

Lateral Change Request

MEMBER: Fill out and forward to your Command and DXR for endorsement.

COMMAND: Please submit form electronically to Rating Force Master Chiefs.

REFERENCE: Reserve Policy Manual M1001.28A Chap. 7.C.9

EMPLID	Name (Last, First, MI)	Date Submitted:
Rank	Primary Email Address	Primary Contact Phone
Date of enlistment:		Expiration of obligated service:
Current rate:	Date when you were advanced to your current rate:	
Number of months served in the present rating:		
New rating requested (e.g. YN, FS):		
Reason for request:		
Correspondence courses successfully completed:		
Service schools completed (include dates and all Service branches):		
School	Dates	Branch
Other training applicable to both the present rating and the requested rating (including augmentation training duties and experience):		
Other justification for the requested change (including civilian skills):		

ENDORSEMENTS REQUIRED

For timeliness of request please process within 10 business days

By signing I'm certifying accuracy of information contained in the member's request.

Commanding Officer Signature:

Print Name:

Date:

By signing I acknowledge possible billet gap / readiness impact on unit.

DXR Signature:

Print Name:

Date:

Acknowledging member is Active Duty requesting lateral change to fill a SELRES billet.

ISTT (if applicable) Signature:

Print Name:

Date:

Rating Force Master Chief of Current Ratlpi Signature:

Print Name:

Date:

Rating Force Master Chief of Tgs wguwgf Ratlpi Signature:

Print Name

Date:

30THO E'lwdo k'grgevt qplecni 'vq'lt li lpcvpi 'Eqo o cpf

40Qtli lpcvpi 'Eqo o cpf 'tgpf 'vq'CTN/RH/EI RUE/TRO /S wgt { B wuei 0b ki'

PSC Reserve Personnel Management Internal Routing Use:

PSC-rpm-1: Received: Signature:
Routing Date:

PSC-rpm-2: Billet Number:

PSC-rpm-3:

PSC-rpm-1: