

MOS Administrative Retention Review (MAR2)
Soldier Counseling Statement

1. I, _____ received my permanent profile issued on _____.
(Soldier Rank/Name) (Profile Issue Date)

I have been counseled on the MAR2 program and understand one of the following decisions will be rendered.

a. Retain in PMOS: Soldier meets PMOS standards set forth by the MOS proponent in DA PAM 611-21 or has been provided a proponent waiver for these standards.

b. Reclassification: Soldier does not meet PMOS standards set forth by the MOS proponent in DA PAM 611-21 and a waiver of these standards was not favorably considered by the proponent. Soldier must also be able to perform common Soldier tasks identified on, but not limited to, block 5 of DA Form 3349 to remain eligible for reclassification. Soldiers may request reclassification for a specific MOS however, reclassification is IAW needs of the Army. Reclassification for the sole purpose of providing Soldiers with continued military service without regard to Army needs is not a consideration.

c. Referral to Medial Evaluation Board/Physical Evaluation Board (MEB/PEB): Soldier does not meet PMOS standards set forth by the MOS proponent in DA PAM 611-21 and does not qualify for a new MOS. Direct referral to the MEB/PEB is warranted.

2. Based on my medical profile I am requesting to be retained in my current AOC. My hearing loss does not hamper my ability to perform my military duties.

3. I understand that until a MAR2 decision is rendered:

a. I will be in a non-deployable status.

b. I am ineligible to reenlist.

c. I am ineligible to attend Army Training Schools.

4. I understand that I will not be denied promotion (if already in a promotable status).

5. I understand there is an appeal process for the MAR2 decision and it is not a separation action. I understand that I have 30 days from receipt of results to file an appeal in writing through my chain of command with any relevant and material documentation. I have fully articulated my desired outcome for the MAR2 on this statement.

6. Soldier may elect to provide a statement on their current physical ability to adequately perform military duties in their specific MOS.

Unit Commander or 1SG Name

Soldier Name/Rank

Unit Commander or 1SG Signature

Soldier's Signature

Date

Date