

<b>RECOMMENDATION FOR OFFICER PROMOTION - PART I</b>				DATE
<b>PERSONAL INFORMATION</b>				
NAME (Last, First, MI)		SSN		A. DOB B. AGE NEAREST BIRTHDAY
GRADE RECOMMENDED:	PRESENT GRADE:	DOR:	TIME IN GRADE: YEARS MONTHS	
TOTAL COMMISSIONED SERVICE: YEARS MONTHS		AUTHORITY FOR CONSIDERATION: Paragraph , OHMR Regulation 624-2		
RECOMMENDED OFFICER'S ADDRESS:				
_____ NUMBER AND STREET _____		_____ CITY _____		_____ ZIP + 4 CODE _____
_____ HOME PHONE _____		_____ CELL PHONE _____		_____ BUSINESS PHONE _____
<b>SERVICE HISTORY</b>				
A. UNIT ASSIGNED TO:		B. DATE ASSIGNED TO UNIT		
C. CURRENT DUTY ASSIGNMENT:		D. DATE DUTY ASSIGNED:		
A. UNIT VACANCY CONSIDERED FOR:		DATE OF TO/MTO	PARAGRAPH:	LINE:
B. DUTY ASSIGNMENT:		GRADE AUTHORIZED:		
C. MERITORIOUS: <input type="checkbox"/> YES <input type="checkbox"/> NO		TIME IN GRADE WAIVER REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
TIME IN GRADE WAIVER APPROVED BY COMMANDER, OHMR (Initials) _____				
HAS RECOMMENDED OFFICER EVER BEEN ASSIGNED TO MOBDES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF "YES", GIVE DATES OF ASSIGNMENT:				
ATTENDANCE: A. GIVE ATTENDANCE FOR THE THREE MOST RECENT ANNUAL TRAINING PERIODS:				
AT 20 <input type="checkbox"/> YES <input type="checkbox"/> NO AT 20 <input type="checkbox"/> YES <input type="checkbox"/> NO AT 20 <input type="checkbox"/> YES <input type="checkbox"/> NO				
B. GIVE DRILL ATTENDANCE % FOR CURRENT AND PREVIOUS YEARS:				
_____ ATTENDANCE FOR CURRENT CALENDER YEAR: 01 JAN _____ to _____				
_____ ATTENDANCE FOR PREVIOUS CALENDER YEAR: 01 JAN _____ to 31 DEC _____				
<b>MILITARY EDUCATION</b>				
A. OHMR SCHOOLS: BOC <input type="checkbox"/> YES <input type="checkbox"/> NO OAC <input type="checkbox"/> YES <input type="checkbox"/> NO CAS3 <input type="checkbox"/> YES <input type="checkbox"/> NO				
Date completed Date completed Date completed				
B. FEDERAL SERVICE SCHOOLS (RESIDENT):				
Course description and completion date:		Course description and completion date:		
Course description and completion date:		Course description and completion date:		
C. FEDERAL SERVICE SCHOOLS (NON-RESIDENT):				
Course description and completion date:		Course description and completion date:		
Course description and completion date:		Course description and completion date:		
D. FEDERAL SERVICE SCHOOLS (CORRESPONDENCE):				
Course description and completion date:		Course description and completion date:		
Course description and completion date:		Course description and completion date:		
E. ADDITIONAL INFORMATION ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
F. HAS THE RECOMMENDED INDIVIDUAL MET ALL TRAINING REQUIREMENTS OF OHMR R624-2? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If "NO", explain:				
<b>PERFORMANCE EVALUATION</b>				
IS OHMR FORM 67-8, OFFICER EVALUATION FORM ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF "NO", RECOMMENDED INDIVIDUAL WILL NOT BE CONSIDERED FOR PROMOTION.				
REMARKS				

**RECOMMENDATION FOR OFFICER PROMOTION - PART II**

**INDORSEMENT BY UNIT COMMANDER**

A. RECOMMEND PROMOTION:  YES  NO

B. OFFICER EVALUATION:

TYPED NAME:

GRADE:

UNIT:

BRANCH:

\_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ SIGNATURE \_\_\_\_\_

**INDORSEMENT BY BATTALION COMMANDER**

A. RECOMMEND PROMOTION:  YES  NO

B. OFFICER EVALUATION:

TYPED NAME:

GRADE:

UNIT:

BRANCH:

\_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ SIGNATURE \_\_\_\_\_

**INDORSEMENT BY BRIGADE COMMANDER**

A. RECOMMEND PROMOTION:  YES  NO

B. OFFICER EVALUATION:

TYPED NAME:

GRADE:

UNIT:

BRANCH:

\_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ SIGNATURE \_\_\_\_\_

**PROMOTION BOARD ACTION**

*(For promotion board use only)*

OFFICER SELECTED FOR PROMOTION

OFFICER NOT SELECTED FOR PROMOTION

BOARD AUTHORITY:

\_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ SIGNATURE OF BOARD PRESIDENT \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_