

STAFF SERGEANT (SSG)					
INITIALS	MINIMUM REQUIREMENT	IPPS-A	DTMS	HARD COPY	iPERMS
	1. SSG Checklist			X	
	2. Approved CPMOS Change Request			X	
	3. Applicant's letter to the Board (not to exceed one page) - explain missing documents / extenuating circumstances			X	
	4. Current ACFT - No earlier than (NET) 31 Jan 2025		X		
	5. Current Height / Weight - NET 31 Jan 2025		X		
	6. iPERMS Records Review completed NET 28 Feb 2025				X
	7. Selection Board Record Brief (validated NET 31 Jan 2025)				X
	8. DA Form 1059 for all phases of last completed NCOPDS				X
	9. Board preferences	X			
	10. Commander's recommendation for consideration	X			
	11. Validate Promotion Points Worksheet	X			
	12. Periodic Health Assessment (PHA) NET 1 Oct 2024				MEDPROS
SERVICE MEMBER INITIALS					
	1. I acknowledge that it is my responsibility to review all systems of record and initiate required actions for corrections / updates.				
	2. I acknowledge that selection boards will not review incomplete packets.				
SERVICE MEMBER CERTIFICATION					
I certify that I read and understand the EPS MOI. I understand that it is my sole responsibility to ensure my packet is complete, accurate, and submitted no later than the established suspense date.					
RANK, FULL NAME		SIGNATURE		DATE	
POINT OF CONTACT INFORMATION					
EMAIL:		PHONE #:			
FIRST SERGEANT CERTIFICATION					
I certify that I read and understand the EPS MOI. I understand that it is my sole responsibility to provide guidance and assistance in ensuring my Soldier's packet is complete, accurate, and submitted no later than the established suspense date.					
RANK, FULL NAME		SIGNATURE		DATE	