

USMC SKILLBRIDGE PACKET CHECKLIST

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C., Chapter 58, Benefits and services for members being separated or recently separated; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397 (SSN), as amended; and SORN [MO1754-4](#).

PRINCIPAL PURPOSE: The primary purpose of this form is to support participation in the Marine Corps SkillBridge Program supported by the Department of Defense (DoD) SkillBridge (JTEST-AI) Voluntary Employment Training Program. Information will be used to determine eligibility and enrollment.

ROUTINE USES: Information will be accessed by Marine Corps SkillBridge personnel with a need to know in order to meet the purpose. Information may be disclosed to individuals or organizations authorized to provide services to the participant. A complete list and explanation of the applicable routine uses is published in the authorizing SORN available at: <https://dpcl.dod.mil/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570629/m01754-4/>

DISCLOSURE: Providing information is voluntary; however, failure to provide the information will result in an inability to participate in the SkillBridge Program.
RECORDS MANAGEMENT: This form shall be managed in accordance with record schedule 1000-34, "General Correspondence (Military Personnel)" of SECNAV M-5210.1.

GENERAL INFORMATION

DoDI 1322.29 established the DoD SkillBridge Program, which provides transitioning Service members with the opportunity to develop job training and employment skills, including pre-apprenticeships, apprenticeships, and internships. SkillBridge is designed to facilitate the transition of eligible Service members into civilian sector occupations and careers with reasonable expectation and high probability of post-service employment and comparable living wage. SkillBridge is not to be used to further civilian education or for experiential purposes. Securing meaningful employment is the expectation.

All participation request are to be forwarded to, reviewed and authorized by the first field grade commander, O-4 or above, in the Service member's Chain of Command with UCMJ authority; Battalion/Squadron Commander. For those under civilian leadership, a GS-13 or above. This convening authority cannot be delegated.

Commanders are responsible for establishing and maintaining Service member accountability procedures for the duration of training.

SERVICE MEMBER INFORMATION

Rank:	Name (Last, First, MI):		
Current Unit (Company/ Battalion):			Separation/ Retirement Date:
Government Email:		Civilian Email:	
SkillBridge Program/ Dates:			DoD Approved Program: <input type="checkbox"/> Yes <input type="checkbox"/> No
SkillBridge Location:			
Residential address during training:			
Package Includes:			
<input type="checkbox"/> DoD SkillBridge Participant Screening			
<input type="checkbox"/> Individual Program Vetting Document (If not DoD Approved)			
<input type="checkbox"/> Commander's Participation Letter (authorization)			
<input type="checkbox"/> TRS 5-day Transition Readiness Seminar (TRS). Date Completed:			
<input type="checkbox"/> SkillBridge Provider Acceptance Letter (for everyone)			
<input type="checkbox"/> Administrative Action (AA) Form (if requesting a requirements waiver from HQMC)			
<input type="checkbox"/> Other:			
SkillBridge Application Reviewed by First Sergeant/SNCOIC			
Name:		Signature:	
Rank:	Phone:	Email:	
SkillBridge Application Reviewed by Company Commander/OIC			
Name:		Signature:	
Rank:	Phone:	Email:	
Verified by Installation SkillBridge Representative			
Name:		Signature:	
Position:	Phone:	Email:	

USMC SKILLBRIDGE PARTICIPANT SCREENING

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APPLICANT INFORMATION

NAME (Last, First, MI.): _____ GRADE: _____ RANK: _____ BRANCH: _____

DEPARTMENT OF DEFENSE (DoD) IDENTIFICATION NUMBER: _____ MILITARY OCCUPATIONAL SPECIALTY: _____

PHONE #: _____ EMAIL (Personal): _____ INSTALLATION: _____

MAJOR SUBORDINATE COMMAND: _____ UNIT (Company and Battalion): _____

PREREQUISITES	YES	NO	REMARKS
1. Expected to be released from AD within 180 days of starting the course with an Honorable Discharge, including General Discharge Under Honorable Conditions. Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
2. Completed Transition Readiness Seminar or its equivalent if non-Marine Corps participant.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has sufficient time remaining under contract to complete the course prior to established separation date. Extensions to existing Expiration of Active Service (EAS) are not authorized. EAS Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has attended an Ethics brief or completed a DoD approved Ethics Training (MarineNet Training: PD18A01 Introduction to Workplace Ethics) within the last 12 months or its equivalent if non-Marine Corps participant. Date Completed: _____	<input type="checkbox"/>	<input type="checkbox"/>	

STATEMENT OF UNDERSTANDING OR RESPONSIBILITIES AND AUTHORIZATION

Please read AND acknowledge the below statements indicating your full understanding of the policies and procedures.

1. I have inquired directly to the course point of contact and secured current course information as well as the additional requirements to apply. I acknowledge that I fully understand the prerequisites, funding, and selection process to apply for this course.

2. I understand that any omission or inaccurate statement provided in this form shall be grounds for course rejection or withdrawal.

3. I am fully aware that there are limited seats in the course, and acceptance into the course may be competitive. If I am selected to participate, my command will be notified via the SkillBridge provider's acceptance letter.

4. I fully understand the financial requirements to participate in this course, and I voluntarily assume any additional costs that may occur including travel, meals, parking, books, equipment, uniform, testing, and/or housing costs associated with course participation, and attest that this will not cause any financial hardship for me or my family.

5. I ensure that I shall return any items utilized throughout the course in good working order.

6. If the course utilizes my GI Bill, I verify that I have met with an Advisor to ensure that I fully understand the utilization of my education benefits.

7. I understand that I must maintain satisfactory attendance, progress, and safety regulations throughout my enrollment, as per course guidelines, and uphold all military and accountability requirements. I understand that the classroom will be my appointed place of duty, and failure to attend class may result in a charge of Unauthorized Absence.

8. I agree to adhere to military travel policy and any unauthorized travel will be grounds for dismissal. Course approved travel for interviews or to fulfill course duties may be required.

9. I understand that I am responsible for sponsoring base access for any guest attending the course graduation.

10. If required, I acknowledge I will have base access after EAS in order to complete SkillBridge.

11. I acknowledge that I have adequate housing, transportation and financial resources for the duration of my SkillBridge participation.

12. I acknowledge I am able and intend to start working upon leaving Active Duty Service per DoDI 1322.29.

13. I understand and allow the Course Provider and Skills Development Program Office to contact me after my transition to gain information on my employment status for course evaluation and continuance. I authorize the use of both the application and employment information for program statistical purposes.

14. 5-Day Transition Readiness Seminar was completed on _____

PARTICIPANT ACKNOWLEDGEMENT

I understand that the SkillBridge location is my appointed place of duty. If I am removed or withdraw from the program, I must immediately contact my Commander and installation SkillBridge Representative. I am to report immediately back to my duty station.

PARTICIPANT (Print rank, Name):

SIGNATURE:

PHONE #:

DATE:

INSTALLATION SKILLBRIDGE REPRESENTATIVE (Print rank, Name):

SIGNATURE:

PHONE #:

DATE:

USMC SKILLBRIDGE INDIVIDUAL PROGRAM REQUEST

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MARINE INFORMATION

1. Name:	2. Rank:
3. Unit: Company/ Battalion/ Base:	
4. Skillbridge Category: <input type="checkbox"/> Internship <input type="checkbox"/> Pre-apprenticeship/ Apprenticeship <input type="checkbox"/> Employment Skills Training <input type="checkbox"/> On-the-Job Training	

SKILLBRIDGE PROVIDER INFORMATION

5. Organization Name:	
6. Organization Address:	
7. Organization Website:	
8. POC Name:	9. POC Title:
10. POC Phone Number:	11. POC Email:
12. PTAD required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

REQUESTED DATES

13. Start Date:	14. End Date:	15. Total Days:	16. EAS or Retirement Date:
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ORGANIZATION OVERVIEW

17. Background/ Specialty:

ORGANIZATION OVERVIEW (Continued)

18. Training Overview: List subject areas and training topics that will provide the knowledge, skills and abilities that gives the participant a greater than normal chance of employment in the desired occupational field. (List any certifications gained.)

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19. Training Outcome: (Guaranteed interview, job placement, earned credentials, etc.)

20. Additional Comments:

21. Command Verifier:

Name: _____ Signature: _____

Rank: _____ Phone: _____ Email: _____

22. Reviewed by Installation SkillBridge Representative:

This opportunity meets SkillBridge eligibility requirements: Yes No

Name: _____ Signature: _____

Position: _____ Phone: _____ Email: _____

COMMAND LETTERHEAD

Example of a Required Authorization Letter

SSIC
UNIT
CODE
XX XXX
XX

From: Commanding Officer, Command
To: Education Office, Personal & Professional Development Marine &
Family Programs Division, Marine Corps Community Services,
Marine Corps Air Station Cherry Point
Subj: REQUEST FOR NAME OF SKILLBRIDGE COURSE/TRAINING
VOLUNTARY EMPLOYMENT SKILLS TRAINING PROGRAM
CASE OF RANK FULL NAME, USMC, DOD ID NUMBER,
MOS

Encl: (1) USMC SKILLBRIDGE PACKET CHECKLIST
(2) USMC SKILLBRIDGE PARTICIPANT SCREENING

1. RANK FULL NAME is authorized to enroll in the NAME OF TRAINING, a training and employment opportunity offered through the SkillBridge Program.
2. Contingent upon approval, I support RANK LAST name to attend the Cohort #X X-WEEK NAME OF TRAINING (if applicable). It is understood that seats may be limited and that there may be a selection process. If selected, the course will begin on DATE and end on DATE. Class will take place Monday-Friday, from TIME at LOCATION.
3. I have verified RANK LAST NAME has satisfied all requirements for the program as per enclosure (1) and (2).
4. Point of contact at this command is Rank Name and Phone Number and Email (The POC must be Staff NCO or higher and may not be the Service Member applying)

AUTHORITY SIGNATURE