

REQUEST FOR TRANSFER TO WTU

Soldier's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Rank \_\_\_\_\_

Unit of Assignment \_\_\_\_\_ Last 4 \_\_\_\_\_

Request the above named individual be assigned/attached to the WTU. The following information is provided:

Current diagnosis/diagnoses (list all):

\_\_\_\_\_  
\_\_\_\_\_

1. Soldier requires > 6 months of medical care/rehab as indicated by: (check all that apply)  
Medical Provider \_\_\_\_\_ Treatment plan \_\_\_\_\_ Profile \_\_\_\_\_ other \_\_\_\_\_  
Explain \_\_\_\_\_
2. Soldier requires clinical case management in order to ensure appropriate, timely and effective utilization and access to healthcare services, and to support healing and rehab yes\_\_\_\_ no\_\_\_\_  
Explain \_\_\_\_\_
3. Soldier has been recommended for, or is currently undergoing Medical Evaluation Board process  
yes \_\_\_\_\_ no \_\_\_\_\_ If yes, when was MEB initiated? \_\_\_\_\_
4. Soldier's MOS is \_\_\_\_\_. Is this a shortage MOS in unit? Yes \_\_\_\_\_ No \_\_\_\_\_  
Soldier possesses a profile that deems them non-deployable, and restricts ability to train, perform duties of their MOS or contribute to mission accomplishment yes \_\_\_\_\_ no \_\_\_\_\_
5. Soldier is \_\_\_\_\_ is not \_\_\_\_\_ N/A \_\_\_\_\_ within 180 days of ARFORGEN (LAD) cycle.
6. I verify the above named Soldier is \_\_\_\_\_ is not \_\_\_\_\_ undergoing /pending UCMJ action, legal action, investigation, or LOD determination.
7. Impact of Soldier remaining in unit: \_\_\_\_\_  
\_\_\_\_\_

Attachments:

1. Warrior Screening Matrix for WTU
2. Cdr Eval/Functional Stmt
3. Current Profile (DA Form 3349)

CO CDR Signature \_\_\_\_\_ Date \_\_\_\_\_

BN CDR Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

Concur \_\_\_\_\_ Non Concur \_\_\_\_\_ Comments: \_\_\_\_\_

BDE CDR Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

Concur \_\_\_\_\_ Non Concur \_\_\_\_\_ Comments: \_\_\_\_\_