

**THE ARMY SCHOOL SYSTEM (TASS)**

**UNIT PRE-EXECUTION CHECKLIST**

(FOR USE OF THIS FORM SEE TRADOC REG 350-18; PROPONENT IS DCSOPS&T, TASSD )

Please print or type.

**1. NAME:**

**2. UNIT:**

**3. DOR:**

**4. COURSE TITLE:**

**5. REPORT DATE:**

First line leader's initials	Soldier's initials	<b>PART I - UNIT PRE-EXECUTION (D-90 to D-1)</b>
		Coordination between customer unit and TASS unit to identify the Soldier by name?
		Soldier in receipt of school/course information?
		Read ahead packets/prerequisite testing complete? (If applicable.)
		All required clothing/equipment IAW school/course information packet?
		Soldier demonstrated physical fitness requirement on diagnostic test administered within 30 days of scheduled departure for school? (As required.)
		Soldier meets standards of AR 600-9?
		Transportation requirements completed?
		Adequate cash/traveler checks/Government Credit Card?
		Individual orders received?
		Individual has current periodic physical (within 5 years)?
		Individual meets remaining TIS requirements? _____
		School mailing address/telephone numbers received? (For family.)
		Ten (10) copies of orders?
		Transportation verified/approved (ticket picked up)?
		Current/valid identification card?
		ID tags (1 pair)?
		If applicable: Soldier requiring corrective lenses has a set of military prescription eyeglasses and protective mask inserts?
		Notify soldier of requirement to take APFT and be weighed, as required?

**Unit POC List:**

CDR: B: ( ) H: ( )

1SG: B: ( ) H: ( )

FTM: B: ( ) H: ( )

Unit POC FAX: ( )

Unit POC E-mail:

**PART II - ROUTINE PREREQUISITES**

TASK	REGULATION DATA					SOLDIER DATA						
	CO	CL	FA	GM	MM	CO	CL	FA	GM	MM		
Minimum Aptitude Score (ASVAB) (if applicable)												
	OF	EL	SC	ST	GT	OF	EL	SC	ST	GT		
Color vision requirements (if applicable)												
Physical demand rating/profile (PULHES)  *See Part III for P/T profiles	P	U	L	H	E	S	P	U	L	H	E	S

Prerequisite phase/course attendance (if applicable): School code Course completed  
Date of completion Phase completed

Military and civilian vehicle operator license(s) (if applicable):  
 Military license number: Expiration date:  
 Civilian license number: Expiration date: State:

**PART III - REQUIRED DOCUMENTS**

Security clearance (if applicable, attach as required)

\*Permanent profile attendees (if applicable): AC & AGR must have copy of MRB (P3, P4) results with completed DA Form 3349 (must include Army doctor-approved alternate aerobic event for APFT).  
 TPU/Traditional Guardsmen must have copy of completed DA Form 3349 (must include Army doctor-approved alternate aerobic event for APFT).

All required waivers (if applicable)

Other requirements (if applicable)

**OTHER REQUIREMENTS OF DA PAM 611-21 NOT PREVIOUSLY LISTED:**

Other requirements (if applicable)

Other requirements (if applicable)

Other requirements (if applicable)

Other requirements (if applicable)

I have been counseled and have read all requirements applicable to the course I'm selected to attend. Attendance at this course and class will not pose any known hardship on me and/or my family that would detract from or prevent my successful completion of course requirements.

**Student's Signature:** **Date:**

I have reviewed the above soldier's qualifications and potential to successfully complete this course, counseled them on these requirements, and hereby verify their readiness to attend.

**Commanding Officer (typed name):** **Date:**

**Signature:**

**Department of the Army  
United States Army NCO Academy  
Fort Campbell KY, 42223**

ATZT-JK

Date:

**NCOES ENDORSEMENT WORK SHEET**

FOR Commandant, United States Army NCO Academy Fort Campbell KY

ATTN: Warrior Leader Course

**PART I**

Rank/Name: \_\_\_\_\_ POC: \_\_\_\_\_

(Rank, Last, First, MI)

(Name and contact #)

UNIT: \_\_\_\_\_ MOS: \_\_\_\_\_ Promotion status \_\_\_\_\_ PTS: \_\_\_\_\_ Date of Rank: \_\_\_\_\_  
(Promotable Y/N)

School Code: 685 Class #: \_\_\_\_\_ Report Date: \_\_\_\_\_

**Course: WLC**

- a. Soldier meets height/ weight requirements IAW AR 600-9: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ AGE: \_\_\_\_\_
- b. Current **APFT date:** \_\_\_\_\_ **Score:** \_\_\_\_\_ **Soldier INT:** \_\_\_\_\_ **Supervisor INT:** \_\_\_\_\_  
For permanent profiles submit DA Form 3349. Temporary profiles may not attend until profile has expired IAW AR 350-1.
- c. Has Soldier previously been eliminated from this course for other than academic reasons? **YES / NO.**  
If yes, attach copy of DA Form 1059.

**Part II**

- a. Soldier meets prerequisites outlined in AR 350-1 and TR Form 350-18-R-E is attached. **1SG initials:** \_\_\_\_\_.
- b. Military Email Address required for all applications: \_\_\_\_\_@mail.mil

**Part III**

**Signing this document acknowledges that the students Packing List has been inventoried by the unit and the student has all items.**

**Lunch Appointments can be made at (270) 798-7420.**

**WLC SUSPENCE- NLT 21 days prior to report date. This is the ATTRS lock in date deadline. If endorsements are not received by this date, Soldier may not be able to attend this class as requested.**

\_\_\_\_\_  
**Soldier's Name and Signature**                      **Phone Number**

\_\_\_\_\_  
**Sponsor's Name and Signature**                      **Phone Number**

\_\_\_\_\_  
**1SG's Name and Signature**                      **Phone Number**

**\*\*\*Signatures above state that all information contained herein is correct and up to date as of date of application. This document will be part of the PEC sheet requirement for turn-in.**