

Full-Time Unit Support (FTUS) Consideration for 1SG or CSM Position

The purpose of this form is to obtain approval from FTUS supervisory staff, allowing FTUS to interview for a 1SG or CSM; Identify NGB Policy Memo 11-028 as the regulatory reference; and establish procedures for CLASP approval.

Note 1: Review NGB Policy 11-028 prior to approving interviews. CLASP waivers are only valid for three years.

Part A - Approval to interview is required by the Battalion and Brigade Administrative Officer or Directorate/Supervisor for their FTUS (AGR/Technician) Soldier to interview for either 1SG or CSM.

Note 1: IAW NGB Policy Memo 11-028, CSM assignments require an AGR Soldier to be assigned to an equal graded E-9 position and 1SG assignments require an AGR Soldier to be assigned to an equal graded E-8 position at the JFHQ, TDA, or higher headquarters in the chain of command.

Note 2: A new approval is required for each interview.

Part A (Approval to Interview)

Soldier allowed to Interview: _____

Current Unit/Location: _____

Duty position/MOS held: _____

Position Interviewing For (Title/Unit): _____

Battalion AO (Approval/Disapproval)/Signature: _____

Brigade AO (Approve/Disapprove)/Signature: _____

Directorate/Supervisor (Approve/Disapprove)/Signature: _____

Part B – Upon selection and approval, the gaining command will notify the current (losing) command. The losing command will develop a written plan (see-attached examples) to bring the Soldier back to a follow-on position at the end of three years. If a follow-on assignment cannot be identified, the CLASP cannot be approved. Soldiers must be aware that if at the end of their leadership assignment, an equivalent grade assignment cannot be found, they may be reduced in grade in order to maintain compatibility.

Part B (Selection Approval by Staff)

This form **must** be submitted, by the gaining command, along with the EPS selection certificate. Include the current (losing) command's plan for the Soldier's reintegration upon completion of the CLASP and any applicable counseling. (See attached examples)

HRO (Approve/Disapprove)/Signature: _____

G1 (Approve/Disapprove)/Signature: _____

COS (Approve/Disapprove)/Signature: _____

HR approval letter and Command Leadership Waiver published: YES/NO



MISSOURI NATIONAL GUARD

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(Office Symbol)

(Date)

MEMORANDUM FOR The Adjutant General of Missouri, ATTN: NGMO-HRD, 2302 Militia Dr, Jefferson City, MO 65101-1203

SUBJECT: Command Leadership Waiver- {Rank and Name}

1. PURPOSE: Request a three year Command Leadership Waiver for {Rank and Name}, who is currently assigned to {Unit, Duty Position, Position number, DMOS}. {Rank and Name} has been selected to fill the {1SG or CSM} position for the {Unit, Duty, Location}.

2. MILITARY ASSIGNMENT: {1SG or CSM} position for {Unit, UIC, Position number, DMOS}, effective date {enter date}.

3. JUSTIFICATION: Justification for this action is that {Rank and Name} was interviewed and selected for the {1SG or CSM} position but is currently assigned to {Unit} in an {AGR or Technician} Status. {Rank and Name's} knowledge and dedication to duty will serve the {Unit} well and provide {Rank and Name} with career progression and knowledge that {he/she} will be able to pass on for years to come.

4. REINTEGRATION PLAN: {Rank and Name} has been counseled and understands that upon the expiration of this three year waiver {enter date}, {she or he} {enter the plan to bring the Soldier back to a follow-on position at the end of three years}. Additionally, the {unit} acknowledges that it will coordinate any interim vacancy fills or deviations from this plan with the CSEL, through the G1 SGM, prior to assigning/filling the position.

5. Point of contact is...

SIGNATURE BLOCK
(COMMANDER/DIRECTORATE)

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Date of Counseling
Organization	Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

Counsel the Soldier regarding the responsibilities and parameters associated with a Command Leadership Assignment Program (CLASP)

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

Soldier will provide initials by each statement indicating an acknowledgment and understanding:

____ (Rank, Last Name, First Name MI.) has been selected for the (1SG/CSM) position for the (Unit), UIC: ____, Para: ____, Line: ____, DMOS: ____ (Effective date ____) and is currently assigned to ____ in a (Tech/AGR) status (Current Job Title) (M-day) Para: ____, Line: ____, DMOS: ____.

____ Selection is conditional and must be approved prior to assignment.

____ CLASP is only valid for a three year period, starting and ending.

____ During a typical duty day, my priority of work is my full time responsibilities.

____ Militarily, I will be reassigned into the military position that is associated with my CLASP.

____ My full time chain of command will keep me informed, in writing, of any plans to utilize or fill my full time position.

____ While on a CLASP I will ensure that any funding used will be appropriately associated to the task. For example, if performing ADOS/Mil Tech duty, I will utilize HR funds. If performing 1SG duties, I will utilize unit funds.

____ While serving on a CLASP, consideration for new Leadership Positions will be based on my Full Time Duty Assignment

____ Current Position Fill Plan:

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (*other than rehabilitative transfers*), separation at ETS, or upon retirement. For separation

Plan of Action (*Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)*)

I will follow the key points of discussion. Likewise I will utilize funding correctly, establish my priorities of work, and look for an available E_ slot starting 90 days out from the end of this CLASP if I am not returning to previous FTUS position.

Session Closing: (*The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.*)

Individual counseled: I agree disagree with the information above.

Individual counseled remarks:

Leader Responsibilities: (*Leader's responsibilities in implementing the plan of action.*)

Signature of Counselor:

Date:

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (*Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.*)

Note: Both the counselor and the individual counseled should retain a record of the counseling.