

CHARLIE COMPANY, 392<sup>ND</sup> ESB-E

**IN- AND OUT-PROCESSING RECORDS CHECKLIST**

For use of this form, see unit's standard operating procedures (SOP); the proponent agency will be the unit's appropriate staff sections.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Applicable Army publications and organization's Standard Operating Procedures (SOP).

**PRINCIPAL PURPOSE:** To ensure the proper in-processing of Soldiers into their gaining units and the proper out-processing of Soldiers from their losing units.

**ROUTINE USES:** To ensure that Soldiers have all the documents for both in- and out-processing and to ensure the identification of certain legal conditions that could preclude Soldiers from deployment, if present, during in- and out-processing. Forms will not be disclosed outside Department of Defense (DoD) and DoD sponsored agencies.

**DISCLOSURE:** Disclosure of this information is voluntary; however, failure to disclose the requested information could result in improper in- and out-processing.

**INSTRUCTIONS**

This form will be initiated at the losing unit during out-processing and provided to the Soldier along with the documents listed below. The gaining unit will complete this form by checking for the presence of each document. Confirm whether each document is present by checking "Yes" if the document is present and "No" if the document is absent. **Blocks marked with an "X" indicates no actions required for that specific item.** Prepare this form in two copies: One copy remains at the losing unit, and the Soldier hand carries the other copy to the gaining unit as a reference document.

|                                |                                      |                     |     |             |                          |
|--------------------------------|--------------------------------------|---------------------|-----|-------------|--------------------------|
| 1. NAME (Last, First, Middle): | LI HON CHING                         | 2. RANK:            | SPC | 3. MOS/AOC: | 09B - Trainee Unassigned |
| 4. DODID#:                     | 1643003372                           | 5. SECTION/PLATOON: | IET |             |                          |
| 6. HOME ADDRESS:               | 970 41st ST APT 6i BROOKLYN NY 11219 |                     |     |             |                          |
| 7. MOBILE PHONE #:             | 646/589-2769                         |                     |     |             |                          |
| 8. MILITARY EMAIL:             | HON.C.LI.MIL@USA.ARMY.MIL            |                     |     |             |                          |
| 9. PERSONA EMAIL:              | HONSPACECHING@GMAIL.COM              |                     |     |             |                          |

| IN-PROCESS                          |                          | INITIALS | 10. ADMINISTRATIVE RECORD DOCUMENTS  | OUT-PROCESS              |                          | INITIALS |
|-------------------------------------|--------------------------|----------|--|--------------------------|--------------------------|----------|
| YES                                 | NO                       |          |  | YES                      | NO                       |          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | DGF      | Assignment Order w/ any amendments (Forward to higher for processing)  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | DGF      | DD Form 93 (Record of Emergency Data) (Self-service thru <a href="#">IPPS-A</a> )                              | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | DGF      | VA Form SGLV 8286A (Family coverage election and certificate) (Self-service thru <a href="#">MILCONNECT</a> ). | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <input type="checkbox"/>            | <input type="checkbox"/> |          | Check Security Clearance Expiration Date in RCMS   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <input type="checkbox"/>            | <input type="checkbox"/> |          | Latest Evaluation (OER/NCOER), (if applicable)   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | DGF      | IPPS-A Update (Modify Person)  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | DGF      | MYPAY (Direct Deposit -SF 1199)  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <input type="checkbox"/>            | <input type="checkbox"/> |          | DA Form 5960 (Basic Allowance for Quarters/Housing)  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <input type="checkbox"/>            | <input type="checkbox"/> |          | Initiate/Verify Personnel/Finance Records Review   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <input type="checkbox"/>            | <input type="checkbox"/> |          | Marriage Certificate and/or Divorce Decree (if applicable)   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <input type="checkbox"/>            | <input type="checkbox"/> |          | Birth Certificates (if applicable)   | <input type="checkbox"/> | <input type="checkbox"/> |          |

|                          |                          |  |                          |                          |
|--------------------------|--------------------------|--|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | USAR Form 107-R ( <i>Family Information Data Worksheet</i> )   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Family Care Plan Questionnaire   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Family Care Plan Packet ( <i>if applicable</i> )   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Total Sponsorship Assignment ( <a href="#">ACT – Army Career Tracker</a> )                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | DA Form 31 (AGR Soldier Only) <i>Forward to G1 for processing</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | ADPAAS Registration ( <a href="#">ADPAAS Web Portal</a> )  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | DD Form 1351-2 (Travel Voucher) <b><u>AGR Soldier Only</u></b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | TLE Claim Form (if applicable) <b><u>AGR Soldier Only</u></b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Finance Briefing (Nearest military installation, if available and application) <b><u>AGR Soldier Only</u></b>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <a href="#">QTC Health Services</a> Account Setup (TPU Soldier) / <i>Tricare PCM changed (AGR Soldiers Only)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | DD Form 3349 (Physical Profile) is up to date?   | <input type="checkbox"/> | <input type="checkbox"/> |

| IN-PROCESS                          |                                     | INITIALS | 11. SUPPLY RECORD DOCUMENTS  | OUT-PROCESS                         |                                     | INITIALS |
|-------------------------------------|-------------------------------------|----------|--|-------------------------------------|-------------------------------------|----------|
| YES                                 | NO                                  |          |  | YES                                 | NO                                  |          |
| <input type="checkbox"/>            | <input type="checkbox"/>            |          | REQUIRED RECORDS, DOCUMENTS, OR OTHER ITEMS  | <input type="checkbox"/>            | <input type="checkbox"/>            |          |
| <input type="checkbox"/>            | <input type="checkbox"/>            |          | Lodging in Kind (LIK) Statement of Understanding (SOU) completed?                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| <input type="checkbox"/>            | <input type="checkbox"/>            |          | LIK Request Form for upcoming Battle Assemblies (BA) received?                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| <input type="checkbox"/>            | <input type="checkbox"/>            |          | DA 4886 for the Clothing statement inventoried.  | <input type="checkbox"/>            | <input type="checkbox"/>            |          |
| <input type="checkbox"/>            | <input type="checkbox"/>            |          | OCIE/Clothing Memo for Annual Inventory (E-5's and above only)                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| <input type="checkbox"/>            | <input type="checkbox"/>            |          | CIF Initial Issue? ( <i>If applicable</i> ) ( <b><u>Self-service thru ISM Web Portal</u></b> ) | <input type="checkbox"/>            | <input type="checkbox"/>            |          |
| <input type="checkbox"/>            | <input type="checkbox"/>            |          | Unit Patch Received?   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| <input type="checkbox"/>            | <input type="checkbox"/>            |          | Issued CBRN mask and assigned weapon card?   | <input type="checkbox"/>            | <input type="checkbox"/>            |          |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          | Does this Soldier required OCIE Turn-in and is it scheduled?                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |          |
| <input type="checkbox"/>            | <input type="checkbox"/>            |          | Has the Hand Receipt Holder (HRH) inventoried the HR and cleared supply section?               | <input type="checkbox"/>            | <input type="checkbox"/>            |          |

| IN-PROCESS               |                          | INITIALS | 12. MAINTENANCE RECORD DOCUMENTS   | OUT-PROCESS                         |                                     | INITIALS |
|--------------------------|--------------------------|----------|--|-------------------------------------|-------------------------------------|----------|
| YES                      | NO                       |          |  | YES                                 | NO                                  |          |
| <input type="checkbox"/> | <input type="checkbox"/> |          | Is Soldier enrolled into GCSS-A Registration? (Self-service thru <a href="#">GCSS-A Web Portal</a> )   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| <input type="checkbox"/> | <input type="checkbox"/> |          | Does the Soldier require a <u>Re-Issue of their Military Driver's License</u> ?  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| <input type="checkbox"/> | <input type="checkbox"/> |          | Is the Soldier On/Off Boarding into unit? ( <i>In-processing Onboard/ Out-processing Offboard</i> )  | <input type="checkbox"/>            | <input type="checkbox"/>            |          |
| <input type="checkbox"/> | <input type="checkbox"/> |          | Does the Soldier require any system accesses, privileges, or requires revocation?<br>• <b>License Instructor/License Examiner (LI/LE) (E-5 &amp; above only)</b> | <input type="checkbox"/>            | <input type="checkbox"/>            |          |

| IN-PROCESS               |                          | INITIALS | 13. OPERATIONS/TRAINING/SCHOOLS RECORD DOCUMENTS   | OUT-PROCESS                         |                                     | INITIALS |
|--------------------------|--------------------------|----------|--|-------------------------------------|-------------------------------------|----------|
| YES                      | NO                       |          |  | YES                                 | NO                                  |          |
| <input type="checkbox"/> | <input type="checkbox"/> |          | Is the Soldier DMOSQ (if not initiate packet)?   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| <input type="checkbox"/> | <input type="checkbox"/> |          | Is the Soldier current on next PME (if not initiate packet)?   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| <input type="checkbox"/> | <input type="checkbox"/> |          | Provide the Soldier a copy of Yearly Battle Assembly Schedule  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| <input type="checkbox"/> | <input type="checkbox"/> |          | DA Form 705 (Army Combat Fitness Test Scorecard) up to date?   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| <input type="checkbox"/> | <input type="checkbox"/> |          | DA Form 5500/5501 (Body Fat Content Worksheet) up to date?   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| <input type="checkbox"/> | <input type="checkbox"/> |          | DA Form 348 (Equipment Operator's Qualification Record) up to date?  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| <input type="checkbox"/> | <input type="checkbox"/> |          | Weapons Card up to date?   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| <input type="checkbox"/> | <input type="checkbox"/> |          | Government Travel Charge Card (GTCC) Application ( <a href="#">Citimanager</a> )   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| <input type="checkbox"/> | <input type="checkbox"/> |          | Check GTCC Balance/Active/Expiration Date/Information up to date?  | <input type="checkbox"/>            | <input type="checkbox"/>            |          |
| <input type="checkbox"/> | <input type="checkbox"/> |          | <a href="#">DTS Profile</a> enrolled/released/pulled into correct hierarchy?   | <input type="checkbox"/>            | <input type="checkbox"/>            |          |
| <input type="checkbox"/> | <input type="checkbox"/> |          | Verify DTS Profile is up to date?  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| <input type="checkbox"/> | <input type="checkbox"/> |          | CBA Memo Required (If Applicable)?   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| <input type="checkbox"/> | <input type="checkbox"/> |          | Does the Soldier require any system accesses, privileges, or requires revocation?<br>• <a href="#">ATRRS Operator</a><br>• <a href="#">DTMS Operator</a><br>• <a href="#">TAMIS Operator</a><br>• <a href="#">DTS Role</a><br>• <a href="#">Citimanager Agency Program Coordinator (APC)</a> | <input type="checkbox"/>            | <input type="checkbox"/>            |          |

**After each staff section completes processing, the ARA or administrative personnel will verify the completion status of both In-processing and Out-processing procedures.**

| INPROCESSING VALIDATION                    |  | OUTPROCESSING VALIDATION   |  |
|--|--|--|--|
| FOECKING.DAVID.GEORG<br>EGERARD.1050432382 |  | Digitally signed by<br>FOECKING.DAVID.GEORGEGERARD.1050432382<br>Date: 2025.07.17 11:28:26 -04'00' |  |
| Signature of ARA or admin personnel        |  | Signature of ARA or admin personnel  |  |