Soldier Participation Memorandum - Army Career Skills Program (CSP)

AUTHORITY: 10 U.S.C. 1143e - Employment assistance; DoD Directive 5124.02, Under Secretary of Defense for Personnel and Readiness (USD(P&R)); DoD Instruction 1332.35, Transition Assistance Program (TAP) for Military Personnel; DoD Instruction 1322.29, Job Training, Employment Skills Training, Apprenticeships, and Internships (JTEST-AI) for Eligible Service Members; Army Regulation 600-81, Transition Assistance Program.

PURPOSE: To allow Commander to approve or deny participation in the Army Career Skills Program (CSP).

ROUTINE USES: None

DISCLOSURE: Voluntary. However, failure to provide the requested information may result in the individual not being allowed to participate in the Army Career Skills Program (CSP).

PART I: SOLDIER INFORMATION

1. RANK

2. NAME (LAST, FIRST MI)

3. SOLDIER CURRENT UNIT

4. EXPECTED SEPARATION/ RETIREMENT DATE

5. CATEGORY

Select

6. TYPE OF SEPARATION

Select

7. SOLDIER CIVILIAN EMAIL ADDRESS

8. SOLDIER PHONE NUMBER

9. FIRST LINE SUPERVISOR NAME

10. FIRST LINE SUPERVISOR EMAIL

PART II: PROGRAM INFORMATION

11. CSP PROGRAM NAME

12. START DATE

13. END DATE

Duration (Days)

14. CSP TRAINING LOCATION (GARRISON NAME OR FULL ADDRESS OF OFF-POST CSP)

15. IS CSP TRAINING LOCATION OUTSIDE OF THE 50-MILE RADIUS FROM CURRENT INSTALLATION

☐ **YES (MUST HAVE AN APPROVED ADMINISTRATIVE ABSENCE REQUEST IN IPPS-A)**

☐ **NO**

16. CSP PARTNER COMPANY POINT OF CONTACT (NAME/EMAIL/PHONE)

IAW AR 600-81, I must maintain satisfactory progress and attendance throughout my period of enrollment in the CSP. I will uphold military standards and accountability requirements. I have been counseled on the financial responsibilities, if any, associated with the program. I understand that my participation in this program may be terminated at any time for unit mission requirements or disciplinary reasons. I will fulfill all Career Readiness Standards (CRS) requirements prior to CSP enrollment, and provide a completed DD Form 2648 upon request. I authorize the release of my contact information to allow Army representatives or CSP partners to contact me regarding this program and my post-military employment, following my transition from military service. I understand that my CSP start date must be within 180 days of my separation/retirement date.

17. SOLDIER SIGNATURE

DATE

* **Information on the Army Career Skills Program may be found at:**

https://home.army.mil/imcom/index.php/customers/career-skills-program

PART III: COMPANY COMMANDER RECOMMENDATION FOR CSP PARTICIPATION

☐ **Concur** (I will maintain daily accountability of this Soldier during participation, IAW AR 600-81, and maintain a copy of approval)

☐ **Non-Concur**

Company Commander Rank and Name	Date	Company Commander Signature

PART IV: COMMAND DECISION FOR CSP PARTICIPATION

☐ I approve this transitioning Soldier to participate in the CSP listed above. I verify the Soldier will be within 180 days of their separation/retirement as of the CSP start date. I confirm the Soldier has fulfilled all CRS requirements, IAW AR 600-81, prior to CSP enrollment. The Soldier has been counseled on the financial implications, out-processing requirements and local procedures, if applicable. The Soldier is able to meet these demands. The Soldier understands that participation in the CSP may be terminated at any time for unit mission requirements or disciplinary reasons. Accountability procedures have been put in place.

☐ I disapprove the request for this Soldier to participate in the CSP listed above.

☐ **Category I: E1-E5 up to 120 days: First Field Grade Commander with UCMJ authority**

Commander Rank and Name	Date	Commander Signature

☐ **Category II: E6-E7, W1-W3, O1-O3 up to 90 days: First O-6 Commander with UCMJ authority**

O-6 Commander Rank and Name	Date	O-6 Commander Signature

☐ **Category III: E8-E9, W4-W5, O4 and above up to 60 days: First General Officer in Chain of Command**

General Officer Rank and Name	Date	General Officer Signature

FORM MUST BE COMPLETED AND RETURNED TO TAP CENTER PRIOR TO START DATE

INSTALLATION TAP VERIFICATION:

Installation TAP Representative Name/Email/Phone	Installation TAP Representative Signature