

U.S. ARMY RESERVE BAR TO REENLISTMENT CERTIFICATE

For use of this form, see AR 140-111; the proponent agency is OCAR

THRU: (Include ZIP Code)

TO: (Include ZIP Code)

FROM: (Include ZIP Code)

SECTION I - COMMANDER'S RECOMMENDATION

Under the provisions of AR 140-111, Chapter 1, Section VII, I recommend the soldier named below be barred from (Check the appropriate block):

- ☐ Reenlistment for continuing service as a member of the U.S. Army Reserve in any status or category.
- ☐ Reenlistment for continuing service on active duty in a USAR Active Guard Reserve (AGR) status. I am not barring the soldier from reenlistment for continuing service as a member of the U.S. Army Reserve in any status or category other than AGR status.

I recommend the soldier be barred for reasons indicated in item(s) 5 through 8 below, as may be applicable. Prior to the submission of this recommendation, the soldier was counseled by the undersigned about his or her undesirable traits which are the basis for this action. The soldier has been counseled and advised of the adverse consequences that may ensue from this or similar action.

1. NAME (Last, First, MI)	2. SSN	3. RANK
---------------------------	--------	---------

4. SERVICE DATA

- a. _____ YR(S) _____ MO(S) _____ DAY(S) - TOTAL ACTIVE FEDERAL SERVICE (AGR only)
- b. _____ YR(S) _____ MO(S) _____ DAY(S) - TOTAL MILITARY SERVICE (Active/inactive)
- c. _____ YR _____ MO _____ DAY - ETS DATE (Contractual obligation)
- d. _____ YR _____ MO _____ DAY - TERMINATION DATE (Statutory obligation)
- e. _____ YR _____ MO _____ DAY - CURRENT REFRAD DATE (AGR only)

5. RECORD OF COURTS MARTIAL CONVICTIONS (Indicate date adjudicated and approved, type, offense, and sentence.)

6. RECORD OF NON-JUDICIAL PUNISHMENT (Article 15) (Indicate date, article, specific offense, and sentence.)

7. RECORD OF NON-PAYMENT OF JUST DEBTS (Indicate dates of letters of indebtedness, counseling, and results.)

8. OTHER FACTUAL AND RELEVANT INDICATORS OF UNTRAINABILITY OR UNSUITABILITY

TYPE NAME, RANK AND BRANCH OF COMMANDER	SIGNATURE	DATE BAR INITIATED
---	-----------	--------------------

SECTION II - SOLDIER'S REVIEW *(Check and initial as appropriate)*

- ☐ _____ 1. I have been furnished a copy of my commander's recommendation *(Sec II)* to bar me from further reenlistment.
- ☐ _____ 2. I have been counseled and advised of the basis for this action.
- ☐ _____ 3. I ☐ do ☐ do not desire to submit a statement on my own behalf. *(If additional space is needed for the statement, use plain bond 8 1/2 by 11 - inch paper with your name and SSN entered in the upper left-hand corner.)*

☐ See attached for continuation of my statement *(If applicable)*

TYPE NAME, RANK, AND SSN OF SOLDIER	SIGNATURE	DATE
-------------------------------------	-----------	------

SECTION III - ENDORSING OFFICIAL'S REVIEW *(Check the appropriate block)*

I have reviewed Sections I and II and

- ☐ Recommend the soldier be barred from reenlistment for continuing service as a member of the U.S. Army Reserve in any status or category.
- ☐ Recommend the soldier be barred from reenlistment for continuing service on active duty in a USAR AGR status, but not be barred from reenlistment for continuing service as a member of the U.S. Army Reserve in any status or category other than AGR status.
- ☐ Do not approve the bar to reenlistment and hereby return the certificate to the initiating official.

If I have not approved the bar, or if my recommendation checked above differs from that of the commander, I have enclosed a comprehensive statement which explains the reasons for my disapproval or recommendation.

TYPE NAME, RANK, AND BRANCH OF ENDORSING OFFICIAL	SIGNATURE	DATE
---	-----------	------

SECTION IV - APPROVING AUTHORITY *(Check the appropriate block)*

TO: *(Include ZIP Code)*

FROM: *(Include ZIP Code)*

I have reviewed Sections I, II and III and, I

- ☐ Approve the bar to reenlistment for continuing service as a member of the U.S. Army Reserve in any status or category.
- ☐ Approve the bar to reenlistment for continuing service on active duty in a USAR AGR status. The soldier is not barred from reenlistment for continuing service as a member of the U.S. Army Reserve in any status or category other than AGR.
- ☐ Disapprove the bar to reenlistment.

TYPE NAME, RANK, AND BRANCH OF APPROVING AUTHORITY	SIGNATURE	DATE
--	-----------	------

SECTION V - COUNSELING

If the bar certificate is approved in Section IV above, the initiating commander identified in Section I will officially counsel the soldier in writing on the implications of this action and the soldier's right to appeal. After counseling, one copy will be provided to the soldier and the original will be forwarded to the custodian of the soldier's records for posting and filing in the soldier's military personnel records jacket *(MPRJ)*.

1. The Bar to Reenlistment initiated against you was approved on _____.
2. You have a right to appeal the imposition of the Bar to Reenlistment. If you elect to appeal, you must submit the appeal within 7 days from today.
3. check and initial the appropriate block to indicate your option:

- ☐ _____ I will appeal the Bar to Reenlistment.
- ☐ _____ I will not appeal the Bar to Reenlistment.

TYPE NAME AND RANK	SIGNATURE OF SOLDIER	DATE
TYPE NAME AND RANK	SIGNATURE OF COMMANDER	DATE