

REENLISTMENT BONUS CONTROL WORKSHEET

(For use of this form see USAR Reg 140-6; the proponent agency is AR-RTD)

SECTION I *[Completed by Unit]*

1. NAME (Last, First, MI)				2. RANK	3. SSN	
4. UNIT					5. UIC	6. MOS
7. TERM ON CONTRACT		8. AMOUNT	9. PEBD (YYYYMMDD)	10. ETS (YYYYMMDD)	11. PMOS	12. DMOS
13. POSN #	14. PARA #	15. LINE #	16. AUTH GRADE	17. SCHED REENLISTMENT DATE (YYYYMMDD)		
18. HEIGHT	19. WEIGHT	20. VERIFIED BY				DATE (YYYYMMDD)
21. LAST PHYSICAL (YYYYMMDD)			22. DATE APFT (YYYYMMDD)		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
23. Has soldier had an unauthorized absence during the past 3 months?				<input type="checkbox"/> YES <input type="checkbox"/> NO		
24. UNIT POC			25. UNIT PHONE NUMBER			
			<i>(Comm)</i>	<i>(DSN)</i>		<i>(FAX)</i>

26. REMARKS

SECTION II *[Completed by RRC]*

27. REENLISTMENT BONUS IS				<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <i>[If denied, state why below]</i>	
28. DATE BONUS CONTROL NUMBER ISSUED (YYYYMMDD)			29. BONUS CONTROL NUMBER		
30. RRC POC		31. RRC PHONE NUMBER			
		<i>(Comm)</i>	<i>(DSN)</i>		<i>(FAX)</i>