Personnel Action Packet Checklist

	ER'S NAME (Last, First MI)	2. RANK	3. EMAIL ADD	RESS	4. DATE INITIATED
6. UNIT N	IAME 7. UIC	8. UNIT/RPAC POC RANK/TITLE NAME		9. RPAC NAME	
10. POC (a. Phone: b. Email:	CONTACT INFORMATION	1	1. OFTS CMD	12. RPSC	13. POC SIGNATURE
14. REQUIRED PROCESS FLOW a. Intermediate:		b. Intermediate: c. Final Appr		oval Auth:	
15. Requi	red Forms and Documents				
	TO BE SUBMITT	ED ALONG	WITH ALL RE	TIREMENT ORDEI	RS REQUESTS
1.	Copy of this checklist				
2. Spou	se's name for certificate o	of appreciation	on (as desired	on certificate):	
3. Mailir	ng address for packet if dif	fferent from (unit:		
3. Mailir	ng address for packet if dif Addressee	fferent from (unit:		
3. Mailir		fferent from (unit:		
3. Mailir	Addressee	fferent from (unit:		
	Addressee Street				
	Addressee Street City, state, zip code	f applicable)			
4. Date	Addressee Street City, state, zip code of retirement ceremony (i	f applicable) (if published	d)	Statement)	
 Date . 	Addressee Street City, state, zip code of retirement ceremony (i	f applicable) (if published m 5016 (Ref ntial Letter of nitehouse Lia	d) tirement Point of f Appreciation (aison (WHL) at	(PLA)* by sending	
 Date 6. 	Addressee Street City, state, zip code of retirement ceremony (i Copy of retirement order Copy of Soldier's DA For RPSC requests Presider request packet to the Wh	f applicable) (if published m 5016 (Ref ntial Letter of nitehouse Lia csa.mbx.csa	tirement Point of f Appreciation (aison (WHL) at -white-house-li	(PLA)* by sending aison-of@mail.mil	

17. STAFF MEMBER SIGNATURE

16. CERTIFYING HR STAFF MEMBER