



CONTRACT PACKAGE GUIDE

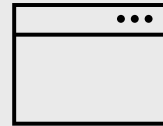
For a better understanding when filling out
the documents.

TIPS FOR FILLING OUT THE CONTRACT PACKAGE DOCUMENTS



Make sure to print the checklist and use it to cross off the documents that you finish. It's easier for having track on what you've already done.

CHECKLIST



USE A PENDRIVE

Please make sure to have a pendrive, create a folder on it and identified as "ROTC Contract Package", then while filling the documents, you can save them on the ROTC folder and have a better organization.



If you need an app for filling out the documents, you might want to try "Adobe Fill & Sign" its available for computers and for iPhones.

APPS FOR FILLING
THE DOCUMENTS

CADET MINI REGISTRATION

As you can see in the example,
this document is just general
information about you.

Cadet Mini-Registration

Please type your response in the provided fields.

Date February 23, 2022

Cadets Last name Jordan Rodriguez First name Karina Middle name M.

Gender: M F Preferred Gender: M F

Social Security [REDACTED] DoD ID #: _____ Date of Birth: 04/17/2002

Street Address Carr. 651 Kil. 5.6 Barrio Dominguito Sector La Pra. Villa Velez

City Arecibo State PR ZIP 00612

Telephone (Home) _____ (Cell) 787-446-4319

Host School UPR MAYAGUEZ FICE CODE 003944

School HRA Telephone 787-833-0054

School Interamericana Recinto de Arecibo

City Arecibo State PR ZIP 00612

SMP Unit Name _____ UIC _____

SMP Unit POC & Telephone _____

SMP Unit Street Address _____

SMP City _____ State _____ ZIP _____

Are you a Service Member? Yes No

If yes, Army: Regular Reserves National Guard

Are you a Dependent of a Service Member? Yes No

If yes: Sponsor's Social Security # _____

List known allergies and reaction: None

*** THESE DOCUMENTS NEED TO BE FILLED BY YOUR DOCTOR ***

DA 2435-R (MEDICAL STATEMENT FOR ENROLLMENT IN BASIC COURSE, SENIOR ROTC) (FOR MS I & MS II)

CADET BASIC COURSE

*** ONLY IF YOU'RE GOING TO BASIC CAMP!! ***

These 2 documents are filled by your doctor, if you are going to basic camp, make sure to bring both to your doctor, if you are not required to do Basic Camp, then skip the "Cadet Basic Course" Document.

MEDICAL FITNESS STATEMENT FOR ENROLLMENT IN BASIC COURSE, SENIOR ROTC <small>For use of this form, see AR 145-1; the proponent agency is ODS/PCER</small>	DATE
<p>I have examined _____ and find no medical condition or physical impairment that precludes his participation in the basic course, Army ROTC, a program not more physically strenuous than a normal college physical education program.</p> <p style="text-align: center;"><small>(First Name - Middle Initial - Last Name)</small></p>	
SIGNATURE OF PHYSICIAN	

DA FORM 3425-R, 1 SEP 68 USAPPC V1.00

(This one is only required if you're going to Basic Camp)



CADET BASIC COURSE (BC) – MEDICAL OPERATIONS PRE-PARTICIPATION PHYSICAL FORM
MEDICAL EXAM FORM

Name (Print): Karina M Jordan Rodriguez Date of birth: 04-17-2002
 Height: 63 Weight: 123 No Pulse: 77 BP: 119 / 76
 Vision R 20/ 20 L 20/ 20 Corrected: YES NO eyeglasses Pupils: EQUAL UNEQUAL

MEDICAL	NORMAL	ABNORMAL	ABNORMAL FINDINGS	INITIALS
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Nose	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pulses	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Lungs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Abdomen	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Genitalia (males only)	<input type="checkbox"/>	<input type="checkbox"/>		
Inguinal Hernia	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Emotional Adjustment	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
MUSCULOSKELETAL				
Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Back	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Shoulder/arm	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Elbow/forearm	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Wrist/hand	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Hip/ thigh	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Knee	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Leg/ankle	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Foot	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
OTHER				
Glasses (contacts)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Braces	<input type="checkbox"/>	<input type="checkbox"/>		

Allergies (to what agent, type of reaction, treatment):

Activities at BC each Cadet must be able to fully participate in are:
 1) Obstacle Courses involving running, jumping, climbing/scaling and lifting.
 2) A two mile run for time.
 3) Maximum pushups for time.
 4) Maximum sit-ups for time.
 5) Small unit patrols involving walking many miles wearing metal plated vest, knee/elbow pads, military helmet, rifle and military uniform.
 6) 10 mile mark wearing 45 lbs of weight in a large backpack.
 7) Land navigation involving walking 4-5 miles at a rigorous pace over rugged terrain.
 8) Daily Physical Fitness Training (PRT) using calisthenics, weights and resistance exercises.

I certify that I have, today, reviewed the health history, examined this person and approved this individual for participation in the above listed activities:
 BC Cleared without restriction
 BC Cleared with recommendations for further evaluation or treatment for:

 Not cleared for: Physical Fitness Activities, Specific Activities:
 Reason:

Page 2 of 2 Cadet Basic Course STT, Oct 17

CADET APPLICATION AND ENROLLMENT RECORD

For use of this form, see USACC Pam 145-4, the proponent agency is ATCC-PAC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority 10 USC 2101, 2103, 2104, 2107, 2111, and 5 USC 301
Principal Purpose(s) To obtain personnel data in order to determine eligibility for enrollment and serve as a source document for cadet's service record throughout participation in the ROTC Program. Provides data for the administration of the ROTC student commencing with application for enrollment into the ROTC Program.
Routine Uses To verify eligibility to participate in the ROTC Program; to provide information on addresses and telephone numbers for use in the event of death, injury, illness or unauthorized absence while participating in ROTC activities; to facilitate contact with complete information with a cadet during other than normal training periods; to make a matter of record the information provided by the cadet.
Disclosure Disclosure is voluntary. However, failure to provide complete information and provide responses will suspend the enrollment process into the ROTC Program.

PART I - GENERAL INFORMATION

Reset Form 1. NAME Last [] 1a. NAME First [] 1b. NAME MI []
2. SSN [] 3. COLLEGE ID # [] 4. E-MAIL []
5. LOCAL ADDRESS [] 5a. CITY [] 5b. STATE [] 5c. ZIP CODE [] 6. PHONE []
7. PERMANENT ADDRESS [] 7a. CITY [] 7b. STATE [] 7c. ZIP CODE [] 8. PHONE []
9. DOB [] 10. POB [] 11. RELIGIOUS PREF [] 12. BLOOD TYPE [] 13. ACT [] 14. SAT []
15. SEX [] 16. HEIGHT [] 17. WEIGHT [] 18. MARITAL STATUS [] 19. DEPENDENTS [] 19a. NUMBER OF DEPENDENTS []
20. RACE/ETHNICITY (Check One) African American American Indian Asian Caucasian Hispanic Other If "other", Explain: []
21. CITIZENSHIP (Check One) U.S. Citizen U.S. Born Naturalized Born Overseas With U.S. Parents Dual Citizenship (See USACC PAM 145-4, 2-39)
 Non U.S. Citizen Immigrant Alien Nonimmigrant Alien Refugee
22. Do you have any condition that could interfere with you participating in a normal college physical education course? [] 22a. If "yes" explain []
23. Have you ever received Medical Disability payments from any source? [] 23a. If "yes" explain []
24. NEXT OF KIN [] 24a. ADDRESS [] 24b. PHONE []

PART II - ACADEMIC INFORMATION

25. ROTC HOST SCHOOL [] 25a. FICE CODE [] 26. SCHOOL OF ATTENDANCE [] 26a. FICE CODE []
27. RESIDENCY STATUS [] 28. ACADEMIC CLASS [] 29. PROJECTED GRADUATION DATE [] 30. ACADEMIC MAJOR []
31. ACADEMIC MINOR [] 32. CREDITS TOWARD DEGREE [] 33. CREDITS REQUIRED FOR DEGREE [] 34. CGPA (COLLEGE) []
35. OTHER COLLEGES ATTENDED [] 35a. YEAR(S) ATTENDED [] 36. HIGH SCHOOL ATTENDED []
36a. GRADUATION DATE [] 37. ROTC SCHOLARSHIP RECIPIENT [] 37a. If "yes" what type? []
38. OTHER SCHOLARSHIPS [] 39. JROTC EXPERIENCE []

PART III - CURRENT OR PRIOR MILITARY SERVICE (TO INCLUDE OFFICER PRODUCING PROGRAMS)

NOT APPLICABLE (Go to PART IV) 40. CURRENT SERVICE: Are you currently in the Armed Forces? [] 40a. If "yes" which Branch? []
40b. SMP UNIT [] 40c. Is your spouse currently a member of the Armed Forces? []
41. PRIOR SERVICE: Have you ever been enrolled in an officer producing program? [] 41a. Were you ever disenrolled from the ROTC Program? [] 41b. Were you ever enrolled in a Service Academy? []
41c. Were you ever discharged from the Armed Forces? [] 41d. If "yes" what type of discharge? [] 41e. If "yes" what was the RE Code? []
41f. Months of Active Service [] 41g. Have you ever been discharged for medical reasons? [] 41h. If "yes", explain: [] 41i. Have you enlisted through the Military Accessions Vital to National Interest (MAVNI) Program? []

USACC 139-R (CADET ENROLLMENT RECORD)

This document should be filled with the Cadre (Captain) it's also about personal information. Make sure to filled the updated form.

DENTAL EXAM REQUIREMENT FORM

You can fill this document by yourself, since is only requiring your dentist general information, which is the Dentist Office Phone, Name and Address.

DENTAL EXAM REQUIREMENTS UNIVERSITY OF PUERTO RICO ARMY ROTC

CC PAM 145-4, Para 2-23 & 2-55 Requires dental films for casualty identification purposes for all participants in the ROTC program who must use government-owned or government contracted transportation. The PMS is to ensure the Cadet's dental records contain sufficient documentation to aid in forensic identification.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: All data is mandatory. Individuals who do not provide this data will not be allowed to be transported on any government owned or government contracted transportation, no exception(s) to this rule are allowed.

I certify that my dental representative listed below has on file in my dental records descriptive profiles, bite wing x rays, orthodontic profiles or dental x-rays for me.

Cadet Name: _____

SSN: _____ Dentist Phone:(_____) _____ - _____

Name of Dentist: _____

Dentist Address _____

Cadets Signature

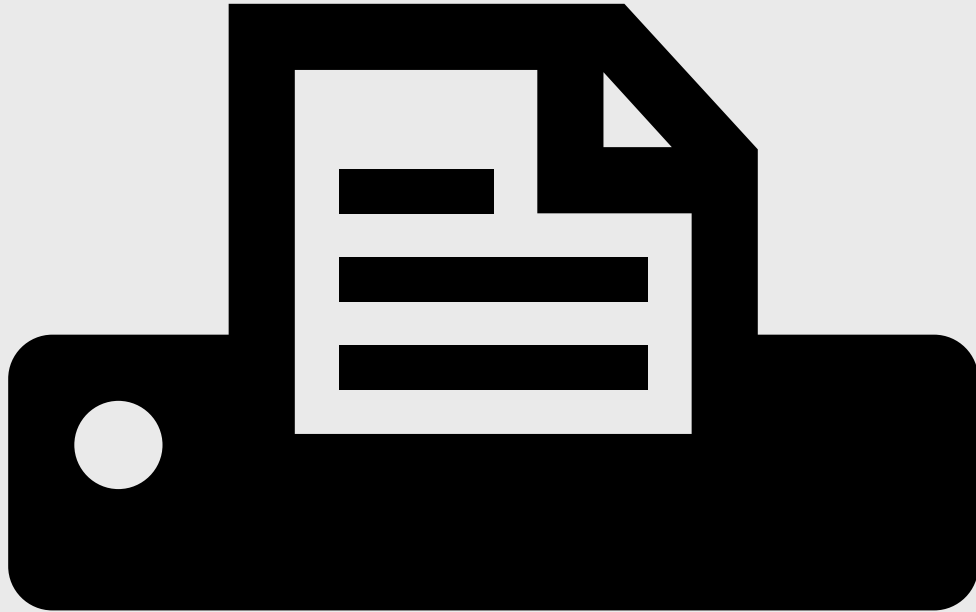
Date

AUTHORIZATION TO RELEASE DOCUMENTS

I authorize my dentist, dental office, or medical treatment facility that is in possession of my dental records or other records with my descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays to release this information pertaining to these documents and copies of these items to the US Army ROTC or other Department of Defense Representative.

Cadets Signature

Date



**COPY OF YOUR BIRTH
CERTIFICATE, SOCIAL
SECURITY,
VACCINATION RECORD,
COLLEGE TRANSCRIPT
AND COVID-19 RECORD
CARD.**

MAKE SURE TO HAVE A COPY OF THESE
DOCUMENTS ON YOUR PENDRIVE WITH THE
REST OF THE CONTRACT PACKAGE
DOCUMENTS.

CC 136-R (BRIEFING ON GOVERNMENT SPONSORED BENEFITS FOR ROTC CADETS)

CC 137-R (AUTHORIZATION/DECLINATION FOR ACCESS TO STUDENT RECORDS)

The 136 R is for certifying that you have been briefed of the government-sponsored benefits for ROTC Cadets.

The 137 R is an authorization for accessing your student records.

(Make sure to fill all parts of both documents)

CC 136-R

BRIEFING ON GOVERNMENT SPONSORED BENEFITS FOR ROTC CADETS (ROTC Cadet Cmd PAM 145-4)

I have been briefed this date on government-sponsored benefits for ROTC cadets and understand that--

1. Enrolled ROTC cadets and applicants for enrollment who suffer illness/injury as a result of authorized (scheduled and supervised) training, or authorized travel to and from such training, are eligible for compensation through the Department of Labor/Department of Veteran Affairs.
2. ROTC cadets may not receive medical coverage and disability benefits from the Department of Labor or the Department of Veteran Affairs for injuries sustained when traveling off-post for personal recreation/activities. It is the responsibility of the individual cadet to obtain adequate or additional insurance to cover themselves for off-post, non-ROTC related activities.
3. ROTC cadets must report any injury/illness sustained while participating in authorized training or authorized travel to and from such training to the battalion commander/PMS or other authorized cadre. Cadets are responsible for submission of claims to the proper department as listed in paragraph 1 above, with the assistance of battalion cadre.
4. Army medical treatment facilities (subject to the availability of space, facilities, and capabilities of the professional staff) are authorized to provide care for injury incurred or disease contracted while attending field training.
5. Injured students who are eligible to receive medical treatment are authorized medical care from the following sources:
 - a. U.S. Public Health Service hospitals or physicians where available.
 - b. Army, Navy, Air Force, or VA medical treatment facilities, subject to the availability of space, facilities, and the capabilities of the professional staff.

DATE

CADET SIGNATURE

Printed Name of Cadet

CC FM 136-R, Aug 01

CC 137-R

AUTHORIZATION/DECLINATION FOR ACCESS TO STUDENT RECORDS

For use of this form, see CC Pam 145-4, the proponent agency is ATCC-PC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority 20 USC 1232g, and Public Law 93-380
Principal Purpose To authorize/decline the release of any and all official records maintained by the ROTC Department to personnel in the Department of Defense and/or parents.
Routine Uses Disclosure To provide authorization/declination to release information contained in official records.
Disclosure is voluntary.

PART I - AUTHORIZATION FOR ACCESS TO STUDENT RECORDS

Having been advised of the provisions of Public Law 93-380 (20 USC 1232g, Family Educational Rights and Privacy Act of 1974) and in connection with my participation in the Army ROTC program, I

_____ hereby authorize the release of any and

(Cadet's Name)

all official records maintained by the _____

(Name of School)

or it's ROTC Department to personnel in the Department of Defense and/or my parents,

(Name of Parents)

I waive any requirement that I be furnished a copy of those records prior to or concurrent with their release. This consent remains effective until my relationship with the ROTC program is terminated.

Signature of Cadet

Date

PART II - DECLINATION OF PARENTAL ACCESS TO STUDENT RECORDS

Although informing my parents of the academic/ROTC progress made by me may assist in my quest to become a commissioned officer, I decline to allow release of official records maintained by

_____ ROTC Department to my

(Name of School)

parents. (Exception: Parents who still claim student as a dependent for IRS purposes) If I change my mind in the future, I will inform the ROTC Department in writing.

Signature of Cadet

Date

CC FORM 137-R, AUG 2002

PREVIOUS EDITIONS ARE OBSOLETE

Clear

Print

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (Check only one)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other (specify)	
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
Prefix	Suffix	TYPE	AMOUNT
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)	
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER	CHECK DIGIT
		<input type="text"/>	<input type="text"/>
DEPOSITOR ACCOUNT TITLE			
FINANCIAL INSTITUTION CERTIFICATION			
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

Reset

DIRECT DEPOSIT SIGN-UP FORM

This form is required for contracting, since you will receive the payment on your bank account. For filling this document, you'll have to put your bank information and sign on "Payee" parts.

Section 2 and 3 will be filled by your financial institution.

PERFORMANCE COUNSELING (IAW CC 145-1)

This document will certify that you (the cadet) will continue to meet the requirements of the program.

(make sure to read it carefully and fill it)

RECORD OF PERFORMANCE COUNSELING SESSION UNIVERSITY OF PUERTO RICO ARMY ROTC

1. AUTHORITY: Title 5 U.S.C., Section 31; Title 10 U.S.C., Sections 2101-2111.
2. PRINCIPAL PURPOSE (s): To provide management and individual performance data.
3. ROUTINE USES: Used primarily as source of affording and individual the opportunity of obtaining effective performance evaluations.
4. MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Failure to provide information may possibly result in failure to develop career potential.

Individual Counseled: _____ School: _____

My signature under each counseling acknowledges that contents of counseling has been personally explained to me and I understand the actions which are required on my part and the possible effects on my future.

DATE _____

COUNSELED BY _____

SUMMARY OF COUNSELING

I have been counseled on the following requirements: IAW AR 145-1 and CC 145-4, I will remain enrolled and satisfy all the requirements imposed by instructors. I will complete the ROTC curriculum to include PME requirements. I will maintain an overall GPA and semester average of 2.0 or higher. I will keep myself in top physical condition to always pass my APFT. I will maintain a full time student load of 12 credits or more per semester. I will attend all scheduled classroom instructions, PT, Drills, FTX's, English Instruction, and other activities as directed by my instructors.

OTHER: All contacted cadets must take the following courses before commissioning:

- a. U.S. History Class
- b. Any Computer Class

STUDENT'S SIGNATURE: _____

Form **W-4**

Employee's Withholding Certificate

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2022

Step 1: Enter Personal Information

(a) First name and middle initial Karina M.	Last name Jordan Rodriguez	(b) Social security number [REDACTED]
Address 100 S. Street, 00612		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.
City or town, state, and ZIP code Arecibo, PR 00612		
(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$	0
Multiply the number of other dependents by \$500 ▶ \$	0
Add the amounts above and enter the total here	3 \$ 0

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ 0
(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ 0
(c) Extra withholding. Enter any additional tax you want withheld each pay period . . .	4(c)	\$ 0

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

March 01, 2022
Date

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------------	--------------------------	--------------------------------------

W-4 (CURRENT YEAR)

The W-4 form is the IRS document for determine how much should be withheld from your paycheck for federal income taxes.

(if you are unemployed , just live it on 0's)

SGLV 8286 (SERVICEMEMBERS' GROUP LIFE INSURANCE ELECTION AND CERTIFICATE) (OCT 17)

On this document you will read carefully and fill all parts with the information required for life insurance.



Office of Servicemembers' Group Life Insurance

Servicemembers' Group Life Insurance Election and Certificate

The SGLI Online Enrollment System (SOES) is the official system of record for Servicemembers' Group Life Insurance for the United States Navy, the United States Army and the United States Air Force. All coverage and beneficiary elections for members of the Navy, the Army and the Air Force should be made in SOES. This form should only be used in special circumstances as defined by the United States Navy, the United States Army and the United States Air Force.

1. About You

Print Name (First, Middle, Last)		Rank, title or grade	Social Security Number
Duty Location		Branch of Service	Current Amount of SGLI
<input type="checkbox"/> Married	<input type="checkbox"/> Single	Spouse's Date of Birth	
If married, spouse's name			

2. About Your Coverage *This form replaces all prior designations.*

I am completing this form to: (Check all that apply)

- Name or update my SGLI beneficiary. *You must complete sections 3 & 5.*
- Increase or restore my SGLI coverage to \$ _____. *You must complete sections 3, 4, & 5. (Increasing SGLI does not automatically increase FSGLI, if FSGLI was < \$100,000.)*
- Reduce my SGLI coverage to \$ _____. *You must complete sections 3 & 5.*
- Decline or cancel SGLI coverage. Write below "I do not want insurance at this time." *You must complete section 5 only.*

SGLI coverage is available in increments of \$50,000 up to a maximum of \$400,000. Traumatic Injury Protection (TSGLI) coverage is automatic with SGLI coverage.

3. About Your Beneficiaries *Please always complete this section unless you are declining coverage. If you do not specifically name beneficiaries, your insurance will be paid by law. Please read the information on page 3 before selecting your beneficiaries.*

Primary Name and Address	Social Security Number (If available)	Relationship to you	Share to each (%) – The sum of shares must equal 100%. Each share must be greater than 0%.	Payment Option (Lump sum* or 36 equal monthly payments)
1.	□□□□□□□□			
2.	□□□□□□□□			
3.	□□□□□□□□			
4.	□□□□□□□□			

DD 93 (RECORD OF EMERGENCY DATA) (JAN 08)

DD 369 (POLICE RECORD CHECK) (MAR 07)

Both documents are records, please read carefully and fill the parts that are required.

DD 93

RECORD OF EMERGENCY DATA			
PRIVACY ACT STATEMENT			
<p>AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN). PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable. ROUTINE USES: None. DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.</p>			
<p>INSTRUCTIONS TO SERVICE MEMBER</p> <p>This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.</p>		<p>INSTRUCTIONS TO CIVILIANS</p> <p>This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.</p>	
<p>IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.</p>			
SECTION 1 - EMERGENCY CONTACT INFORMATION			
1. NAME (Last, First, Middle Initial)		2. SSN	
3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR		b. REPORTING UNIT CODE/DUTY STATION	
4a. SPOUSE NAME (if applicable) (Last, First, Middle Initial) <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
5. CHILDREN a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)
		d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
6a. FATHER NAME (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
7a. MOTHER NAME (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
8a. DO NOT NOTIFY DUE TO ILL HEALTH		b. NOTIFY INSTEAD	
9a. DESIGNATED PERSON(S) (Military only)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)			

DD FORM 93, JAN 2008 PREVIOUS EDITION IS OBSOLETE. Adobe 7.0 Professional

DD 369

POLICE RECORD CHECK			1. DATE OF REQUEST (YYYYMMDD)		OMB No. 0704-0007 OMB approval expires Oct 31, 2014	
<p>The public reporting burden for this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Service Directorate, Information Management Division, 4800 Mark Center Drive, Suite 0206, Alexandria, VA 22304-3100 (0704-0007). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.</p>						
SECTION I - (To be completed by Recruiting Service)						
2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias)		3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		4. PLACE OF BIRTH a. CITY		b. COUNTY
						c. STATE
5. DATE OF BIRTH (YYYYMMDD)		6.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN		b. ETHNIC CATEGORY <input type="checkbox"/> (1) HISPANIC OR LATINO <input type="checkbox"/> (2) NOT HISPANIC OR LATINO		7. SOCIAL SECURITY NUMBER
8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block)		a. NUMBER AND STREET (Include apartment no.)		b. CITY	c. STATE	d. ZIP CODE
						e. FROM (YYYYMMDD)
						f. TO (YYYYMMDD)
9. DATES RESIDED AT THIS ADDRESS		10. PERSON MAKING THIS REQUEST a. NAME (Last, First, Middle Name(s))		b. RANK	c. SIGNATURE	d. TITLE
		ROSARIO, PEDRO J.		CIV		ROO, UPR-M, ARMY ROTC
SECTION II - (To be completed by Applicant)						
PRIVACY ACT STATEMENT						
<p>AUTHORITY: 10 U.S.C. Sections 136, 504, 505, 12102; 14 U.S.C. Sections 351 and 432; DoDI 1304.2; DoDI 1304.26; AR 601-270; OPNAVINST 1100.4C Ch-1; AFI 36-2003; JP, MCO 1100.75E; COMDTINST M 1100.2E; AR 601-210; and E.O. 9397, as amended (SSN). PRINCIPAL PURPOSE(S): The information collected on this form is used to screen and identify applicants to the Armed Forces who may have discreditable involvement with the police or other law enforcement agencies. Completed forms are used to conduct background records checks used to determine eligibility of applicants for accession into the Armed Forces. Completed forms are covered by recruiting and official military personnel SORNs maintained by each of the Services. ROUTINE USE(S): DoD "Blanket Routine Use" 2, Disclosure When Requesting Information Routine Use, specifically applies. A record from a system of records maintained by a DoD Component may be disclosed as a routine use to a Federal, State, or local agency maintaining civil, criminal, or other relevant enforcement information or other pertinent information, such as current licenses, if necessary to obtain information relevant to a DoD Component decision concerning the hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant, or other benefit. The DoD Blanket Routine Uses found at http://privacy.defense.gov/blanket_uses.shtml apply to this collection. DISCLOSURE: Voluntary. However, failure of the applicant to complete Section II may result in the refusal of enlistment in the Armed Forces of the United States. An applicant's SSN is used to conduct the police records check and keep all records together during the enlistment process.</p> <p>The data are for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal law and regulations. Making a knowing and willful false statement on this DD Form 369 may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on you in your military career in situations such as consideration for special assignment, security clearances, court martial and administrative proceedings, etc.</p>						
11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW. SIGNATURE						
SECTION III - (To be completed by Police or Juvenile Agency)						
The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience.						
12. DOES THE APPLICANT HAVE A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, what was the offense or charge, date, disposition and sentence?)						
13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? (If YES, give details.) <input type="checkbox"/> YES <input type="checkbox"/> NO						
THIS IS TO CERTIFY THAT THE ABOVE DATA, AS CORRECTED, ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.						
14. DATE (YYYYMMDD)		15. TITLE		16. VERIFIED BY (Signature)		
LAW ENFORCEMENT AGENCY MAIL TO:				RECRUITING AGENCY MAIL FROM:		


DD FORM 369, OCT 2011 PREVIOUS EDITION IS OBSOLETE. Adobe Professional 8.0

CC 104-R (PLANNED ACADEMIC PROGRAM WORKSHEET)

This document will approximately tell on how many years you will graduate based on the courses you have. This document needs to be well done and accurately organize with your curriculum.

Be sure to look up your bachelor's or master's curriculum and sit down with a cadet who has already done it, so you can get help.

PLANNED ACADEMIC PROGRAM WORKSHEET															
For use of this form, see USACC Pam 145-4, the proponent agency is ATCC-PA-C															
DATA REQUIRED BY PRIVACY ACT STATEMENT OF 1974															
1. AUTHORITY: Title 10, US Code 2101 and 2104															
2. PRINCIPAL PURPOSE(S): To provide information and data necessary for administering the Army Senior ROTC program, processing, and managing of selected students for commissioning in the Army IAW established public law and Army Regulations.															
3. ROUTINE USE(S): To provide a projected academic plan to determine if the applicant meets the public law requirements of two remaining academic years.															
4. VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary information is necessary to determine eligibility of the individual for acceptance, continuance, or discontinuance in the Army ROTC program.															
1. NAME OF STUDENT (LAST, FIRST, MI) Jorand Rodriguez Karina M.		2. ACADEMIC MAJOR BA Computer Science / Minor Criminal Inv.		2a. CIP CODE 00612		3. AS OF DATE (MM/DD/YYYY) (Date of form preparation) 25/03/2022									
4. ACADEMIC SCHOOL Interamerican University Arcoibo Campus		5. CREDIT HOURS Select Semester or Quarter (S/Q) Semester				6. GRADE POINT AVERAGE (GPA)									
a. IDENTIFICATION (Check one): Host <input type="checkbox"/> Extension Center <input checked="" type="checkbox"/> Cross-Enrolled <input type="checkbox"/>		a. Total required for degree: 122 (1) ROTC Hours that do not count: 24 (2) Total Hours Req'd for NAPS: 146 Normal Academic Progression Standard: 19		b. Credits toward degree Comp to date: 54		Term: _____ Curr GPA: _____ CUM: _____ Term: _____ Curr GPA: _____ CUM: _____		Term: _____ Curr GPA: _____ CGPA: _____ Term: _____ Curr GPA: _____ CGPA: _____							
b. HOST SCHOOL UPR-M		c. HOST FICE 003944		b. Credits toward degree Comp to date: 54		Term: _____ Curr GPA: _____ CUM: _____ Term: _____ Curr GPA: _____ CUM: _____		Term: _____ Curr GPA: _____ CGPA: _____ Term: _____ Curr GPA: _____ CGPA: _____							
				d. Remaining for Degree: 68		Term: _____ Curr GPA: _____ CUM: _____ Term: _____ Curr GPA: _____ CUM: _____		Term: _____ Curr GPA: _____ CGPA: _____ Term: _____ Curr GPA: _____ CGPA: _____							
				e. Number of authorized S/Qs: 8		Term: _____ Curr GPA: _____ CUM: _____ Term: _____ Curr GPA: _____ CGPA: _____		Term: _____ Curr GPA: _____ CGPA: _____ Term: _____ Curr GPA: _____ CGPA: _____							
7. TERM, YEAR, COURSE NUMBER, COURSE TITLE, COURSE CREDIT HOURS, CREDITS THAT COUNT TOWARDS ACADEMIC DEGREE, AND ACHIEVED GRADES.															
a. Term: Spring Year: 22			b. Term: Summer (June) Year: 22			c. Term: Fall Year: 22									
No.	Course Title	Hrs.	Cts.	Grd.	No.	Course Title	Hrs.	Cts.	Grd.	No.	Course Title	Hrs.	Cts.	Grd.	
Misc3153	Active & Adaptive Leadership	2			Gchs3020	Global Society	3			Math1500	Pre-Calculus	5			
Misc1020	Military Briefing II	2			Cjus3025	Criminal Law	3			Gasc1010	Information & Computing Technologies	3			
Cjus3070	Human and Civil Rights	3								Cjus3027	White Collar Crime	3			
Comp3015	Web/Program with Database	3								Cjus3030	Interviews and Interrogations	3			
Geen1203	English Communication III	3								Misc3151	Military Briefing I	2			
Geso2203	Literature and World View	3								Misc3010	Training Man. and Fighting Functions	4			
Total Term Hours:		16			Total Term Hours:		6			Total Term Hours:		20			
d. Term: Spring Year: 23			e. Term: Summer (June) Year: 23			f. Term: Fall Year: 23									
No.	Course Title	Hrs.	Cts.	Grd.	No.	Course Title	Hrs.	Cts.	Grd.	No.	Course Title	Hrs.	Cts.	Grd.	
Comp2501	Discrete Computational Structure	3			Gchs3000	Comprehensiv Health & Quality	3			Comp2502	Discrete Computational Structure II	3			
Comp390C	Visual Computing	3			Soc2080	Criminal Justice Systems	3			Comp2900	Data Structure	3			
Cjus3250	Criminal Investigation	3								Math2251	Calculus I	5			
Phys3001	General Physics I	4								Comp3500	Operating Systems	3			
Misc3152	Military Briefing II	2								Misc4010	The Army Officer	4			
Misc3020	Training Man. and Fight. Func	4								Total Term Hours:		18			
Total Term Hours:		19			Total Term Hours:		6			Total Term Hours:		18			
8. STUDENT INITIALS & DATE:															
TERM 1: _____		TERM 2: _____		TERM 3: _____		TERM 4: _____		TERM 5: _____		TERM 6: _____		TERM 7: _____		TERM 8: _____	
(Have the student initial and date beside each term to indicate they have been counseled)															



Remember that doing your contract package is vital for receiving the benefits as a cadet of the ROTC Army, and for getting the scholarship.
Good luck, and get it done!

Any doubts about the program and contract package, ask your cadre or squad leader.

If you need the documents, send an email to: ellejordn@gmail.com