

Fort Benning Equal Opportunity Leaders Course (EOLC) Enrollment Form

EOLC Number:

*******APPLICANT INFORMATION AND QUESTIONNAIRE*******

NAME: (Last, First, MI)

RANK:

UNIT:

DoD ID:

PHONE NUMBER:

EMAIL:

Provide a brief statement about why you are attending EOLC:

APPLICANT SIGNATURE:

DATE:

*******COMMANDER ENDORSEMENT*******

1. I understand that I must IMMEDIATELY contact the Brigade's Military Equal Opportunity Professional (MEOP) if this Soldier cannot attend the scheduled class. Substitutions are not authorized without prior approval of the Brigade's MEOP. CDR Initials:
2. Does the Soldier have at least 1 year retainability upon completion of the course?
3. I understand that EOL duties are to be performed by SGT through CPT. CDR Initials:
4. This Soldier demonstrates the ability to perform as an EOL and I recommend acceptance into the requested EOLC.
5. Soldier's additional duty appointment orders are included with this application?
6. Soldier's appointed place of duty will be EOLC and limit duty requirements from unit.

CDR or 1SG NAME:

RANK:

SIGNATURE:

DATE:

*******BRIGADE MEOP ENDORSEMENT*******

BRIGADE MEOP NAME:

RANK:

SIGNATURE:

DATE: