

(Command Letter Head)

1212
Ser
DD Mmm YY

FIRST ENDORSEMENT on Rank, First Last Name, USN, ltr of DD Month YY

From: Commanding Officer, (Officer's Command)

To: Deputy, Chief of Naval Personnel

Subj: INFORMATION FOR CONSIDERATION BY THE PROBATIONARY OFFICERS
CONTINUATION AND REDESIGNATION BOARD

1. Rank, Name (First, Middle, Last)
2. Command Assigned, Phase of Training (if applicable)
3. Commanding Officer's Comments. (e.g. opinion on effort exerted, potential for future service, attitude, motivation, recommendation, command operational mission impact if officer is selected for separation and recommended separation date based on command operational requirement, etc.)
4. Identify if the departure of the officer would have a severe impact to the command's operational mission and for how long as appropriate.
5. Identify a Command POC (name, email, and phone) for this matter as desired.

Commanding Officer

From: Rank, Name, USN,
To: Deputy Chief of Naval Personnel
Via: Commanding Officer, Officer's Command

Subj: INFORMATION FOR CONSIDERATION BY THE PROBATIONARY OFFICER
CONTINUATION AND REDESIGNATION BOARD

Ref: (a) Notification ltr dtd DD Mmm YY

1. I acknowledge receipt of reference (a). I acknowledge that I have the right to review my service record and to object to, or comment on, any reason(s) provided in paragraph 3 of reference (a) if, based on my own review of my service record, I believe that I have been improperly identified as being eligible for the Probationary Officer Continuation and Redesignation (POCR) board prior to the POCR board commencement date.

2. I understand that the POCR board will conduct an assessment of my record to determine my status in the Navy. The following is a list of possible outcomes of that assessment:

a. Retention on active duty in:

(1) Current designator, or

(2) Alternative designator

b. Transfer into the Reserve Component in:

(1) Full Time Support (FTS),

(2) Selected Reserves (SELRES), or

(3) Individual Ready Reserve (IRR)

c. Discharge (not offered Reserve affiliation)

3. I respectfully request consideration for: (See Notes Section)

4. Officer's personal comments, contact information and other information: (Officer provide)

a. Medical status: (Indicate one or more of the following, as appropriate)

(1) I am currently fit for full duty, or

(2) I am currently in a limited duty status which will be reevaluated no later than Mmm YY, and/or

(3) I am currently in a limited duty status and awaiting processing or results of a PEB to determine my duty status and/or

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- (4) I am fit for full duty but have documented detailing restrictions based on a medical condition.
- b. Security clearance and effective date.
 - c. Copy of College transcript(s).
 - d. Certifications or licensures.
 - e. Foreign language qualifications.
 - f. Prior enlisted service; number of months, rank, rate.
5. I understand that if I am not selected for retention on active duty, I will be discharged or removed from the ADL and redesignated to the IRR, SELRES, or FTS effective not later than 4 months from the first day of the month following approval of the POCR board results.
6. I have attached all documentation that I wish to be considered by the POCR board including any objection or comment I have regarding the identified reason(s) for POCR board consideration.
7. My point of contact information:
- a. Command Name, Address: (if due to transfer in next 6 months, also add new command)
 - b. Work email:
 - c. Work Phone:
 - d. Home Phone:
 - e. Cell Phone:
 - f. Other information: (if desired)

FI. MI. LAST NAME

Notes:

1. Redesignation. You should list up to a maximum of five designator choices in priority order for which you are qualified. You may not list separation as a choice. You must include a URL designator in the five choices if medically qualified. If you continue to be qualified in your current designator you should list that designator as well.
2. FTS, SELRES or IRR. If not offered retention on active duty, state preference to affiliate with FTS, SELRES or IRR.
3. Officer may include any additional information he/she deems appropriate.