

## PERSONAL TRANSITION TIMELINE

**EAS DATE:** Type EAS date in the yellow box (mm/dd/yyyy). Dates will prepopulate.

**COMPLETE INITIAL COUNSELING:** #####

**COMPLETE PRE-SEPARATION COUNSELING:** #####

**COMPLETE TRS:** #####

**CAPSTONE REV:** #####

**TRS RETIREES:** #####

**CMDR VER NLT:** #####

### REVIEW BENEFITS OPTIONS (24-18 MONTHS PRIOR): #####

- |   |   |
|---|---|
| <input type="checkbox"/> BEGIN INITIAL AND PRE-SEPARATION COUNSELING        | <input type="checkbox"/> BEGIN DEGREE/COLLEGE SELECTION (IF APPLICABLE)     |
| <input type="checkbox"/> INITIATE SELF-ASSESSMENT/TRANSITION PLAN           | <input type="checkbox"/> REVIEW GI BILL AND TUITION ASSISTANCE              |
| <input type="checkbox"/> INITIATE DD FORM 2648 eForm                        | <input type="checkbox"/> REVIEW FINANCES/VISIT PFM OR CFS                   |
| <input type="checkbox"/> TALK WITH TRANSITION/P&PD ADVISOR                  | <input type="checkbox"/> CONSIDER/SCHEDULE ELECTIVE MEDICAL PROCEDURES      |
| <input type="checkbox"/> DETERMINE RETIREMENT DATE AND/OR HOME OF SELECTION | <input type="checkbox"/> ESTABLISH PROFESSIONAL NETWORK VIA MARINE FOR LIFE |

### USE TOOLS FOR GETTING READY (12 MONTHS PRIOR): #####

- |  |  |
|--|--|
| <input type="checkbox"/> ATTEND TRS 5-DAY WORKSHOP                   | <input type="checkbox"/> ESTABLISH A HOUSING & TRANSPORTATION PLAN   |
| <input type="checkbox"/> CONSIDER FEDERAL EMPLOYMENT CLASS           | <input type="checkbox"/> COMPLETE BUDGET & COST OF LIVING ANALYSIS   |
| <input type="checkbox"/> REVIEW INDIVIDUAL TRANSITION PLAN           | <input type="checkbox"/> TALK WITH VA BENEFITS ADVISOR               |
| <input type="checkbox"/> PERFORM INITIAL JOB SEARCH                  | <input type="checkbox"/> DEVELOP A RESUME AND REFERENCES             |
| <input type="checkbox"/> SUBMIT OFFICIAL RETIREMENT REQUEST          | <input type="checkbox"/> EXPLORE SKILLBRIDGE/LSP OPPORTUNITIES       |
| <input type="checkbox"/> SET UP AND MAINTAIN MYPAY ACCOUNT FROM HOME | <input type="checkbox"/> REVIEW AND COMPLETE SURVIVORS' BENEFIT PLAN |
| <input type="checkbox"/> REVIEW AND UPDATE OMPF                      | <input type="checkbox"/> REVIEW TRICARE RETIREE MEDICAL/DENTAL PLANS |

### NETWORK AND FIND ASSISTANCE (9 MONTHS PRIOR): #####

- |  |  |
|--|--|
| <input type="checkbox"/> CONFIRM REFERENCES                        | <input type="checkbox"/> CONTACT IPAC FOR OUTBOUND QUESTIONS         |
| <input type="checkbox"/> RESUME REVIEWED/EVALUATED BY PROFESSIONAL | <input type="checkbox"/> UPDATE LEGAL RECORDS/WILL/POWER OF ATTORNEY |
| <input type="checkbox"/> CONTACT RECRUITERS                        | <input type="checkbox"/> COMPLETE YOUR PROFESSIONAL PORTFOLIO        |
| <input type="checkbox"/> PLAN AND FINALIZE TERMINAL LEAVE AND TAD  | <input type="checkbox"/> REVIEW SUPPLEMENTAL MEDICAL/DENTAL PLANS    |

### APPOINTMENTS AND CHECKUPS (6 MONTHS PRIOR): #####

- |   |   |
|---|---|
| <input type="checkbox"/> SCHEDULE FINAL CHECKUPS FOR FAMILY MEMBERS   | <input type="checkbox"/> SCHEDULE FINAL PHYSICAL                          |
| <input type="checkbox"/> ASK S1 FOR YOUR STATEMENT OF SERVICE         | <input type="checkbox"/> BEGIN OUTBOUND INTERVIEW PROCESS IN MOL          |
| <input type="checkbox"/> ASSEMBLE PROFESSIONAL WARDROBE               | <input type="checkbox"/> COMPARE SGLI TO VGLI AND OTHER INSURANCE OPT.    |
| <input type="checkbox"/> REVIEW FINANCIAL READINESS                   | <input type="checkbox"/> CONTACT DMO/HOUSEHOLD GOODS TRANSPORT            |
| <input type="checkbox"/> CONDUCT VA DISABILITY CLAIM/REVIEW           | <input type="checkbox"/> COMPLETE ANY ELECTIVE MEDICAL PROCEDURES         |
| <input type="checkbox"/> FOLLOW UP ON RETIREMENT PACKAGE WITH S1/MMSR | <input type="checkbox"/> APPLY FOR VOC REHAB (IF APPLICABLE)              |
| <input type="checkbox"/> COORDINATE RETIREMENT CEREMONY               | <input type="checkbox"/> ENROLL IN VA HEALTHCARE                          |
| <input type="checkbox"/> PICK UP IPAC PAPERWORK                       | <input type="checkbox"/> <b>SCHEDULE YOUR CAPSTONE REVIEW APPOINTMENT</b> |

**Once Capstone is complete provide a copy of completed eForm to UTC**

### FINAL PREPARATIONS (3 MONTHS PRIOR): #####

**Your Capstone Review with Transition Office and Commander's Verification (Capstone) Should Already Be Complete**

- |   |  |
|---|--|
| <input type="checkbox"/> CONSIDER JOB PLACEMENT/VISIT AMERICAN JOB CENTER | <input type="checkbox"/> ATTEND REFRESHER WORKSHOPS              |
| <input type="checkbox"/> ENSURE DD2648 WAS SIGNED BY CO/DESIGNEE          | <input type="checkbox"/> FAMILIARIZE SELF WITH NEW LOCATION      |
| <input type="checkbox"/> REVIEW DRAFT OF DD214 WITH IPAC                  | <input type="checkbox"/> VISIT JOB WORKFORCE CENTERS             |
| <input type="checkbox"/> PICK UP CMC RETIREMENT CERTS FROM IPAC           | <input type="checkbox"/> FINALIZE ALLOTMENT CHANGES IN MOL       |
| <input type="checkbox"/> COMPLETE FINAL PHYSICAL IF NOT DONE              | <input type="checkbox"/> OBTAIN COPIES OF MEDICAL/DENTAL RECORDS |
| <input type="checkbox"/> FINALIZE RETIREMENT CEREMONY                     | <input type="checkbox"/> ATTEND JOB FAIRS AND WORKSHOPS          |

### FINAL APPOINTMENTS (1 MONTH PRIOR): #####

- |  |  |
|--|--|
| <input type="checkbox"/> CONDUCT FINAL RELOCATION APPOINTMENTS   | <input type="checkbox"/> ARRANGE GOVERNMENT HOUSING INSPECTION     |
| <input type="checkbox"/> CONTACT TRICARE FOR NEW PLAN ENROLLMENT | <input type="checkbox"/> SELECT NEW PRIMARY CARE MANAGERS          |
| <input type="checkbox"/> PRINT DD2648 EFORM FOR IPAC             | <input type="checkbox"/> EBENEFITS & MY PAY USER NAMES & PASSWORDS |

**VERIFY VA DISABILITY CLAIM PROGRAM ELIGIBILITY START DATES:**

Traditional Claim: ##### BDD: No earlier than (180 days): #####  
No Less than (90 days): #####