

**Texas Military Forces Joint Counterdrug Task Force**  
**Commander's Letter of Recommendation Checklist (IAW NGR 500-2/ANGI 10-801 Chp 8, par 8-11b)**

1. Name (Last, First Middle)		2. Grade / Rank	3. Last 4	4. Gender	
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
5. Organization (Include Address & Zip Code)				6. Unit Phone	
7. Home of Record (Street, City, State & Zip Code)				8. Home Phone	
9. Unit Position:			10. Months in Position		
11: DOB / Age	12. Date of Rank	13. MOS / AFSC		14. BRANCH	
				<input type="checkbox"/> ARNG	<input type="checkbox"/> ANG

**Required Medical Information**

1. Attach the medical review, (MEDPROS / SF 507) dated \_\_\_/\_\_\_/\_\_\_

\* Is the SM qualified for world-wide duty and is the SM a deployable asset?  
 Yes  No – Then attach current profile. (DA 3349 (ARNG) or AF Form 422 (ANG))

Printed name and rank of medical or command staff	Signature	Date

**All Items Below Are To Be Filled Out By The Unit Commander**

1. Current status: Check all that apply

<input type="checkbox"/> M Day / Traditional	<input type="checkbox"/> Title 10	<input type="checkbox"/> AGR
<input type="checkbox"/> FTNGD-CD	<input type="checkbox"/> Technician	<input type="checkbox"/> ADOS

2. This service member will be serving in a rank structured organization. If the SM is promoted above the SM's Counterdrug authorized grade, the SM is subject to the Adjutant General's policy for Counterdrug personnel management (PO3-25, 6 FEB 04), which will likely affect the SM's full time employment. initial \_\_\_\_\_

3. Has the SM passed a 'For Record' physical fitness test in the last 12 months?  
 \* Attach current PT test and DA Form 5500/5501

<input type="checkbox"/> Yes	<input type="checkbox"/> No*
------------------------------	------------------------------

<b>Date</b> of Last Physical Fitness Test		<b>Score</b> of Last Physical Fitness Test ( <b>Pass/Fail</b> )	

4. Is the SM within height and weight standards?

<input type="checkbox"/> Yes	<input type="checkbox"/> No*
------------------------------	------------------------------

5. Has the SM been the subject of disciplinary action under the TCMJ during the last 12 months or is the SM pending disciplinary action under the TCMJ?

<input type="checkbox"/> Yes*	<input type="checkbox"/> No
-------------------------------	-----------------------------

6. Has the SM ever misused the government travel credit card?

<input type="checkbox"/> Yes*	<input type="checkbox"/> No
-------------------------------	-----------------------------

7. Is this SM in good standing, participating in AT and drill, and do you recommend the SM for employment / re-employment with the JCDF?

<input type="checkbox"/> Yes	<input type="checkbox"/> No*
------------------------------	------------------------------

8. If your answer to any of the above questions is followed by an asterisk (\*) please provide comments below. Start your comments with the number of the question requiring explanation. Use additional sheets as needed.)

9. Unit Commander's statement of SM's overall potential/performance. Use additional sheets as needed.

Printed Name & Rank of Commander	Signature	Date

Commander Phone Number

PRIVACY ACT STATEMENT

AUTHORITY: USC 5 552, 10 USC 655, 1475, 1480, and E.O. 9397  
 PRINCIPAL PURPOSE: Used to determine eligibility of employment of service members within the Taskforce.  
 ROUTINE USES: None.  
 DISCLOSURE: Voluntary; however, failure to get Unit Commander's approval could result in removal from the Taskforce.