

## NAME OF SPONSOR

## YOU ARE APPOINTED AS A SPONSOR FOR

(For use of this form see USAR Reg 140-6; the proponent agency is USARC G-1.)

SPONSOR'S GUIDE & IN-PROCESSING

CHECKLIST

(Rank and name of new Soldier)

Sponsorship categories correspond to Soldier time in service. There are three categories. Category 1 will execute all requirements. Category 2 and 3 will, at a minimum, in-process unit staff sections and command team. Sponsors will ensure additional requirements are executed according to the need of the Soldier.

HERE IS WHAT YOU NEED TO DO TO GET THE NEW SOLDIER OFF TO A GOOD START

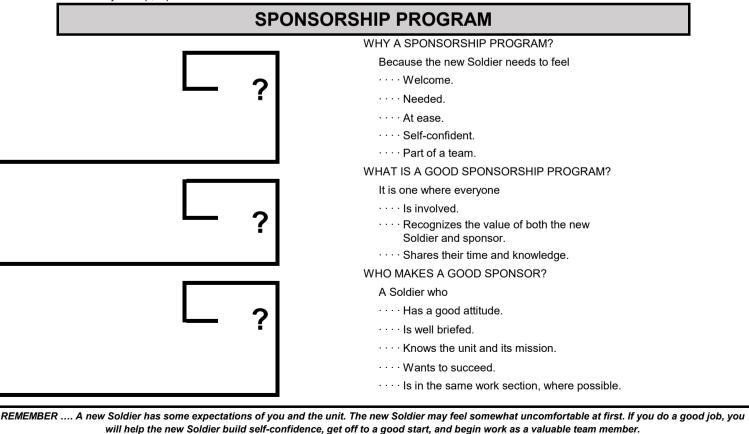
- PRIOR TO FIRST BATTLE ASSEMBLY -
- ···· Telephone the new Soldier.
- ···· Talk about the date and time of the next Battle assembly.
- ···· Give the new Soldier directions to the Reserve Center.
- ···· Ensure that transportation is available.
- ···· Provide an emergency telephone number.

#### AT THE FIRST BATTLE ASSEMBLY -

- ···· Discuss the day's schedule.
- ···· Tour the center.
- ···· Help make the new Soldier feel welcome.
- $\cdots$  Answer questions that arise.
- ···· Accompany new Soldier during introductions and throughout in-processing.

#### MAKE THE INTRODUCTIONS -

- ···· Arrange appointments with the Chain of Command/NCO Support Channel.
- ···· Visit each section and learn what they do.
- ···· Explain the organizational hierarchy.
- ···· Provide on-the-job help, if possible.



USAR SPONSOR'S GUIDE AND IN-PROCESSING CHECKLIST																
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AUTHORITY: 10 U.S.C. 3013, Secretary of the Army, 10 U.S.C. 1056, Relocation assistance programs, AR 600-8-8, The Total Army Sponsorship Program.											orship					
PRINCIPAL PURPOSE: Program. Personnel service support. To sponsor and in-process Soldiers, ar issues or concerns with the newly assigned Soldier.									rs, and discuss available	entitle	ments, i	resource	s, and i	dentify ar	ıy	
General disclosures permitted							wly assigned Soldier. I by the Privacy Act and the Army's systems of records notices apply. Disclosure of Personal nay include number and age of family members that may impact schools and local economy upon									
DISCLOSURE:			Disclosu	re of Pl	ll is volu		However, failure to provide identifying information may prevent ability to assign a sponsor and provide val at new assignment.									
								eer Tracker (ACT) (January 24, 2017, 82 FR 8179)								
Name (Last, First)							Rank	Sponsor								
TPU AGR DOD						#			UNIT							
UPON CON	MPLE	ΤΙΟ	N RE	TUF	RN T	o s	Date Completed									
ARA/HF		)					INITIAL	DATE	COMMENT							
Orders with Amendments/Request Authority for Leave (DA Form 31):	NA		YES		NO											
Enlistment Contracts/Bonus:	NA		YES		NO											
Stabilization Clause:	NA		YES		NO											
Is Soldier First Term:			YES		NO				If NO, tailor sponsorship to the needs of the Soldier.							
What status (AGR/TPU/IMA/IRR):																
First Line Leader:									Initial Counseling Date:							
Paragraph/Line Number on UMR:									Position/Duty Title:							
NCOER/OER - Last Eval Thru Date:									Next Eval Due:							
Dwell - Thru date of last Deployment (DD214):																
Does Soldier have DD214(s) in iPERMS:			YES		NO				Are Soldier's retirement points YES NO							
Green to Gold/BOLC Candidate:	NA		YES		NO											
MyPay account active:			YES		NO											
ID Card current:			YES		NO				Do Family Members have ID Cards:	NA		YES		NO		
Are Family Members enrolled in DEERS:	NA		YES		NO				Family Care Plan requi	ired:		YES		NO		
Authorization to Start, Stop, or Change Basic Allo Quarters (DA Form 5960) Update:	owance f	or	YES		NO				Exceptional Family Members (EFMP):	NA		YES		NO		
Enrolled in Tricare Reserve/Prime:					NO				Informed Soldier of the Extended Care Health Option (ECHO): https://tricare.mil/Plans/SpecialPrograms/ECHO							
Does Soldier have a civilian job:					NO				P30 link: https://www.usar.army.mil/P3/P30 referral/APPT							
Is Soldier homeless:			YES		NO				Counseled on Basic Ne Allowance (BNA):	eeds		YES		NO		
Explanation of what is a good year in the Army Reserve:					NO							-	-	-		
Explanation of Army Reserve Retirement and retirement points:			YES		NO				Soldiers cannot be force fulfilled ADT/ADOS day				•	e they ha	ive	
Explanation of how a Soldier can lose a bonus in Reserve:	the Arm	y	YES		NO											
Explanation of Record of Individual Performance Duty Training (DA Form 1380):	of Reser	ve	YES		NO											
Explanation of Unsatisfactory Performance and Non- Participants:					NO											

# USAR Form 62

USA	AR SI	PON	ISOR	'S C	GUIDE		ND IN-PF	ROCESSI	NG CHECKLIS	ST					
	(For	use o	f this forr	n see	USAR F	Reg 1	40-6; the prop	ponent agency	/ is USARC G-1.)						
Name (Last, First)								Sponsor							
TPU AGR DOD #									UNIT						
PERSONNEL RECORDS								DATE		COMMENT					
Records Review Date:	NA		YES		NO										
Is Soldier enrolled into Meal Entitlement Program Cert):	n (MEM C	CAC	YES		NO										
ARB/eSRB updated, validated, and certified:	NA		YES		NO										
Record of Emergency Data (DD Form 93) Date:	NA		YES		NO										
SGLV Date:	NA		YES		NO										
Are there documents that need to be iPERM'd:	NA		YES		NO										
Are there any Blank and Invalids in Soldier's reco	ord:		YES		NO				Have the issues been rea Soldier's record:	solved with	YES	Т	NO		
MEDICAL/DENT	TAL R	ECO	ORDS				INITIAL	DATE		COMMENT					
PHA Due Date: PHA Scheduled Date:			YES		NO										
Dental Due Date: Dental Scheduled Date:			YES		NO										
Immunizations needed: Scheduled Date:			YES		NO										
Glasses required: NA			YES		NO				Ordered: Issued:						
Mask Inserts: NA			YES		NO				Ordered: Issued:						
Soldier receiving VA Disability:	NA		YES		NO										
VA Disability Rating letter:	NA		YES		NO										
OPS/TRAINING							INITIAL	DATE		COMM	ENT				
Military Justice Training:			YES		NO										
Security Clearance required: Expiration Date:			YES		NO				Date Security Clearance	packet is ini	tiated:				
Is Soldier pulled under UIC in Digital Training Ma System (DTMS):	anagemei	nt	YES		NO				Has Soldier been assigned to a platoon in DTMS:	NA	YES		NO		
Army Combat Fitness Test (ACFT) Scorecard (D	A Form 7	705):	YES		NO										
Body Fat Content Worksheet (DA Form 5500/5501):	NA		YES		NO										
Profile: Is ProfileTemporary or Permanent:	NA		YES		NO				Is Profile converted for A	CFT:	YES		NO		
Weapons Qualification:			YES		NO										
Duty MOSQ: YE			YES		NO				School Scheduled Date:						
ASI required for position: YES			YES		NO				School Scheduled Date:						
Special certification required: YES				NO				School Scheduled Date:							
DA Form 1059 (Showing latest PME completed):			YES		NO										
Is Soldier enrolled in PME/DLC (Distance Learning):			YES		NO				Scheduled Date: Level Enrolled:						
Is Government Travel Charge Card (GTCC) activ	/e:		YES		NO				Is GTCC Mandatory Trai completed:	ining	YES		NO		
Is GTCC account pulled under current Org:			YES		NO										

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	USAR SPON	ISOR	'S G	UID	E Al	ND IN-PR	OCESSI	NG CHECKLIST					
	(For use of	this for	m see	USAR	Reg 1	40-6; the prop	oonent agency	is USARC G-1.)					
Name (Last, First)						Rank	Sponsor						
TPU								UNIT					
OPS/	TRAINING CONTIN	UED				INITIAL	DATE	СОММ	COMMENT				
Has Soldier account been validated in Defense Travel System (DTS):				NO				Is DTS account profile current:	YES	NO	Т		
Is DTS account under current Org:				NO				Is DTS Mandatory Training completed:	YES	NO			
Is Lodging in Kind (LIK)/Inactive Duty Training (IDT) Travel Reimbursement Program travel required:		YES		NO				Explanation of LIK/IDT Travel	YES	NO			
Is LIK updated in CSMM:		YES		NO				Reimbursement Program (if needed):					
Explanation of Army Reserve priorities - DMOSQ/ASI/PME/AT/ECT:		YES		NO				Was LIK Statement of Understanding (SOU) completed:	YES	NO			
Explanation of Battle Assembly, MUTAs:	Battle Assembly schedule, and	YES		NO				LIK SOU Completed Date:					
Explanation of Electronic-Based Courses:	Distributed Learning (EBDL)	YES		NO									
Explanation of Annual Training requirements and expectations:				NO									
	S6	<u>.</u>	<u>8</u> 1		<u>R</u>	INITIAL	DATE	СОММ					
NIPR/SIPR account:		YES		NO	<b>I</b>								
ARAMP account setup:		YES		NO				https://aramp					
Acceptable Use Policy (AUP) USAR 75-R date:				NO				On ARAMP website under digitally signed forms					
OPSEC Training Date:		YES		NO									
DoD Cyber Awareness Challenge Training Date:				NO				https://cs.signal.army.mil					
Government cell phone/laptop issued:				NO				Hand Receipt Date:					
S4 S	OL	-	•	-	INITIAL	DATE	СОММ	ENT					
Does Soldier have OCIE:		YES		NO									
OCIE reflected in ISM record:		YES		NO									
OCIE discrepancies:		YES		NO									
Has Soldier signed OCIE record:		YES		NO									
Shoulder Sleeve Insignia: Quantity issued:		YES		NO									
Distinctive Unit Insignia: Quantity issued:				NO									
Additional Unit Hand Receipt items:		YES		NO									
DOD# ID Tags:				NO									
Medical ID Tags required:				NO									
Medical Reason:		YES		NO									
Weapons Card: Weapons Card #:		YES		NO									
NBC Promask Size: TAG/Serial Number:		YES		NO									
NBC JS-LIST Size:	YES		NO										

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	USAR SPO	NSOR'S	GUIDE	AND IN-PF	ROCESSI	NG CHECKLIST
	(For use o	of this form s	ee USAR Re	g 140-6; the prop	ponent agency	y is USARC G-1.)
Name (Last, First)				Rank	Sponsor	
TPU	AGR		DOD #		-	UNIT
S4 SU	PPLY/MOTOR POOL C	ONTINU	ED	INITIAL	DATE	COMMENT
Copy of Civilian Driver's	License:	YES	NO			
Is Soldier registered in C	GCSS-ARMY:	YES	NO			
GCSS-ARMY Self-Registration Date: YES			NO			
Equipment Operator's Qualification Record (DA Form 348): YES			NO			
Does Soldier require 40	HR Drivers Training:	YES	NO			
Does Soldier have a GC	CSS-ARMY Drivers Record:	YES	NO			
Does Soldier have a mil	itary license issued:	YES	NO			
Does Soldier own/drive	a Motorcycle:	YES	NO			
Does Soldier have a Mo Certificate:	torcycle Certification Course	YES	NO			
ARMY RES	SERVE CAREER COUN	SELOR	(ARCC)	INITIAL	DATE	COMMENT
Is Soldier in their Reenli	stment window:	YES	NO			
Follow-up appointment:	NA	YES	NO			
	SPONSORSHIP - AC	т		INITIAL	DATE	COMMENT
ACT Sponsorship TASP	checklist completion verification:	YES	NO			
ACT Sponsorship Surve	•	YES	NO			
Does Soldier have a cop Schedule, and Annual T	by of the Alert Roster, Battle Assembly raining Schedule:	YES	NO			
	COMMAND TEAM			INITIAL	DATE	COMMENT
1SG/CSM Introduction:		YES	NO			
Commander Introductior	n:	YES	NO			
EO Representative:		YES	NO			
SHARP Representative:		YES	NO			
Chaplain:		YES	NO			
Soldier & Family Readin	ness Group:	YES	NO			
Family Information Work (USAR Form 107R) com		YES	NO			
		<u> </u>	ISSUES	OR CONC	ERNS	·
	UPON COMPLETIC	Date Completed:				