

**Letter of**  
*(Select Appropriate Action)*  
**Enlisted, Unfavorable Information File/Control Roster**

1. Name/Rank/Organization of Airman Receiving Letter:	Last Four SSN:	Date of Letter:
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2. Initiating Commander's/Supervisor's Notice to Airman: (additional space, if needed, on page 3)

Name/Rank/Organization of Supervisor/ Commander	SIGNATURE	DATE
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**3. Acknowledgement/Rights of Member**

- a. The following information required by the Privacy Act is provided for your information. **AUTHORITY:** 10 U.S.C. § 8013. **PURPOSE:** To obtain any comments or documents you desire to submit (on a voluntary basis) for consideration concerning this action. **ROUTINE USES:** Provides you an opportunity to submit comments or documents for consideration. If provided, the comments and documents you submit become a part of the action. **DISCLOSURE:** Your written acknowledgment of receipt and signature are mandatory. Any other comments or documents you provide are voluntary.
- b. A member receiving administrative counseling, admonitions, and reprimands has the following rights: You have the right to provide a response to this action. You also have the right to consult a lawyer before making any decisions, and a lawyer may assist you throughout the proceedings. A military defense counsel is available to advise you, free of charge, by contacting the Area Defense Counsel at
- c. You will acknowledge receipt of this letter immediately by signing the indorsement/ acknowledgement herein. Your signature is not an admission of guilt, merely a show of receipt.
- d. Any comments or documents you wish to be considered concerning this letter and any control roster/UIF decision (if applicable) will be submitted to the issuing commander within three (3) duty days and will become part of the record. After this period the commander has three (3) duty days to advise the member of their final decision regarding any comments if submitted.
- e. \_\_\_\_ [*Supervisor/Commander initial if applicable*] I am also considering whether to establish/place this document in an Unfavorable Information File (UIF) or recommend that a UIF be established. Your response should also include your input concerning the UIF decision.
- f. \_\_\_\_ [*Supervisor/Commander initial if applicable*] I am also considering whether to place you on a Control Roster or to recommend that you be placed on a Control Roster. Your response should also include your input concerning the Control Roster decision.
- g. Receipt acknowledged on \_\_\_\_\_ at \_\_\_\_\_ hours. Any comments or documents I wish to submit will be submitted within three (3) duty days. I (do) (do not) intend to submit matters within three workdays of receipt.

Name/Rank/Organization of Member	SIGNATURE	DATE
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**4. Indorsement:** (*Circle or initial the correct response in each sentence. Line through responses that do not apply.*)

- a. Member (did)(did not) submit a response. Member's written statement is dated \_\_\_\_\_, consists of \_\_\_\_\_ pages.
- b. I have considered the evidence, including matters you have presented if any, and find that:
  - \_\_\_\_ [*initial if applicable*] This letter will be withdrawn. [Skip to Block 6]
  - \_\_\_\_ [*initial if applicable*] This letter stands as written and will be maintained in the member's PIF. [Skip to Block 6]
  - \_\_\_\_ [*initial if applicable*] This letter stands as written and I will recommend to your Commander that it be filed in a UIF or that you should be placed on a Control Roster. [Forward to Commander]

Name/Rank/Organization of Initiating Supervisor:	SIGNATURE	DATE
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**5. Commander Indorsement:** (*Circle or initial the correct response in each sentence. Line through responses that do not apply.*)

- After reviewing this action and your response:
- \_\_\_\_ [*initial if applicable*] A UIF will be established (if not already) and this letter will be placed in it.
  - \_\_\_\_ [*initial if applicable*] You will be placed on a Control Roster

Name/Rank/Organization of Commander:	SIGNATURE	DATE
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**6. Final Acknowledgement:**

I acknowledge that I received the final action on this action and any decision concerning UIF/Control Roster.

Name/Rank/Organization of Airman:	SIGNATURE	DATE/TIME
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**Name/Rank/Organization of Airman Receiving Letter:**

**Last Four SSN:**

**Date of Letter:**

**2. continued**