

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

**PAGE 1**

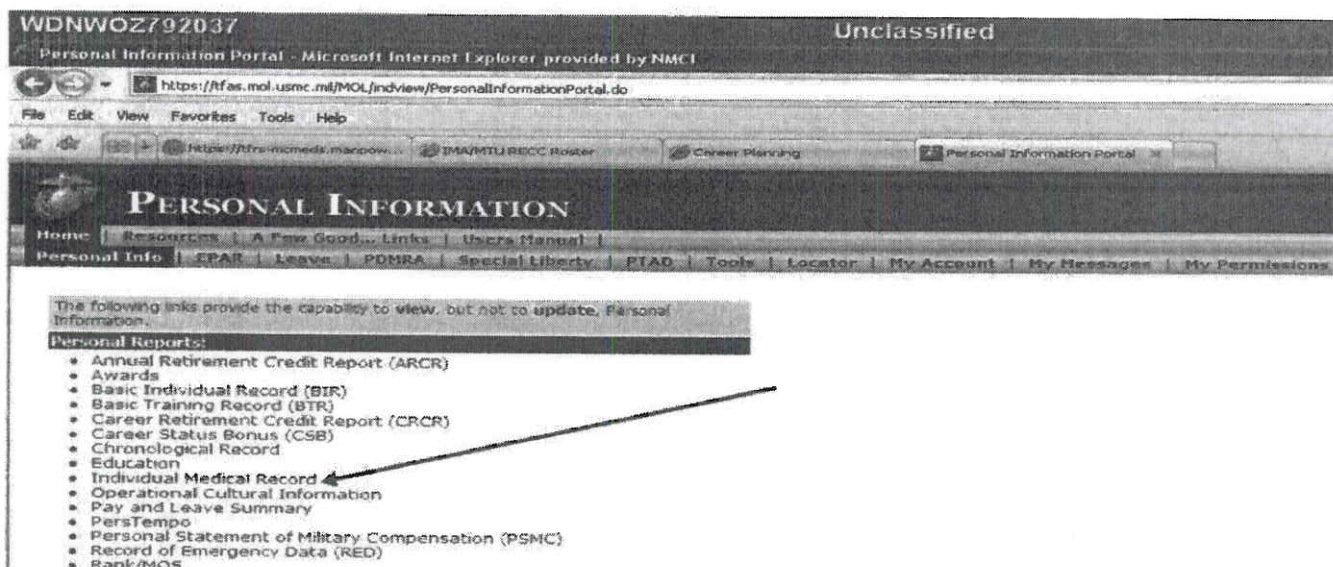
1. Blocks 1-36 are self explanatory. If there is information that the Marine does not know, do not worry; the Career Planner will take care of that information, but utilize MOL to complete as much as possible. Generally, leave blocks 20, 24, and 31 blank.

2. Sign line 37 Marine's Signature.

**PAGE 2**

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

**Medical/Dental Certification:** Must be done by either a Independent duty Corpsman, Military/Civilian Medical doctor, or at a Veterans Administration Center. Utilize the Individual Medical Record via Marine online as source document that validates: The 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.



**Security Screening (S-2):**

If the Marine has a security clearance, have the OpSponsor annotate appropriately. If the Marine has a clearance, have the Security manager or OpSponsor print the JPAS screen or letter from Security manager that validates the 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 the PFT date/score/class, 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 is annotated. The height/weight certification is only good for 90 days from the date annotated on the route sheet. If 90 days lapses, the Marine will be required to attain another ht/wt verification.

**Legal Certification:**

Either the SNCOIC at the command, OIC, CO, or OpSponsor can certify the Marine's current legal status. However, understand that 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:**

Either the SNCOIC at the command, OIC, CO, or OpSponsor can certify the Marine's current SACO Certification. However, understand that 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.

Only as applicable to the Marines your chain of command, complete 39a, 39b, 39c, 39d, 39e, 39f, and 39g. Again, if the Marine doesn't have a First Sergeant, or any other person listed above (Company Commander, SgtMaj, etc) only attain the requisite signatures as applicable to the Marines chain of command. The OpSponsor should sign in block 39g and annotate, "OpSponsor" next to their rank/title.

Additionally, in order to reenlist, you must also update your Civilian Employment information via Marine Online.

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 submission to Higher Headquarters to process your request.



## **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.

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**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)**

FOUO - Privacy Sensitive when filled in.

**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				
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										24. Fitness Report Validation						
AVG CON in Enlistment _____ AVG PRO in Enlistment _____ <i>(For ALL Cpls and below, to include Sgt's with less than 2 yrs TIG.)</i>										FitRep Date Gap(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Date Verified : _____						
25. Test Scores						26. Duty Station Options				27. LATMOVE Choices						
<i>(FTAP / LatMove Only)</i>						<i>(AR / LatMove Only)</i>				<i>(List only those MOS's SNM is qualified for.)</i>						
GT		MM		EL		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>								Previous Bonus Payments REB: _____ Amount Paid : _____								
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: _____ Amount Paid : _____								
REB: _____ Bonus Amount : _____								REB: _____ Amount Paid : _____								
33. Does SNM Require a Tattoo Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <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 : _____								

FOR OFFICIAL USE ONLY.

Adobe Designer 8.0

<b>Rank</b>	<b>Name</b>	<b>Last 4 SSN</b>
<b>38. Command Screening</b>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>34a. Medical Certification</b></p> <p>SNM has been <b>SCREENED / EXAMINED</b> and found <b>QUALIFIED / UNQUALIFIED</b> for retention.</p> <p>SNM's Duty Status is :    <input type="checkbox"/> Full Duty    <input type="checkbox"/> Light Duty                                         <input type="checkbox"/> Limited Duty    <input type="checkbox"/> No Duty</p> <p><i>(Medical MUST be recertified if SNM fails to reenlist within 90 days.)</i></p> <p>If unqualified give reason :</p>    <div style="display: flex; justify-content: space-between;"> <div>Rank _____</div> <div>Name _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Medical Officer / IDC Signature _____</div> <div>Date _____</div> </div> </div> <div style="width: 48%;"> <p><b>38b. Dental Certification</b></p> <p>SNM has been <b>SCREENED / EXAMINED</b> and found <b>QUALIFIED / UNQUALIFIED</b> for retention.</p> <p>SNM's Dental Class : _____</p> <p>If unqualified give reason :</p>    <div style="display: flex; justify-content: space-between;"> <div>Rank _____</div> <div>Name _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Dental Officer / IDC Signature _____</div> <div>Date _____</div> </div> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>38c. Security Screening (S-2)</b></p> <p>Does SNM have a security clearance?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>(If so, provide letter from the Security Manager / SSO stating what level and the date it was adjudicated, or provide a copy of the "Person Summary" page from the Joint Personnel Adjudication System (JPAS).)</i></p> <p>Comments :</p>    <div style="display: flex; justify-content: space-between;"> <div>Rank _____</div> <div>Name _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Security (S-2) Signature _____</div> <div>Date _____</div> </div> </div> <div style="width: 48%;"> <p><b>38d. Training Certification (S-3)</b></p> <p>PFT Date : _____ Score : _____ Class : _____</p> <p>CFT Date : _____ Score : _____ Class : _____</p> <p>Ht : _____ Wt : _____ Max : _____ BF% : _____</p> <p>BCP Program :    <input type="checkbox"/> Yes    <input type="checkbox"/> No    Date Assigned _____</p> <p>Comments :</p>    <div style="display: flex; justify-content: space-between;"> <div>Rank _____</div> <div>Name _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Training (S-3) Signature _____</div> <div>Date _____</div> </div> <p><b>Note: If SNM exceeds ht/wt standards must be signed off by SgtMaj or CO.</b></p>   <div style="border-top: 1px solid black; padding-top: 2px;">SgtMaj/CO Name, Rank, Signature and Date</div> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>38e. Legal Certification</b></p> <p>Legal action may include actions taken by civilian authorities.</p> <p>Is SNM pending any legal action at this time?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>(If yes, documents must be provided.)</i></p> <p>Comments :</p>    <div style="display: flex; justify-content: space-between;"> <div>Rank _____</div> <div>Name _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Legal (S-1) Signature _____</div> <div>Date _____</div> </div> </div> <div style="width: 48%;"> <p><b>38f. SACO Certification</b></p> <p>Has SNM been assigned to any treatment program during the current contract?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>(If yes, certificate of completion must be provided.)</i></p> <p>Comments :</p>    <div style="display: flex; justify-content: space-between;"> <div>Rank _____</div> <div>Name _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SACO Signature _____</div> <div>Date _____</div> </div> </div> </div>		



**NAVMC 11537A (12-09)**

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(Please check the appropriate boxes and make brief comments justifying your recommendations.)

Rank	Name	Last 4 SSN

**39. Command Recommendations**

**39a. NCOIC/SNCOIC**

☐ Recommended with Enthusiasm (Top 25 %)

☐ Recommended with Reservation Comments Mandatory

☐ Recommended with Confidence (Top 50 %)

☐ Not Recommended Comments Mandatory

Comments :

Rank

Name

Signature

Date

---

**39b. OIC**

☐ Recommended with Enthusiasm (Top 25 %)

☐ Recommended with Reservation Comments Mandatory

☐ Recommended with Confidence (Top 50 %)

☐ Not Recommended Comments Mandatory

Comments :

Rank

Name

Signature

Date

---

**39c. FIRST SERGEANT**

☐ Recommended with Enthusiasm (Top 25 %)

☐ Recommended with Reservation Comments Mandatory

☐ Recommended with Confidence (Top 50 %)

☐ Not Recommended Comments Mandatory

Comments :

Rank

Name

Signature

Date

---

**39d. COMPANY COMMANDER**

☐ Recommended with Enthusiasm (Top 25 %)

☐ Recommended with Reservation Comments Mandatory

☐ Recommended with Confidence (Top 50 %)

☐ Not Recommended Comments Mandatory

Comments :

Rank

Name

Signature

Date

**\*RETURN TO CAREER PLANNING OFFICE\***

**NAVMC 11537A (12-09)**

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<b>Rank</b>	<b>Name</b>	<b>Last 4 SSN</b>

**39e. SERGEANT MAJOR**

☐ Recommended with Enthusiasm (Top 25 %)

☐ Recommended with Reservation Comments Mandatory

☐ Recommended with Confidence (Top 50 %)

☐ Not Recommended Comments Mandatory

Comments :

Rank

Name

Signature

Date

---

**39f. EXECUTIVE OFFICER**

☐ Recommended with Enthusiasm (Top 25 %)

☐ Recommended with Reservation Comments Mandatory

☐ Recommended with Confidence (Top 50 %)

☐ Not Recommended Comments Mandatory

Comments :

Rank

Name

Signature

Date

---

**39g. Commanding Officer / Commander Recommendation**

*Must have Special Courts-Martial convening authority or be properly designed at "Acting", via an Assumption of Command or Appointment Letter.*

Does SNM meet all reenlistment prerequisites :      ☐ Yes      ☐ No

☐ Recommended with Enthusiasm (Top 25 %)

☐ Recommended with Reservation Comments Mandatory

☐ Recommended with Confidence (Top 50 %)

☐ Not Recommended Comments Mandatory

Comments :

Rank

Name

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