

**REENLISTMENT EXTENSION LATERAL MOVE (RELM) 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.

**Authority:** 10 U.S.C. 5013; 10 U.S.C. 5041; 10 U.S.C. 1074f; 32 CFR 64.4; DoDI 1215.13; DoDI 3001.02; CJCSM 3150.13B; DoDI 6490.03; MCMEDS: SECNAVINST 1770.3D; MCO 7220.50B; E.O. 9397 (SSN), as amended; and SORN M01040-3.

**Purpose:** To determine reenlistment, extension, lateral move eligibility and to obtain command recommendations.

**Routine Uses:** Information will be accessed by career planners, commanding officers, DON officials and personnel with a need to know in the performance of their official duties to meet the purpose. A complete list and explanation of the applicable routine uses is published in the authorizing SORN available at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570625/m01040-3/>.

**Disclosure:** Voluntary. However, failure to provide the requested information may negate the application.

## Reenlistment Extension Lateral Move (RELM) Request

<b>1. Rank</b>		<b>2. Name</b> (Last, First, MI)					<b>3. EDIPI</b>		<b>4. MOS</b>											
<b>5. DOR</b>		<b>6. AFADBD</b>		<b>7. PEBD</b>		<b>8. ECC</b>		<b>9. EAS</b>		<b>10. DCTB</b>		<b>11. RTD</b>		<b>12. FY</b>						
<b>13. Type of Request</b>						<b>14. Length Requested</b>			<b>15. Category</b>			<b>16. SOE Code</b>								
<b>17. Organization</b> (Unit / Section)											<b>18. Work Phone</b>									
<b>19. Conduct / Proficiency Marks</b> 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>								<b>20. Fitness Report Validation</b> FitRep Date Gap(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Date Verified : _____												
<b>21. Test Scores</b> <i>(FTAP / LatMove Only)</i>						<b>22. Duty Station Options</b> <i>(FTAP Only)</i>						<b>23. LATMOVE Choices</b> <i>(List only those MOS's SNM is qualified for.)</i>								
GT		MM		EL		CL		1st		2nd		3rd		1st		2nd		3rd		
<b>24. High School Graduate</b> (FTAP Only) <input type="checkbox"/> Yes <input type="checkbox"/> No								<b>25. Previous Requests</b> (Within last 12 months.) <input type="checkbox"/> Yes <input type="checkbox"/> No												
<b>26. Draw Case Codes</b>		1) _____ / _____				2) _____ / _____				3) _____ / _____										
<b>27. UCMJ History</b> <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 : _____								
<b>28. Bonus Eligibility</b>									<b>Previous Bonus Payments</b>											
Is SNM currently eligible for SRBP? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, SRB/BSSRB Eligibility Checklist must be completed.)</i>									Zone : _____ Amount Paid : _____											
Does SNM plan to Maximize SRBP by reenlisting for additional obligated service? <input type="checkbox"/> Yes <input type="checkbox"/> No									Zone : _____ Amount Paid : _____											
Zone : _____ Bonus Amount : _____									Zone : _____ Amount Paid : _____											
<b>29. Does SNM Require a Tattoo Waiver?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(SDA Only)</i>									<i>(If yes, attach Color Photo and descriptions.)</i>											
<b>30. Does SNM Have Broken / Prior Service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No									<i>(If yes, attach Statement of Service (NAVMC 11501).)</i>											
<b>31. Active Duty Spouse Information</b>																				
<b>31a. Name</b>			<b>31b. Rank</b>			<b>31c. MOS</b>			<b>31d. Branch</b>			<b>31e. EAS</b>			<b>31f. MCC</b>			<b>31g. RTD</b>		
<b>32. Remarks</b>																				
<b>33. Member Certification. I certify that to the best of my knowledge all information provided above is accurate.</b>																				
Marine's Signature : _____												Date : _____								
Career Planner's Signature : _____												Date : _____								
<b>NAVMC 11537 (Rev. 02-19) (EF)</b> <small>(All previous editions are obsolete)</small>						<small>FOR OFFICIAL USE ONLY PRIVACY SENSITIVE - Any misuse or unauthorized disclosure can result in both civil and criminal penalties.</small>						<b>Page 2 of 8</b> <small>Adobe LiveCycle Designer 11.0</small>								

<b>Rank</b>	<b>Name</b>	<b>EDIPI</b>

**34. Command Screening**

**34a. Medical Certification**

SNM has been **SCREENED / EXAMINED** and found **QUALIFIED / UNQUALIFIED** for retention.

SNM's Duty Status is :  Full Duty  Light Duty  
 Limited Duty  No Duty

*(Medical MUST be recertified if SNM fails to submit request within 90 days.)*

If unqualified give reason :

\_\_\_\_\_  
 Rank Name  
 \_\_\_\_\_  
 Medical Officer / IDC Signature Date

**34b. Dental Certification**

SNM has been **SCREENED / EXAMINED** and found **QUALIFIED / UNQUALIFIED** for retention.

SNM's Dental Class : \_\_\_\_\_

If unqualified give reason :

\_\_\_\_\_  
 Rank Name  
 \_\_\_\_\_  
 Dental Officer / IDC Signature Date

**34c. Security Screening (S-2)**

Does SNM have a security clearance?  Yes  No

*(If yes, provide letter from the security Manager/SSO stating what level and the date it was adjudicated.)*

Comments :

\_\_\_\_\_  
 Rank Name  
 \_\_\_\_\_  
 Security (S-2) Signature Date

**34d. Training Certification (S-3)**

PFT Date : \_\_\_\_\_ Score : \_\_\_\_\_ Class : \_\_\_\_\_

CFT Date : \_\_\_\_\_ Score : \_\_\_\_\_ Class : \_\_\_\_\_

Ht : \_\_\_\_\_ Wt : \_\_\_\_\_ Max : \_\_\_\_\_ BF% : \_\_\_\_\_

*(Ht/Wt MUST be verified within 90 days of submitting RELM.)*

BCP Program :  Yes  No

Comments :

\_\_\_\_\_  
 Rank Name  
 \_\_\_\_\_  
 Training (S-3) Signature Date

**34e. Legal Certification**

Legal action may include actions taken by civilian authorities.

1. Is SNM pending any legal action at this time?  Yes  No

2. Has SNM had any Domestic Violence incidents?  Yes  No

*(If yes, documents must be provided. Annotate the level of Domestic Violence.)*

Comments :

\_\_\_\_\_  
 Rank Name  
 \_\_\_\_\_  
 Legal (S-1) Signature Date

**34f. SACO Certification**

Has SNM been assigned to any treatment program during the current contract?  Yes  No

*(If yes, certificate of completion must be provided.)*

Does SNM have any incident involving confirmed illegal use, possession, sale, or distribution of a controlled substance (to include any positive urinalysis)?

Yes  No

Comments :

\_\_\_\_\_  
 Rank Name  
 \_\_\_\_\_  
 SACO Signature Date

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

Rank	Name	EDIPI

**35. Command Recommendations**

**35a. NCOIC / SNCOIC**

Recommended  Not Recommended

Comments :

\_\_\_\_\_

Rank Name Signature Date

**35b. OIC**

Recommended  Not Recommended

Comments :

\_\_\_\_\_

Rank Name Signature Date

**35c. FIRST SERGEANT**

Recommended  Not Recommended

Comments :

\_\_\_\_\_

Rank Name Signature Date

**35d. COMPANY COMMANDER**

Recommended  Not Recommended

Comments :

\_\_\_\_\_

Rank Name Signature Date

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

Rank	Name	EDIPI
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**35e. SERGEANT MAJOR**

Is SNM recommended for this request:  Yes  No

Comments :

\_\_\_\_\_

Rank Name Signature Date

**35f. EXECUTIVE OFFICER**

Is SNM recommended for this request:  Yes  No

Comments :

\_\_\_\_\_

Rank Name Signature Date

Rank	Name	EDIPI
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**35g. Commanding Officer / Commander Recommendation**

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

Does SNM meet all prerequisites for this request :       Yes                       No

Is SNM recommended for request:                       Yes                       No





**Tier I** - Does superior work in all duties. Even extremely difficult or unusual assignments can be given with full confidence that they will be handled in a thoroughly competent manner. Demonstrates positive effect on others by example and persuasion. A Tier I Marine may not have any NJP, court martial, or civilian conviction on his current contract.

**Tier II** - Does excellent work in all regular duties, but needs assistance in dealing with extremely difficult or unusual assignments. Demonstrates reliability, good influence, sobriety, obedience, and industry. A Tier II Marine may have only one form of jeopardy on contract in the form of NJP or misdemeanor civilian conviction, but may have no courts martial.

**Tier III** - Can be depended upon to discharge regular duties thoroughly and competently but usually needs assistance in dealing with problems not of a routine nature. A Tier III Marine may have no more than two incidents of jeopardy in the form of NJP or misdemeanor civilian conviction, but have no courts martial conviction.

**Tier IV** - May or may not meet minimum standards. Any Marine with a courts martial conviction will be categorized as Tier IV.

**\*\*Note** - The Career Planner should ensure that the TFRS Tier evaluation accompanies this RELM request for all FTAP reenlistment requests.

Commander's Tier Evaluation:	<input type="checkbox"/> I	10%		
	<input type="checkbox"/> II	30%		
	<input type="checkbox"/> III	50%		
	<input type="checkbox"/> IV	10%		

Comments to HQMC (MMEA):

\_\_\_\_\_ Rank                      \_\_\_\_\_ Name                      \_\_\_\_\_ Signature                      \_\_\_\_\_ Date

Rank	Name	EDIPI

**35h.**

Is SNM recommended for this request:  Yes  No

Comments :

\_\_\_\_\_

Rank Name Signature Date

**35i.**

Is SNM recommended for this request:  Yes  No

Comments :

\_\_\_\_\_

Rank Name Signature Date

Rank	Name	EDIPI

**35j. Commanding General Recommendation**

Must have General Courts-Martial convening authority or be properly designated as "Acting", via an Assumption of Command or Appointment Letter.

Is SNM recommended for this request:

Yes  No

Comments to HQMC (MMEA) :

\_\_\_\_\_  
Rank

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date