

FIGURE 4-25 Non-Recommendation DA Form 4856

(UNCLASSIFIED)



DEVELOPMENTAL COUNSELING FORM		
For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.		
PRIVACY ACT STATEMENT		
AUTHORITY: 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army. PRINCIPAL PURPOSE: These records are created and maintained to manage the member's Army and Army National Guard service effectively, to document historically a member's military service, and safeguard the rights of the member and the Army. NOTE: For additional information, see the System of Records Notice AD600-8-104b AHRC. https://wpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/ . ROUTINE USE(S): There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice specified in the purpose statement above. DISCLOSURE: Disclosure is voluntary.		
PART I - ADMINISTRATIVE DATA		
Name (Last, First, MI)	Rank/Grade	Date of Counseling
Organization	Name and Title of Counselor	
PART II - BACKGROUND INFORMATION		
Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional/Event-Oriented counseling, and include the leader's facts and observations prior to the counseling.) Approach: <input type="checkbox"/> Non Directive <input type="checkbox"/> Combined <input checked="" type="checkbox"/> Directive Type of Counseling: <input checked="" type="checkbox"/> General Form <input type="checkbox"/> Professional Growth <input type="checkbox"/> Performance <input type="checkbox"/> Event Oriented		
The purpose of this counseling is to outline the reasons the officer is not recommended for promotion.		
PART III - SUMMARY OF COUNSELING		
Complete this section during or immediately subsequent to counseling.		
Key Points Discussion:		
Initial all that apply. Due to reason(s) selected below, the officer is not recommended for promotion from 2LT to 1LT. _____ (initial) At _____ (months) time-in grade, the officer did not complete Officer Basic Course (OBC) making the officer ineligible for promotion. _____ (initial) At _____ (months) time-in grade, the officer does not have a current ACFT / Height and Weight. _____ (initial) At _____ (months) time-in grade, the officer has a Suspension of Favorable Personnel Actions (SFPA). _____ (initial) due to Misconduct (initial only if applicable). Commander Remarks: * Per NGR 600-100, if an Officer is not OBC qualified by 18-months TIG, an extension will need to be requested up to 24 months. If an Officer is not OBC qualified by 24 months, an additional 24 month extension must be requested up to 36 months. * Waivers up to 36 months are granted only when an officer is enrolled in OBC through Army Training Requirements and Resources System (ATRRS). The start date must be prior to the first day of the 36th month and includes a statement which reflects separation proceedings-initiated NLT the end of the 36th month. The state will not separate officers who physically attend OBC at the 36th month. * IAW USC 14503 no extensions beyond 36 months are authorized. Discharge is required regardless of the reason for the officer found not qualified for promotion. * Officers who are not fully qualified, but are enrolled in the course at the 36-month mark, may be retained, but must be separated at 42 months (AR 135-175). There are no waivers for this policy.		
OTHER INSTRUCTIONS		
This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.		

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(This document is considered Controlled Unclassified Information (CUI) when filled.)

Plan of Action *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).*

Session Closing: *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees / disagrees and provides remarks if appropriate.)*

Individual counseled: I agree disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: 	DATE (YYYYMMDD):
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Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Signature of Counselor: 	Date (YYYYMMDD):
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PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

SIGNATURES

Counselor: 	Individual Counseled: 	Date of Assessment (YYYYMMDD):
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Note: Both the counselor and the individual counseled should retain a record of the counseling.