

RECORD OF ENLISTED COUNSELING

DATE

PRIVACY ACT STATEMENT

The authority for requesting the following information is contained in 5 U.S.C. sec. 301, 10 U.S.C. 5947, 44 U.S.C. sec. 3101, and Executive Order No. 9397. This information will be used to document quality force counseling actions not prescribed in other directives. Department of the Navy personnel may also use the information for evaluations and determinations in disciplinary, punitive and/or administrative actions. Disclosure of this information is voluntary.

NAME (Last, First, Middle Initial)

GRADE

SSN

DIVISION/WORK CENTER/DUTY SECTION

NAME/GRADE OF COUNSELOR

REASON FOR COUNSELING

PERFORMANCE

RESPONSIBILITIES

OJT PROGRESS

CAREER ADVANCEMENT

SUPPORT OF DEPENDENTS

PRIVATE INDEBTEDNESS

SUBSTANDARD APPEARANCE

PERSONAL BEHAVIOR

OTHER (Specify) _____

REASONS WHICH CAUSED THE COUNSELING REQUIREMENT

(Give facts, details, sequence of events, specific dates, etc.)

PLAN (DEVELOPED BY THE MEMBER AND COUNSELOR) TO CONTINUE SUPERIOR PERFORMANCE OR TO OVERCOME PROBLEM(S) AND PRECLUDE FUTURE INVOLVEMENT

(Outline all resolutions discussed and indicate which actions the member has personally elected to pursue.)

[Empty space for outlining resolutions and actions]

Signature of Counselor/Date

Signature of Member/Date

I do/do not desire to make a statement.

Signature of Member/Date