

Name:

## Rhode Island Army National Guard Officer Career Management Survey

Rank:



DOR.

ranio.		raint.	BOIT.			
Branch	AOC:	Promotion Status	:			
Highest Level of Civilian Ed:		Status:				
Highest Level of MILED:		Status:				
If Enrolled, Estimated Date of Completion for Civilian/MILED:						
Last ACFT:	Pass/Fail:		Last PHA:			
Last HT/WT:	Pass/Fai	l:	ORB Validation:			

Desired Next Assignment					
Assignment Type	Unit	Position Title	Comments		
Key Developmental					
Key Developmental					
Broadening					
Developmental					

Please provide any other information you would like the CMAB to consider for your future assignment. Include additional AOCs, ASI/SQIs, additional duty positions, military/civilian training, courses, certificates, or acquired skills.

"I, the undersigned, understand the CMAB will consider all information I provide. However, I acknowledge my next assignment is based on the needs of the organization, branch specific career maps, timing of moves, officer development, etc. and I may not be assigned one of my desired next assignments."

Officer Signature:

Submit to: MAJ Rebecca J Gard, G1 OPM

Teams: 520-944-0099 Office: 401-275-4186

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