

AUTHORITY: Title 10, USC 3013 Secretary of the Army, Army Regulation AR 601-280, Army Retention Program; and E.O. 9397 (SSN, as amended.)

PRINCIPAL PURPOSE: To determine service member's qualification for selective reenlistment bonus and the quality Tiered Incentive Program (QTIP) that assess a Soldier's reenlistment quality to determine monetary incentives.

For additional information see the System of Records Notice A0601-280b AHRC
<https://pdt.defense.gov/DIRECTORATES/Privacy-and-Civil-Liberties-irectorate/Privacy/SORNsIndex/Article/4012989/a0601-280b-ahrc/>

ROUTINE USES: None

DISCLOSURE: Voluntary; however, if member refuses to provide the requested Information and sign the form, the member may not receive higher monetary incentives.

ADMIN DATA	<div style="text-align: right; margin-bottom: 10px;">FY _____</div> <p>1. Unit: Company _____ Battalion _____ Brigade _____</p> <p>2. TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Annual Re-Calculation</p> <p>3. Servicemember Name: _____</p> <p>4. Rank: _____ MOS: _____</p>
GRADED CATEGORIES	<p>5. Army Fitness Test Score: _____ AFT Date: _____ <small>(Must be within 12 months of new FY. If not, leave blank.)</small></p> <p>6. Technical Expertise:</p> <p>ASIs _____ SQIs _____ PDSIs _____ Tabs _____ Badges _____ <small>(Please use iPerms & the STP to determine raw numbers.)</small></p> <p>7. Command OML: _____</p> <p>8. Raw Score: _____ Weighted Score: _____ Cohort Tier: _____ <small>(Use Calculation Tool Provided)</small></p> <p style="text-align: center;">Command Team Recommended Tier: _____</p>

Approval Routing (Must be further reviewed and verified by Battalion)

Company Commander: _____ _____
(Name) (Signature / Date)

Servicemember: _____ _____
(Name) (Signature / Date)