

WTU OUT-PROCESSING RECORD CHECKLIST

NAME: (Last, First, MI) _____ Rank: _____

SSN: _____

CONTACT PHONE NUMBER: _____

ASSIGNED SPONSOR: (Rank/Name) _____ DATE: _____

Event/Task	Date Completed	Signature
1. Company S-1		
a. Orders		
b. Evaluation		
c. Copy of Profile		
d. ERB/ORB/2-A/2-1/eMILPO/Transactions		
e. Mailroom		
f. Change of Address		
g. Meal card (last out processing day)		
2. Patient Administration		
a. MODS Data Entry		
b. JPTA Update		
c. DTMS		
d. CHCS Update		
e. FMR Review/Update		
3. Finance		
a. Review pay and allowances		
b. Refer to Social Security Benefits Advisor as needed		
4. Supply (S-4)		
5. RC/NG Liaison (NG/RC only)		
a. NG/RC Liaison Interview		
b. OMPF Records Brief		
c. TCS Orders/MOB Orders		
6. Chaplain		
7. Case Manager		
a. Follow on care appointments arranged		
8. TRICARE / DEERS		
9. Social Work Services		
10. Wounded Warrior Program (AW2)		
a. 1 st Army Checklist		
b. Counseling Form		
c. DD214WS Worksheet		
d. TCS order		
11. Occupational Therapy		

NAME: (Last, First, MI) _____ Rank: _____

Event/Task	Date Completed	Signature
12. Primary Care Manager		
13. Soldier Family Assistance Center		
14. Veterans Administration		
a. VBA		
b. VHA		
c. Vocational Rehabilitation		
15. ACAP/TAPS		
16. Housing/Billeting (On / Off Post)		
17. Dental Clinic		
18. Outpatient Records		
19. ID Cards Section		
20. Travel Section		
21. Safety Officer		
22. Platoon/Squad Assignment		
23. First Sergeant		
24. Company Commander		
25. Transition Center (Final Out processing)		
26. Military Personnel Division		

Warrior Signature: _____