

# Soldier Participation Memorandum - Army Career Skills Program (CSP)

**AUTHORITY:** 10 U.S.C. 1143e - Employment assistance; DoD Directive 5124.02, Under Secretary of Defense for Personnel and Readiness (USD(P&R)); DoD Instruction 1332.35, Transition Assistance Program (TAP) for Military Personnel; DoD Instruction 1322.29, Job Training, Employment Skills Training, Apprenticeships, and Internships (JTEST-AI) for Eligible Service Members; Army Regulation 600-81, Transition Assistance Program.

**PURPOSE:** To allow Commander to approve or deny participation in the Army Career Skills Program (CSP).

**ROUTINE USES:** None

**DISCLOSURE:** Voluntary. However, failure to provide the requested information may result in the individual not being allowed to participate in the Army Career Skills Program (CSP).

---

## PART I: SOLDIER INFORMATION

## IPPS-A EMPL ID

- |                                   |                          |   |  |
|-----------------------------------|--------------------------|---|--|
| 1. RANK                           | 2. NAME (LAST, FIRST MI) |   |  |
| 3. SOLDIER CURRENT UNIT           |                          | 4. EXPECTED SEPARATION/ RETIREMENT DATE |  |
| 5. CATEGORY                       |                          | 6. TYPE OF SEPARATION                   |  |
| 7. SOLDIER CIVILIAN EMAIL ADDRESS |                          | 8. SOLDIER PHONE NUMBER                 |  |
| 9. FIRST LINE SUPERVISOR NAME     |                          | 10. FIRST LINE SUPERVISOR EMAIL         |  |

---

## PART II: PROGRAM INFORMATION

- |                      |                |              |                 |
|----------------------|----------------|--------------|-----------------|
| 11. CSP PROGRAM NAME | 12. START DATE | 13. END DATE | Duration (Days) |
|----------------------|----------------|--------------|-----------------|
14. CSP TRAINING LOCATION (GARRISON NAME OR FULL ADDRESS OF OFF-POST CSP)
15. IS CSP TRAINING LOCATION OUTSIDE OF THE 50-MILE RADIUS FROM CURRENT INSTALLATION
- YES (MUST HAVE AN APPROVED ADMINISTRATIVE ABSENCE REQUEST IN IPPS-A)**
- NO**
16. CSP PARTNER COMPANY POINT OF CONTACT (NAME/EMAIL/PHONE)

IAW AR 600-81, I must maintain satisfactory progress and attendance throughout my period of enrollment in the CSP. I will uphold military standards and accountability requirements. I have been counseled on the financial responsibilities, if any, associated with the program. I understand that my participation in this program may be terminated at any time for unit mission requirements or disciplinary reasons. I will fulfill all Career Readiness Standards (CRS) requirements prior to CSP enrollment, and provide a completed DD Form 2648 upon request. I authorize the release of my contact information to allow Army representatives or CSP partners to contact me regarding this program and my post-military employment, following my transition from military service. I understand that my CSP start date must be within 180 days of my separation/retirement date.

- |                       |      |
|-----------------------|------|
| 17. SOLDIER SIGNATURE | DATE |
|-----------------------|------|

---

## PART III: ADMINISTRATIVE (TO BE COMPLETED BY CSP STAFF)

18. I have verified the Soldier is within 180 days of separation, enrolled in TAP, and accepted into the program.

**LEGAL REVIEW REQUIRED:** Packet includes an Individual Internship Agreement prior to Command approval.

CSP Counselor Name/Email/Phone

CSP Counselor Signature