

ENLISTED LIMITED DUTY PROCESSING COVERSHEET FOR WOUNDED WARRIOR REGIMENT

Name _____ Rank _____ Last 4 SSN _____ MOS _____ Case Opened _____

*ALL SUPPORTING DOCUMENTATION MUST BE MAINTAINED ON THIS CASE AND ACCOUNTED FOR UNDER THIS COVERHSHEET

FIRST LimDu Is LODI Required Y/N

Date Assigned _____ Proposed End Date _____ MCTFS DULIM _____ Unit Diary # _____

60 day evaluation Scheduled _____ Completed _____ Recommend 2d Period or RTD
or Referral to PEB

SECOND LimDu

Date Approved _____ Proposed End Date _____ MCTFS DULIM _____ Unit Diary # _____

60 day evaluation Scheduled _____ Completed _____ Recommend 3d Period RTD MEB PEB

Dictation and Request forward to MMSR-4 on _____ Message from CMC _____

THIRD LimDu

Date Approved _____ Proposed End Date _____ MCTFS DULIM _____ Unit Diary # _____

60 day evaluation Scheduled _____ Completed _____ Recommend 4th Period RTD MEB PEB

Dictation and Request forward to CMC MMSR-4 on _____ Message from CMC _____

FOURTH LimDu

Date Approved _____ Proposed End Date _____ MCTFS DULIM _____ Unit Diary # _____

60 day evaluation Scheduled _____ Completed _____ Recommend 5th Period RTD MEB PEB

Dictation and Request forward to CMC MMSR-4 on _____ Message from CMC _____

PHYSICAL EVALUATION BOARD

MEB Forwarded to PEB _____ PEBLO Notification received _____ Found Fit or Found Un-Fit

Unconditionally Accept Findings _____ / _____
Signature of Marine Date

Conditionally Accept Findings _____ / _____
Signature of Marine Date

Request Reconsideration _____ / _____
Signature of Marine Date

Contest Findings at Formal PEB _____ / _____
Signature of Marine Date

Request for Petition for Relief (PFR) _____ / _____
Signature of Marine Date

PERMANENT LIMITED DUTY (PLD) Request forwarded via the Chain of Command must contain no less than the following:

- Copy of Findings and acceptance
- Marine's request
- First Endorsement Battalion Recommendation
- Second Endorsement Regimental Commander

Forwarded to WWR _____ Forwarded to MMSR _____ Board reply _____

Re-Evaluation 4 months prior to expiration of approved PLD status _____
(Only for those cases authorized PLD in excess of 12 months)

DISPOSITION

Returned to full Duty _____ Medical Discharged/Retired _____ Authorized PLD

ALL Requests for Expanded permanent Limited duty refer to MARADMIN 228/06 and request specific guidance from Wounded Warrior Regiment prior to submission.