



**UNITED STATES MARINE CORPS**  
2D LIGHT ARMORED RECONNAISSANCE BATTALION  
2D MARINE DIVISION, FMF  
PSC BOX 20090  
CAMP LEJEUNE, NC 28542-0090

IN REPLY REFER TO:  
1320

UNIT CODE  
XX XXX X

From: Commanding Officer, **Command**  
To: Transition Readiness Program Manager, Personal & Professional  
Development Marine & Family Programs Division, Marine Corps Community  
Services, Marine Corps Installations East-Marine Corps Base, Camp  
Lejeune-New River

Subj: REQUEST FOR **NAME OF SKILLBRIDGE COURSE/TRAINING** VOLUNTARY EMPLOYMENT  
SKILLS TRAINING PROGRAM CASE OF **RANK FULL NAME, USMC, DOD ID NUMBER,**  
**MOS**

Ref: (a) DoDI 1322.29  
(b) MARADMIN 350/18

Encl: (1) NAVMC 1320\_1: Checklist  
(2) NAVMC 1320-2: Participant Screening  
(3) NAVMC 1320\_3: Individual Program Request (**ONLY if needed**)  
(4) SkillBridge Program Provider Acceptance Letter  
(5) NAVMC 10274 Administrative Action Form (**ONLY if needed**)

1. **Rank Full Name** is authorized to enroll in the **NAME OF** PROGRAM.

2. Contingent upon review of the program requirements by the Installation SkillBridge Coordinator, I support **Rank Last name** to attend the **Cohort #X X-WEEK NAME OF TRAINING**. If selected to attend, the course will begin on **DATE** and end on **DATE**. Class will take place Monday through Friday, time (such as 0800 - 1630) at the location of the service member while attending will be (such as the Lejeune Education Center, Building 825, MCB Camp Lejeune).

3. I have verified **Rank Last Name** has satisfied all requirements for the program as per enclosure (1).

4. Point of contact at this command is **Rank Name and Phone Number and Email** (The POC must be Staff NCO or higher and may not be the Service Member applying)

**AUTHORITY SIGNATURE**