

REASSIGNMENT / ITT / COT DATE SHEET

- A. Name: _____ B. Rank: _____
- C. SSN: _____ D. PMOS: _____ E. SMOS: _____
- F. DEROS: _____ G. Date departed CONUS: _____
- H. Date of last PCS: _____
- I. Marital Status: _____ Date of Marriage: _____
- J. Are you married to another service member? _____ If yes respond to next 2 items
- K. Spouses Name, Grade, PMOS, and Unit of Assignment: _____

- L. Will spouse be requesting reassignment in conjunction with your request? _____
- M. Location of dependents: _____
- N. Family structure (name, sex and age of dependents) _____
- O. Are dependents command sponsored? _____
- P. Is spouse Pregnant? _____
- Q. Any unusual Medical or Schooling requirements for your family? _____
- R. Will you accept temporary economy quarters / government leave quarters if reassignment if approved in lieu of government quarters? _____
- S. Are you currently living in Gov't quarters? _____
- T. Currently flagged IAW AR 600-31? _____
- U. Current height and weight of soldier: _____
- V. Does soldier meet the current weight standards IAW AR 600-9? _____
- W. Current Physical Profile: _____
- X. Home of Record: _____
- Y. Leave Address: _____
- Z. Number of Days Leave: _____

The above information is correct and true to best of my knowledge. This information is furnished in conjunction with my request for _____.

Signature: _____ Date: _____