Encl 11 2024 Sergeant EPS Consideration Checklist

Instructions: Documentation that is not included in this packet will be marked N/A in the initials block

Date of Rank Cutoff: E5 20230930

NAME:			RANK:	(CPMOS:
DOR:			UIC:	MSC: _	
(Reference cutoff dates	above)				<u>Initials</u>
Soldier Verify:					
I have reviewed iPERM	S and verified all do	cuments are o	correct or submitted	a memo explaini	ng the deficiencies.
I have validated my ER	B is correct or I have	provided a ju	ustification memo ex	plaining the defi	ciencies
I have selected my region	on elections in IPPS-	A and on this	checklist		
Unit Admin Initial: I verified with the Soldi	er their most current	APFT/ACFT	& HT/WT is keyed	in DTMS	<u> </u>
Include in Packet: CPMOS Change Reque *Needed if different from I	st DA Form 4187: PPS-A CPMOS or NGB	Form 4100. If t	 olank, DA Form 4187 no	ot applicable if requ	uested CPMOS is PMOS.*
Memorandum to Presid	ent of the Board (<u>Op</u>	tional unless	deficiencies exist, t	hen required)	
NGIL Form 2166-9 dtd	1 OCT 2015 SPC/C	PL Promotion	Evaluation Report.	•••••	
NGB Form 4100-1A Er	nlisted Promotion Po	int Worksheet	t		
Validated Selection Bo	oard Record Brief	••••••			
Region Elections: 1	2 3 4 5	6 7	8 9 10	CO BN BI	DE
Special Skill Identifier l	Elections: Flight	SFAB	Instructor Imm	naterial Snip	er
Reviewed by:					
Soldier's Signature and	Date	_	First Sergeant Signature	gnature and Date	<u> </u>
Unit Admin Signature a	nd Date				