

## **DoD SKILLBRIDGE PROGRAM APPLICATION PACKET**

Thank you for your interest in the DoD SkillBridge Program.

### **References:**

- DoDI 1322.29
- MARADMIN 280/24
- OASD Memorandum, Subject: USE OF UNACCOMPANIED BARRACKS AND OTHER SIMILARLY UTILIZED LODGING FACILITIES IN SUPPORT OF SKILLBRIDGE (CAREER SKILLS PROGRAM)

### **Overview:**

The DoD SkillBridge Program provides transitioning Service Members an opportunity to gain valuable civilian work experience through specific industry training, apprenticeships, or internships.

### **Eligibility:**

To participate in the Marine Corps SkillBridge (Employment Training Program) Marines must:

- Complete at least 180 days on active duty and anticipate an honorable discharge, including general discharge (under honorable conditions)
- Be separating or retiring from the Marine Corps and have sufficient time remaining on their contract to complete the program prior to the established separation date.
- Complete the Transition Readiness Program (TRP) requirements 180 days prior to separation.
- Review the SkillBridge Participants Ethics Brief and fill out the SkillBridge Ethics Brief Completion Page found here: <https://www.okinawa.usmc-mccs.org/skillbridge>.
- Receive command approval prior to attending a Marine Corps SkillBridge program.

### **Timelines for SkillBridge Participation and Approval Authority**

The following timelines indicate the maximum amount of time prior to the actual separation or retirement date that SkillBridge participation can commence with the required approval authority.

- **Category I (E1-E5):** up to 120 days, requires approval from Commanders at the grade of O5 or above.
- **Category II (E6-E7, WO-CWO3, O1-O4):** up to 90 days, requires approval from Commanders at the grade of O5 or above.
- **Category III (E8-E9, W4-W5, O5 and above):** up to 90 days or less, requires General Officer approval and Marine's SkillBridge participation must not result in a gapped billet.

The length of the SkillBridge program, transition PTAD (if authorized), and terminal leave must fall within the authorized SkillBridge participation timelines.

### **Resources:**

For assistance researching opportunities and preparing your SkillBridge application, visit your nearest MCCS Education Center, Transition Readiness Program office, or email [skillbridge@okinawa.usmc-mccs.org](mailto:skillbridge@okinawa.usmc-mccs.org).

Visit <https://www.okinawa.usmc-mccs.org/skillbridge> for an overview of the process, the SkillBridge application, our monthly SkillBridge brief schedule, links to frequently used SkillBridge opportunities, and more.

## DoD SKILLBRIDGE Step-by-Step Guide

- 1. Attend the DoD SkillBridge Brief.**
  - a. DoD SkillBridge briefs are available monthly. Visit our website for the brief schedule: <https://www.okinawa.usmc-mccs.org/skillbridge>.
- 2. Confirm Eligibility** (See “Eligibility” on the first page of this packet).
- 3. Talk to your chain of command about their support of your SkillBridge participation.**
- 4. Talk to IPAC Outbound about the check-out and separation process with SkillBridge.**
  - a. Contact IPAC Outbound by email [mcbbutleripacoutbound@usmc.mil](mailto:mcbbutleripacoutbound@usmc.mil) or call 645-7264.
- 5. Research, contact, and apply to DoD-approved SkillBridge opportunities.**
  - a. To research current DoD-approved SkillBridge programs, locations, and for more information, visit the DoD SkillBridge website: <https://skillbridge.osd.mil/>.
  - b. Contact SkillBridge providers directly to determine if the opportunity aligns with your career goals. Ask about program requirements, action items, due dates, and selection process.
  - c. Work with the company or organization to complete the enrollment or application process.
    - i. Applying to the opportunity does not guarantee acceptance.
- 6. Selection/Acceptance into the DoD-approved SkillBridge opportunity.**
  - a. Obtain an acceptance letter from the DoD-approved SkillBridge opportunity with the required program details: length of training, location, associated costs to the Marine, employment outcome, and SkillBridge provider POC information. See sample on page 6.

*Note: Some SkillBridge opportunities may require command approval prior to acceptance. If this applies to the opportunity you are interested in, please contact your local MCCS Education Center or TRP office for assistance.*
- 7. Complete the SkillBridge Application Packet.** (Available on <https://www.okinawa.usmc-mccs.org/skillbridge>)

*Note: The approval authority to participate in any SkillBridge opportunity depends on the Marine’s Category. Refer to “SkillBridge Participation Timelines and Approval Authority” on the first page.*

  - a. Required documents:
    - i. NAVMC 1320/1: USMC SkillBridge Packet Checklist
    - ii. NAVMC 1320/2: USMC SkillBridge Participant Screening
    - iii. SkillBridge Program Provider Acceptance Letter
    - iv. SkillBridge Ethics Brief Completion Page
    - v. Completed DD Form 2648 (eForm)
  - b. Coordinate transportation plan with your chain of command and IPAC Outbound ([mcbbutleripacoutbound@usmc.mil](mailto:mcbbutleripacoutbound@usmc.mil) or call 645-7264).
  - c. Coordinate housing arrangements for the duration of the SkillBridge opportunity.
- 8. Submit completed packet to your local MCCS Education Center, TRP Office, or email the packet to [skillbridge@okinawa.usmc-mccs.org](mailto:skillbridge@okinawa.usmc-mccs.org) for review and conditional approval.**
- 9. Submit the MyMarineCorps Education SkillBridge application for command authorization.**
  - a. Seek assistance from your local MCCS Education Center or TRP Office to submit your SkillBridge application for command authorization: <https://myeducation.netc.navy.mil/>.
- 10. Download and print your SkillBridge Approval Document from MyMarineCorps Education.**
  - a. Once your application is approved by your approval authority, download and print the Approval Document from MyMarineCorps Education and include it in your SkillBridge package. IPAC Outbound will not accept your package if the Approval Document is missing.

## USMC SKILLBRIDGE PACKET CHECKLIST

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C., Chapter 58, Benefits and services for members being separated or recently separated; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397 (SSN), as amended; and SORN [MO1754-4](#).

**PRINCIPAL PURPOSE:** The primary purpose of this form is to support participation in the Marine Corps SkillBridge Program supported by the Department of Defense (DoD) SkillBridge (JTEST-AI) Voluntary Employment Training Program. Information will be used to determine eligibility and enrollment.

**ROUTINE USES:** Information will be accessed by Marine Corps SkillBridge personnel with a need to know in order to meet the purpose. Information may be disclosed to individuals or organizations authorized to provide services to the participant. A complete list and explanation of the applicable routine uses is published in the authorizing SORN available at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570629/m01754-4/>.

**DISCLOSURE:** Providing information is voluntary; however, failure to provide the information will result in an inability to participate in the SkillBridge Program.

**RECORDS MANAGEMENT:** This form shall be managed in accordance with record schedule 1000-34, "General Correspondence (Military Personnel)" of SECNAV M-5210.1. **TEMPORARY:** Cutoff at CY. Destroy when 3 years old.

## GENERAL INFORMATION

DoDI 1322.29 established the DoD SkillBridge Program, which provides transitioning Service members with the opportunity to develop job training and employment skills, including pre-apprenticeships, apprenticeships, and internships. SkillBridge is designed to facilitate the transition of eligible Service members into civilian sector occupations and careers with reasonable expectation and high probability of post-service employment and comparable living wage. SkillBridge is not to be used to further civilian education or for experiential purposes. Securing meaningful employment is the expectation. All participation request are to be forwarded to, reviewed and authorized by the first field grade commander, O-4 or above, in the Service member's Chain of Command with UCMJ authority; Battalion/Squadron Commander. For those under civilian leadership, a GS-13 or above. This convening authority cannot be delegated. Commanders are responsible for establishing and maintaining Service member accountability procedures for the duration of training.

## SERVICE MEMBER INFORMATION

Rank:	Name (Last, First, MI):		
Current Unit (Company/ Battalion):			Separation/ Retirement Date:
Government Email:		Civilian Email:	
Name of SkillBridge Provider / Training Dates:			DoD Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
SkillBridge Location:			
Residential Address During Training:			
The Package Includes the following information in this order (all documents must be included in one attachment - separate documents will be returned):			
<input type="checkbox"/> 1) Administrative Action (AA) Form via Installation SkillBridge Office (if requesting an exception to policy from HQMC)			
<input type="checkbox"/> 2) DoD SkillBridge Participant Screening			
<input type="checkbox"/> 3) TRS 5-day Transition Readiness Seminar (TRS). Date Completed:			
<input type="checkbox"/> 4) Individual Program Vetting Document (If not DoD Approved)			
<input type="checkbox"/> 5) SkillBridge Provider Acceptance Letter (for everyone)			
<input type="checkbox"/> 6) Commander's Participation Letter (authorization)			
<input type="checkbox"/> 7) Other:			
SkillBridge Application Reviewed by First Sergeant/SNCOIC			
Name:		Signature:	
Rank:	Phone:	Email:	
SkillBridge Application Reviewed by Company Commander/OIC			
Name:		Signature:	
Rank:	Phone:	Email:	
Application Reviewed and Verified by Installation SkillBridge Representative			
Name:		Signature:	
Position:	Phone:	Email:	

**USMC SKILLBRIDGE PARTICIPANT SCREENING****PRIVACY ACT STATEMENT**

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

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**APPLICANT INFORMATION**

NAME (Last, First, MI.):		GRADE:	RANK:	BRANCH:
DEPARTMENT OF DEFENSE (DoD) IDENTIFICATION NUMBER:			MILITARY OCCUPATIONAL SPECIALTY:	
PHONE #:	EMAIL (Personal):		INSTALLATION:	
MAJOR SUBORDINATE COMMAND:		UNIT (Company and Battalion):		
PREREQUISITES	YES	NO	REMARKS	
1. Expected to be released from AD within 180 days of starting the course with an Honorable Discharge, including General Discharge Under Honorable Conditions. Date:	<input type="checkbox"/>	<input type="checkbox"/>		
2. Completed Transition Readiness Seminar or its equivalent if non-Marine Corps participant.	<input type="checkbox"/>	<input type="checkbox"/>		
3. Has sufficient time remaining under contract to complete the course prior to established separation date. Extensions to existing Expiration of Active Service (EAS) are not authorized. EAS Date:	<input type="checkbox"/>	<input type="checkbox"/>		
4. Has attended or completed a Marine Corps or DoD approved workplace ethics brief or training within the last 12 months or its equivalent if non-Marine Corps participant. Date Completed:	<input type="checkbox"/>	<input type="checkbox"/>		

**NAVMC 1320/2 (1-22) (EF)****CUI (when filled in)**

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Previous versions are obsolete

Controlled by: USMC  
CUI Category: PRVCY  
LDC: DL ONLY  
POC: MFPrivacy@usmc.mil

AEM Form Designer 6.5

## STATEMENT OF UNDERSTANDING OR RESPONSIBILITIES AND AUTHORIZATION

*Please read AND acknowledge the below statements indicating your full understanding of the policies and procedures.*

1. I have inquired directly to the course point of contact and secured current course information as well as the additional requirements to apply. I acknowledge that I fully understand the prerequisites, funding, and selection process to apply for this course.

2. I understand that any omission or inaccurate statement provided in this form shall be grounds for course rejection or withdrawal.

3. I am fully aware that there are limited seats in the course, and acceptance into the course may be competitive. If I am selected to participate, my command will be notified via the SkillBridge provider's acceptance letter.

4. I fully understand the financial requirements to participate in this course, and I voluntarily assume any additional costs that may occur including travel, meals, parking, books, equipment, uniform, testing, and/or housing costs associated with course participation, and attest that this will not cause any financial hardship for me or my family.

5. I ensure that I shall return any items utilized throughout the course in good working order.

6. If the course utilizes my GI Bill, I verify that I have met with an Advisor to ensure that I fully understand the utilization of my education benefits.

7. I understand that I must maintain satisfactory attendance, progress, and safety regulations throughout my enrollment, as per course guidelines, and uphold all military and accountability requirements. I understand that the classroom will be my appointed place of duty, and failure to attend class may result in a charge of Unauthorized Absence.

8. I agree to adhere to military travel policy and any unauthorized travel will be grounds for dismissal. Course approved travel for interviews or to fulfill course duties may be required.

9. I understand that I am responsible for sponsoring base access for any guest attending the course graduation.

10. If required, I acknowledge I will have base access after EAS in order to complete SkillBridge.

11. I acknowledge that I have adequate housing, transportation and financial resources for the duration of my SkillBridge participation.

12. I acknowledge I am able and intend to start working upon leaving Active Duty Service per DoDI 1322.29.

13. I understand and allow the Course Provider and SkillBridge Program Office to contact me after my transition to gain information on my employment status for course evaluation and continuance. I authorize the use of both the application and employment information for program statistical purposes.

14. 5-Day Transition Readiness Seminar was completed on \_\_\_\_\_

## PARTICIPANT ACKNOWLEDGEMENT

I understand that the SkillBridge location is my appointed place of duty. If I am removed or withdraw from the program, I must immediately contact my Commander and installation SkillBridge Representative. I am to report immediately back to my duty station.

PARTICIPANT (Print rank, Name):

SIGNATURE:

PHONE #:

DATE:

INSTALLATION SKILLBRIDGE REPRESENTATIVE (Print rank, Name):

SIGNATURE:

PHONE #:

DATE:

## Acceptance Letter Requirements

According to NAVMC 1700.2 4.7.a.(4), the program acceptance letter from your SkillBridge opportunity will need to include the following program details:

1. **Length of training (start and end dates)**
2. **Location**
3. **Associated costs to the Marine**

4. **Employment outcome (i.e. guaranteed interview, certifications, etc.)**
5. **SkillBridge partner POC information**

*If the acceptance letter is missing the required program details, you will be asked to provide a new letter and/or additional documentation.*

### Sample Letter with Required Program Details:

**Date:** (Date)

**To:** (Marine)

**Offer/Acceptance:**

The (company/organization name) would like to offer (Marine's name) a (internship, pre-apprenticeship/apprenticeship, employment skills training, or on-the-job training) opportunity.

**Organization Overview:**

(Provide a brief summary of the company/organization).

**Training Details:**

- **Start and end dates:** (Start and end dates of the SkillBridge opportunity)
- **Working hours:** (For example: Monday-Friday, 8am to 5pm with an hour for lunch)
- **Location:** (Physical address or specify if opportunity is remote).
- **Associated costs:** (Define any out-of-pocket costs for the Marine or if there are no associated costs for the Marine).
- **Point-of-Contact:** (Name, title, phone, email, and role of the individual overseeing the day-to-day activities of the Marine).

**Employment Outcome:**

(State the employment probability at the end of the opportunity such as a guaranteed interview, job placement, earned credentials, training overview, etc.).

Signature by Human Resource Manager/President  
Name  
Title

← **Start and end dates to show length of training.**

← **Address to show the location of the internship.**

← **Associated costs to the Marine are clearly defined.**

← **SkillBridge Partner POC with contact information.**

← **Employment outcome of the program.**