

DoD SKILLBRIDGE Guide

Thank you for your interest in the DoD SkillBridge Program. SkillBridge offers training, apprenticeship, and internship programs to learn high-demand and industry-specific skills to prepare participants for securing employment before exiting the military. Programs provide a job interview, placement, or certification to enhance entry into the civilian workforce. **Eligibility Overview:** The DoD SkillBridge Programs are available to transitioning military Service Members within their last 180 days of active duty. Service Members must have the required time remaining on their contract to complete the program, have completed TRS, and received command approval. Extensions to complete Skillbridge (SB) are not authorized. **References:** DoDI 1322.29 and NAVMC 1700.2

Step by Step:

1. Talk to your command about their support of your participation in a SkillBridge opportunity.
2. Talk to IPAC Outbound about the check-out and separation process in the context of SkillBridge.
3. Attend the Mandatory Skillbridge Info Session. (schedule is available at <https://hawaii.usmc-mccs.org/marine-family-support/transition-readiness/skillbridge>).
4. Create your NCMIS account. (<https://myeducation.netc.navy.mil/>)
5. Research and identify a SkillBridge opportunity. - To research current DoD SkillBridge programs, locations, and for more information, visit the Department of Defense SkillBridge website at: <https://skillbridge.osd.mil/> - Search Authorized Organizations not Locations.
6. Contact desired companies / organizations to inquire about the potential SkillBridge opportunities.
 - Reach out directly to the company or organization to determine if the opportunity aligns with your career goals.
 - Ask about the requirements, action items, due dates, and selection process for the program.
 - Apply directly to the SkillBridge Organization / Company of your choice. Work with the company or organization to complete the enrollment or application process. Applying to the opportunity does not guarantee acceptance.
 - The company or organization must provide an acceptance letter.
 - Documentation of your acceptance is required as part of a completed package.
 - Note: Some SkillBridge opportunities may require command approval prior to acceptance. If this applies to the opportunity you are interested in, please contact your SB coordinator for further assistance.
7. Complete SkillBridge Application Packet (Available at <https://hawaii.usmc-mccs.org/marine-family-support/transition-readiness/skillbridge>). **Note:** The approval authority to participate in any SkillBridge opportunity is the first field grade commander with court martial convening authority.

Required documents for final approval:

- MCB Hawaii Skillbridge Program Checklist
 - Signed NAVMC 1320/1: USMC SkillBridge Packet Checklist
 - Signed NAVMC 1320/2: USMC SkillBridge Participant Screening
 - Signed Command Authorization Letter
 - SkillBridge Program Organization / Company Acceptance Letter
 - Ethics Brief Completion Page (Most choose DEVELOPING YOUR BUSINESS ETHICS on MarineNet.)
 - Page 1 of your BIR from MOL with your EAS / EOS date visible
 - Finalized DD2648 - Capstone completion
8. Submit the complete signed Command packet to the Transition Readiness Office: mcbh.skillbridge.smb@usmc.mil , NLT 30 days prior to the course due date. They will review/verify all documents are completed and satisfactory. Once accepted and signed your application will be considered finalized.
 9. IF AND ONLY IF the Service member is starting a program outside of their 180-day window or if they plan to EAS while attending a SkillBridge Program, an approved Administrative Action (AA) Form, signed by an O4 or above and the Service member, will be required as part of the application packet. Each AA Form will be vetted by the SB Specialist before being sent to HQMC for approval. The SB Specialist will notify the Service member of the decision. Packages requiring an AA Form must be submitted no later than 45 days before the course start date. If the Service member is starting and finishing the program within the 180-day window, no AA Form is required.

MCB Hawaii SkillBridge Program Checklist

Full Name (Last, First, M): _____ Rank: _____

DOD ID #: _____ EAS Date (not terminal start date): _____

Unit: _____ Phone #: _____

Email (Personal and work): _____

Command POC Email and Phone Number: _____

Eligibility for final review of the SkillBridge package, the following must be complete:

1. Individual Counseling Completion Date: _____
2. Pre-Separation Seminar Completion Date: _____
3. TRS Class Completion Date: _____
4. Capstone Review Completion Date: _____
5. Date attended Skillbridge Info Session: _____

DoD SkillBridge Organization: _____

Potential Start Date: _____ Potential End Date: _____

Location (if virtual, specify virtual): _____

Company Point-of-Contact (POC) Name: _____

POC Phone #: _____ POC Email: _____

Program Description and Outcome Goals: _____

FOR TRANSITION READINESS PROGRAM OFFICE USE ONLY

Checklist Received By: _____ Date Received: _____

Notes: _____

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):

- ☐ 1) Administrative Action (AA) Form via Installation SkillBridge Office (if requesting an exception to policy from HQMC)
- ☐ 2) DoD SkillBridge Participant Screening
- ☐ 3) TRS 5-day Transition Readiness Seminar (TRS). Date Completed:
- ☐ 4) Individual Program Vetting Document (If not DoD Approved)
- ☐ 5) SkillBridge Provider Acceptance Letter (for everyone)
- ☐ 6) Commander's Participation Letter (authorization)
- ☐ 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"/>				

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:

COMMAND LETTERHEAD

EXAMPLE OF A REQUIRED SKILLBRIDGE AUTHORIZATION LETTER

SSIC
CODE
Date

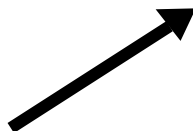
From: Commanding Officer, Command
To: Marine Corps Base Hawaii Transition Readiness SkillBridge Coordinator
Subj: REQUEST FOR NAME OF SKILLBRIDGE PROGRAM/TRAINING VOLUNTARY
EMPLOYMENT SKILLS TRAINING PROGRAM CASE OF RANK, FULL NAME, USMC,
DOD ID NUMBER, MOS

Encl: (1) NAVMC 1320/1: USMC SkillBridge Packet Checklist
(2) NAVMC 1320/2: USMC SkillBridge Participant Screening
(3) SkillBridge Program Provider Acceptance Letter
(4) MCBH Completed SkillBridge Checklist
(5) Final DD2648

1. (Rank, Full name) is authorized to complete the (Name of Training Program) SkillBridge program in (location). Marine will be attached to (current unit or command name) for the duration of selected program.
2. Contingent upon approval, command will support (Rank, Full name) in completing the (selected program) during (dates of class.) Lodging has been secured at (location).
3. Upon completion of the program, the Marine will complete the check-out process at (location).
4. I have verified (rank & last name) has satisfied all requirements for the SkillBridge opportunity as per enclosures (1), (2), and (3) and has gained acceptance to the opportunity per enclosure (4).
5. Point of contact at this command is (rank, name, phone number, and email; The POC must be Staff NCO or higher and may not be the Marine applying)

AUTHORIZED SIGNATURE

Note: Per NAVMC 1700.2 The first Commanding Officer (CO) with court martial convening authority maintains final approval. By Dir must be stated on signature line



Company Letterhead

Date:

To: Marine

Offer/Acceptance:

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

Organization Overview:

Provide a brief summary of the current state of the company/organization and years of operations, including start date, business structure, services, number of employees, location and territory of coverage.

Training Details:

Start date:

End date:

Working hours: example: M-F, 8:00 am to 5:00 pm

Location: (physical location address)

Define any out-of-pocket costs associated to the Marine

The point of contact for this company is (contact name, title, company, address, phone, email and role of who will be overseeing and responsible for the day-to-day activities of the Marine)

Required Statements:

The (company/organization) has reviewed DoDI 1322.29 and MARADMIN 350/18.

This training opportunity is unpaid and the participating Marine will not receive wages, training stipends, or any other form of financial compensation for the time that the Marine spends participating in training opportunity.

The (company/organization) understands that the Marine Corps may terminate the Marine's participation in the training opportunity based on mission requirements. Upon notification that their participation is terminated, a participating Marine must immediately withdraw from the program and report to their unit of assignment.

Training Overview:

Clearly describe the proposed activities of the training opportunity, and the tangible benefits and value to the Marine. List subject areas and training topics that will provide the knowledge, skills and abilities that gives the participant a greater than normal chance of employment in the desired occupational field. (List any certifications gained.)

Training Outcome:

State the employment probability at the end of the training opportunity. (Guaranteed interview, job placement, earned credentials, etc.)

Signed by Human Resource Manager/President
Name
Title

SAMPLE

United States Marine Corps



Completion Certificate

This is to certify that

NAME EDIPI

Has completed

Developing Your Business Ethics

Course Number: LLISELF301

Given through the

Marine Corps Distance Learning

Network on DATE

Semper Fidelis

T.K. Kerrigan

Director

College of Distance Education and Training