

Personal Data – Privacy Act of 1974

NJANG ENLISTED PROMOTION RECOMMENDATION

Under the provisions of ANGI 36-2502 and HQ NJANGI 36-2504 the following airman is recommended for promotion to the grade of: _____ E - _____.

NAME:		SSAN:		ETS:	
AUTH GRD:		CURR GRADE:		DATE OF RANK:	
DAFSC:		PAFSC:		UMD POSN #:	
UNIT:					
STATUS: <input type="checkbox"/> AGR <input type="checkbox"/> TECH <input type="checkbox"/> TRADITIONAL			– If AGR (SMSgt/CMSgt Promotion) HQ NJANG will route to HRO for controlled grade availability		
MOST RECENT PME COURSE: <input type="checkbox"/> SNCOA <input type="checkbox"/> NCOA <input type="checkbox"/> ALS/NCO PREP			DATE COMPLETED:		
METHOD OF COMPLETION: <input type="checkbox"/> IN-RESIDENCE <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> BOTH					
TIME IN GRADE: (Current date minus date of rank)			TIME IN SERVICE: (Pg 1 of RIP – Satis-Svc block)		
IS THIS A DESERVING AIRMAN PROMOTION IAW ANGI 36-2502 ? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<i>If yes, attach Statement of Understanding for Overgrade/Excess Assignment – Additionally, provide Force Management Plan to resolve this overgrade situation.</i>					
IS THIS A RETRAINING PROMOTION IAW ANGI 36-2502 ? <input type="checkbox"/> YES <input type="checkbox"/> NO			IS AIRMAN IN EXCESS ASSIGNMENT CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>If yes, attach Statement of Understanding and clearly state time limit.</i>					

WEIGHT CERTIFICATION

Individual was weighed on _____		and the following information is applicable:			
CURRENT WEIGHT:		CURRENT HEIGHT:		CURRENT AGE:	
MAW:		IS BFM REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES: BFM%:	
		<i>Only if individual exceeds MAW</i>		ALLOWED BFM%:	
<i>I certify this individual was weighed IAW applicable USAF/ANG instructions and meets standards to be promoted.</i>					
UNIT WEIGHT PROGRAM MANAGER'S SIGNATURE:				DATE:	

REQUIRED CERTIFICATION AND SIGNATURES

I certify, as supervisor of the above named individual, that during my period of supervision, this individual has participated satisfactorily since his/her last promotion.

For AGRs and Air Technicians: No Grade Inversion will occur as a result of this promotion: _____

(Supervisor's Initials)

SIGNATURE OF SUPERVISOR:		DATE:
SIGNATURE OF FIRST SERGEANT		DATE:
SIGNATURE OF UNIT COMMANDER:		DATE
SIGNATURE OF GROUP COMMANDER:		DATE

All promotion requests require certification and signatures of the Individual's Supervisor, First Sergeant, Unit Commander, and Group Commander before forwarding to the MPF

MPF CERTIFICATION

I certify the above individual is administratively eligible for promotion to the grade which recommended with the following exception (if applicable):

Waiver of _____ is required. Attached are applicable documents. (If PME waiver, Certificate of Agreement must be attached).

SIGNATURE OF MPF SUPERINTENDENT/DIRECTOR OF PERSONNEL:	DATE:
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ACTION BY WING COMMANDER

E5 (SSgt) and E6 (TSgt) Promotions	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	DATE:
E7 (MSgt) through E9 (CMSgt) Promotions	<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> DISAPPROVED	DATE:
SIGNATURE OF WING COMMANDER:			

HQ NJANG/DP ACTIONS

If AGR - SMSgt/CMSgt promotion	Date sent to HRO:	Initials
Attachments: <input type="checkbox"/> Record Review RIP (PC-3 RIP within 30 days)	<input type="checkbox"/> Force Management Plan to Resolve Overgrade/Excess Assignment	
<input type="checkbox"/> Statement of Understanding – Overgrade/Excess Assignment	<input type="checkbox"/> Retraining Statement of Understanding	