

7th Cavalry Regiment
NEGATIVE COUNSELING STATEMENT

INSTRUCTIONS FOR SECTIONS I-III: Sections I and II are to be completed by the trooper's immediate supervisor or other officer above within the troopers chain of command (Section Leader or above). The Supervisor will submit the NCS to the Company Commander & Battalion Staff for review/approval.

I. PERSONAL DATA *(Completed by immediate supervisor or above)*

1. NAME OF TROOPER Monroe, Eddie	2. RANK PVT / E2	3. MOS 11X	4. POSITION Trooper
5. UNIT Training Unit, 1st Battalion, 7th Cavalry Regiment		6. CURRENT SERVICE	
		6a. ENLISTMENT DATE 17 JAN 2014	6b. TIME IN SERVICE (YR./MO.) YEARS:[0] MONTHS:[1]

II. VERBAL COUNSELING SUMMARY *(Completed by immediate supervisor or above)*

7a. NAME OF COUNSELOR Leathers, Ryan	7b. RANK SGT / E5	7c. UNIT/POSITION A/1/TU/1-7 / Training Sergeant	7d. DATE OF COUNSELING 04MAR14
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8. SUMMARY OF INFRACTION(S)

Trooper did not attend scheduled training this week, 04MAR14 0100ZULU, and failed to inform his section leader
Trooper did not attend scheduled training last week, 25FEB14 0100ZULU, and failed to inform his section leader
Trooper did not complete VCS action plan by 28FEB14 1845 ZULU as assigned by his section leader on 25FEB14

Note,
Trooper has been posting on roll call each week but has not been attending training, or if he has the training has not been communicated.

9. TAKEN/RECOMMENDED ACTION AGAINST TROOPER

No favorable action for 15 days

INSTRUCTIONS FOR SECTIONS III: Sections III is to be completed by the next command level above the trooper's supervisor. The Unit Commander will ensure that the trooper has been spoken to by his supervisor (not via PM or email, but verbally) and his aware of why he was counseled and of the consequences of further violations. The Unit Commander will also approve or recommend further action against the trooper. The Unit Commander will submit the completed form to the Admin. Dept. email for further processing.

III. UNIT COMMANDER APPROVAL

<input type="checkbox"/> Approve recommendation action. <input type="checkbox"/> I recommend no further action <input type="checkbox"/> I recommend the following action	10. RECOMMENDED ACTION (if different from above)		
11a. NAME OF COMMANDER	11b. RANK	11c. UNIT/POSITION	11d. DATE

INSTRUCTIONS FOR SECTIONS IV: Sections IV is to be completed by the S1 OIC, or designee. The S1 department will be responsible for ensuring that all applicable records and systems are updated and that a copy (link) to this form is included in the trooper's MILPAC.

IV. PERSONNEL RECORD PROCESSING

<input type="checkbox"/> Update record in Military Police Booking Area. <input type="checkbox"/> Update MILPAC as necessary. <input type="checkbox"/> Update Forum as necessary. <input type="checkbox"/> Update Ventrilo as necessary.			
12a. NAME OF S1 PERSONNEL	12b. RANK	12c. UNIT/POSITION	12d. DATE