



# PERSONNEL FILE - FORM 3108

## ACTIVE DUTY SOLDIERS REVIEW - SHEET OF CURRENT STATUS



### SECTION A: PERSONAL INFORMATION

LAST NAME - FIRST NAME - MIDDLE INITIAL(S)		PERSONNEL No.	RANK / DATE OF PROMOTION		BRANCH OF SERVICE
ASSIGNMENT		D.O.B.	PLACE OF BIRTH AND CITIZENSHIP		CIVILIAN OCCUPATION
COLOUR, HAIR	COLOUR, EYES	HEIGHT	WEIGHT	No. OF DEPENDENTS	VISIBLE IDENTIFIABLE FEATURES

### SECTION B: ENLISTMENT / DRAFT DETAILS

DATE OF ENLISTMENT / DRAFT	ACTIVE SERVICE ENTRY	PLACE OF ENTRY INTO SERVICE	ENLISTMENT / DRAFT OFFICER	REQ. SERVICE	
PRIMARY AND OTHER MILITARY QUALIFICATION			LEADERSHIP	MEDICAE	HEAVY WPN.
			LOGISTICS	PRIEST	WPN. EXPERT
			OPERATOR	SCOUT	SNIPER

### SECTION C: MEDICAL STATUS

WOUNDED STATUS	IMMUNIZATION STATUS (ONLY RELEVANT RE. CURRENT OPERATION)	AUGMENTICS / BIONICS
UNWOUNDED	EXPECTED RETURN TO ACTIVE DUTY INCL. SIGNATURE OF MEDICAE	
WOUNDED (SERVICE READY)		
WOUNDED (NOT SERVICE READY)		

### SECTION D: CURRENT OPERATION AND MISSIONS

OPERATION NAME / CODE	OPERATIONAL AREA	OPERATIONAL OFFICER
ASSIGNED MISSION(S) / MISSION RESULT / NOTES		

### SECTION E: CAMPAIGN / OPERATION LISTING

LOCATION	DATE	ENEMY FORCE	DECORATIONS, CITATIONS, REMARKS, ETC.
		M	
		M	
		M	
		M	
		M	
		M	
		M	
		M	
		M	

### SECTION F: REMARKS

### SIGNATURES

COMMANDING OFFICER	SOLDIER	CLERK





# PERSONNEL FILE - FORM 3109-1

## DRAFT / ENLISTMENT FORM



### SECTION A: NOTICE AND INFORMATION

CITIZEN - YOU HAVE ELECTED TO ENLIST FOR DUTY IN THE IMPERIAL MILITARY. YOUR CHOICE IS APPRECIATED AND YOU SHALL RECEIVE THE BLESSING OF THE EMPEROR FOR THE SERVICE YOU WILL PERFORM FOR YOURSELF, THE CITIZENS OF YOUR WORLD AND THE IMPERIUM AS A WHOLE. FILL OUT THE INFORMATION REQUESTS BELOW TO FINALIZE YOUR ENLISTMENT. REMEMBER THAT RETREATING FROM ENLISTMENT IS CONSIDERED TREASON AND WILL BE PUNISHED AS SUCH.

### SECTION B1: INFORMATION REQUESTS

PLEASE FILL OUT ALL PARTS OF THIS SIDE OF THE FORM!		
FAMILY NAME	GIVEN NAME	MIDDLE NAME(S)
PLANET	CITY	HOME ADDRESS
DATE OF ENLISTMENT	PREFERRED BRANCH OF SERVICE	CIVILIAN EDUCATION
MARITAL STATUS	NO. OF DEPENDENTS	CIVILIAN OCCUPATION
PRIOR MILITARY QUALIFICATIONS (PDF SERVICE, ETC.)		
ANY PRIOR OFFENSES OR FELONIES		
PRIOR WOUNDS OR ACCIDENTS OF NOTE		

### SECTION B2 INFORMATION

DO NOT FILL IN ANY PARTS OF THIS SIDE!

PERSONNEL No.

ENLISTMENT OFFICER

ASSIGNED BRANCH OF SERVICE

ASSIGNED UNIT

RECOMMENDATION FOR SPECIALIST TRAINING?

APTITUDE TEST RECOMMENDATIONS

### SECTION C1: REMARKS (SOLDIER)

WRITE HERE

### SECTION C2 REMARKS (SCRIBE)

DO NOT WRITE HERE

*AS THE EMPEROR PROTECTS, SO MUST WE.*



I, \_\_\_\_\_, SOLEMNLY SWEAR THAT THE ABOVE DATA IS CORRECT TO MY BEST KNOWLEDGE.  
 I, \_\_\_\_\_, THE ASSIGNED SCRIVENER, APPROVE OF THE ABOVE-MENTIONED ARRANGEMENTS AND VERIFY THE TRUTH OF ALL STATEMENTS MADE AS PER MY KNOWLEDGE.





# PERSONNEL FILE - FORM 3109-2

## PERSONAL DETAILS & DEPENDENTS



### SECTION A: INFORMATION ABOUT SUBJECT

FAMILY NAME	GIVEN NAME	MIDDLE NAME(S)	FORMER NAME / MAIDEN NAME (IF APPLICABLE)	
DATE OF BIRTH	PLACE OF BIRTH (DETAILED)	GENDER	MARRIED	NAME OF SPOUSE
CIVILIAN OCCUPATION	CIVIL EDUCATION	DEPENDENTS (SEE BELOW FOR DETAILS)		

### SECTION B1: PARENTS (FATHER)

FAMILY NAME	GIVEN NAME	MIDDLE NAME(S)	FORMER NAME / MAIDEN NAME (IF APPLICABLE)	
DATE OF BIRTH	PLACE OF BIRTH	GENDER	CIVILIAN OCCUPATION	
SERVED IN THE MILITARY	STATUS	CAUSE OF DEATH (IF APPLICABLE)		

### SECTION B2: PARENTS (MOTHER)

FAMILY NAME	GIVEN NAME	MIDDLE NAME(S)	FORMER NAME / MAIDEN NAME (IF APPLICABLE)	
DATE OF BIRTH	PLACE OF BIRTH	GENDER	CIVILIAN OCCUPATION	
SERVED IN THE MILITARY	STATUS	CAUSE OF DEATH (IF APPLICABLE)		

### SECTION C1: DEPENDENTS OVERVIEW

NO. FAMILY DEPENDENTS	NO. NON-FAMILY DEPENDENTS	PREFERRED DEPENDENCY TREATMENT
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### SECTION C2: DEPENDENTS LISTING

NAME	LOCATION	DEPENDENCY STATUS	IMPERIAL CARE Y/N?

### SIGNATURES

I, _____, SOLEMNLY SWEAR THAT THE ABOVE DATA IS CORRECT TO MY BEST KNOWLEDGE.
I, _____, THE ASSIGNED SCRIVENER, APPROVE OF THE ABOVE-MENTIONED ARRANGEMENTS AND VERIFY THE TRUTH OF ALL STATEMENTS MADE AS PER MY KNOWLEDGE.





# PERSONNEL FILE - FORM 3109-3A

## MEDICAL RECORD PAGE 1



### SECTION A: CURRENT HEALTH STATUS

WOUNDED?	IF YES: WOUND DETAILS	
	IF YES: EXPECTED DATE OF RETURN TO SERVICE	SOURCE OF WOUND(S):
SURGERY REQUIRED?	SURGERY OUTCOME	

### SECTION B: VACCINATION RECORD

VACCINATION . . . . . DATE . . . . . SIGNATURE	VACCINATION . . . . . DATE . . . . . SIGNATURE

### SECTION C: BIONICS

ITEM . . . . . LOCATION . . . . . STATUS . . . . . IMPLANTATION DATE

#### LAST MEDICAL CHECK-UP

MEDICAE NAME: _____
DATE OF CHECK-UP: _____
RESULT: _____

#### ONGOING PRESCRIPTIONS

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PERSONNEL FILE - FORM 3109-3B  
 MEDICAL RECORD PAGE \_\_\_



SECTION D: PAST MEDICAL HISTORY

ENTRIES BELOW REFER TO PRIOR WOUNDS, SURGERIES, IMPLANTATIONS AND OTHER MEDICAE PROCEDURES. EACH ENTRY MUST BE FILLED OUT COMPLETELY AND CARRY THE SIGNATURE OF A LEGITIMATE IMPERIAL MEDICUS. ALL ENTRIES LACKING SUCH A SIGNATURE ARE CONSIDERED FAULTY AND WILL BE REJECTED.

DATE ____ M ____	TYPE OF WOUND(S)	
SURGERY REQUIRED?	SURGERY OUTCOME	
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	OPERATION / CRUSADE / CAMPAIGN
REMARKS		
-----		

DATE ____ M ____	TYPE OF WOUND(S)	
SURGERY REQUIRED?	SURGERY OUTCOME	
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	OPERATION / CRUSADE / CAMPAIGN
REMARKS		
-----		

DATE ____ M ____	TYPE OF WOUND(S)	
SURGERY REQUIRED?	SURGERY OUTCOME	
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	OPERATION / CRUSADE / CAMPAIGN
REMARKS		
-----		

DATE ____ M ____	TYPE OF WOUND(S)	
SURGERY REQUIRED?	SURGERY OUTCOME	
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	OPERATION / CRUSADE / CAMPAIGN
REMARKS		
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# PERSONNEL FILE - FORM 3109-3B

MEDICAL RECORD PAGE \_\_\_



## SECTION D: PAST MEDICAL HISTORY

ENTRIES BELOW REFER TO PRIOR WOUNDS, SURGERIES, IMPLANTATIONS AND OTHER MEDICAE PROCEDURES. EACH ENTRY MUST BE FILLED OUT COMPLETELY AND CARRY THE SIGNATURE OF A LEGITIMATE IMPERIAL MEDICUS. ALL ENTRIES LACKING SUCH A SIGNATURE ARE CONSIDERED FAULTY AND WILL BE REJECTED.

DATE ____ M ____	TYPE OF WOUND(S)	
SURGERY REQUIRED?	SURGERY OUTCOME	
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	OPERATION / CRUSADE / CAMPAIGN
REMARKS		
-----		

DATE ____ M ____	TYPE OF WOUND(S)	
SURGERY REQUIRED?	SURGERY OUTCOME	
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	OPERATION / CRUSADE / CAMPAIGN
REMARKS		
-----		

DATE ____ M ____	TYPE OF WOUND(S)	
SURGERY REQUIRED?	SURGERY OUTCOME	
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	OPERATION / CRUSADE / CAMPAIGN
REMARKS		
-----		

DATE ____ M ____	TYPE OF WOUND(S)	
SURGERY REQUIRED?	SURGERY OUTCOME	
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	OPERATION / CRUSADE / CAMPAIGN
REMARKS		
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# PERSONNEL FILE - FORM 3109-4

## EQUIPMENT AND REPLACEMENT RECORD



### SECTION A: SOLDIER KIT

CONTENTS OF REGIMENTAL KIT

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LOSS OF EQUIPMENT CAN AND WILL RESULT IN PUNISHMENT. TAKE CARE OF YOUR EQUIPMENT AS IF IT WERE A PART OF YOURSELF. REPLACEMENTS MUST BE SIGNED OUT.

### SECTION B: SOLDIER SPECIAL GEAR

CONTENTS OF REGIMENTAL KIT

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LOSS OF EQUIPMENT CAN AND WILL RESULT IN PUNISHMENT. TAKE CARE OF YOUR EQUIPMENT AS IF IT WERE A PART OF YOURSELF. REPLACEMENTS MUST BE SIGNED OUT.

### SECTION B: SPECIAL EQUIPMENT AND REPLACEMENT RECORD

EQUIPMENT . . . . . DATE . . . . . SIGNATURE	EQUIPMENT . . . . . DATE . . . . . SIGNATURE





# PERSONNEL FILE - FORM 3109-5

## TRAINING AND QUALIFICATIONS RECORD



### SECTION A: RANK AND PROMOTION RECORD

CURRENT RANK	ASSIGNED COMMAND (IF ANY)
PROMOTION . . . . . BY AUTHORITY OF . . . . . DATE . . . . . ASSIGNMENT	

### SECTION B: QUALIFICATIONS

### SECTION C: TRAINING

TRAINING . . . . .	TRAINER . . . . .	DATE . . . . .	REMARKS







PERSONNEL FILE - FORM 3109-6  
AWARDS AND CITATIONS



SECTION A: AWARDS

AWARD . . . . . BY AUTHORITY OF . . . . . FOR . . . . . RECEIVED ON DAY

Large empty rectangular area for recording awards.

SECTION B: CITATIONS

CITATION . . . . . BY AUTHORITY OF . . . . . FOR . . . . . RECEIVED ON DAY

Large empty rectangular area for recording citations.





PERSONNEL FILE - FORM 3109-7  
SERVICE HISTORY PAGE \_\_\_



SERVICE HISTORY

ASSIGNMENT LOCATION . . . . .	ATTACHED UNIT . . . . .	START DATE . . .	END DATE . . . . .	ENEMY FORCE
Empty space for service history entries				





PERSONNEL FILE - FORM 3109-7  
SERVICE HISTORY PAGE \_\_\_\_



SERVICE HISTORY

ASSIGNMENT LOCATION . . . . . ATTACHED UNIT . . . . . START DATE . . . . . END DATE . . . . . ENEMY FORCE

Empty table area for recording service history.





PERSONNEL FILE - FORM 3109-8  
REMARKS PAGE \_\_\_\_



REMARKS

PLEASE CLOSE ALL REMARKS WITH FULL NAME, DATE AND SIGNATURE

A large rectangular box with a thin black border, intended for handwritten remarks. The interior of the box is currently blank.





# PERSONNEL FILE - FORM 3109-9A

## TERMINATION OF SERVICE BY DEATH



### SECTION A: PERSONAL INFORMATION

LAST NAME - FIRST NAME - MIDDLE INITIAL(S)		PERSONNEL No.	LAST ACTIVE RANK		BRANCH OF SERVICE
ASSIGNMENT		D.O.B.	PLACE OF BIRTH AND CITIZENSHIP		CIVILIAN OCCUPATION
COLOUR, HAIR	COLOUR, EYES	HEIGHT	WEIGHT	No. OF DEPENDENTS	VISIBLE IDENTIFIABLE FEATURES
TIME OF DEATH	CAUSE OF DEATH				

### SECTION B: ENLISTMENT / DRAFT DETAILS

DATE OF ENLISTMENT / DRAFT	ACTIVE SERVICE ENTRY	PLACE OF ENTRY INTO SERVICE	ENLISTMENT / DRAFT OFFICER		REQ. SERVICE
PRIMARY AND OTHER MILITARY QUALIFICATION			LEADERSHIP	MEDICAE	HEAVY WPN.
			LOGISTICS	PRIEST	WPN. EXPERT
			OPERATOR	SCOUT	SNIPER

### SECTION C: LAST OPERATION

OPERATION NAME / CODE	OPERATIONAL AREA	OPERATIONAL OFFICER
ASSIGNED MISSION(S) / MISSION RESULT / NOTES		

### SECTION D: REMARKS / NOTIFICATION OF DEATH

### SIGNATURES

COMMANDING OFFICER	CLERK
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FILE STATUS	
OPEN	
REVIEW	
CLOSED	





# PERSONNEL FILE - FORM 3109-9B

## TERMINATION OF SERVICE BY DISCHARGE



### SECTION A: PERSONAL INFORMATION

LAST NAME - FIRST NAME - MIDDLE INITIAL(S)		PERSONNEL No.	LAST ACTIVE RANK		BRANCH OF SERVICE
ASSIGNMENT		D.O.B.	PLACE OF BIRTH AND CITIZENSHIP		CIVILIAN OCCUPATION
COLOUR, HAIR	COLOUR, EYES	HEIGHT	WEIGHT	NO. OF DEPENDENTS	VISIBLE IDENTIFIABLE FEATURES
TIME OF DISCHARGE	CAUSE OF DISCHARGE		REQUIRED YEARS OF SERVICE		ACTUAL YEARS OF SERVICE

### SECTION B: ENLISTMENT / DRAFT DETAILS

DATE OF ENLISTMENT / DRAFT	ACTIVE SERVICE ENTRY	PLACE OF ENTRY INTO SERVICE	ENLISTMENT / DRAFT OFFICER		REQ. SERVICE
PRIMARY AND OTHER MILITARY QUALIFICATION			LEADERSHIP	MEDICAE	HEAVY WPN.
			LOGISTICS	PRIEST	WPN. EXPERT
			OPERATOR	SCOUT	SNIPER

### SECTION C: LAST OPERATION

OPERATION NAME / CODE	OPERATIONAL AREA	OPERATIONAL OFFICER
ASSIGNED MISSION(S) / MISSION RESULT / NOTES		

### SECTION D: REMARKS

### SECTION E: PAYMENTS AND REWARDS

### SIGNATURES

COMMANDING OFFICER	SOLDIER	CLERK

#### FILE STATUS

OPEN
REVIEW
CLOSED



VERSION:  
1.2  
(04.03.2014)

VARIANT:  
C  
(BACKGROUND & NO ADDITIONAL LINES)

# 14-PAGE PERSONNEL FILE



CREATED BY:  
CHRISTIAN SELGRAD ("MADLETTER")

FEEL FREE TO USE THIS AS YOU SEE FIT, INCLUDING NEVER PRINTING THIS PAGE AND  
MESSING AROUND WITH THE DESIGN VIA ILLUSTRATOR OR ANY OTHER SOFTWARE YOU USE.

ENJOY!

*THE EMPEROR PROTECTS!*

CONTACT:  
RPG@MADLETTER.NET - PLEASE INCLUDE RELEVANT TITLE IN E-MAIL!

# CHANGELOG

## V1.0 - 15<sup>TH</sup> NOVEMBER 2013

- INITIAL PUBLICATION

## V1.1 - 29<sup>TH</sup> NOVEMBER 2013

- TYPO FIX (CURSADE -> CRUSADE)
- CITATIONS HEADER FIXED
- ADDED DIFFERENT VERSIONS

## V1.2 - 4<sup>TH</sup> MARCH 2014

- STARTED CHANGELOG
- CHANGED E-MAIL TO DEDICATED RPG-RELATED EMAIL ON MY SERVER
- REMOVED A SMALL GRAPHIC THAT WAS COVERING PART OF THE HEADLINE OF PG.2
- REDUCED RESULTING FILE-SIZE OF PDF'S BY THE MAGIC OF PROPER SAVING-PARAMETERS