SRB PROGRAM ELIGIBILITY CHECKLIST - Page 1 of 2

UNIT: _____ REENL DATE: _____ TERM: _____

NAME: _____GRADE: _____ SRB ZONE: _____

SSN: _____ PMOS: _____ REQUESTED MOS: _____/_____/_____

1. Is the Marine eligible and recommended for reenlistment?

YES ____ NO ____

2. Is the Marine serving in the grade of lance corporal or above?

YES ____ NO ____

3. Is the Marine's primary MOS authorized as SRB eligible per the current SRB MarAdmin and is the Marine fully qualified in the SRB skill?

YES ____ NO ____

4. If the answer is "NO" to Question 3, is the Marine requesting a lateral move into an SRB (LM) eligible MOS, or other MOS specific authorized lateral move MOS, per the current SRB MarAdmin?

N/A ____ YES ____ NO ____

5. Has the Marine applied for or been accepted for a program leading to a commissioned status, and is the Marine reenlisting for the purpose of meeting service requirements for such a program? (If "YES", SNM is not qualified for SRB.)

YES ____ NO ____

6. Is the term of the Marine's reenlistment request for at least 36 months of additional obligated service?

YES ____ NO ____

7. SRB Zone Eligibility. The Marine must have completed 17 months but less than 20 years total active service, including other branches of service, at the time of reenlistment in one of the following Zones. SNM must have served for at least 17 months of continuous active service other than for training.

a) ZONE A. This applies to those active component Marines with 17 months to 6 years of active Marine Corps service.

Marine is Zone A? YES ____ NO ____

b) ZONE B. This applies to those active component Marines with 6 to 10 years of active military service.

Marine is Zone B? YES ____ NO ____

c) ZONE C. This applies to those active component Marines with 10 to 14 years of active military service.

Marine is Zone C? YES ____ NO ____

8. Has the Marine previously received an SRB? If "yes" annotate which SRB Zone(s). (Check MCTFS D904 screen(s))

YES ____ NO ____ Zone(s) ____

REENLISTEE SIGNATURE _____ DATE _____

CAREER PLANNER/PREPARER SIGNATURE _____ DATE _____

CAREER PLANNER/PREPARER NAME _____

The undersigned certifies that the Marine named above meets all of the eligibility criteria for payment of a Zone ____ SRB for MOS ____ for ____ months additional obligated service (see the current SRB MarAdmin for computation) and has been advised of all factors concerning termination and recoupment of bonus entitlements as listed in the SRB Statement of Understanding.

_____ _____

COMMANDING OFFICER SIGNATURE DATE