

New York Naval Militia (NYNM)	REPORT OF COUNSELING	FOR OFFICIAL USE ONLY NYNM Form 1620
NOTICE		
Use: For subordinate leader development. Leaders should use this form as necessary. Continuation page located on reverse.		
1. ADMINISTRATIVE INFORMATION		
1a. Last Name	1b. First Name	1c. MI
		1d. SSN (Last FOUR)
1e. Organization		1f. Name and Title of Counselor
2. BACKGROUND INFORMATION		
<i>Purpose of Counseling:</i>		
<input type="checkbox"/> PERFORMANCE	<input type="checkbox"/> RESPONSIBILITIES	<input type="checkbox"/> CAREER ADVANCEMENT
<input type="checkbox"/> INDEBTEDNESS	<input type="checkbox"/> APPEARANCE	<input type="checkbox"/> PERSONAL BEHAVIOR
<input type="checkbox"/> OJT PROGRESS	<input type="checkbox"/> OTHER	
2a. Reason which caused the counseling requirement:		
2b. Counselor's Signature		2c. Date (DD MMM YY)
3. PLAN OF CORRECTIVE ACTION:		
4. ACKNOWLEDGEMENT:		
Individual counseled: <input type="checkbox"/> I agree <input type="checkbox"/> I disagree with the information above.		
Individual counseled remarks:		
4a. Member Name (Type or Print)	4b. Signature	4c. Date (DD MMM YY)
NYNM 1620 (REV 08/09) Note: Provide original to individual counseled and retain copy in member's service record.		

