PERSONNEL FILE - FORM 3108 Active Duty Soldiers Review - Sheet of Current Status



DECTION AT TERBONAE INTORNATION						
LAST NAME - FIRST NAME - MIDDLE INITIAL(S)	Personnel No.		RANK / DATE OF PROMOTION		BRANCH OF SERVICE	
ASSIGNMENT	D.O.B.	PLACE 0	F BIRTH AND CITIZENSHIP		CIVILIAN OCCUPATION	
						State of the second
COLOUR, HAIR COLOUR, EYES	HEIGHT WEI	IGHT	No. of Dependents	VISIBLE ID	ENTIFIABLE FEATURES	
			a la			The second second
Section B: enlistment / draft i	DETAILS					
DATE OF ENLISTMENT / DRAFT ACTIVE SERVICE E	NTRY PLA	ACE OF E	NTRY 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

WO	unded Status	IMMUNIZATION STATUS (ONLY RELEVANT RE. CURRENT OPERATION)	AUGMENTICS / BIONICS
	UNWOUNDED		
	Wounded (Service Ready)	EXPECTED RETURN TO ACTIVE DUTY INCL. SIGNATURE OF MEDICAE	
	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			
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	М			
	M			
	М			
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	М			
	М			

SECTION F: REMARKS

L												1	

SIGNATURES Commanding Officer

SOLDIER



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 PUNSIHED AS SUCH.

SECTION B1: INFORMATION REQUESTS

SECTION B2 INFORMATION

PLEASE FILL OUT ALL PARTS OF	DO NOT FILL IN ANY PARTS OF THIS SIDE!		
FAMILY NAME	GIVEN NAME	MIDDLE NAME(S)	PERSONNEL NO.
PLANET	Сіту	Home Address	ENLISTMENT OFFICER
DATE OF ENLISTMENT	Prefferred Branch of Service	Civilian Education	Assigned branch of Service
MARITAL STATUS	No. of Dependents	CIVILIAN OCCUPATION	ASSIGNED UNIT
PRIOR MILITARY QUALIFICATION	IS (PDF SERVICE, ETC.)		RECOMMENDATION FOR SPECIALIST TRAINING?
ANY PRIOR OFFENSES OR FELONI	ES		APTITUDE TEST RECOMMENDATIONS
Prior wounds or accidents of	NOTE		
C	(())		

SECTION CI: REMARKS (SOLDIER)	SECTION UZ REMARKS (SCRIBE)
WRITE HERE	Do NOT WRITE HERE

As the Emperor protects, so must we.

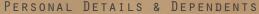


I, _____, SOLEMNLY SWEAR THAT THE ABOVE DATA IS CORRECT TO MY BEST KNOWLEDGE.
I, _____, THE ASSIGNED SCRIVENER, APPROVE OF THE ABOVE-MENTIONED ARRANGEMENTS AND VERIFY
THE TRUTH OF ALL STATEMENTS MADE AS PER MY KNOWLEDGE.





PERSONNEL FILE - FORM 3109-2 Personal Details & Dependents





SECTION A: INFORMATION ABOUT SUBJECT

Family Name	GIVEN NAME	/en Name Middle Name(s) F			N NAME (IF APPLICABLE)
DATE OF BIRTH	PLACE OF BIRTH (DETAILED)		GENDER	MARRIED	NAME OF SPOUSE
CIVIALIAN OCCUPATION	CIVIL EDUCATION		Dependents	S (SEE BELC	DW FOR DETAILS)
CENTION D1. DADENTO	([

SECTION B1: PARENTS (FATHER)

FAMILY NAME	GIVEN NAME	MIDDLE NAME(S)	Former Name / Maiden Name (1f 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

CENTION CO. DEDENDENTO LIO

SECTION C2. DETENDENTS EISTING
Name
SIGNATURES

___, SOLEMNLY SWEAR THAT THE ABOVE DATA IS CORRECT TO MY BEST KNOWLEDGE. _, THE ASSIGNED SCRIVENER, APPROVE OF THE ABOVE-MENTIONED ARRANGEMENTS AND VERIFY Ι, 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	VACCINATION
and the state of the	

SECTION C: BIONICS

OLOTION OF DIGNICO		
ITEM	Location Status	

LAST MEDICAL CHECK-UP MEDICAE NAME: DATE OF CHECK-UP: RESULT:

ONGOING PRESCRIPTIONS



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	Type of Wound(s)	
M		
SURGERY REQUIRED?	SURGERY OUTCOME	
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	Operation / Crusade / Campaign
Remarks		

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

DATE	TYPE OF WOUND(S)	
M		
SURGERY REQUIRED?	SURGERY OUTCOME	
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	Operation / Crusade / Campaign
REMARKS		

DATE	TYPE OF WOUND(S)
M	
SURGERY REQUIRED?	Surgery Outcome
1 martine	
REHABILITATION TIME	RETURN TO ACTIVE SERVICE OPERATION / CRUSADE / CAMPAIGN
REMARKS	





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	Type of Wound(s)	
M		
SURGERY REQUIRED?	SURGERY OUTCOME	
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	OPERATION / CRUSADE / CAMPAIGN
Remarks		

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

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

DATE	Type of Wound(s)	
M		
SURGERY REQUIRED?	SURGERY OUTCOME	
The second second		
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	OPERATION / CRUSADE / CAMPAIGN
REMARKS		





EQUIPMENT AND REPLACEMENT RECORD



SECTION A: SOLDIER KIT

CONTENTS OF REGIMENTAL KIT	
Loss of Equipment can and will result in punishment. Take care of your Equi	PMENT AS IF IT WERE A PART OF YOURSELF. REPLACEMENTS MUST BE SIGNED OUT.
SECTION B: SOLDIER SPECIAL GEAR	
CONTENTS OF REGIMENTAL KIT	
Loss of Equipment can and will result in punishment. Take care of your Equi	PMENT AS IF IT WERE A PART OF YOURSELF. REPLACEMENTS MUST BE SIGNED OUT.
SECTION B: SPECIAL EQUIPMENT AND REPLACEMENT RECORD	
Equipment Date Signature	Equipment



PERSONNEL FILE - FORM 3109-5 TRAINING AND QUALIFICATIONS RECORD



SECTION A: RANK AND PROMOTION R	LECORD
CURRENT RANK	Assigned Command (if any)
PROMOTION	By Authority of

SECTION B: QUALIFICATIONS

SECTION C: TRAINING
TRAINING



PERSONNEL FILE - FORM 3109-6 Awards and Citations



SECTION A: AWARDS	
Award	ECEIVED ON DAY

SECTION B: CITATIONS

CITATION	VED ON DAY





Service History page ____

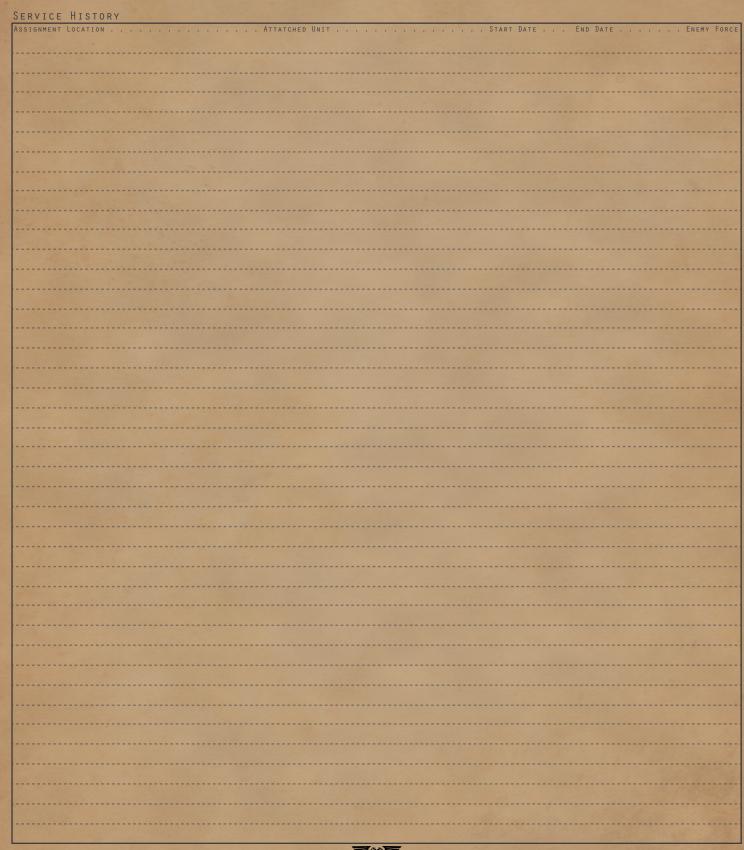


SERVICE HISTORY

ASSIGNMENT LOCATION	END DATE ENEMY FORCE
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	and the second s

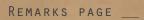














KEMARKS
PLEASE CLOSE ALL REMARKS WITH FULL NAME, DATE AND SIGNATURE



SECTION A: PERSONAL INFORMATION

PERSONNEL FILE - FORM 3109-9A TERMINATION OF SERVICE BY DEATH



LAST NAME - FIRST NAME - MIDDLE INI	ITIAL(S) PERSONNEL NO.		LAST ACTIVE RANK BRANCH OF S			H 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 / D	RAFT DETAILS							
DATE OF ENLISTMENT / DRAFT ACTIVE S	SERVICE ENTRY	PLACE OF	ENTRY INTO SERVICE	ENLISTMEN	t / Draft	OFFICER	REQ. SERV	VICE
PRIMARY AND OTHER MILITARY QUALIFICATI	I O N			LEADERSHI	P	MEDICAE	HEAVY	WPN.
				LOGISTICS		PRIEST	WPN. E	Expert
1				OPERATOR		SCOUT	SNIPER	R
SECTION C: LAST OPERATION								
OPERATION NAME / CODE	OPERATIONAL A	AREA		OPERATION	AL OFFICER	2		
ASSIGNED MISSION(S) / MISSION RESULT /	/ NOTES							
SECTION D: REMARKS / NOTI	FICATION OF DE.	ATH						
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		7.47						
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		112	All all					
			V P					

SIGNATURES

CLERK



COMMANDING OFFICER



SECTION A: PERSONAL INFORMATION

PERSONNEL FILE - FORM 3109-9B Termination of Service by Discharge



LAST NAME - FIRST NAME - MIDDLE INITIAL(S)			PERSONNEL NO.		Last Active rank		BRANCH OF SERVICE			
ASSIGNMENT			D.O.B.	PLACE	OF BIRTH AND CITIZENSHIP	OF BIRTH AND CITIZENSHIP		OCCUPATION		
Colour, Hair	Colour, E	YES	HEIGHT	WEIGHT	No. of Dependents	VISIBLE	[DENTIFIABL	e Features		
TIME OF DISCHARGE	CAUSE OF	DISCHARGE			Required Years of Servici	E ACTUAL Y	EARS OF SEF	RVICE		
SECTION B: EN	LISTMEN	NT / DRAFT	DETAILS							
DATE OF ENLISTMENT	/ Draft	ACTIVE SERVICE	Entry	PLACE OF	ENTRY INTO SERVICE	Enlistme	nt / Draft	OFFICER	RE	Q. SERVICE
PRIMARY AND OTHER M	ILITARY QU	ALIFICATION				LEADERSH	I P	MEDICAE		HEAVY WPN.
						LOGISTIC	5	PRIEST		WPN. EXPERT
						0 P E R A T O R		SCOUT		SNIPER
SECTION C: LA	ST OPER	RATION								
OPERATION NAME / CODE OPERATIONAL ÁREA				0 PERATIO	Operational Officer					
ASSIGNED MISSION(S)	/ MISSION	PERHIT / NOTES								

ASSIGNED	MISSION(S)	/ MISSION RES	SULI / NOTES				

SECTION D: REMARKS

SECTION E: PAYMENTS AND REWARDS

		and the second

SIGNATURES Soldier

CLERK





VARIANT: D (Background & Additional Lines)

14-PAGE PERSONNEL FILE



Created by: Christian Selgrad ("MadLetter")

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ENJOY!

The Emperor Protects!

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

CHANGELOG

- V1.0 15TH NOVEMBER 2013
 - INITIAL PUBLICATION
- V1.1 29TH NOVEMBER 2013
 - TYPO FIX (CURSADE -> CRUSADE)
 - CITATIONS HEADER FIXED
 - ADDED DIFFERENT VERSIONS

V1.2 - 4TH 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