



PERSONNEL STATUS VERIFICATION FOR STATE ACTIVE DUTY (SAD)

PURPOSE: To certify the below named Service Member's standing within their California Military Department Component affiliated unit (Army, Air, and State Guard), supporting the administrative eligibility for State Active Duty (SAD). Refer to SAD Policy Memorandum 26-019 Personnel Status Verification Policy for more information.

SERVICE MEMBER COMPONENT INFORMATION

Name (Last, First, MI):		Rank/Grade:	
Component:	☐ CSG ☐ CA ARNG ☐ CA ANG	SSN (last 4):	
Unit:		UIC:	
Unit Address:			
Unit POC Phone Number:		Unit POC Name:	

CHAIN OF COMMAND INFORMATION

Commander's Name:		(phone)
Email Address		
First Sergeant's Name:		(phone)
Email Address		

COMPONENT STANDING CERTIFICATION

The undersigned certifies that the following readiness elements have been reviewed and are current/satisfactory as of the date of signature. Mark corresponding box that applies for each.

- ☐ Y ☐ N Adversely flagged – Date initiated and type/code: _____ (don't include non-adverse flags)
- ☐ Y ☐ N Pending UCMJ action, court-martial, or unresolved adverse action
- ☐ Y ☐ N Satisfactory participation status (i.e. Current on Muster, Annual Training, UTA/IDT/Drill, etc. requirements)

Remarks / Exceptions:

CERTIFICATION

I certify that the above-named Service Member's administrative readiness and unit standing has been reviewed and the above is accurate and true as of the date below.

Commander / First Sergeant (or equivalent)

Signature:		Date:	
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Service Member (acknowledgement)

Signature:		Date:	
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This form is retained in the Service Member's unit personnel file and provided to the orders-issuing authority as required.