

**INSTRUCTIONS ON COMPLETING THE RESERVE REENLISTMENT EXTENSION LATERAL MOVE
(RRELM) FORM FOR THE IRR**

PAGE 1

1. Blocks 1-36 are self explanatory. If there is information that you don't know, do not worry; your Career Planner will take care of that information, but utilize MOL to complete as much as possible. Generally, leave blocks 20, 24, and 31 blank.

2. Sign line 37 Marine's Signature.

PAGE 2

Ensure your Name, Rank and last four are at the top of the page.

Medical/Dental Certification: Must be done by a Military Medical doctor, Independent duty Corpsman, Civilian Medical doctor, or at a Veterans Administration Center. Utilize your Individual Medical Record via Marine online as source document that validates: Your last Personal Health Assessment Date and last Dental date and class; such should be printed out and presented to the medical/dental representative for validation.

WDNWOZ792037 Unclassified

Personal Information Portal - Microsoft Internet Explorer provided by NMCI

https://rlas.mol.usmc.mil/MOL/indView/PersonalInformationPortal.do

File Edit View Favorites Tools Help

https://rlas-mcmeds.marpow IMAJMTU PECC Roster Career Planning Personal Information Portal

PERSONAL INFORMATION

Home | Resources | A Few Good... | Links | Users Manual |
Personal Info | EPAR | Leave | PDMRA | Special Liberty | PTAD | Tools | Locator | My Account | My Messages | My Permissions

The following links provide the capability to view, but not to update, Personal Information.

Personal Reports:

- Annual Retirement Credit Report (ARCR)
- Awards
- Basic Individual Record (BIR)
- Basic Training Record (BTR)
- Career Retirement Credit Report (CRCR)
- Career Status Bonus (CSB)
- Chronological Record
- Education
- Individual Medical Record
- Operational Cultural Information
- Pay and Leave Summary
- PerTempo
- Personal Statement of Military Compensation (PSMC)
- Record of Emergency Data (RED)
- Rank/MOS

Security Screening (S-2):

If you do/do not have a security clearance, have your OpSponsor annotate appropriately. If you have a clearance, have your Security manager or OpSponsor print your JPAS screen or provide a letter from your Security manager that validates your current security clearance level.

**INSTRUCTIONS ON COMPLETING THE RESERVE REENLISTMENT EXTENSION LATERAL MOVE
(RRELM) FORM (cont'd)**

Training Certification (S-3):

Have a training representative annotate your PFT date/score/class and CFT date/Score/Class as appropriate. Understand that such physical standards are required semi-annually: the PFT is required between Jan-Jun and the CFT is required between Jul-Dec. Ensure your Ht/Wt (and BCP if required) is annotated. Your height/weight certification is only good for 90 days from the date annotated on the route sheet. If 90 days lapses, you will be required to attain another ht/wt verification.

Legal Certification:

The Marine can certify their own status by writing the following verbatim:
"I certify that I do not have any pending legal actions by military or civilian authorities at this time."

The Marine should then sign and certify below such statement.

SACO Certification:

The Marine can certify their own status by writing the following verbatim:
"I certify that I have not been assigned to any treatment program during my current contract."

The Marine should then sign and certify below such statement.

Additionally, in order to reenlist, you must also update your Civilian Employment information, you may update that through MOL, it should now prompt you to complete your CEI annually at your recertification date.

After all this is completed scan and return the route sheet back to us at MIRSO_CAREERPLANNERS@USMC.MIL. We will put your package together for the Command's endorsement and submission to Higher Headquarters to process your request.

Reserve Reenlistment Extension Lateral Move (RRELM) Request

NAVMC 11537A (12-09)

FOUO - Privacy Sensitive when filled in.

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE: Information collected by this form will be used to determine that personnel meet the reenlistment, extension, lateral move eligibility requirements and to obtain command recommendations. The information collected on this form will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice M01040-1 which can be downloaded at :

<http://www.defenselink.mil/privacy/notices/usmc/M01040-1.shtml>.

RETENTION AND SAFEGUARDS: The collected information will be maintained in a database with restricted, limited access by personnel authorized to access this information. The database is protected by password, unique user IDs, and applicable layers of security access within applications. Records in this file system will only be retrieved by name and social security number. Disposition is pending (records are treated as permanent until the National Archives and Records Administration has approved the retention and disposition schedule).

ROUTINE USES: This form becomes part of Headquarters, U.S. Marine Corps permanent files within the Total Force Retention System (TFRS). All uses of this form are internal to the relevant service.

DISCLOSURE: Voluntary. However, failure to furnish personally identifiable information may negate the application.

NAVMC 11537A (12-09)

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Reserve Reenlistment Extension Lateral Move (RRELM) Request

1. Rank		2. Name (Last, First, MI)					3. Last 4 SSN	4. MOS	5. BMOS		
6. DOR	7. AFADBD	8. PEBD	9. RECC	10. EAS	11. DCTB	12. MDSD	13. CRGR Cert Date	14. RCOMP	15. RUC	16. MCC	
17. Type of Request				18. Length Requested	19. Career Designated (AR Only)			20. SOE Code			
21. Organization (Unit / Section)								22. Work Phone			
23. Conduct / Proficiency Marks AVG CON in Enlistment _____ AVG PRQ in Enlistment _____ <i>(For ALL Cpls and below, to include Sgt's with less than 2 yrs TIG.)</i>						24. Fitness Report Validation FitRep Date Gap(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Date Verified : _____					
25. Test Scores <i>(FTAP / LatMove Only)</i>				26. Duty Station Options <i>(AR / LatMove Only)</i>			27. LATMOVE Choices <i>(List only those MOS's SNM is qualified for.)</i>				
GT	MM	EL	CL	1st	2nd	3rd	1st	2nd	3rd		
28. High School Graduate (MSO Only) <input type="checkbox"/> Yes <input type="checkbox"/> No				29. Previous Requests (Within last 12 months.) <input type="checkbox"/> Yes <input type="checkbox"/> No							
30. Draw Case Codes		1) _____ / _____		2) _____ / _____		3) _____ / _____					
31. UCMJ History <i>(This section will include all Military and Civilian convictions on current contract or within the last 5 years)</i> Conviction Type : _____ Articles(s) : _____ Date : _____ Conviction Type : _____ Articles(s) : _____ Date : _____ Conviction Type : _____ Articles(s) : _____ Date : _____											
32. Bonus Eligibility Is SNM currently eligible for REB? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, REB SOU must be completed.)</i> Is SNM currently eligible for KICKER? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, ensure SNM understands and completes kicker SOU)</i> REB: _____ Bonus Amount : _____						Previous Bonus Payments REB: _____ Amount Paid : _____ REB: _____ Amount Paid : _____ REB: _____ Amount Paid : _____					
33. Does SNM Require a Tattoo Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(SDA Only)</i>				<i>(If yes, attach Color Photo and descriptions.)</i>							
34. Does SNM Have Broken / Prior Service? <input type="checkbox"/> Yes <input type="checkbox"/> No				<i>(If yes, attach Statement of Service (NAVMC 11501).)</i>							
35. Active Duty Spouse Information											
35a. Name	35b. Rank	35c. MOS	35d. Branch	35e. EAS	35f. MCC	35g. RTD					
36. Remarks											
37. Member Certification. I certify that to the best of my knowledge all information provided above is accurate. Marine's Signature : _____ Date : _____ Career Planner's Signature : _____ Date : _____											



UNITED STATES MARINE CORPS
MARINE INDIVIDUAL RESERVE SUPPORT ORGANIZATION
2000 OPELOUSAS AVENUE
NEW ORLEANS, LA 70146-5400

1040
CP

From: _____
Rank Last name First Name MI Last 4 SSN/MOS

To: Career Planning Office, Marine Individual Reserve Support Organization

Subj: HEIGHT/WEIGHT VERIFICATION

Ref: (a) MCO 6110.3
(b) MCO P1040R.35B

1. Per the references, every Marine is required to be within height and weight standards as a part of his/her retention request.

2. Height: _____ Inches

3. Weight: _____ Pounds

4. Height and Weight verification is to be obtained from a Marine Corps Training Representative, Staff Non Commissioned Officer, Officer, or Medical Personal (Civilian or Military). Verifier must enclose his/her information in the spots provided below:

a. Rank/Name: _____

b. Phone number: _____

c. E-Mail: _____

d. Date verified: _____

e. Signature: _____

5. The verification of height and weight is only valid for a period of 90 days and will need to be re-verified if retention request is not completed prior to expiration.

Signature of Marine



UNITED STATES MARINE CORPS
MARINE INDIVIDUAL RESERVE SUPPORT ORGANIZATION
2000 OPELOUSAS AVENUE
NEW ORLEANS, LA 70146-5400

1000
CP

From: _____ XXX XX ____/____ USMCR(IRR)
To: Career Planner Office, Marine Individual Reserve Support Organization
Subj: INDIVIDUAL READY RESERVE RETENTION STATEMENT OF UNDERSTANDING (SOU)
Ref: (a) MCO P1001R.1_
(b) DOD Directive 1235.14

1. On this date, _____, I, _____, understand, accept and agree to adhere to the criteria outlined below.

2. Future retention in the Individual Ready Reserve (IRR) will be based on the following, as applicable:

a. Per reference (a), I understand that if I am not retirement eligible (have not attained 20 satisfactory years), I must maintain 27 retirement points each anniversary year to meet retention requirements while in the IRR. ____ INT

b. Per reference (a), I understand that if I have less than 20 satisfactory years, I must obtain 50 retirement points each anniversary year to attain a satisfactory year towards retirement. ____ INT

c. Per reference (b), I understand that once I have reached 20 satisfactory years (considered retirement eligible), I must maintain 50 retirement credit points each anniversary year thereafter to maintain retention eligibility. If I do not maintain the minimum 50 retirement credit points I may be transferred to standby Reserve (Inactive Status List) discharged or involuntarily retired. ____ INT

d. I understand that based on the date outlined in paragraph 1, that in my Marine Online Account, my Career Retirement Credit Record (CRCR) indicates certification date of _____; I understand Marine Corps Total Force System reflects (same information as in Marine Online) ____ unsatisfactory years and ____ satisfactory years. ____ INT

e. I understand that in order to be favorably endorsed for future reenlistment in the IRR I may not have more than 10 collective unsatisfactory years. ____ INT

f. I understand that this document will be maintained by Marine Individual Reserve Support Organization Career Planner section for a period of three years. ____ INT

Marine Signature