST SCORES

NAME	FORM.	DATE	SCORE
DLAB			
NFQT			

CLASSIFIER'S SIGNATURE: M. LANGER PS1 USN

3. RECORD OF OFF-DUTY EDUCATION/VOC/TECH TRAINING AND NON-REQUIRED CORRESPONDENCE COURSES

NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT	NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT

4. OTHER TRAINING COURSES/INSTRUCTIONS COMPLETED

DATE COMPLETED	TYPE OF COURSE AND/OR INSTRUCTION	DURATION	LOCATION	INIT
AUG 23 2006	RECRUIT TRAINING (BMT)	8 WEEKS	RTC GREAT LAKES IL	dm

Name (Last, first, middle initial)	SOCIAL SECURITY NUMBER	BRANCH/CLASS
LITTLE, JAMAR	R2006263I	32

5. NAVY SERVICE SCHOOLS/MILITARY TRAINING COURSES

COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	
COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT	COURSE LENGTH	GRADE	MANNER OF COMPLETION	INIT
		<input type="checkbox"/> GRADUATED	<input type="checkbox"/> DROPPED				<input type="checkbox"/> GRADUATED	<input type="checkbox"/> DROPPED
COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	
COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT	COURSE LENGTH	GRADE	MANNER OF COMPLETION	INIT
		<input type="checkbox"/> GRADUATED	<input type="checkbox"/> DROPPED				<input type="checkbox"/> GRADUATED	<input type="checkbox"/> DROPPED

6. CORRESPONDENCE COURSES REQUIRED FOR ADVANCEMENT

DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER	DATE COMPLETED	INIT	DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER	DATE COMPLETED	INIT

7. NAVY ENLISTED CLASSIFICATIONS

8. PERSONNEL ADVANCEMENT REQUIREMENTS

PRIMARY CODE	SECONDARY CODE	DATE	INIT	DESCRIPTION	DATE COMPLETED	INIT
DG9770	0000	06/06/23	Z			

9. ENLISTED RATE/RATING

10. DESIGNATOR RECORD

RATE	DATE	TIME IN RATE	INIT	DATE	DESIGNATOR	QUAL/REVOCATION	INIT
S1E	06/06/23	06/06/23	Z				

Name (Last, first, middle)	SOCIAL SECURITY NUMBER	BRANCH/CLASS
LITTLE JAMAR	360782144	32

HISTORY OF ASSIGNMENTS

10

31

Name (Last, first, middle initial)

SOCIAL SECURITY NUMBER

BRANCH/CLASS

LITTLE, JAMAR

R20062631

360782144

三

**ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES**

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME <i>(Last, First, Middle)</i> LITTLE JAMAR		2. SOCIAL SECURITY NUMBER 360-78-2144			
3. HOME OF RECORD <i>(Street, City, State, ZIP Code)</i> 9122 SOUTH BLACKSTONE CHICAGO, IL 60619-0000		4. PLACE OF ENLISTMENT/REENLISTMENT <i>(Mil. Installation, City, State)</i> CHICAGO MEPS DES PLAINES, IL 60018-1960			
5. DATE OF ENLISTMENT/ REENLISTMENT <i>(YYYYMMDD)</i> 20060608	6. DATE OF BIRTH <i>(YYYYMMDD)</i> 19860613	7. PREV MIL SVC UPON ENL/REENLIST	YEARS	MONTHS	DAYS
		a. TOTAL ACTIVE MILITARY SERVICE			
		b. TOTAL INACTIVE MILITARY SERVICE			

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States *(list branch of service)* **NAVAL RESERVE** this date for 8 years and 00 weeks beginning in pay grade **E-1**.
The additional details of my enlistment/reenlistment are in Section C and Annex(es) **A**.

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by *(list date (YYYYMMDD))* _____ for enlistment in the Regular component of the United States *(list branch of service)* _____ for not less than _____ years and _____ weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is **NOT** creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. REMARKS: *(If none, so state.)* **NONE**

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government.
ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee/Reenlistee) JL

(Continued on reverse side.)

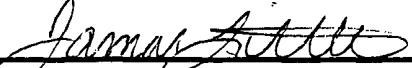
NAME OF ENLISTEE/REENLISTEE (Last, First, Middle) LITTLE JAMAR	SOCIAL SECURITY NO OF ENLISTEE/REENLISTEE 360-78-2144
---	--

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: *If none, X "NONE" and initial.*

NONE JL (Initials of enlistee/reenlistee)

b. SIGNATURE OF ENLISTEE/REENLISTEE 	c. DATE SIGNED (YYYYMMDD) 20060608
--	---------------------------------------

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States *(list branch of service)* NAVY

I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle) ABRAMS CAROLE J	c. PAY GRADE G-9	d. UNIT/COMMAND NAME USN RECRUITING DISTRICT
e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) 20060608	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) FT SHERIDAN IL 60037

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, JAMAR LITTLE, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, JAMAR LITTLE, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of ILLINOIS against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of ILLINOIS and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____, in the _____ National Guard and as a Reserve of the United States *(list branch of service)* _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.a

18a. SIGNATURE OF ENLISTEE/REENLISTEE 	b. DATE SIGNED (YYYYMMDD) 20060608
--	---------------------------------------

19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle) KORLIJAN SCOTT R	c. PAY GRADE O-2	d. UNIT/COMMAND NAME CHICAGO MEPS
e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) 20060608	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) DES PLAINES IL 60018-1960

NPS BASIC RESERVE PROGRAM ENLISTMENT GUARANTEES

LITTLE, JAMAR
NAME (LAST, FIRST, MIDDLE, JR., ETC.)

360-78-2144
SSN

1. ACKNOWLEDGMENT: In connection with my enlistment into the United States Naval Reserve, I hereby acknowledge that:

a. I am enlisting into the U.S. Naval Reserve for an active duty period of eight (8) years, six (6) years of which will be in an active drilling status as a Selected Reserve and the remaining two (2) years in the non-drilling Individual Ready Reserve (IRR).

b. I am enlisting with the following guarantees and understanding:

Upon enlistment, I will be enlisted under the provisions of Commander, Navy Recruiting Command Instruction 1130.8 for the option(s) indicated below:

- Option (1) UTILITIESMAN (UT) CLASS "A" SCHOOL
Option (2) \$20000.00 ENLISTMENT BONUS SOURCE RATING
Option (3) N/A
Option (4) N/A
Option (5) N/A

2. I understand that I must be fully qualified at all times throughout my obligated service for all security, professional, military, physical, psychological and academic requirements of the options guaranteed in section 1 and that my eligibility will be rechecked during recruit training and periodically throughout my enlistment.

3. The Naval Reserve will order me to Recruit Training, UTILITIESMAN (UT) CLASS "A" SCHOOL, and the Reserve unit listed in paragraph 1 above. I understand that I will be required to report to my assigned Naval Reserve Activity within three (3) working days upon completion of my Initial Active Duty for Training (IADT) orders. If during the periodic reviews of my eligibility, I am found no longer eligible for the options listed in paragraph 1 above because of information I provided in my enlistment application; because of a physical or psychological disqualification, or because of some reason that is not due to my fault, negligence, or conduct, I may only choose one of the following options:

a: Agree to request enlistment into the regular Navy for a minimum period of two (2) years active duty with no guarantees of duty assignment or accession. I understand that if I elect this option, I am subject to worldwide assignability.

b: Elect entry level separation from the Naval Reserve.

In any event, the Navy may, at its option, chose to discharge me.

4. If I am not enrolled in the training guarantee specified in section 1a(1) above because of some reason that is due to my fault, negligence or conduct or if I am disenrolled from it for any other reason not specified in paragraph 3, then I lose all guarantees and I am subject to separation from the Naval Reserve.

5. I must maintain satisfactory drill participation and Annual Training requirements as outlined in the NPS Basic Statement of Understanding. Should I fail to do so, I will be processed for Administrative Separation and/or placed in the IRR due to Unsatisfactory Performance, not recommended for reaffiliation/reenlistment.

6. I certify that I have read and received a copy of the Classifier Rating/Program Fact Sheet for the Rating/Program for which I am enlisting, and the Statement of Understandings required for Options: 1,2
I understand the obligations for the Options and training that I will receive (X) JL
(applicant's initials)

R. M. WILBER, ET1 (SW/AW), USN
Enlisted Classifier, BYDIRCO

08 Jun 2006

(X) Jamar Little
JAMAR LITTLE

08 Jun 2006

NON PRIOR SERVICE (NPS) BASIC PROGRAM STATEMENT OF UNDERSTANDING

LITTLE, JAMAR
NAME (LAST, FIRST, MIDDLE, JR., ETC.)

360-78-2144
SSN

08 Jun 2006 : I understand and agree that I am enlisting under the provisions of the Non Prior Service (NPS) Basic program for eight (8) years. The program is designed to provide me with Recruit Basic Training and UT class "A" school with a follow on obligation for me to drill within the Naval Reserve for six (6) years from the date of enlistment. The remaining two (2) years may be spent in a drill status or I may request transfer to the Individual Ready Reserve (IRR). The requirements for that obligation are:

1. I must report to my assigned Naval Reserve Activity within three (3) working days of completion of my Initial Active Duty for Training (IADT) orders.
2. I am also required to maintain satisfactory participation within the Naval Reserve. This includes:
 - a. Maintain satisfactory physical and dental readiness standards as stated in OPNAVINST 6110.1 series and MANMED
 - b. Maintain satisfactory Reserve participation as defined by Commander, Naval Reserve Force (COMNAVRESFOR).
 - (1) Initially I will be assigned a requirement of 48 drills per year; currently I must attend a minimum of 40 drills to maintain satisfactory participation.
 - (a) Normally four (4) drills will be completed each month. Drill schedules will be published in advance.
 - (b) One (1) drill period is defined as a four (4) hour training period. Normally two (2) drills will be completed in one (1) day.
 - (c) In case I am unable to attend a drill, I am required to contact my Unit Commanding Officer or their designated representative before the completion of the scheduled drill. My Commanding Officer has complete adjudication authority with the disposition of that drill.
 - (2) I am required to perform a two (2) week Annual Training as scheduled by my Unit Commanding Officer each fiscal year (01 Oct - 30 Sep), unless waived by COMNAVRESFOR.
 3. The expiration of my drill obligation should be six (6) years from my accession date.
 4. If my participation becomes unsatisfactory before the end of my six (6) year drilling obligation, I may be authorized probation from the Commanding Officer of the Naval Reserve Activity or be transferred to the IRR. Reaffiliation will not be authorized without approval from the Commanding Officer of the NRA.
 5. I fully understand the provisions of this program and agree to fulfill the obligations as stated above.

R. M. WILBER, ET1 (SW/AW), USN
Enlisted Classifier, BYDIRCO

08 Jun 2006

(X) *Jamar Little*
JAMAR LITTLE

08 Jun 2006

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) LITTLE, JAMAR NMN				2. Rate UTCN	3. Desig.	4. SSN 360-78-2144	
5. ACT <input type="checkbox"/>	TAR <input checked="" type="checkbox"/>	INACT <input type="checkbox"/>	AT/ADSW/ <input checked="" type="checkbox"/> 265	6. UIC 85314	7. Ship/Station NMCB 25 DET 0825	8. Promotion Status REGULAR	9. Date Reported 06DEC01
Occasion for Report 10. Periodic <input checked="" type="checkbox"/>				Detachment 11. of Individual <input type="checkbox"/>	Promotion/ 12. Frocking <input type="checkbox"/>	13. Special <input type="checkbox"/>	Period of Report 14. From: 07JUL16 15. To: 08JUL15
16. Not Observed Report <input type="checkbox"/>				Type of Report 17. Regular <input checked="" type="checkbox"/>	18. Concurrent <input type="checkbox"/>	20. Physical Readiness N / XX	21. Billet Subcategory (if any) NA
22. Reporting Senior (Last, FI MI) EBEL, S A		23. Grade BUCS	24. Desig. SCW	25. Title OIC	26. UIC 85314	27. SSN	
28. Command employment and command achievements. Mobile Construction Battalion Operations and Readiness Training. Provides construction and contingency engineering support to First Naval Construction Division and Joint Force requirements worldwide.							
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) UTILITIESMAN Detachment Work Crew Member-12; COLL: Detachment 2nd Platoon, 3rd Squad, 3rd Fireteam Rifleman 1-12; MOB: NMCB 25 Utilitiesman							
For Mid-term Counseling Use. (When completing EVAL, enter 30 and 31 from counseling worksheet, sign 32.)		30. Date Counseled 13JAN08	31. Counselor BECKER, J K	32. Signature of Individual counseled <i>MBe NOT PRESENT</i>			
PERFORMANCE TRAITS: 1.0 - Below standards/not progressing or UNSAT in any one standard; 2.0 - Does not yet meet all 3.0 standards; 3.0 - Meets all 3.0 standards; 4.0 - Exceeds most 3.0 standards; 5.0 - Meets overall criteria and most of the specific standards for 5.0. Standards are not all inclusive.							
PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro-gressing	3.0 Meets Standards	4.0 Above Standards	5.0 Greatly Exceeds Standards		
33. PROFESSIONAL KNOWLEDGE: Technical knowledge and practical application	- Marginal knowledge of rating, specialty or job. - Unable to apply knowledge to solve routine problems. - Fails to meet advancement/PQS requirements.	<input type="checkbox"/>	- Strong working knowledge of rating, specialty and job. - Reliably applies knowledge to accomplish tasks. - Meets advancement/PQS requirements on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NOB <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. QUALITY OF WORK: Standard of work; value of end product.	- Needs excessive supervision. - Product frequently needs rework. - Wasteful of resources.	<input type="checkbox"/>	- Needs little supervision. - Produces quality work. Few errors and resulting rework. - Uses resources efficiently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NOB <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. COMMAND OR ORGANIZATIONAL CLIMATE/EQUAL OPPORTUNITY: Contributing to growth and development, human worth, community.	- Actions counter to Navy's retention/reenlistment goals. - Uninvolved with mentoring or professional development of subordinates. - Actions counter to good order and discipline and negatively affect Command/Organizational climate. - Demonstrates exclusionary behavior. Fails to value differences from cultural diversity.	<input type="checkbox"/>	- Positive leadership supports Navy's increased retention goals. Active in decreasing attrition. - Actions adequately encourage/support subordinates' personal/professional growth. - Demonstrates appreciation for contributions of Navy personnel. Positive influence on Command climate. - Values differences as strengths. Fosters atmosphere of acceptance/inclusion per EO/EEO policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NOB <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. MILITARY BEARING/CHARACTER: Appearance, conduct physical fitness, adherence to Navy Core Values.	- Consistently unsatisfactory appearance. - Poor self-control; conduct resulting in disciplinary action. - Unable to meet one or more physical readiness standards. - Fails to live up to one or more Navy Core Values: HONOR, COURAGE, COMMITMENT.	<input type="checkbox"/>	- Excellent personal appearance. - Excellent conduct conscientiously complies with regulations. - Complies with physical readiness program. - Always lives up to Navy Core Values: HONOR, COURAGE, COMMITMENT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NOB <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. PERSONAL JOB ACCOMPLISHMENT/INITIATIVE: Responsibility, quantity of work.	- Needs prodding to attain qualification or finish job. - Prioritizes poorly. - Avoids responsibility.	<input type="checkbox"/>	- Productive and motivated. Completes tasks and qualifications fully and on time. - Plans/prioritizes effectively. - Reliable, dependable, willingly accepts responsibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NOB <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) LITTLE, JAMAR NMN			2. Rate UTCN	3. Design		4. SSN 360-78-2144
PERFORMANCE TRAITS	1.0* Below Standards	2.0 Progressing	3.0 Meets Standards		4.0 Above Standards	5.0 Greatly Exceeds Standards
38. TEAMWORK: Contributions to team building and team results	- Creates conflict, unwilling to work with others, puts self above team. - Fails to understand team goals or teamwork techniques. - Does not take direction well.	X	- Reinforces others' efforts, meets commitments to team. - Understands goals, employs good teamwork techniques. - Accepts and offers team direction.			- Team builder, inspires cooperation and progress. - Focuses goals and techniques for teams - The best at accepting and offering team direction.
NOB <input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
39. LEADERSHIP: Organizing, motivating and developing others to accomplish goals.	- Neglects growth/development or welfare of subordinates. - Fails to organize, creates problems for subordinates. - Does not set or achieve goals relevant to command mission and vision. - Lacks ability to cope with or tolerate stress. - Inadequate communicator. - Tolerates hazards or unsafe practices	X	- Effectively stimulates growth/development in subordinates. - Organizes successfully, implementing process improvements and efficiencies. - Sets/achieves useful, realistic goals that support command mission. - Performs well in stressful situations - Clear, timely communicator. - Ensures safety of personnel and equipment.			- Inspiring motivator and trainer, subordinates reach highest level of growth and development. - Superb organizer, great foresight, develops process improvements and efficiencies. - Leadership achievements dramatically further command mission and vision. - Perseveres through the toughest challenges and inspires others. - Exceptional communicator. - Makes subordinates safety-conscious, maintains top safety record. - Constantly improves the personal and professional lives of others.
NOB <input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
40. Individual Trait Avg. total of trait scores divided by number of graded traits.	41. I recommend this individual for (maximum of two): Assignment in Rating, Sea Special Programs, Shore Special Programs, Commissioning Programs, Special Warfare Programs, Rating Instructor Duty, Other. (Be specific)			42. Signature of Rater (Typed Name & Rate): I have evaluated this member against the above performance standards and have forwarded written explanation of marks 1.0 and 5.0.		
1.00	NONE			Date: NONE AVAILABLE		
43. COMMENTS ON PERFORMANCE: * All 1.0 marks, three 2.0 marks, and 2.0 marks in Block 35 must be specifically substantiated in comments. Comments must be verifiable. Font must be 10 or 12 Pitch (10 or 12 point) only. Use upper and lower case.						
Construction man Little is an inconsistent drill participant. He has been counseled on several occasions on this matter. He seems to have no desire to be in the military. He has acquired enough Unauthorized Absences to be separated from the Navy. He did not participate in the PRT.						
AT: None during this period.						
44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.						
Promotion Recommendation	NOB	Significant Problems	Progressing	Promotable	Must Promote	Early Promote
45. INDIVIDUAL		X				
46. SUMMARY		1	3	9	9	3
49. Signature of Senior Rater (Typed Name & Grade/Rate): I have reviewed the evaluation of this member against these performance standards and have provided written explanation to support the marks of 1.0 and 5.0.				50. Signature of Reporting Senior <i>S. A. Ebel</i> Date: 02 Jul 08 Summary Group Average: 3.13		
51. Signature of Individual Evaluated. "I have seen this report, been apprised of my performance, and understand my right to submit a statement." I intend to submit a statement. <input type="checkbox"/> I do not intend to submit a statement. <input type="checkbox"/>				52. Type name, grade, command, UIC, and signature of Regular Reporting Senior on Concurrent Report		
<i>CERTIFIED COPY PROVIDED</i>				Date:		

ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (Rev. 1-76)

S/N 0106-LF-010-6990

SHIP OR STATION

OIC, PSD-CSD, RTC GREAT LAKES, IL 60088

E-32

SEE BUPERSMAN 5030420

July 28, 2006:

SNM PARTICIPATED IN A NAVY HANDGUN QUALIFICATION COURSE AT RECRUIT TRAINING COMMAND, GREAT LAKES, IL. SNM RECEIVED THE FOLLOWING GRADE FOR THIS COURSE: MARKSMAN. ALL PERSONNEL MUST REQUALIFY ANNUALLY. ALL PERSONNEL ARE ALSO REQUIRED TO UNDERGO SEMIANNUAL SUSTAINMENT TRAINING BETWEEN QUALIFICATION SHOOTS, NOT TO EXCEED 8 MONTHS PER OPNAVINST 3591.1D.



B. C. Evans
Supervisor
Out Processing
Recruit Transfers
By direction

NAME (LAST, FIRST, MIDDLE)
LITTLE, JAMAR

DIV: 263

SSN
360-78-2144

BRANCH AND CLASS
USN

ADMINISTRATIVE REMARKS
NAVPER 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991
UIC: 60268

32

NAVY RECRUITING DISTRICT CHICAGO

INITIAL FITNESS ASSESSMENT COMPLETED ON 20060613,
(MUST BE WITHIN 60 DAYS OF DEP IN FOR SEALS / SWCC / DIVER / EOD / AIRR), WITH THE FOLLOWING RESULTS ATTAINED:

2ND TEST FOR SEAL / SWCC / DIVER / EOD / AIRR COMPLETED ON _____ WITH THE FOLLOWING RESULTS ATTAINED:

PUSH UPS COMPLETED IN 2-MINUTES: 47

SIT UPS COMPLETED IN 2-MINUTES: 49.

1.5 MILE RUN TIME: 1205

*PULL UPS IN 2-MINUTES: _____

* 500 YARD SWIM: _____

*450 METER SWIM: _____

SECOND TEST REQUIRED FOR SEAL / SWCC / DIVER / EOD AIRR

2ND TEST 10 DAYS PRIOR TO SHIP DATE _____

2ND TEST 10 DAYS PRIOR TO SHIP DATE _____

2ND TEST 10 DAYS PRIOR TO SHIP DATE _____

2ND TEST 10 DAYS PRIOR TO SHIP DATE _____

2ND TEST 10 DAYS PRIOR TO SHIP DATE _____

2ND TEST 10 DAYS PRIOR TO SHIP DATE _____

*IF REQUIRED FOR PROGRAM

I AFFIRM THAT I ATTAINED THE ABOVE LISTED RESULTS ON THE INITIAL PHYSICAL FITNESS ASSESSMENT.


JAMAR LITTLE

(X) 
BY DIRECTION OF COMMANDING OFFICER

U.S. NAVY - "ZERO TOLERANCE" POLICY FOR DRUG ABUSE

I have completed the Navy's "Zero Tolerance for Drug Screening" training modules and successfully passed the 24-hour pre-accession NIDT testing.

WITNESSED:


(EPDS/MLPO)

DATE 20060622


SIGNATURE OF APPLICANT

DATE 20060622

NO FURTHER ENTRIES THIS PAGE

NAME(LAST, FIRST, MIDDLE)

SSN

BRANCH AND CLASS

LITTLE, JAMAR

360-78-2144

USNR

NAVPER 1070/613 (REV. 10-81)

BUPERS USE ONLY

P1343

BUPERS USE ONLY

NOTIFICATION OF CHANGE IN SERVICE MEMBERS OFFICIAL RECORDS

2. NAME (LAST, FIRST, MIDDLE) LITTLE JAMAR		3. GRADE/RATE UTCR	4. BRANCH & COMPONENT USN
5. SSN 360782144	6. [REDACTED]	7. DATE ENL/IND/COMM	8. DATE OF BIRTH
FROM: COMMANDER, BUREAU OF NAVAL PERSONNEL			9.
			10.
COMMANDER, BUREAU OF NAVAL PERSONNEL COMNAVPERSCOM ATTN PERS CODE 313D 5720 INTEGRITY DR MILLINGTON TN 38055-0000			11.

THE FOLLOWING CHANGE HAS BEEN RECORDED IN THE OFFICIAL SERVICE RECORDS. APPROPRIATE RECORDS WILL BE CHANGED ACCORDINGLY.

RECORD ITEM	CHANGED TO:
12. NAME (LAST, FIRST, MIDDLE)	
13. [REDACTED]	
14. SSN	
15. DATE OF BIRTH	
16. PLACE OF BIRTH	
17. PRIOR SERVICE	
18. OTHER (SPECIFY)	RACE: C BLACK ETHNIC: Z UNKNOWN
19. REASON AND AUTHORITY FOR CHANGE MEMBER REQUESTED	20. AUTHENTICATION SIGNATURE NOT REQUIRED

21. COPY TO:

DISTRIBUTION NUMBER - 01

01.	02.	03.	04.
05.	06.	07.	08.
09.	10.	11.	12.
13.	14.	15.	16.
17.	18.	19.	20.
21.	22.	23.	24.
25.			

BUPERS USE ONLY

P1343

BUPERS USE ONLY

NOTIFICATION OF CHANGE IN SERVICE MEMBERS OFFICIAL RECORDS

1. DATE PREPARED
01/12/07

2. NAME (LAST, FIRST, MIDDLE) LITTLE JAMAR		3. GRADE/RATE UTCR	4. BRANCH & COMPONENT USN
5. SSN 360782144	[REDACTED]	7. DATE ENL/IND/COMM	8. DATE OF BIRTH
FROM: COMMANDER, BUREAU OF NAVAL PERSONNEL		9.	
COMMANDER, BUREAU OF NAVAL PERSONNEL COMNAVPERSCOM ATTN PERS CODE 313D 5720 INTEGRITY DR MILLINGTON TN 38055-0000		10.	
		11.	

THE FOLLOWING CHANGE HAS BEEN RECORDED IN THE OFFICIAL SERVICE RECORDS. APPROPRIATE RECORDS WILL BE CHANGED ACCORDINGLY.

RECORD ITEM	CHANGED TO:
12. NAME (LAST, FIRST, MIDDLE)	
13. [REDACTED]	
14. SSN	
15. DATE OF BIRTH	
16. PLACE OF BIRTH	
17. PRIOR SERVICE	
18. OTHER (SPECIFY)	RACE: C BLACK ETHNIC: Z UNKNOWN
19. REASON AND AUTHORITY FOR CHANGE MEMBER REQUESTED	20. AUTHENTICATION SIGNATURE NOT REQUIRED
21. COPY TO: DISTRIBUTION NUMBER - 01	
01. 02. 03. 04. 05. 06. 07. 08. 09. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25.	

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

MEMBER INFORMATION

SSN: 360-78-2144 NAME: LITTLE, JAMAR
RANK/RATE: UTCN BR/CL: USNR UIC: 85314
SHIP OR STATION: NMCB 25 DET 082
EFFECTIVE DATE: 06/08/2008
PREVIOUSLY MARRIED: NO
DISSOLVED ON: PLACE DISSOLVED:
RELIGION: NO
INITIAL/CHANGE: C
TOTAL NUMBER OF DEPENDENTS: 1
MARRIAGE DISSOLVED BY:

SPOUSE INFORMATION

NAME: DEPENDENT:
DATE OF BIRTH: CITIZENSHIP: RELATIONSHIP:
DATE MARRIED: PLACE OF MARRIAGE:
ADDRESS:
PREVIOUSLY MARRIED:
DISSOLVED ON: PLACE DISSOLVED: MARRIAGE DISSOLVED BY:
MEMBER OF UNIFORMED SERVICES: DUTY AFFILIATION:
BRANCH: COMPONENT:

SPOUSE NEXT OF KIN

NAME: RELATIONSHIP:
ADDRESS:

FATHER INFORMATION

NAME: ROBINSON, CALVIN DEPENDENT: NO SUPPORT: N/A
ADDRESS: UNKNOWN

MOTHER INFORMATION

NAME: PETTIGREW, GAIL LITTLE DEPENDENT: NO SUPPORT: N/A
ADDRESS: 7920 MANISTEE, APARTMENT 1
CHICAGO, COOK, IL 60619

OTHER PERSON, NOT ALREADY NAMED TO BE NOTIFIED OF PERSONAL CASUALTY

NAME: ALLEN, GENINA RELATIONSHIP: FRIEND
ADDRESS: 11150 SOUTH VERNON, APARTMENT 3
CHICAGO, COOK, IL 60617

SSN: 360-78-2144

NAME: LITTLE, JAMAR

CHILD AND/OR DEPENDENT INFORMATION

NAME: LITTLE, JACOREE KAIEN

DOB: 02/17/2008

ADDRESS: 7920 MANISTEE, APARTMENT 1
CHICAGO, COOK, IL 60617

NAME OF CUSTODIAN OTHER THAN CLAIMANT: NOT APPLICABLE

DEPENDENT: YES SUPPORT:N/A

RELATIONSHIP: SON

BENEFICIARY(IES) FOR UNPAID PAY AND ALLOWANCES

NAME: PETTIGREW, GAIL LITTLE

ADDRESS: 7920 MANISTEE, APARTMENT 1
CHICAGO, COOK, IL 60619

RELATIONSHIP: MOTHER

PERCENTAGE: 100%

PERSON(S) TO RECEIVE ALLOTMENT IF IN A MISSING STATUS, SUBJECT TO SECNAV DETERMINATION

NAME: PETTIGREW, GAIL LITTLE

ADDRESS: 7920 MANISTEE, APARTMENT 1
CHICAGO, COOK, IL 60619

RELATIONSHIP: MOTHER

PERCENTAGE: 80%

BENEFICIARY(IES) FOR GRATUITY PAY (NO SPOUSE OR CHILD SURVIVING)

NAME: PETTIGREW, GAIL LITTLE

ADDRESS: 7920 MANISTEE, APARTMENT 1
CHICAGO, COOK, IL 60619

RELATIONSHIP: Mother

PERCENTAGE 100%

LIFE INSURANCE INFORMATION

COMPANY: NONE

POLICY NUMBER:

ADDRESS:

LOCATION OF WILL

ADDRESS: NONE

LOCATION OF OTHER VALUABLE PAPERS

ADDRESS: NONE

PNOK (Name - Relationship - Phone - Address)

PETTIGREW, GAIL LITTLE, Mother, 773-552-1715, 773-552-1715, 7920 MANISTEE
, APARTMENT 1, CHICAGO, IL, 60619

IS BENEFICIARY DESIGNATION OF SGLI ON FILE? YES

DESIGNATION DATE: 06/08/2008

NAVPERS 1070/602

Page: 2 of 3

SSN: 360-78-2144

NAME: LITTLE, JAMAR

REMARKS

PADD: PETTIGREW, GAIL LITTLE
ADDRESS: 7920 MANISTEE, APARTMENT 1
CHICAGO, IL 60619
Phone: 773-552-1715

RELATIONSHIP: Mother

ANNUAL VERIFICATION.

PAGE 2 UPDATED BY: JRY

IT IS MY RESPONSIBILITY TO NOTIFY MY NAVY PERSONNEL OFFICE/SHIP'S OFFICE OR CSD/PSD IF THERE IS A CHANGE IN MY ASSIGNMENT TO QUARTERS THAT MAY AFFECT MY BAH ENTITLEMENTS THAT MAY RESULT IN AN OVER/UNDER PAYMENT.

CERTIFICATION: I HAVE REVIEWED THE DATA ON THIS FORM AND CERTIFY THAT IT IS CORRECT. I UNDERSTAND THAT ANY CHANGE IN MY FAMILY MEMBER STATUS MUST BE REPORTED AS A CHANGE TO THE DEFENSE ENROLLMENT ELIGIBILITY REPORTING SYSTEM (DEERS) WITHIN 60 DAYS. THIS INCLUDES SERVICE MEMBERS IN A JOINT SERVICE MARRIAGE (MILITARY MARRIED TO MILITARY), EVEN THOUGH EACH SPOUSE IS ALREADY ENROLLED IN DEERS IN HIS OR HER OWN RIGHT AS A MILITARY MEMBER.

SIGNATURE OF DESIGNATOR:

JAMAR LITTLE

WITNESSED:

J. R. YOST, PS3, USNR

DATE: 8JUN08

TITLE: ADSW/MOBILIZATION CL

Official NSIPS/ESR form printed this date 08-JUN-2008

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- Name or update your beneficiary
- Reduce the amount of your insurance coverage
- Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name LITTLE, JAMAR DWAYNE	First name JAMAR	Middle name DWAYNE	Rank, title or grade UTSN/E-3	Social Security Number 360-78-2144
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Branch of Service (Do not abbreviate) UNITED STATES NAVY	Current Duty Location NOSC CHICAGO, GREAT LAKES, IL
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Amount of Insurance

By law, you are automatically insured for \$400,000. *If you want \$400,000 of insurance*, skip to *Beneficiary(ies) and Payment Options*. *If you want less than \$400,000* of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. *If you do not want any insurance**, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage and traumatic injury protection under the SGLI program.

I want coverage in the amount of \$ _____ Your initials _____

(Write "I do not want Insurance at this time.")

*Note: Reduced or refused insurance can *only* be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of Veterans' Group Life Insurance you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1. GENINA ALLEN 11150 SOUTH VERNON APARTMENT 3 CHICAGO, IL 60617		FIANCE	75%	Lump sum
2. DANTRELL PETTIGREW 7520 SOUTH MANISTEE CHICAGO, IL 60617		BROTHER	25%	Lump sum
3.				
4.				
<input type="checkbox"/> Additional Principals on page 5 (check if applicable)				
Contingent				
1.				
2.				
3.				
4.				
<input type="checkbox"/> Additional Contingents on page 5 (check if applicable)				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- *This form cancels any prior beneficiary or payment instructions.*
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.

SIGN HERE IN INK → *Jamar Little* _____
(Your signature. Do not print.)

Date: *08 JUN 08*

Do not write in space below. For official use only.

RECEIVED BY: <i>J. Little</i>	RANK, TITLE OR GRADE: TSN	ORGANIZATION: FSB Great Lakes	DATE RECEIVED: 8 JUN 08
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EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) LITTLE, JAMAR D				2. Rate UTCN	3. Desig	4. SSN 360-78-2144	
5. ACT <input type="checkbox"/>	TAR <input type="checkbox"/>	INACT <input checked="" type="checkbox"/>	AT/ADSW/ 265	6. UIC 85314	7. Ship/Station NMCB 25 DET. 0825	8. Promotion Status REGULAR	9. Date Reported 06DEC01
Occasion for Report 10. Periodic <input checked="" type="checkbox"/>				Promotion/ 11. of Individual <input type="checkbox"/>	12. Frocking <input type="checkbox"/>	13. Special <input type="checkbox"/>	Period of Report 14. From: 06DEC01 15. To: 07JUL15
16. Not Observed Report <input type="checkbox"/>	Type of Report 17. Regular <input checked="" type="checkbox"/>	18. Concurrent <input type="checkbox"/>			20. Physical Readiness P/W/S	21. Billet Subcategory (if any) NA	
22. Reporting Senior (Last, FI MI) GRZEBIENIAK, C J		23. Grade BUC	24. Desig	25. Title OIC	26. UIC 08865	27. SSN 322-54-0554	
28. Command employment and command achievements. Mobilization Readiness Training- 7. Naval Construction Force (NCF). Provide trained Reserve Force capable of responding to NCF and Joint Forces requirements worldwide..							
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) UTILITIESMAN PRI: Utilitiesman- 7; Coll: Detachment 2nd Platoon, 2nd Squad, 1st Fireteam, Automatic Rifleman- 7; MOB: NMBC Two Five- 7.							
For Mid-term Counseling Use. (When completing EVAL, enter 30 and 31 from counseling worksheet, sign 32.)		30. Date C counseled 21JAN07	31. Counselor KALLAS, S M	32. Signature of Individual Counseled MRL NOT PRESENT			
PERFORMANCE TRAITS: 1.0 - Below standards/not progressing or UNSAT in any one standard; 2.0 - Does not yet meet all 3.0 standards; 3.0 - Meets all 3.0 standards; 4.0 - Exceeds most 3.0 standards; 5.0 - Meets overall criteria and most of the specific standards for 5.0. Standards are not all inclusive.							
PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro- gressing	3.0 Meets Standards	4.0 Above Standards	5.0 Greatly Exceeds Standards		
33. PROFESSIONAL KNOWLEDGE: Technical knowledge and practical application	- Marginal knowledge of rating, specialty or job. - Unable to apply knowledge to solve routine problems. - Fails to meet advancement/PQS requirements.	<input type="checkbox"/>	- Strong working knowledge of rating, specialty and job. - Reliably applies knowledge to accomplish tasks. - Meets advancement/PQS requirements on time.	<input type="checkbox"/>	- Recognized expert, sought out by all for technical knowledge. - Uses knowledge to solve complex technical problems. - Meets advancement/PQS requirements early/with distinction	<input type="checkbox"/>	<input type="checkbox"/>
NOB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. QUALITY OF WORK: Standard of work; value of end product.	- Needs excessive supervision. - Product frequently needs rework. - Wasteful of resources.	<input type="checkbox"/>	- Needs little supervision. - Produces quality work. Few errors and resulting rework. - Uses resources efficiently.	<input type="checkbox"/>	- Needs no supervision. - Always produces exceptional work. No rework required. - Maximizes resources.	<input type="checkbox"/>	<input type="checkbox"/>
NOB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. COMMAND OR ORGANIZATIONAL CLIMATE/EQUAL OPPORTUNITY: Contributing to growth and development, human worth, community.	- Actions counter to Navy's retention/reenlistment goals. - Uninvolved with mentoring or professional development of subordinates. - Actions counter to good order and discipline and negatively affect Command/Organizational climate. - Demonstrates exclusionary behavior. Fails to value differences from cultural diversity.	<input type="checkbox"/>	- Positive leadership supports Navy's increased retention goals. Active in decreasing attrition. - Actions adequately encourage/support subordinates' personal/professional growth. - Demonstrates appreciation for contributions of Navy personnel. Positive influence on Command climate. - Values differences as strengths. Fosters atmosphere of acceptance/inclusion per EO/EEO policy.	<input type="checkbox"/>	- Measurably contributes to Navy's increased retention and reduced attrition objectives. - Proactive leader/exemplary mentor. Involved in subordinates' personal development leading to professional growth/sustained commitment. - Initiates support programs for military, civilian, and families to achieve exceptional Command and Organizational climate. - The model of achievement. Develops unit cohesion by valuing differences as strengths.	<input type="checkbox"/>	<input type="checkbox"/>
NOB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. MILITARY BEARING/CHARACTER: Appearance, conduct physical fitness, adherence to Navy Core Values.	- Consistently unsatisfactory appearance. - Poor self-control; conduct resulting in disciplinary action. - Unable to meet one or more physical readiness standards. - Fails to live up to one or more Navy Core Values: HONOR, COURAGE, COMMITMENT.	<input type="checkbox"/>	- Excellent personal appearance. - Excellent conduct conscientiously complies with regulations. - Complies with physical readiness program. - Always lives up to Navy Core Values: HONOR, COURAGE, COMMITMENT.	<input type="checkbox"/>	- Exemplary personal appearance. - Model of conduct, on and off duty. - A leader in physical readiness. - Exemplifies Navy Core Values: HONOR, COURAGE, COMMITMENT.	<input type="checkbox"/>	<input type="checkbox"/>
NOB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. PERSONAL JOB ACCOMPLISHMENT/INITIATIVE: Responsibility, quantity of work.	- Needs prodding to attain qualification or finish job. - Prioritizes poorly. - Avoids responsibility.	<input type="checkbox"/>	- Productive and motivated. Completes tasks and qualifications fully and on time. - Plans/prioritizes effectively. - Reliable, dependable, willingly accepts responsibility.	<input type="checkbox"/>	- Energetic self-starter. Completes tasks or qualifications early, far better than expected. - Plans/prioritizes wisely and with exceptional foresight. - Seeks extra responsibility and takes on the hardest jobs.	<input type="checkbox"/>	<input type="checkbox"/>
NOB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) LITTLE, JAMAR D				2. Rate UTCN	3. Desig		4. SSN 360-78-2144
PERFORMANCE TRAITS	1.0* Below Standards		2.0 Progressing	3.0 Meets Standards		4.0 Above Standards	5.0 Greatly Exceeds Standards
38. TEAMWORK: Contributions to team building and team results	<ul style="list-style-type: none"> - Creates conflict, unwilling to work with others, puts self above team. - Fails to understand team goals or teamwork techniques. - Does not take direction well. 		<input type="checkbox"/>	<ul style="list-style-type: none"> - Reinforces others' efforts, meets commitments to team. - Understands goals, employs good teamwork techniques. - Accepts and offers team direction. 		<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> - Team builder, inspires cooperation and progress. - Focuses goals and techniques for teams - The best at accepting and offering team direction.
NOB <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
39. LEADERSHIP: Organizing, motivating and developing others to accomplish goals.	<ul style="list-style-type: none"> - Neglects growth/development or welfare of subordinates. - Fails to organize, creates problems for subordinates. - Does not set or achieve goals relevant to command mission and vision. - Lacks ability to cope with or tolerate stress. - Inadequate communicator. - Tolerates hazards or unsafe practices 		<input type="checkbox"/>	<ul style="list-style-type: none"> - Effectively stimulates growth/development in subordinates. - Organizes successfully, implementing process improvements and efficiencies. - Sets/achieves useful, realistic goals that support command mission. - Performs well in stressful situations - Clear, timely communicator. - Ensures safety of personnel and equipment. 		<input type="checkbox"/>	<ul style="list-style-type: none"> - Inspiring motivator and trainer, subordinates reach highest level of growth and development. - Superb organizer, great foresight, develops process improvements and efficiencies. - Leadership achievements dramatically further command mission and vision. - Perseveres through the toughest challenges and inspires others. - Exceptional communicator. - Makes subordinates safety-conscious, maintains top safety record. - Constantly improves the personal and professional lives of others.
NOB <input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
40. Individual Trait Avg. total of trait scores divided by number of graded traits. 3.00	41. I recommend this individual for (maximum of two): Assignment in Rating, Sea Special Programs, Shore Special Programs, Commissioning Programs, Special Warfare Programs, Rating Instructor Duty, Other. (Be specific) NONE			42. Signature of Rater (Typed Name & Rate): I have evaluated this member against the above performance standards and have forwarded written explanation of marks 1.0 and 5.0. <i>Mark S. Brown</i> BROWN, S S, CE1 (SCW) Date: 22 JUL 07			
43. COMMENTS ON PERFORMANCE: * All 1.0 marks, three 2.0 marks, and 2.0 marks in Block 35 must be specifically substantiated in comments. Comments must be verifiable. Font must be 10 or 12 Pitch (10 or 12 point) only. Use upper and lower case. UTCN Little is a highly motivated individual. He displays a high degree of initiative through his willingness to volunteer for odd jobs. Specifically he has, <ul style="list-style-type: none"> - volunteered countless hours in support of the reacclimation of those mobilized in NMBC 25. - Assisted in training evolution for new affiliates. - Volunteered for operation support of NMBC 15. - Assisted in the medical readiness program for the battalion. UTCN Little has proven through his can do attitude, and motivation that he is an invaluable asset to NMBC 25, the seabees and the Navy.							
44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period. Completed NKO Courses Anti-Terrorism Force Protection Awareness Level 1, Operational Risk Management All Navy Fundamentals, DOD Information Assurance Awareness.							
Promotion Recommendation	NOB	Significant Problems	Progressing	Promotable	Must Promote	Early Promote	47. Retention: Not Recommended <input type="checkbox"/> Recommended <input checked="" type="checkbox"/>
45. INDIVIDUAL				X			48. Reporting Senior Address 536 CHERBOURG COURT SOUTH BUFFALO GROVE, IL 60089
46. SUMMARY	MBR NOT PRESENT	0	3	6	2	3	
49. Signature of Senior Rater (Typed Name & Grade/Rate): I have reviewed the evaluation of this member against these performance standards and have provided written explanation to support the marks of 1.0 and 5.0. MBR NOT PRESENT GAILLARD, S A, EO1 (SCW/SW)				50. Signature of Reporting Senior <i>Mark S. Brown</i> Summary Group Average: 2.92 Date: 22 JUL 07			
51. Signature of Individual Evaluated. "I have seen this report, been apprised of my performance, and understand my right to submit a statement." I intend to submit a statement. <input type="checkbox"/> I do not intend to submit a statement. <input checked="" type="checkbox"/>				52. Type name, grade, command, UIC, and signature of Regular Reporting Senior on Concurrent Report Date: 22 JUL 07			
CERTIFIED COPY PROVIDED							

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) LITTLE, JAMAR NMN				2. Rate UTCN	3. Desig	4. SSN 360-78-2144	
5. ACT <input type="checkbox"/>	TAR <input type="checkbox"/>	INACT <input checked="" type="checkbox"/>	AT/ADSW/ X 265	6. UIC 85314	7. Ship/Station NMCB 25 DET 0825	8. Promotion Status REGULAR	9. Date Reported 06DEC01
Occasion for Report 10. Periodic <input checked="" type="checkbox"/>				Detachment 11. of Individual <input type="checkbox"/>	Promotion/ 12. Frocking <input type="checkbox"/>	13. Special <input type="checkbox"/>	Period of Report 14. From: 07JUL16 15. To: 08JUL15
16. Not Observed Report <input type="checkbox"/>	Type of Report 17. Regular <input checked="" type="checkbox"/>			18. Concurrent <input type="checkbox"/>	20. Physical Readiness N/XX		21. Billet Subcategory (if any) NA
22. Reporting Senior (Last, FI MI) EBEL, S A		23. Grade BUCS	24. Desig SCW	25. Title OIC	26. UIC 85314	27. SSN 344-44-8633	
28. Command employment and command achievements. Mobile Construction Battalion Operations and Readiness Training. Provides construction and contingency engineering support to First Naval Construction Division and Joint Force requirements worldwide.							
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) UTILITIESMAN Detachment Work Crew Member-12; COLL: Detachment 2nd Platoon, 3rd Squad, 3rd Fireteam Rifleman 1-12; MOB: NMCB 25 Utilitiesman							
For Mid-term Counseling Use. (When completing EVAL, enter 30 and 31 from counseling worksheet, sign 32.)		30. Date Counseled 13JAN08	31. Counselor BECKER, J K	32. Signature of Individual counseled MBE NOT PRESENT			
PERFORMANCE TRAITS: 1.0 - Below standards/not progressing or UNSAT in any one standard; 2.0 - Does not yet meet all 3.0 standards; 3.0 - Meets all 3.0 standards; 4.0 - Exceeds most 3.0 standards; 5.0 - Meets overall criteria and most of the specific standards for 5.0. Standards are not all inclusive.							
PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro-gressing	3.0 Meets Standards		4.0 Above Standards	5.0 Greatly Exceeds Standards	
33. PROFESSIONAL KNOWLEDGE: Technical knowledge and practical application	<ul style="list-style-type: none"> - Marginal knowledge of rating, specialty or job. - Unable to apply knowledge to solve routine problems. - Fails to meet advancement/PQS requirements. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOB <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. QUALITY OF WORK: Standard of work; value of end product.	<ul style="list-style-type: none"> - Needs excessive supervision. - Product frequently needs rework. - Wasteful of resources. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOB <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. COMMAND OR ORGANIZATIONAL CLIMATE/EQUAL OPPORTUNITY: Contributing to growth and development, human worth, community.	<ul style="list-style-type: none"> - Actions counter to Navy's retention/reenlistment goals. - Uninvolved with mentoring or professional development of subordinates. - Actions counter to good order and discipline and negatively affect Command/Organizational climate. - Demonstrates exclusionary behavior. Fails to value differences from cultural diversity. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOB <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. MILITARY BEARING/CHARACTER: Appearance, conduct physical fitness, adherence to Navy Core Values.	<ul style="list-style-type: none"> - Consistently unsatisfactory appearance. - Poor self-control, conduct resulting in disciplinary action. - Unable to meet one or more physical readiness standards. - Fails to live up to one or more Navy Core Values: HONOR, COURAGE, COMMITMENT. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOB <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. PERSONAL JOB ACCOMPLISHMENT/INITIATIVE: Responsibility, quantity of work.	<ul style="list-style-type: none"> - Needs prodding to attain qualification or finish job. - Prioritizes poorly. - Avoids responsibility. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOB <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) LITTLE, JAMAR NMN			2. Rate UTCN	3. Desig	4. SSN 360-78-2144
PERFORMANCE TRAITS	1.0* Below Standards	2.0 Progressing	3.0 Meets Standards	4.0 Above Standards	5.0 Greatly Exceeds Standards
38. TEAMWORK: Contributions to team building and team results	- Creates conflict, unwilling to work with others, puts self above team. - Fails to understand team goals or teamwork techniques. - Does not take direction well.	<input checked="" type="checkbox"/> X <input type="checkbox"/>	- Reinforces others' efforts, meets commitments to team. - Understands goals, employs good teamwork techniques. - Accepts and offers team direction.	<input type="checkbox"/> <input checked="" type="checkbox"/>	- Team builder, inspires cooperation and progress. - Focuses goals and techniques for teams - The best at accepting and offering team direction.
39. LEADERSHIP: Organizing, motivating and developing others to accomplish goals.	- Neglects growth/development or welfare of subordinates. - Fails to organize, creates problems for subordinates. - Does not set or achieve goals relevant to command mission and vision. - Lacks ability to cope with or tolerate stress. - Inadequate communicator. - Tolerates hazards or unsafe practices	<input type="checkbox"/> X <input checked="" type="checkbox"/>	- Effectively stimulates growth/development in subordinates. - Organizes successfully, implementing process improvements and efficiencies. - Sets/achieves useful, realistic goals that support command mission. - Performs well in stressful situations - Clear, timely communicator. - Ensures safety of personnel and equipment.	<input type="checkbox"/> <input checked="" type="checkbox"/>	- Inspiring motivator and trainer, subordinates reach highest level of growth and development. - Superb organizer, great foresight, develops process improvements and efficiencies. - Leadership achievements dramatically further command mission and vision. - Perseveres through the toughest challenges and inspires others. - Exceptional communicator. - Makes subordinates safety-conscious, maintains top safety record. - Constantly improves the personal and and professional lives of others.
40. Individual Trait Avg. total of trait scores divided by number of graded traits.	41. I recommend this individual for (maximum of two): Assignment in Rating, Sea Special Programs, Shore Special Programs, Commissioning Programs, Special Warfare Programs, Rating Instructor Duty, Other. (Be specific)	42. Signature of Rater (Typed Name & Rate): I have evaluated this member against the above performance standards and have forwarded written explanation of marks 1.0 and 5.0.			
1.00	NONE	Date: NONE AVAILABLE			
43. COMMENTS ON PERFORMANCE: * All 1.0 marks, three 2.0 marks, and 2.0 marks in Block 35 must be specifically substantiated in comments. Comments must be verifiable. Font must be 10 or 12 Pitch (10 or 12 point) only. Use upper and lower case.					
Construction man Little is an inconsistent drill participant. He has been counseled on several occasions on this matter. He seems to have no desire to be in the military. He has acquired enough Unauthorized Absences to be separated from the Navy. He did not participate in the PRT.					
AT: None during this period.					
44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.					
Promotion Recommendation	NOB	Significant Problems	Progressing	Promotable	Must Promote
45. INDIVIDUAL		X			Early Promote
46. SUMMARY	XX	1	3	9	9 3
49. Signature of Senior Rater (Typed Name & Grade/Rate): I have reviewed the evaluation of this member against these performance standards and have provided written explanation to support the marks of 1.0 and 5.0.			50. Signature of Reporting Senior <i>J. A. Ebel</i> Summary Group Average: 3.13 Date: 02JUL08		
Date: NONE AVAILABLE			52. Type name, grade, command, UIC, and signature of Regular Reporting Senior on Concurrent Report		
51. Signature of Individual Evaluated. "I have seen this report, been apprised of my performance, and understand my right to submit a statement."			53. Date:		
I intend to submit a statement <input type="checkbox"/> I do not intend to submit a statement <input type="checkbox"/>					
<i>CERTIFIED COPY PROVIDED</i>			Date:		

LITTLE.TXT
RAAUZYUW RUCCBWF0001 0571403-UUUU--RHMCSSU.
ZNR UUUUU
R 261403Z FEB 09
FM COMNAVPERSCOM MILLINGTON TN
TO NAVOPSPTCEN CHICAGO IL
INFO DFAS CLEVELAND OH
DON CAF WASHINGTON DC
NAVREG MIDWEST RCC GREAT LAKES IL
COMNAVRESFORCOM NEW ORLEANS LA
COMNAVPERSCOM MILLINGTON TN
BT
UNCLAS //N01910//
PASS TO OFFICE CODES
PERS913/644/N11
SECINFO/U/-//
MSGID/GENADMIN/NPC PERS-913//
SUBJ/ADMIN DISCH ICO UTCN JAMAR LITTLE, USNR, XXX-XX-2144//
REF/A/MSGID:LTR/NOSC CHICAGO/11FEB2009//
REF/B/MSGID:DOC/BUPERS/17SEP2007//
360-78-2144
NARR/REF A IS ADSEP REQ. REF B IS BUPERSINST 1001.39F.//
POC/A NIGHTWINE/YN3/UNIT:NPC/NAME:913/TEL:901-874-4506
/EMAIL:ANDREW.NIGHTWINE@NAVY.MIL//
GENTEXT/REMARKS/1. IRT REF A, DISCH MBR WITHIN FIVE WORKING DAYS OF
RECEIPT OF THIS MSG. USING FORMAT OF PARAGRAPH 806 OF REF B, ENTER
THE FOLLOWING ON NAVPERS 1070/613 (SERVICE RECORD PG 13) IN LIEU OF
THE NAVPERS 1070/615 (RECORD OF DISCHARGE):
A. TYPE DISCHARGE: GENERAL (UNDER HONORABLE CONDITIONS).
B. REASON FOR DISCHARGE: UNSATISFACTORY PARTICIPATION IN THE
READY RESERVE.
C. NOT RECOMMENDED FOR RE-ENLISTMENT (RE-4), SPD CODE JHJ.
D. AUTHORITY: MILPERSMAN 1910-158.
2. IF APPLICABLE, RECOUP ANY UNEARNED BONUS PAID AND COLLECT ALL
EXISTING INDEBTEDNESS PER DODFMR.//
BT
#0001
NNNN

APPROVED

MAR 09 2009

FINISHED FILE
REGS - 913



DEPARTMENT OF THE NAVY
COMMANDING OFFICER
NAVY OPERATIONAL SUPPORT CENTER CHICAGO
615 BARRY RD BLDG 190
GREAT LAKES IL 60088

1910
Ser N00/0110
11 Feb 09

From: Commanding Officer, Navy Operational Support Center Chicago
To: Commander, Navy Personnel Command (PERS-4913)

Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION ICO UTCN JAMAR LITTLE,
USN, 360-78-2144

Ref: (a) MILPERSMAN 1910

Encl: (1) NAVOPSPTCEN Chicago ltr 1900 N01A/0048 of 25 Jan 09
(2) Administrative Separation Processing Notifications Procedure
(NAVPER 1910/32) of 25 Jan 09
(3) Sworn Affidavit of Service by Mail
(4) Navy Standard Integrated Personnel System IDT Detail Report
(5) Certified Mail Receipt (PS Form 3800) and Domestic Return Receipt
(PS Form 3811)
(6) Enlisted Application and Orders (NAVRES 1326/3)

1. Per reference (a), enclosures (1) through (6) are forwarded.
2. Reason for Processing: Unsatisfactory Participation in the Navy Reserve.
3. Basic Record of Data: Date of current enlistment: 8 Jun 06; EAOS: 7 Jun 14; Marital Status: Single; Minor Dependents: One; Total time onboard: 2 years 2 months 11 days; Total Service: 2 years 7 months 18 days.
4. Comments of the Commanding Officer: As evidenced by enclosure (4) Constructionmen Little's performance is unsatisfactory and the member is considered unqualified for further Naval service and is recommended for separation. The Reentry Code: Not Eligible (RE-4).
5. Characterization of Service for this separation is General (Under Honorable) conditions.
6. For questions or concerns please contact YN2 Barousse at Comm: (847) 688-3760 ext. 400 or via e-mail to nicole.barousse@navy.mil.

C. J. GRIM



DEPARTMENT OF THE NAVY
COMMANDING OFFICER
NAVY OPERATIONAL SUPPORT CENTER CHICAGO
615 BARRY RD BLDG 190
GREAT LAKES IL 60088

1900
N01A/0048
25 Jan 09

From: Commanding Officer, Navy Operational Support Center Chicago
To: UTCN Jamar Little, USN, XXX-XX-2144
Subj: NOTIFICATION OF ADMINISTRATIVE SEPARATION BY REASON OF UNSATISFACTORY
PARTICIPATION (UNEXCUSED ABSENCES)

Ref: (a) MILPERSMAN 1910

Encl: (1) Administrative Separation Processing Notification
(NAVPERS 1910/32) of 25 Jan 09

1. Per reference (a), enclosure (1) is forwarded for action.
2. You are required to return enclosure (1), and the following items, within 30 days of signature on certified mail receipt. Failure to respond within 30 days will result in administrative separation.
 - a. Armed Forces of the United States Identification Card
 - b. Government Travel Charge Card
 - c. All uniform items should be returned to the Supply Department.
3. For questions or concerns please contact YN2 Barousse at Comm: (847) 688-3760 ext. 400 or via e-mail to nicole.barousse@navy.mil.

R. J. MCROBBIE
By direction

Copy to:
NMCB 25 DET 0825

ADMINISTRATIVE SEPARATION PROCESSING NOTIFICATION PROCEDURE		Date: 25 Jan 09
1. FROM: Commanding Officer, Navy Operational Support Center Chicago		2. UIC: 66231
3. TO: UTCN Jamar Little, USN, XXX-XX-2144		
REASON(s) FOR ADMINISTRATIVE SEPARATION PROCESSING	MILPERSMAN REFERENCE	
(4a) Separation by Reason of Unsatisfactory Participation (Unexcused Absences)	1910-158	
(4b)		
(4c)		
LEAST FAVORABLE CHARACTERIZATION OF SERVICE POSSIBLE IS GENERAL (UNDER HONORABLE CONDITIONS).		
IF YOUR SEPARATION IS APPROVED, IT WILL RESULT IN DISCHARGE, SUSPENDED DISCHARGE, RELEASE FROM ACTIVE DUTY TO A RESERVE COMPONENT, TRANSFER FROM SELECTED RESERVE TO INDIVIDUAL READY RESERVE (IRR), OR RELEASE FROM CUSTODY OR CONTROL OF THE U.S. NAVY.		
YOU ARE ENTITLED TO BELOW RIGHTS (INITIAL APPROPRIATE BLOCK)	ELECT	WAIVE
5. TO CONSULT WITH QUALIFIED COUNSEL. YOU MAY CONSULT WITH CIVILIAN COUNSEL RETAINED AT YOUR OWN EXPENSE. (NON-LAWYER COUNSEL MAY BE APPOINTED AS DETERMINED BY COMMANDING OFFICER.)		
6. TO SUBMIT A WRITTEN STATEMENT FOR CONSIDERATION BY SEPARATION AUTHORITY.		
7. TO OBTAIN COPIES OF DOCUMENTS THAT WILL BE FORWARDED TO SEPARATION AUTHORITY SUPPORTING BASIS FOR PROPOSED SEPARATION. (CLASSIFIED DOCUMENTS WILL BE SUMMARIZED IN UNCLASSIFIED FORM.)		
8. TO REQUEST AN ADMINISTRATIVE BOARD, IF YOU HAVE 6 OR MORE YEARS OF TOTAL ACTIVE AND/OR RESERVE MILITARY SERVICE. (FAILURE TO APPEAR WITHOUT GOOD CAUSE CONSTITUTES A WAIVER TO BE PRESENT AT ADMINISTRATIVE BOARD.)	N/A	N/A
9. TO REPRESENTATION AT AN ADMINISTRATIVE BOARD BY QUALIFIED COUNSEL, IF YOU HAVE 6 OR MORE YEARS OF TOTAL ACTIVE AND/OR RESERVE MILITARY SERVICE.	N/A	N/A
10. TO REPRESENTATION AT AN ADMINISTRATIVE BOARD BY CIVILIAN COUNSEL AT YOUR OWN EXPENSE, MUST HAVE 6 OR MORE YEARS OF TOTAL ACTIVE/OR RESERVE MILITARY SERVICE.	N/A	N/A
11. IF APPLICABLE, TO REQUEST TRANSFER TO FLEET RESERVE/RETired/RETired RESERVE LIST UNDERSTANDING THAT YOU HAVE THE RIGHT TO AN ADMINISTRATIVE BOARD TO RECOMMEND RETIREMENT IN YOUR CURRENT OR A REDUCED PAYGRADE. IF YOU WAIVE SUCH BOARD, A REDUCTION TO REDUCED PAYGRADE UPON TRANSFER MAY BE DIRECTED IF YOU ARE BEING PROCESSED FOR MISCONDUCT.	N/A	N/A
12. TO GENERAL COURTS-MARTIAL CONVENING AUTHORITY (GCMCA) REVIEW, IF YOU HAVE LESS THAN 6 YEARS OF TOTAL ACTIVE AND/OR RESERVE MILITARY SERVICE. GCMCA STAFF MEMBERS' CASES MUST BE FORWARDED TO ANOTHER OFFICER HAVING GCMCA OR NAVY PERSONNEL COMMAND (NAVPERSCOM) (PERS-4832 FOR REVIEW. IF ELECTED, GCMCA OR HIGHER ASSUMES SEPARATION AUTHORITY RESPONSIBILITY.		

ADMINISTRATIVE SEPARATION PROCESSING NOTIFICATION PROCEDURE (CONTINUED)

ADDITIONAL NOTICE

13. FOR MEMBERS ON ACTIVE DUTY NOT IN CIVILIAN CONFINEMENT: YOU ARE ADVISED THAT SEPARATION PROCEEDINGS IN YOUR CASE WILL BE SUSPENDED FOR A PERIOD OF 2 DAYS FROM THE DATE THIS NOTICE IS DELIVERED TO YOU PERSONALLY IN ORDER TO GIVE YOU A REASONABLE OPPORTUNITY TO EXERCISE RIGHTS SET FORTH HEREIN. FAILURE TO RESPOND WILL CONSTITUTE A WAIVER OF ALL RIGHTS AND PROCESSING MAY CONTINUE IN YOUR ABSENCE.

14. FOR MEMBERS WHO ARE RESERVISTS NOT ON ACTIVE DUTY: YOU ARE ADVISED THAT SEPARATION PROCEEDINGS IN YOUR CASE WILL BE SUSPENDED FOR A PERIOD OF 30 DAYS FROM DATE THIS NOTICE IS DELIVERED TO YOU PERSONALLY OR RECEIVED AT YOUR DESIGNATED MAILING ADDRESS IN ORDER TO GIVE YOU A REASONABLE OPPORTUNITY TO EXERCISE RIGHTS SET FORTH HEREIN. FAILURE TO RESPOND WILL CONSTITUTE A WAIVER OF ALL RIGHTS AND PROCESSING MAY CONTINUE IN YOUR ABSENCE. IF YOUR SEPARATION INVOLVES TRANSFER TO IRR, YOU ARE ADVISED THAT CHARACTERIZATION OF SERVICE UPON TRANSFER TO THE IRR, ALSO, WILL CONSTITUTE TENTATIVE CHARACTERIZATION OF SERVICE UPON DISCHARGE AT COMPLETION OF NAVAL SERVICE OBLIGATION, UNLESS YOU TAKE AFFIRMATIVE ACTION TO AFFILIATE WITH A DRILLING UNIT OF SELECTED RESERVE; AND YOU PARTICIPATE SATISFACTORILY AS A DRILLING MEMBER OF THE SELECTED RESERVE FOR A PERIOD OF TIME WHICH, WHEN ADDED TO ANY PRIOR SATISFACTORY SERVICE DURING THIS PERIOD OF OBLIGATED SERVICE, EQUALS PERIOD OF OBLIGATED SERVICE. IF YOU SUBMIT EVIDENCE OF COMPLETION OF ABOVE, SEPARATION AUTHORITY MAY ASSIGN A MORE FAVORABLE CHARACTERIZATION OF SERVICE. IF YOU DO NOT SUBMIT SUCH EVIDENCE, CHARACTERIZATION OF SERVICE IS SAME AS CHARACTERIZATION OF SERVICE UPON TRANSFER FROM ACTIVE DUTY OR SELECTED RESERVE TO IRR. IF YOU ARE IN RECORDS REVIEW (NON-DRILLING) STATUS, YOU ARE ENTITLED TO PERMISSIVE (NO-COST) ORDERS TO ATTEND ANY ADMINISTRATIVE BOARD HEARING TO WHICH YOU MAY BE ENTITLED.

15. FOR MEMBERS SUBJECT TO REEMBURSEMENT: YOU ARE ADVISED THAT YOU MAY BE SUBJECT TO A REIMBURSEMENT REQUIREMENT FOR RECOUPMENT OF ADVANCE EDUCATION ASSISTANCE COSTS, BONUSES, OR SPECIAL PAYS.

16. FOR MEMBERS IN CIVIL CONFINEMENT: YOU ARE ADVISED THAT SEPARATION PROCEEDINGS IN YOUR CASE WILL BE SUSPENDED FOR A PERIOD OF 30 DAYS FROM THE DATE THIS NOTICE IS DELIVERED TO YOU PERSONALLY OR RECEIVED AT YOUR CONFINEMENT ADDRESS IN ORDER TO GIVE YOU A REASONABLE OPPORTUNITY TO EXERCISE RIGHTS SET FORTH HEREIN. FAILURE TO RESPOND WILL CONSTITUTE A WAIVER OF ALL RIGHTS AND PROCESSING MAY CONTINUE IN YOUR ABSENCE. IF YOU ARE ELIGIBLE AND HAVE ELECTED AN ADMINISTRATIVE BOARD, AND YOU ARE UNABLE TO MAKE ARRANGEMENTS WHICH WOULD ALLOW YOU TO APPEAR IN PERSON BEFORE THE BOARD, PROCEEDINGS WILL CONTINUE IN YOUR ABSENCE; IN THIS EVENT, HOWEVER, YOU MAY BE REPRESENTED BEFORE THE BOARD BY YOUR COUNSEL. THE BELOW NAMED COUNSEL HAS BEEN APPOINTED YOUR MILITARY COUNSEL FOR CONSULTATION AND/OR REPRESENTATION FOR THIS ACTION.

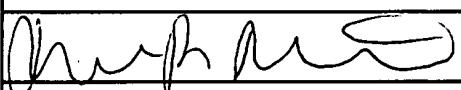
17. NAME OF MILITARY COUNSEL:	18. ADDRESS OF MILITARY COUNSEL:	19. PHONE NUMBER:
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CIVILIAN CONVICTION APPEAL INFORMATION (RESPONDENT INITIAL APPROPRIATE BLOCK)		YES	NO	N/A
20. DO YOU INTEND TO FILE AN APPEAL?				
21. DO YOU REQUEST SEPARATION BEFORE YOUR APPEAL IS DECIDED OR TIME FOR APPEAL HAS PASSED?				

COMMAND CERTIFICATION (COMMANDING OFFICER OR "BY DIRECTION")		
22. CERTIFIER'S NAME (LAST, FIRST, MI) MCROBBIE, RANDI, J YN1 By direction	23. SIGNATURE OF CERTIFIER: 	24. DATE: 25JAN09

MEMBER CERTIFICATION		
25. I ACKNOWLEDGE RECEIPT OF THIS NOTICE.	26. SIGNATURE OF MEMBER:	27. DATE:
28. MY RESPONSE TO THIS NOTICE IS COMPLETE.	29. SIGNATURE OF MEMBER:	30. DATE:
31. COUNSEL CERTIFICATION (IF APPLICABLE)	32. SIGNATURE OF COUNSEL:	33. DATE:

SWORN AFFIDAVIT OF SERVICE BY MAIL

STATE	COUNTY
Illinois	Lake
<p>I, YN2 Nicole R. Barousse, USN, having been duly sworn, declare that on the 29th January 2009 mailed the original notice, a true copy of which is attached hereto, by Certified Mail (return receipt requested) (or by an equivalent form of Notice if such service by U.S. Mail is not available outside of the United States) to: UTCN Little of 11155 South Vernon Chicago IL 60628 in a securely wrapped and sealed official postal envelope with a PS 3811 (Domestic Return Receipt) attached. A PS 3800 (Receipt for Certified Mail) attesting to such action is attached to this affidavit.</p>	
SIGNATURE OF INDIVIDUAL MAILING NOTICE	SWORN BEFORE ME THIS 29th day January 2009
	
N. R. BAROUSSE, YN2, USN, LPO	R. J. MCROBBIE, YN1, USN, DEPT HEAD
RANK AND JOB TITLE	RANK/RATE AND JOB TITLE

OFFICIAL RECORD COPY

Personal Data - Privacy Act of 1974

Navy Standard Integrated Personnel System
IDT DETAIL REVIEWRun Date 01/08/2009
Page No. 19 of 24

SSN:	360-78-2144	RUIC	Period	IDT Type	Status
					8 Unexcused Absence
11/17/2007	66231	85314	2		8 Unexcused Absence
11/18/2007	66231	85314	1		8 Unexcused Absence
11/18/2007	66231	85314	2		8 Unexcused Absence
12/01/2007	66231	85314	1		8 Unexcused Absence
12/01/2007	66231	85314	2		8 Unexcused Absence
12/02/2007	66231	85314	1		8 Unexcused Absence
12/02/2007	66231	85314	2		8 Unexcused Absence
12/02/2007	66231	85314	1		8 Unexcused Absence
03/15/2008	66231	85314	2		1 Drill Pay Schedule
03/15/2008	66231	85314	1		1 Drill Pay Schedule
03/16/2008	66231	85314	2		1 Drill Pay Schedule
03/16/2008	66231	85314	1		1 Drill Pay Schedule
04/12/2008	66231	85314	2		1 Drill Pay Schedule
04/12/2008	66231	85314	1		1 Drill Pay Schedule
04/12/2008	66231	85314	2		1 Drill Pay Schedule
04/13/2008	66231	85314	1		1 Drill Pay Schedule
04/13/2008	66231	85314	2		1 Drill Pay Schedule
04/17/2008	66231	85314	1		1 Drill Pay Schedule
05/17/2008	66231	85314	2		1 Drill Pay Schedule
05/17/2008	66231	85314	1		1 Drill Pay Schedule
05/18/2008	66231	85314	2		1 Drill Pay Schedule
05/18/2008	66231	85314	1		1 Drill Pay Schedule
06/07/2008	66231	85314	2		1 Drill Pay Schedule
06/07/2008	66231	85314	1		1 Drill Pay Schedule
06/08/2008	66231	85314	2		1 Drill Pay Schedule
06/08/2008	66231	85314	1		1 Drill Pay Schedule
08/16/2008	66231	85314	2		1 Drill Pay Schedule
08/16/2008	66231	85314	1		1 Drill Pay Schedule
08/17/2008	66231	85314	2		1 Drill Pay Schedule
08/17/2008	66231	85314	1		1 Drill Pay Schedule
09/20/2008	66231	85314	2		1 Drill Pay Schedule
09/20/2008	66231	85314	1		1 Drill Pay Schedule
10/18/2008	66231	85314	2		1 Drill Pay Schedule
10/18/2008	66231	85314	1		1 Drill Pay Schedule
10/19/2008	66231	85314	2		1 Drill Pay Schedule
10/19/2008	66231	85314	1		1 Drill Pay Schedule
11/15/2008	66231	85314	2		1 Drill Pay Schedule
11/15/2008	66231	85314	1		1 Drill Pay Schedule
11/16/2008	66231	85314	2		1 Drill Pay Schedule
11/16/2008	66231	85314	1		1 Drill Pay Schedule
12/06/2008	66231	85314	2		1 Drill Pay Schedule
12/06/2008	66231	85314	1		1 Drill Pay Schedule
12/07/2008	66231	85314	2		1 Drill Pay Schedule
12/07/2008	66231	85314	1		1 Drill Pay Schedule

The data contained herein is protected by the Privacy Act of 1974.
All measures required to protect this information should be taken.

1

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only;  Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE



Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To UTCN Little
2006 0810 0006 7433 5998
Street, Apt. No.
or PO Box No.
City, State, ZIP-4

PS Form 3800, June 2002

See Reverse for Instructions

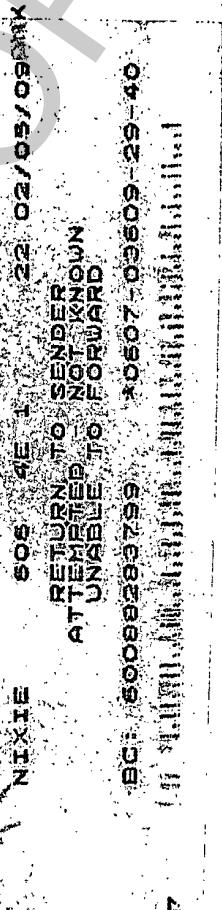
7006	0810	0006	7433	5998
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COMMANDING OFFICER
BLDG 190 NTC
NAVAL RESERVE CENTER
615 BARRY ROAD
GREAT LAKES IL 60088-5707

United Parcel™



7006 0810 0006 7433 5998



ENLISTED APPLICATION & ORDERS

TO A NAVAL RESERVE UNIT

TERMINATION/MODIFICATION

NAVRES 1326/2 (Rev. 9-76) S/N 0117-LF-013-2611

360-78-2144

FROM: Commanding Officer, Navy Operational Support Center
Chicago DATE: 08 Jan 09

TO: UTCN JAMAR LITTLE
11155 S VERNON
CHICAGO, IL 60628

Ref: (a) BUPERSINST 1001.39F

1. Reference (a) which authorized your assignment to: NMCB 25 DET 0825

RUIC: 85314

XX IN PAY STATUS IN NON-PAY STATUS is hereby:

TERMINATED EFFECTIVE
FOR REASONS INDICATED
BELLOW:

XX MODIFIED EFFECTIVE
AS INDICATED BELOW:

08 Jan 09

ITEM	ITEM
Inability to maintain satisfactory drill attendance:	XX Transfer to: NR VTU 1310 <u>DRILL PAY</u> <u>XX NON PAY STATUS</u>
Failure to perform Annual Active Duty for Training	Pay status changed to: _____
Not Recommended for Reaffiliation	Training status changed to: _____
Transfer to Standby Reserve	OTHER: RBSC: IAP XX AUIC: IAP TRUIC: 1310G APC: 133A117
Transfer to Retired Status	
Your own request (Records Transferred to NRPC)	Reason for action: MBR TRANSFERRED TO
Other:	THE VTU DUE TO INABILITY TO MAINTAIN SATISFACTORY DRILL ATTENDANCE.

Remarks:

Remarks:

Copy to:

Signature (Name and Rank)

Distribution

Service Record

PSC(AW) *Mary F. Hill*

M.L. HILL PSC (AW), USN, BY DIRECTION

U.S. GOVERNMENT PRINTING OFFICE: 1992-704-079/80084

FOR OFFICIAL USE ONLY-PRIVACY SENSITIVE

a
g
d

ENCLOSURE (6)

**ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES**

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME <i>(Last, First, Middle)</i> LITTLE JAMAR	2. SOCIAL SECURITY NUMBER 360-78-2144				
3. HOME OF RECORD <i>(Street, City, State, ZIP Code)</i> 9122 SOUTH BLACKSTONE CHICAGO, IL 60619-0000	4. PLACE OF ENLISTMENT/REENLISTMENT <i>(Mil. Installation, City, State)</i> CHICAGO MEPS DES PLAINES, IL 60018-1960				
5. DATE OF ENLISTMENT/ REENLISTMENT <i>(YYYYMMDD)</i> 20060608	6. DATE OF BIRTH <i>(YYYYMMDD)</i> 19860613	7. PREV MIL SVC UPON ENL/REENLIST	YEARS	MONTHS	DAYS
		a. TOTAL ACTIVE MILITARY SERVICE			
		b. TOTAL INACTIVE MILITARY SERVICE			

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States *(list branch of service)* **NAVAL RESERVE** this date for **8** years and **00** weeks beginning in pay grade **E-1**.
The additional details of my enlistment/reenlistment are in Section C and Annex(es) **A**.

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by *(list date (YYYYMMDD))* _____ for enlistment in the Regular component of the United States *(list branch of service)* _____ for not less than _____ years and _____ weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is **NOT** creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. REMARKS: *(If none, so state.)* **NONE**

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government.
ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee/Reenlistee) **JL**

(Continued on reverse side.)

NAME OF ENLISTEE/REENLISTEE (Last, First, Middle) LITTLE JAMAR	SOCIAL SECURITY NO OF ENLISTEE/REENLISTEE 360-78-2144
---	--

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and initial.) NONE JL (Initials of enlistee/reenlistee)

b. SIGNATURE OF ENLISTEE/REENLISTEE 	c. DATE SIGNED (YYYYMMDD) 20060608
--	---------------------------------------

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) NAVY

I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle) ABRAMS CAROLE J	c. PAY GRADE G-9	d. UNIT/COMMAND NAME USN RECRUITING DISTRICT
e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) 20060608	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) FT SHERIDAN IL 60037

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, JAMAR LITTLE, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, , do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of and the orders of the officers appointed over me, according to law and regulations. So help me God.

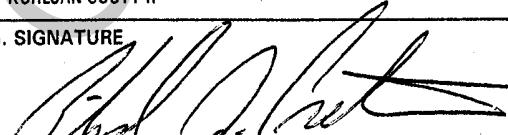
17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____, in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.a

18a. SIGNATURE OF ENLISTEE/REENLISTEE 	b. DATE SIGNED (YYYYMMDD) 20060608
--	---------------------------------------

19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle) KORIJAN SCOTT R	c. PAY GRADE O-2	d. UNIT/COMMAND NAME CHICAGO MEPS
e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) 20060608	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) DES PLAINES IL 60018-1960

NPS BASIC RESERVE PROGRAM ENLISTMENT GUARANTEES

LITTLE, JAMAR
NAME (LAST, FIRST, MIDDLE, JR., ETC.)

360-78-2144
SSN

1. ACKNOWLEDGMENT: In connection with my enlistment into the United States Naval Reserve, I hereby acknowledge that:

- a. I am enlisting into the U.S. Naval Reserve for an active duty period of eight (8) years, six (6) years of which will be in an active drilling status as a Selected Reserve and the remaining two (2) years in the non-drilling Individual Ready Reserve (IRR).
- b. I am enlisting with the following guarantees and understanding:

Upon enlistment, I will be enlisted under the provisions of Commander, Navy Recruiting Command Instruction 1130.8 for the option(s) indicated below:

- Option (1) UTILITIESMAN (UT) CLASS "A" SCHOOL
Option (2) \$20000.00 ENLISTMENT BONUS SOURCE RATING
Option (3) N/A
Option (4) N/A
Option (5) N/A

2. I understand that I must be fully qualified at all times throughout my obligated service for all security, professional, military, physical, psychological and academic requirements of the options guaranteed in section 1 and that my eligibility will be rechecked during recruit training and periodically throughout my enlistment.

3. The Naval Reserve will order me to Recruit Training, UTILITIESMAN (UT) CLASS "A" SCHOOL, and the Reserve unit listed in paragraph 1 above. I understand that I will be required to report to my assigned Naval Reserve Activity within three (3) working days upon completion of my Initial Active Duty for Training (IADT) orders. If during the periodic reviews of my eligibility, I am found no longer eligible for the options listed in paragraph 1 above because of information I provided in my enlistment application; because of a physical or psychological disqualification, or because of some reason that is not due to my fault, negligence, or conduct, I may only choose one of the following options:

- a: Agree to request enlistment into the regular Navy for a minimum period of two (2) years active duty with no guarantees of duty assignment or accession. I understand that if I elect this option, I am subject to worldwide assignability.
- b: Elect entry level separation from the Naval Reserve.

In any event, the Navy may, at its option, chose to discharge me.

4. If I am not enrolled in the training guarantee specified in section 1a(1) above because of some reason that is due to my fault, negligence or conduct or if I am disenrolled from it for any other reason not specified in paragraph 3, then I lose all guarantees and I am subject to separation from the Naval Reserve.

5. I must maintain satisfactory drill participation and Annual Training requirements as outlined in the NPS Basic Statement of Understanding. Should I fail to do so, I will be processed for Administrative Separation and/or placed in the IRR due to Unsatisfactory Performance, not recommended for reaffiliation/reenlistment.

6. I certify that I have read and received a copy of the Classifier Rating/Program Fact Sheet for the Rating/Program for which I am enlisting, and the Statement of Understandings required for Options: 1,2
I understand the obligations for the Options and training that I will receive (X) JL
(applicant's initials)

R. M. WILBER, ET1 (SW/AW), USN
Enlisted Classifier, BYDIRCO

08 Jun 2006

(X) Jamar Little

JAMAR LITTLE

08 Jun 2006

11. AWARDS

Name (Last, first, middle initial)

LITTLE, JAMAR

R20062631

SOCIAL SECURITY NUMBER

BRANCH/CLASS

32

LITTLE, JAMES						Name (last, first, middle)	
						SOCIAL SECURITY NUMBER	3667821411
						BRANCH/CLASS	32
PAS TITLE	PAS STATION #	DATE	INIT	PAS TITLE	PAS STATION #	DATE	INIT
QUALIFIED AS SWIMMER CLASS 2	WIL 06 2006		WM				
12. PERSONNEL QUALIFICATION STANDARDS (PQS)							

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVerRecs at <http://www.archives.gov/veterans/everrecs/>. *
(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle) 2. SOCIAL SECURITY NO. 3. DATE OF BIRTH 4. PLACE OF BIRTH

LITTLE, JAMAR 360-78-2144 6/13/1986

5. SERVICE, PAST AND PRESENT

(For an effective records search, it is important that all service be shown below.)

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT	NAVY					
b. RESERVE COMPONENT						
c. NATIONAL GUARD						

6. IS THIS PERSON DECEASED? If "YES" enter the date of death.

NO YES _____

7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?

NO YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

X DD Form 214 or equivalent. This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. Check the appropriate box below to specify a deleted or undeleted copy. When was the DD Form(s) 214 issued? YEAR(S):

- UNDELETED: Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPID/SPN) code, and dates of time lost are usually shown.
- DELETED: The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPID/SPN) code, and for separation after June 30, 1979, character of separation and dates of time lost.
- All Documents in Official Military Personnel File (OMPF)
- Medical Records (Include Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, provide facility name and date for each admission:

2. PURPOSE: (An explanation of the purpose of the request is strictly voluntary; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

Benefits Employment VA Loan Programs Medical Medals/Awards Genealogy Correction Personal

X Other, explain: WOTC PROGRAM

SECTION III- RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)

Military service member or veteran identified in Section 1, above

Legal guardian (Must submit copy of court appointment.)

Next of kin of deceased veteran (Must provide proof of death).

X Other (specify) ADP TAX CREDITS

Show relationship: _____

(See item 2a on accompanying instructions.)

2. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

ADREANNA LINDLEY

Name

2205 ENTERPRISE DRIVE, SUITE C

Street

Apt.

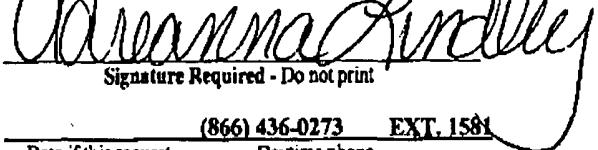
FLORENCE SC 29501

City

State

Zip Code

3. AUTHORIZATION SIGNATURE REQUIRED (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.


Signature Required - Do not print

(866) 436-0273 EXT. 1581

Date if this request Daytime phone

ADREANNA.LINDLEY@ADP.COM

Email address

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle) 2. SOCIAL SECURITY NO. 3. DATE OF BIRTH 4. PLACE OF BIRTH
LITTLE, JAMAR TD **360-78-2141** **06JUN 1986** **CHICAGO**

5. SERVICE, PAST AND PRESENT

(For an effective records search, it is important that all service be shown below.)

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT	NAVY	06/23/2006	12/31/2006		X	UNKNOWN
b. RESERVE COMPONENT	NAVY	12/31/2006	3/11/2011		X	UNKNOWN
c. NATIONAL GUARD						

6. IS THIS PERSON DECEASED? If "YES" enter the date of death.

NO YES

7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?

NO YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

DD Form 214 or equivalent. When was the DD Form(s) 214 issued? YEAR(S): _____

If more than one period of service was performed, even in the same branch, there may be more than one DD214.

This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.

An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214.

The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

All Documents in Official Military Personnel File (OMPF)

Medical Records (Includes Service Treatment Records, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission must be provided: _____

Other (Specify): Medical Records/Administrative Remarks Offenses & Punishments, Letter of Separation

2. PURPOSE: (An explanation of the purpose of the request is strictly voluntary; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

Benefits Employment VA Loan Programs Medical Genealogy Correction Personal

Other, explain: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.) No signature required for Archival records.

Military service member or veteran identified in Section I, above
 Next of kin of deceased veteran: _____

(Relationship)

MUST HAVE PROOF OF DEATH - See item 2a on instruction sheet.

Legal guardian (Must submit copy of court appointment.)
 Other (specify) Chicago Police Department

2. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

Chicago Police Department/HRD-Investigations Section

Name

3510 South Michigan, Room 4013SW

Street

Apt.

Chicago

IL

60653

City

State

Zip Code

04 June 2016

Signature Required - Do not print

Date

(312) 745-5230

(312) 745-6942

Daytime phone

Fax Number

personnelinvestigation@chicagopolice.org

Email address

Mailed 9/21/16
REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veterans' next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>. To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I: INFORMATION NEEDED TO LOCATE RECORDS (FURNISH AS MUCH INFORMATION AS POSSIBLE)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH
LITTLE, JAMAR D	360782144	06/13/1986	CHICAGO

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE						
b. RESERVE	NAVY	JUNE 23, 2006	MARCH 2011	X		UNKNOWN
c. STATE NATIONAL GUARD						

6. IS THIS PERSON DECEASED? NO YES - MUST provide Date of Death if veteran is deceased.7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? NO YES**SECTION II: INFORMATION AND/OR DOCUMENTS REQUESTED**

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

 DD Form 214 or equivalent. Year(s) in which form(s) issued to veteran: 2011

This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.

An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: I want a DELETED copy.

Medical Records includes Service Treatment Records, Health (outpatient) and Dental Records. IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:

 Other (Specify): _____

2. PURPOSE: (Providing information about the purpose of the request is strictly voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

 Benefits (explain) Employment VA Loan Programs Medical Genealogy Correction Personal Other (explain)

Explain here: _____

SECTION III: RETURN ADDRESS AND SIGNATURE1. REQUESTER NAME: JAMAR LITTLE2. I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above. I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.) I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney) OTHER

(Specify type of Other)

3. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

JAMAR LITTLE

Name: 7920 S MANISTEE Apt: 1
 Street: CHICAGO IL 6067 Zip Code:

4. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

01AUG2016

Date

Signature Required - Do not print

(240) 501-4725

Daytime phone

()

Fax Number

Email address

JLITTLE2216@GMAIL.COM

* This form is available at <http://www.archives.gov/veterans-military-service-records/standard-forms-180.pdf> on the National Archives and Records Administration (NARA) web site.

QAD Envelope - F#912316

RECEIVED AUG 23 2016

Service Request All Details

NPRC

Service Request:	2-19988270884	Status:	Case Completed
Request Priority:	Routine	Assigned To:	SMSTOVALL
Source:	Mail	Core:	CORE 2
Purpose:	Employment	Team:	Team F
Level of Complexity:	Others	How Received:	Mail
Description:			

Date Created:	08/15/2016 11:32:29
Date Received in:	08/12/2016 00:00:00
Date Received in Core:	08/16/2016 07:51:35
Date Completed:	08/16/2016 07:51:37
Date Out of Core:	
Date Out of Center:	

Requester Information:

First Name: JAMAR
Last Name: LITTLE
Company:
Phone: 2405014705
Fax:

Address: 7920 S MANISTEE AVE # 1
City: CHICAGO
State: IL
Zip: 60617-1326

Veteran Information:

Veteran Last Name: LITTLE
Veteran First Name: JAMAR
Date of Birth: 06/13/1986
SSN: 360782144

Service Details:

SR Number: [REDACTED] Branch of Service: [REDACTED] Officer/Enlisted: [REDACTED] Date Released: [REDACTED]
Navy Enlisted 03/2011

NATIONAL PERSONNEL RECORDS CENTER

1 ARCHIVES DRIVE ST LOUIS, MO 63138-1002

www.archives.gov

August 16, 2016

JAMAR LITTLE
7920 S MANISTEE AVE # 1
CHICAGO, IL 60617-1326

RE: Veteran's Name: LITTLE, Jamar D
SSN/SN: ***144**
Request Number: 2-19988270884

Dear Recipient:

Thank you for contacting the National Personnel Records Center. The military personnel record that you have requested is not at this Center. In the mid-1990s, the Department of the Navy began retiring most military personnel records to its Personnel Command instead of the National Personnel Records Center. We sent your inquiry to the following office for action:

✓ Commander, Navy Personnel Command
PERS-312 Records Support Branch
5720 Integrity Drive
Millington, TN 38055-3120

You may check the status of your referral request by calling 1-866-827-5672. Please wait 2 weeks from the date of this letter before calling to ensure there has been enough time for their office to receive and input your request.

The military health record is not available at the National Personnel Records Center. The records may be obtained from the agencies below.

	DISCHARGE DATE	CONTACT
NAVY	1/31/1994 to 12/31/2013	Department of Veterans Affairs, Records Management Center (VARMC), St. Louis, MO 1-888-533-4558
	on or after 1/1/2014	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Blvd., Building 103 St. Louis, MO 63120

If a VA claim was filed, the service member's health record may have been sent to the VA Regional Office that serves that veteran's local area. We suggest you contact the Department of Veterans Affairs at 1-800-827-1000 for further assistance.

If you have questions or comments regarding this response, you may contact us at 314-801-0800 or by mail at the address shown in the letterhead above. If you contact us, please reference the Request Number listed above. If you are a veteran, or a deceased veteran's next of kin, please consider submitting your future requests online by visiting us at <http://vetrecs.archives.gov>.

Sincerely,



SHEENA STOVALL

Archives Technician (AFN-MC2F)



We Value Our
Veterans' Privacy

*Let us know if we have
failed to protect it.*

OFFICIAL RECORD COPY