OTJAG Assignment Worksheet

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, U.S. Code Annotated, Sections 3012 and **3013. PRINCIPAL PURPOSE:** To provide information essential to select candidates to fill JAG Corps position vacancies requiring TJAG approval. **ROUTINE USES:** To provide selection board members with a synopsis of pertinent qualifications and to compile the list of Official Military Personnel Folders that the board will require. **EFFECT OF FAILURE TO PROVIDE REQUESTED INFORMATION:** Furnishing this information is voluntary, but failure to do so may delay assignment of the respondent to a position requiring TJAG approval.

Section I. INDIVIDUAL OFFICER COMPLETE

NAME:_____ SSN:_____
(Last, First, Ml)

RANK: DOR: _____ MRD: _____ DOB:_____

CURRENT DUTY ASSIGNMENT: _____ DATE ASSIGNED: _____
(Title, Unit, MSC, or Status: IRR/IMA)

ASSIGNMENT PREFERENCES

Mileage from my home address to the positions/locations is listed below. I will be available to participate in all administrative and Multiple Unit Training Assemblies (MUTA), regardless of distance.

POSITION TITLE / UNIT / LOCATION	MILEAGE	COMM AIR / POV
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	
6.	_____	
7.	_____	
8.	_____	
9.	_____	
10.	_____	

HOME ADDRESS:_____

BUSINESS TELEPHONE #: _____ HOME TELEPHONE :_____

E-MAIL ADDRESS (.mil): _____

_____
(SIGNATURE/DATE)

Section II. UNIT COMMANDER COMPLETE
(or records custodian if unit commander applying or unavailable)

DATE LAST PHYSICAL EXAM: _____ PULHES: _____

DATE LAST APFT: _____ *(Check one)* PASS_____ FAIL_____ PROFILE *(Enter date)* _____

CURRENT HEIGHT: _____ WEIGHT:_____ MAX ALLOWABLE WEIGHT IAW AR 600-9:_____

MEETS BODY FAT STANDARDS: *(Check one)* YES:_____ NO:_____ NA:_____

I CERTIFY THAT I HAVE PERSONALLY VERIFIED ALL INFORMATION CONTAINED HEREIN:

_____
(SIGNATURE/DATE)

_____
(TYPED NAME/GRADE/TITLE)

* If in the IRR, provide current APFT card and statement of current height and weight. Include DA Form 5500-R (or 5501-R) if not within the parameter of AR 600-9.