RECORD OF OFFICIAL COUNSELING

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| Authority to request the information in this form is derived from 5 United States Code 301, Departmental Regulations. Purpose of this form is to document all form all counseling conducted concerning performance or other reason listed below. This document is subject to the Privacy Act of 1972 and shall only be released for information upon guidance from higher authority or upon request of said member mentioned below. |
| **Last Name** | **First Name** | **MI** | Class | **Branch** | **Date** |
|  |  |  |  | **NROTC** |  |
| **Banner ID** | **Command** | **Platoon** | **Counselor** |
| **101XXXXXX** | **UNIV OF NEW MEXICO** |  |  |
| **Reason for Counseling:** |
|  | TARDINESS |  | PERSONAL APPERANCE  |  | MILITARY BEARING  |
|  | PERSONALBEHAVIOR |  | UNAUTHORIZED ABSENCE |  | JOB PERFORMANCE |
|  | OTHER  |  |   |  |   |
| The following comments describe the reason for this formal counseling as selected above. The events, as described below, are accurate and correctly reflect the circumstance and situation surrounding the events making this counseling necessary, as reported by the counselor.  |
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| The following actions are actions to correct any deficiency or recommendations for improvement upon weak areas. Some counseling may not require actions or recommendations therefore this section may be left blank. Failure to complete corrective actions may result in further disciplinary actions. |
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|  |  | I intend to submit a statement. |  |  | I do not intend to submit a statement. |
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|  |  |  |  |  |  |  |  |  |
|  | Member’s Signature |  | Date |  | Counselor’s Signature |  | Date |  |
| BNXO | Date |
| BNCO | Date |
| ADVISOR | Date |