

Montana National Guard Joint Task Force
Commander's Letter of Recommendation Checklist (IAW NGR 500-2/ANGI 10-801 ch 8, par 8-11b)

1. Name (Last, First Middle)		2. Grade / Rank	3. SSN	4. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
5. Organization (Include Address & Zip Code)				6. Unit Phone	
7. Home of Record (Street, City, State & Zip Code)				8. Home Phone	
9. Unit Position			10. Months in position		
11: DOB / Age	12. Date of Rank	13. MOS / AFSC		14. BRANCH <input checked="" type="checkbox"/> ARNG <input type="checkbox"/> ANG	
15. Date SM will enter sanctuary on the CDJTF Program (18 years of Active Federal Service):					

Required Medical Information To Be Completed By *Medical Staff or Command

1. According to the annual medical review, (MEDPROS / SF 507) dated ____/____/____

* Is the SM qualified for world-wide duty and is the SM a deployable asset?
 Yes No – Then attach completed profile form.(DA 3349 (ARNG) or AF Form 422 (ANG))

Printed name and rank of medical or command staff	Signature	Date
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All Items Below Are To Be Completed By *Soldier/Airman's Unit Commander

1. Current status: Check all that apply

<input type="checkbox"/> M Day / Traditional	<input type="checkbox"/> Title 10	<input type="checkbox"/> AGR
<input type="checkbox"/> FTNGD-CD	<input type="checkbox"/> Technician	<input type="checkbox"/> ADOS

2. This service member will be serving in a rank structured organization. If the SM is promoted above the SM's Counterdrug authorized grade, the approval authority for retention on CDJTF orders is the Counterdrug Coordinator only. Every situation will be reviewed on a case by case basis. Initial _____

3. Has the SM passed a 'For Record' physical fitness test in the last 12 months?
 * Attach current PT test

<input type="checkbox"/> Yes	<input type="checkbox"/> No*
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Date of Last Physical Fitness Test	Score of Last Physical Fitness Test (Pass/Fail)
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4. Is the SM within height and weight standards?

<input type="checkbox"/> Yes	<input type="checkbox"/> No*
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5. Has the SM been the subject of disciplinary action under the UCMJ during the last 12 months or is the SM pending disciplinary action under the UCMJ?

<input type="checkbox"/> Yes*	<input type="checkbox"/> No
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6. Has the SM ever misused the government travel credit card?

<input type="checkbox"/> Yes*	<input type="checkbox"/> No
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7. Is this SM in good standing, participating in AT and drill, and do you recommend the SM for employment / re-employment with the CDJTF?

<input type="checkbox"/> Yes	<input type="checkbox"/> No*
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8. If your answer to any of the above questions is followed by an asterisk (*) please provide comments below. Start your comments with the number of the question requiring explanation. (Use additional sheets as needed.)

9. Unit Commander's statement of SM's overall potential/performance. Use additional sheets as needed.

Printed name & rank of Commander	Signature	Date
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Commander Phone Number