

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF VIRGINIA  
Alexandria Division**

RICHARD ROE, ET AL.,

Plaintiffs,

v.

PATRICK M. SHANAHAN, ET AL.,

Defendants.

CIVIL ACTION NO. 1:18-cv-01565

**PLAINTIFFS' OPPOSITION TO THE MOTION TO DISMISS AND  
REPLY IN SUPPORT OF THEIR MOTION FOR A PRELIMINARY INJUNCTION**

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## INTRODUCTION

If nothing changes, plaintiffs Richard Roe and Victor Voe will be illegally discharged from the Air Force in a matter of weeks. This Court can and should prevent this irreparable harm—as well as the irreparable harm to the similarly-situated Airmen<sup>1</sup> whose interests are represented by Plaintiff OutServe-SLDN, Inc.—by granting Plaintiffs’ motion for a preliminary injunction and denying Defendants’ motion to dismiss.

Defendants recycle the same jurisdictional arguments that the defendants advanced—and this Court rejected—in this matter’s companion case, *Harrison v. Shanahan* (No. 18-641), asserting that the controversy is a non-justiciable matter that must be left to the discretion of the Military and that Plaintiffs lack standing. Such arguments warrant similar rejection here, for the same reasons with respect to justiciability and because Plaintiffs’ imminent discharges are more than sufficient to establish standing. Defendants also attempt another jurisdictional argument in this case, contending that Roe and Voe did not exhaust their administrative remedies. Despite this argument, the result with respect to jurisdiction will not change. Roe and Voe were not required by Air Force rules to apply to the Air Force Board for the Correction of Military Records (“AFBCMR”), review by this Court will be required regardless of whether Plaintiffs first appeal to the AFBCMR, and the AFBCMR cannot adjudicate all of their claims or grant important aspects of the relief Plaintiffs seek in this case.

No matter the spin Defendants try to put on their decisions, Defendants have decided to separate Roe and Voe because they have HIV. Under DoD and Air Force Instructions, an HIV

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<sup>1</sup> In their papers, Plaintiffs have alternately referred to members of the Air Force using the gender-neutral term “members,” and the historical term “Airmen,” which the branch recently decided to retain based on the specific heritage and tradition linked to the title. Plaintiffs, while sensitive to the concerns that gendered language raises, will use “Airmen” in the interest of precision, because it is the term currently used by the Air Force.

diagnosis automatically limits an Airman's deployability. This HIV-related limitation is the basis for the separation proceedings at issue here. Limited deployability is therefore not a separate or distinct basis for separating Service members with HIV, and Defendants have violated the APA in deciding to discharge Roe and Voe based solely on their HIV status.

Plaintiffs' other claims under the Administrative Procedure Act (APA), 5 U.S.C. §§ 701-06, regarding deployability (distinct from the APA claim for retention discussed above) are likely to succeed because Defendants' policies are not based on modern HIV medical science, and the APA does not permit backward-looking and pretextual justifications for Defendants' arbitrary decisions regarding Roe and Voe. Plaintiffs also are likely to prevail on their equal protection claims because—no matter the level of scrutiny level applied—Plaintiffs' evidence demonstrates that Defendants lack even a rational basis for their adverse treatment.

The other factors favor Plaintiffs as well. Airmen living with HIV face the prospect of irreparable harm from involuntary separation, which would derail their careers and, in explaining their discharges to family, friends, and potential future employers, risk the disclosure of their HIV status and the stigma and discrimination that too often follows. Defendants, on the other hand, will not be harmed by simply maintaining the status quo. The Court should therefore enjoin Defendants' unlawful policies and deny their motion to dismiss.

## ARGUMENT

### **I. PLAINTIFFS' CLAIMS ARE JUSTICIABLE**

This Court has already concluded that similar claims advanced by the plaintiffs in *Harrison* are justiciable, and the same conclusion should be reached in this case. Defendants raise three jurisdictional arguments here: all without merit.

*First*, Defendants contend this Court lacks jurisdiction over Plaintiffs' claims on the theory that they are premature because Plaintiffs have failed to exhaust administrative remedies by appealing to the AFBCMR. (Defs.' Br., at 7). Defendants are incorrect. Plaintiffs were not required to pursue additional administrative remedies. Alternatively, in the event this Court finds that Plaintiffs would normally be required to appeal and obtain a decision from the AFBCMR, this Court should find an exception to the exhaustion requirement because the interests of exhaustion are not satisfied, an appeal to the AFBCMR would be futile, and the burden of requiring Plaintiffs Roe and Voe to litigate their case before the AFBCMR outweighs the benefits of exhaustion.

*Second*, Defendants theorize that Plaintiffs' claims concern a non-justiciable military controversy. (Defs. Br., at 9). Defendants are wrong: Plaintiffs' claims are not insulated from judicial review. With respect to their equal protection claims, Defendants' argument has already been considered and rejected by this Court in *Harrison*. And with respect to Plaintiffs' APA claims, the justiciability test Defendants advance—the *Mindes/Williams* test—is not the appropriate one. But even if it does apply, the factors weigh in favor of justiciability of Plaintiffs' APA claims.

*Third*, Defendants argue that Plaintiffs lack standing—despite their imminent discharges—to challenge those discharges because Defendants believe they lack a legally protected interest in continued service. This argument is also meritless because the harm

suffered by Roe and Voe is not, as Defendants attempt to mischaracterize it, to their “legally protected interest in continued service beyond their current terms of enlistment,” *see* (Defs.’ Br., at 14), but rather, to their legally protected interest in not being unlawfully discharged (i.e., wrongfully terminated). Accordingly, this Court has jurisdiction and should deny Defendants’ 12(b)(1) motion to dismiss.

**A. Plaintiffs’ Claims Should Not Be Dismissed for Lack of Exhaustion**

Defendants are wrong that this action is premature based on a failure to exhaust administrative remedies. The United States Supreme Court has held that exhaustion is required only if the agency’s own rules require exhaustion. *See Darby v. Cisneros*, 509 U.S. 137 (1993). None of the relevant policies or regulations require Plaintiffs to appeal to the AFBCMR, and under the controlling precedent of *Darby*, this Court cannot create such a requirement. Since appeal to the AFBCMR is voluntary, not mandatory, Plaintiffs have not failed to exhaust.

Defendants’ authority is not to the contrary. Notably, nearly every single one of Defendants’ authorities was decided *before* the Supreme Court’s controlling decision in *Darby*. (Defs.’ Br., at 8.). The only exception is *Wilt v. Gilmore*, 62 F. App’x 484 (4th Cir. 2003), an unpublished decision, the citation of which is disfavored by rules of the court that decided it. (*See* Fourth Cir. L.R. 32.1.). But *Wilt* fails to cite *Darby* and merely follows pre-*Darby* decisions the Supreme Court has abrogated. *Darby* controls and does not require exhaustion here.

Even if this Court concludes that exhaustion is required, Plaintiffs’ case should proceed nonetheless. The exhaustion requirement is not to be blindly invoked. Its “application . . . to specific cases requires an understanding of its purposes and of the particular administrative scheme involved.” *McKart v. United States*, 395 U.S. 185, 193 (1969). Rote application of the doctrine would allow agencies, including the Air Force, to prevent the judicial branch from

reviewing any of its actions by creating a series of administrative barriers for a plaintiff to overcome before seeking judicial review. The purposes of exhaustion in the military context, as Defendants themselves explain, is that the “AFBCMR might completely obviate the need for judicial review, or, at the very least, provide the court with a definitive interpretation of the [applicable] regulation and an explanation of the relevant facts from the highest administrative body in the [Service’s] own appellate system.” (Defs.’ Br., at 8). Neither of these considerations applies here.

AFBCMR review could not possibly obviate judicial review here. Plaintiffs do not seek *only* determination that the policies were applied to them in an impermissible manner. Plaintiffs also challenge the very existence of policies that make distinctions on the basis of HIV status. (Compl., Request for Relief). The AFBCMR does not declare policies invalid or otherwise grant such categorical relief. As its name reveals, its purpose is to *correct military records*, see 10 U.S.C. § 1552(a)(1), not perform a comprehensive review of the validity of DoD and Air Force policies. The rationale that exhaustion would obviate review is therefore not valid here.

Appeal to the AFBCMR is also not needed here to provide the Court with a definitive interpretation of the applicable regulations. Plaintiffs already have a definitive interpretation of the regulations because they have received the final decision from the SAFPC regarding their separation. The Air Force itself characterizes the SAFPC decisions to separate Roe and Voe as a definitive statement of the agency’s position. (App. to Defs.’ Br., at A-00420, ¶ 13 (“One of the SAFPC’s responsibilities is to serve as, effectively, the final appeal authority for Airmen evaluated by the DES prior to their separation from Active Duty.”)). The memoranda the SAFPC issued to Roe and Voe explicitly state that the decisions contained in them are the *final* decisions in Roe’s and Voe’s cases. See (Exs. A5 & B3 to Pls.’ Mot. for Prelim. Inj., ECF

No. 44) (“The following rationale is provided for the final decision in this case.”). Additionally, Defendants’ *policies* state that the SAFPC determination on behalf of the Secretary of the Air Force is the *final* disposition regarding separation determinations for individuals living with HIV. Air Force Instruction (“AFI”) 36-3212 explains the process of an appeal to the SAFPC in the chapter entitled “Final Disposition.” AFI 36-3212, Ch. 5. (Ex. F, at 46). Department of Defense Instruction (“DoDI”) 1332.18 states that, “[a]fter adjudicating all appeals, the personnel authorities . . . will . . . [i]ssue orders and instructions to implement the determination of the respective Service’s final reviewing authority.” (App. to Defs. Br., at A-00023, ¶ 6). AFI 36-3212 explains that those instructions will come “in the form of retirement orders or instructions from HQ AFPC/DPPD directing disposition,” through an AF Form 100. (Ex. F, Ch. 4, ¶¶ 4.5, 4.12). Plaintiffs each received AF Form 100s informing them of their official date of separation. *See* (App. to Defs.’ Br., at A-00666-67; Ex. B4 to Pls.’ Mot. for Prelim. Inj., ECF No. 44). They therefore each received the final decision from the Service’s final reviewing authority. The assertion that Plaintiffs must appeal to the AFBCMR to obtain a definitive interpretation of the DoD’s and Air Force’s regulations is clearly at odds with Defendants’ repeated representations in regulations and instructions—as well as in the memoranda decisions themselves and this litigation—that the SAFPC decisions are definitive. Because neither of the rationales behind the exhaustion requirement apply in this case, Plaintiffs should be excused from appealing to the AFBCMR, if such an appeal would otherwise be required.

This is especially true given that exhaustion is not required where the outcome would be “predictably futile.” *Guerra v. Scruggs*, 942 F.2d 270, 276 (4th Cir. 1991) (quoting *Dooley v. Ploger*, 491 F.2d 608, 614-15 (4th Cir. 1974)). Here, appeal to the AFBCMR would be futile because the Board cannot possibly award Plaintiffs with adequate relief. Although the

AFBCMR can retroactively alter a discharge, order back pay and allowances, and recommend reinstatement, it cannot prevent an illegal and unconstitutional separation. *See* (Defs.' Br., at 7). The AFBCMR is also not empowered to evaluate the validity of DoD or Air Force policies or regulations, and its review, conclusions, and actions are limited to the person appearing before it. *See* (App. to Defs.' Br., at A-00153, ¶ 4.14 (explaining that the Board may "identify DoD or Air Force policies, instructions, guidance or practices that are leading to" errors, but in no way authorizing the Board to invalidate or even recommend invalidation to the Secretary of the Air Force or the Secretary of the Department of Defense)). An AFBCMR appeal would further be futile because the Secretary of the Air Force is not bound by the decision: as Defendants acknowledge, any relief of reinstatement or back pay would be made "in conjunction with the Secretary"; she may disapprove or overturn such relief. *See* (App. to Defs.' Br., at A-00153, ¶ 5) (explaining what happens "[i]f the SAF or delegee does not accept the Board's *recommendation*" (emphasis added))).

Defendants assert that, under *Guerra*, exhaustion is required even when the AFBCMR cannot afford full relief. (Defs.' Br., at 8). But Defendants ignore an important distinction between that case and this one: in *Guerra*, considerations of efficiency and expertise outweighed the consequences of delay to the plaintiff, and therefore favored giving the agency the first shot. 942 F.2d at 276-77. But here, the same considerations weigh against an exhaustion requirement. The *Guerra* court required an appeal to the ABCMR not only because some relief could be awarded, but primarily because "the consequences of delay[ing review by the court] . . . [was] outweighed by the considerations of efficiency and agency expertise in requiring exhaustion." *Id.* The *Guerra* court distinguished *United States ex rel. Brooks v. Clifford*, 412 F.2d 1137, 1139-41 (4th Cir. 1969), where the consequences of delay *did* outweigh the considerations of

efficiency and agency expertise. *Guerra*, 942 F.2d at 276-77. In *Clifford*, the plaintiff “did not have to exhaust his administrative remedies” because “[his] remedy before the ABCMR . . . was inadequate because he would be required to litigate administratively, all the while being required to engage in conduct inimical to his conscience” as a conscientious objector. *Guerra*, 942 F.2d at 277. Thus, an exception to the exhaustion requirement was warranted, even though the AFBCMR would have been able to afford some relief. *Id.*

The same considerations compel the conclusion that excusing any exhaustion requirement is warranted here as well. The AFBCMR does not have any expertise—and Defendants have shown none—in evaluating Air Force regulations or actions under the U.S. Constitution or APA. This Court does, however. Further, review by the AFBCMR will take almost two years (Perkowski Decl., at ¶ 6-12 (Ex. C)), during which Roe and Voe will be separated while awaiting the outcome. *Clifford*, 412 F.2d at 1141 (petitioner would be burdened by delaying litigation for the at least four months it would have taken the ABCMR to decide appeal). Even after the AFBCMR is done, this Court will *still* have to take up the case, because the Board will not consider, much less adjudicate, facial challenges to the validity of Defendants’ regulations. In the dichotomy acknowledged in *Guerra*, this case falls squarely on the side of excusing an exhaustion requirement, given that the AFBCMR cannot afford Plaintiffs their requested relief, and the burden of being separated while awaiting the AFBCMR’s decision.

Appeal to the AFBCMR is not necessary under Supreme Court precedent. Further, such appeal is voluntary, not required, so there is no failure to exhaust. If there is, this Court should excuse Plaintiffs from appealing to the AFBCMR, because appeal would be futile and the burden of delay outweighs considerations of efficiency and agency expertise.

**B. The Constitutionality and Legality of Defendants’ Retention and Deployment Policies for People Living with HIV Are Not Military Judgments Insulated from Judicial Review**

Defendants are also wrong that Plaintiffs’ claims raise a non-justiciable military controversy. Plaintiffs’ claims are not insulated from judicial review merely because they involve military decisions. As to the constitutional claims, this Court has already rejected Defendants’ arguments. *See* (Mot. Hr’g Tr. at 16, *Harrison*, ECF No. 97). Like the constitutional claims, Plaintiffs’ APA claims challenge the policies themselves, not merely the result of their application to Roe and Voe. Therefore, regardless of the test applied on the question of justiciability, Plaintiffs’ claims are justiciable, and the Court should reject Defendants’ motion to dismiss Plaintiffs’ constitutional and APA claims on these grounds.

**1. This Court Has Already Rejected Defendants’ *Mindes* Arguments as to Plaintiffs’ Equal Protection Claims**

This Court has already rejected Defendants’ non-justiciability argument as it applies to Plaintiffs’ equal protection claims. *See* Mot. Hr’g Tr. at 16, *Harrison*, ECF No. 97. Defendants in *Harrison*, two of whom—the Secretary of Defense and the Department of Defense—are also Defendants here, argued that *Harrison*’s claims against the military’s deployment and accessions policies for people living with HIV involve “quintessential military judgment[s] about the qualifications necessary for appointment as a commissioned officer,” and were therefore nonjusticiable. Defs.’ Opp. to Pls.’ Mot. for Prelim. Inj. at 1, *Harrison*, ECF No. 40. Despite Defendants’ objections, this Court was satisfied it had jurisdiction to continue to adjudicate the case. *See* Mot. Hr’g Tr. at 16, *Harrison*, ECF No. 97. As in *Harrison*, although the Court will “give due deference to the military when they make these types of decisions, that does not mean that the military is immune from judicial review.” *Id.* Accordingly, the Court should deny Defendants’ motion to dismiss on this ground, just as it did in *Harrison*.

## 2. Plaintiffs' APA Claims Are Also Justiciable

Plaintiffs' APA claims are also justiciable. *Mindes* is questionable precedent that should not be applied here. Even if it were applied, evaluating the *Mindes* factors compels the conclusion that Plaintiffs' APA claims are justiciable.

This Court should not apply *Mindes* because, as was recognized at a hearing in *Harrison*, the analysis in *Mindes* has been widely criticized and is, at best, on uncertain ground. *See* Mot. Hr'g Tr. at 16, *Harrison*, ECF No. 97. Various circuits—including the Fourth—have questioned or rejected it. *See Aikens v. Ingram*, 811 F.3d 643, 648 (4th Cir. 2016) (noting that there is a question regarding the continued viability of *Mindes*); *Dillard v. Brown*, 652 F.2d 316, 323 (3d Cir. 1981) (rejecting the *Mindes* formulation because it “intertwines the concept of justiciability with the standards to be applied to the merits of the case”); *Knutson v. Wis. Air Nat'l Guard*, 995 F.2d 765, 768 (7th Cir. 1993) (adopting the Third Circuit's logic); *Watson v. Ark. Nat'l Guard*, 886 F.2d 1004, 1009 (8th Cir. 1989) (rejecting *Mindes* analysis as “unpredictable” and “not a viable statement of the law”); *Dibble v. Fenimore*, 339 F.3d 120, 126-128 (2d Cir. 2003) (following *Knutson*). It should not be applied here either.

But Plaintiffs' APA claims would be justiciable even if *Mindes* applied. As Defendants acknowledge, *Mindes* begins with a two-part threshold inquiry, followed by a balancing of four considerations. (Defs.' Br., at 7-9). Plaintiffs' claims and request for injunctive relief meet the requirements for justiciability in each phase of the *Mindes* analysis.

The *Mindes* threshold requirements for justiciability are: (a) that there be an allegation of the deprivation of a constitutional right or a violation of statute or military regulation; and (b) that intraservice remedies and corrective measures be exhausted. *Mindes v. Seaman*, 453 F.2d 197, 201 (5th Cir. 1971). Defendants do not deny that Plaintiffs have alleged the violation of a

statute or military regulation (Defs.' Br., at 7-9); and as already illustrated, intraservice remedies and corrective measures have been sufficiently exhausted. *See supra* Part I.A.

Having satisfied the threshold inquiries, application of the *Mindes* phase-two balancing test to Plaintiffs' APA claims demonstrates they are justiciable. In this phase, the court weighs four factors: (1) nature and strength of plaintiff's claim; (2) potential injury to the plaintiff if review is refused; (3) type and degree of anticipated interference with the military function; and (4) extent to which the exercise of military expertise or discretion is involved. *Mindes*, 453 F.2d at 201-02. Like the threshold inquiries under *Mindes*, the four-part balancing test demonstrates justiciability of Plaintiffs' claims.

*First*, the nature and strength of Plaintiffs' claims support review. Plaintiffs are not challenging mere "haircut regulations." *Mindes*, 453 F.2d at 201. Rather, Plaintiffs' claims affect the ability of people living with HIV to serve in the military, to deploy, and thereby to advance their military careers. *See* Mot. Hr'g Tr. at 16, *Harrison*, ECF No. 97 (noting the "very significant issues involved" in a case challenging the military's HIV-related policies). Plaintiffs' claims not only have gravitas, they are strong. Plaintiffs will be able to demonstrate that Defendants' discriminatory policies do not comport with current HIV medical science and that the decisions to separate them, based on those seriously flawed policies, were impermissibly arbitrary, capricious, and otherwise contrary to law. *See infra* Part II.B.2

*Second*, the potential injury to Plaintiffs also weighs in favor of justiciability. Despite Defendants' contention that "Plaintiffs will not suffer significant injury if their claims are dismissed" (Defs.' Br., at 11), Plaintiffs have shown they will suffer significant and irreparable harm as a result of the Air Force's decisions to separate them. *See infra* Part II.A (describing harm to Plaintiffs in greater detail).

The *third* and *fourth Mindes* factors also weigh in favor of the Court's jurisdiction over this case. Defendants argue that "[w]hether and how individuals may serve in this military is a central strategic calculation for which the Court has no expertise," (Defs'. Br., at 12), misconstrues the central premise of Plaintiffs' complaint. This Court undoubtedly has the requisite expertise to adjudicate allegations that Defendants' policies draw arbitrary and capricious distinctions and result in decisions that are arbitrary, capricious, and contrary to law. Individualized determinations about a particular Airman's fitness for certain service duties may involve professional military judgment, but such deference is inappropriate for categorical determinations about classes of people, particularly where the claim before the court is that the targeted trait bears no relationship to fitness to serve. Carried to its logical extent, Defendants' position would allow the military to have race-based, sex-based, and religious-based assignment, promotion, and discharge standards with no recourse for those affected by such discriminatory policies. *Mindes* itself implicitly rejects such a bright line rule. 453 F.2d at 199.

Moreover, Defendants ignore the long list of challenges to accession, commission, assignment, promotion, and discharge regulations that courts have found justiciable. *See, e.g., Dillard v. Brown*, 652 F.2d 316, 323-24 (3d Cir. 1981) (holding that review of regulation forbidding the enlistment of single parents with minor dependent children was justiciable); *Serv. Women's Action Network v. Mattis* ("SWAN"), 320 F. Supp. 3d 1082, 1097 (N.D. Cal. 2018) (holding challenge to policies segregating females was justiciable under *Mindes*); *Owens v. Brown*, 455 F. Supp. 291, 300 (D.D.C. 1978) (holding challenge to statute preventing females from being assigned to Navy vessels was justiciable).

Rather than adopting the interpretation and application of *Mindes* Defendants propose—under which the military could escape judicial review for any unconstitutional or illegal

regulation by asserting that it is a matter of “professional military judgment”—the “proper assessment of the degree of interference threatened by a lawsuit is informed by whether the Court will be . . . called upon to take on a comprehensive, ongoing supervisory role, displacing military management over a broad range of policy decisions (as in *Gilligan* [*v. Morgan*, 413 U.S. 1 (1973)]).” *SWAN*, 320 F. Supp. 3d at 1095. Under this assessment, “[c]ourts are more likely to intrude into military matters where the military fails to follow its own regulations or where the regulations themselves are challenged on constitutional grounds, than in cases where individual personnel decisions are called into question.” *Culbreth v. Ingram*, 389 F. Supp. 2d 668, 676-77 (E.D.N.C. 2005). Plaintiffs’ case reflects the former, not the latter.

Further, Plaintiffs’ requested relief does not require ongoing supervision of military actions. Under the APA, Plaintiffs seek a declaratory judgment that Defendants’ current policies regarding the retention and separation of Service members living HIV are impermissibly arbitrary and capricious, and ask the Court to vacate the decisions to discharge Roe and Voe as arbitrary, capricious and contrary to law. (Compl., at 30-31). This does not give the court an ongoing supervisory role over a broad range of policy decisions. Plaintiffs’ claims and requested relief therefore would not “vest virtual control of [the military] in federal court.” *Dillard*, 652 F.2d at 321.

Nor would the requested relief require the Court to re-review the discrete, individualized personnel judgments of many people going forward, because these decisions would subsequently be made by the Air Force without application of the arbitrary and capricious policies pertaining to people living with HIV. Plaintiffs seek judicial review of the legality of the DoD’s and Air Force’s regulations affecting people with HIV as a class—something the “courts are uniquely

qualified to perform.” *Dibble*, 339 F.3d at 127. With factors three and four in their corner, all of the *Mindes* factors weigh in favor of the justiciability of Plaintiffs’ APA claims.

**C. Roe, Voe, and OutServe All Have Standing**

In *Harrison*, the Government argued that the plaintiff lacked standing because he had not yet been discharged—an argument this Court aptly rejected. *Compare* Defs.’ Opp. to Pls.’ Mot. for Prelim. Inj. at 20-21, *Harrison*, ECF No. 43, with Mot. Hr’g Tr. at 16, *Harrison*, ECF No. 97 (upholding jurisdiction). Defendants go even further in this case, arguing that Roe and Voe lack standing even though their discharges are imminent. In fact, this is *textbook* Article III standing: Roe and Voe’s impending discharges: (1) represent an “actual or imminent injury” that is “concrete, particularized, and not conjectural”; (2) are “fairly traceable” to Defendants’ policies; and (3) are likely to be redressed by a favorable decision. *See, e.g., Lujan v. Defenders of Wildlife*, 504 U.S. 555, 560-61 (1992). And because Defendants concede that OutServe has standing if Roe and Voe do, their argument on that front fails as well.

**1. Roe and Voe Have Standing Because Their Imminent Discharges Are Injuries in Fact That This Court Can Redress**

Defendants argue that Roe and Voe have not suffered a constitutional injury because they have no “‘legally protected interest’ in continued service beyond their current terms of enlistment.” (Defs.’ Br., at 14). Re-characterizing their impending discharges this way is misleading. While Plaintiffs have both averred they would have reenlisted had they not been in the process of being separated, (Exs. A5 & B3 to Pls.’ Mot. for Prelim. Inj., ECF No. 44), Roe and Voe are not asking this Court to require the military to reenlist them. Rather, they are demanding—as in any other case of wrongful termination—not to be unlawfully discharged and to be returned to the status and position each was in prior to the discriminatory and illegal conduct resulting in separation. By depriving Roe and Voe of their continued service,

Defendants have deprived them of an economic interest, which alone satisfies the injury requirement of standing. *See Roe I v. Prince William County*, 525 F. Supp. 2d 799, 806 (E.D. Va. 2007) (“Economic loss, whether actual or anticipated, is an injury in fact and can provide standing when there is a causal connection between the conduct complained of and that loss.”).

The argument that Roe and Voe have no standing because their current terms of enlistment have already expired is a Catch-22, as their terms have expired only because Defendants’ illegal policies forced them into the medical discharge process and prevented them from reenlisting.<sup>2</sup> Defendants cannot erect a procedural roadblock atop a challenged policy, and then claim the challenged policy prevents them from removing that roadblock.

Defendants further argue that Roe and Voe also lack standing because their injuries cannot be redressed, as even a favorable decision is no guarantee of reenlistment because their applications could be denied on “unrelated grounds.” (Defs.’ Br., at 14-15). However, “Plaintiffs need not show that a favorable decision will relieve their every injury.” *Deal v. Mercer Cty. Bd. of Educ.*, 911 F.3d 183, 189 (4th Cir. 2018). “The removal of even one obstacle to the exercise of one’s rights, even if other barriers remain, is sufficient to show redressability.” *Sierra Club v. U.S. Dep’t of Interior*, 899 F.3d 260, 285 (4th Cir. 2018). Plaintiffs are not challenging the procedural intricacies of the reenlistment process—they are challenging the decisions and policies regarding *their HIV status* that have prevented them from engaging in that

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<sup>2</sup> Although Plaintiffs assert that their unlawful discharges, separate and apart from any ability to re-enlist, are sufficient injury to establish standing, Plaintiffs are confident they would have been able to re-enlist but for the Air Force’s arbitrary decisions to discharge them based on their HIV status. Both Plaintiffs have been assured by their commands that they would have been and will be recommended for and selected for reenlistment. (Ex. A, ¶ 2; Ex. B, ¶ 2). Reenlistment is a command decision; if an Airman’s commander approves reenlistment, nothing more is needed. *See* (App. to Defs.’ Br., at A00159-293, ¶ 2.6.3.4, ¶ 2.6.11.2).

process in the first place. *See, e.g.*, (Compl., ¶¶ 4, 11-13, 15-16). Should the Air Force find an unrelated, constitutionally permissible (i.e., *non-pretextual*) reason to deny their applications for reenlistment, that would not be the concern of this Court or this litigation. Removing the challenged policies would alleviate a distinct and significant injury to Roe and Voe, and that is enough to satisfy the redressability requirement of standing. *See Larson v. Valente*, 456 U.S. 228, 243 n.15 (1982) (rejecting argument that redressability requires that there be “no other means” by which defendant can act against plaintiff).

## **2. OutServe’s Standing Is Independent of Roe’s and Voe’s**

This Court correctly noted in *Harrison* that OutServe had organizational standing to advance the issues raised by the case on behalf of its other members, and the same is true here. *See* Mot. Hr’g Tr. at 18, *Harrison*, ECF No. 97. An organization has standing to bring suit on behalf of its individual members if: (1) its members would otherwise have standing to sue in their own right, (2) the interests it seeks to protect are germane to the organization’s purpose, and (3) neither the claim asserted nor the relief requested requires the participation of individual members in the lawsuit.” *Hunt v. Wash. State Apple Advert. Comm’n*, 432 U.S. 333, 343 (1977). OutServe’s purpose as a legal organization for LGBT service members and veterans is germane to the interests it seeks to protect in this case. (Compl., ¶¶ 24-27; Ex. C to Pls.’ Mot. for Prelim. Inj. ¶¶ 3-5, ECF No. 44). Furthermore, as this Court stated in *Harrison*, the claims asserted could proceed without the participation of the individual plaintiff(s). Mot. Hr’g Tr. at 18, *Harrison*, ECF No. 97. Defendants challenge only the first prong of the organizational standing test; that is, their argument that OutServe lacks standing is entirely contingent upon the success of their argument that Roe and Voe lack standing. (Defs.’ Br., at 15-16). Accordingly, if Roe and Voe have standing, so does OutServe. *See Retail Indus. Leaders Ass’n v. Fielder*, 475 F.3d

180, 186 (4th Cir. 2007) (“[organizational] standing may exist even when just one of the association’s members would have standing”).

Even though Roe’s and Voe’s standing is sufficient to give OutServe standing, it is not necessary—OutServe would have standing even if they did not. Defendants’ argument that Roe and Voe are the only members who can sustain organizational standing for OutServe because they are the only OutServe members named in the complaint does not reflect the law of this circuit. *See, e.g., Sierra Club v. U.S. Dep’t of Interior*, 899 F.3d 260, 283 (4th Cir. 2018) (affidavits from non-party members of plaintiff organization were sufficient to demonstrate injury in fact when determining organizational standing). As the Defendants’ submissions make clear, other Airmen living with HIV—whose interests OutServe represents—are also being discriminated against and harmed by the challenged policies. *See* (Ex. C at ¶¶ 8-29 & Exs. C1, C2, C3, & C4 to Pls.’ Mot. For Prelim. Inj., ECF No. 40). Furthermore, many of these Airmen have not yet reached the end of their terms of service, so Defendants’ reenlistment arguments are entirely ineffective with respect to these individuals. *See* (Perkowski Decl., ¶ 18). Defendants do not challenge the fact that these Airmen would “otherwise have standing to sue in their own right.” Therefore, the first prong of the test is satisfied and OutServe has organizational standing to bring these claims.

## **II. A PRELIMINARY INJUNCTION IS WARRANTED.**

In opposing a preliminary injunction, Defendants challenge primarily whether Plaintiffs have demonstrated they are “likely to suffer irreparable harm” without an injunction, and that they are “likely to succeed on the merits” of their equal protection and APA challenges. (Defs.’ Br., at 16-28). Plaintiffs have the better arguments.

**A. Discharging Airmen Living with HIV Will Cause Imminent and Irreparable Harm**

Plaintiffs Roe and Voe and other similarly situated Airmen will be irreparably harmed if they are discharged. Defendants' argument to the contrary rests on the faulty assumptions that the records correction process offers them any meaningful relief—a notion dispelled above, *see supra* Part I.A—and that their discharges present no negative consequences. (Defs.' Br., at 18-19). Because both of these assumptions are false, Defendants' argument regarding a lack of irreparable harm fails.

The harms to Plaintiffs Roe and Voe—and others similarly situated—are serious, broad ranging, and cannot be retroactively remedied. In an effort to narrow the true scope of the likely harms to Roe and Voe, Defendants focus entirely on the availability of health care, ignoring the other harms likely to befall them: the end of lifelong dreams of military service, abrupt halts to promising careers, loss of financial livelihoods, potential relocation, and the very real risk that explaining the untimely discharge may force them to disclose their HIV status and face the stigma, ostracism, and (additional) discrimination that too often results. (Compl., ¶¶ 6, 57, 74, 87-88, 90; Pls.' Br., at 7, 9, 11, 27-28; Ex. C. to Pls.' Mot. for Prelim. Inj., at ¶ 4, ECF No. 44). The loss of access to healthcare for a person living with HIV *is* particularly distressing, but these other harms are also very serious and cannot be remedied retroactively by a decision of this Court. *See, e.g., Elzie v. Apsin*, 841 F. Supp. 439, 443 (D.D.C. 1993) (finding irreparable injury where “the stigma of being removed from active duty . . . and labeled unfit for service solely on the basis of his sexual orientation, a criterion which has no bearing on his ability to perform his job”). Furthermore, Defendants' attempts to minimize the importance of healthcare to people living with HIV based on the Supreme Court's decision to grant a stay on the preliminary injunction against the ban on the service of transgender individuals falls flat for two reasons: the

Supreme Court did not rely upon an analysis of whether the denial of healthcare could be an irreparable harm to transgender service members, and the Court was not addressing the importance of access to healthcare for people living with HIV. *Karnoski v. Trump*, No. 18A625, 2019 WL 271944 (U.S. Jan 22, 2019). Even if the harms to Plaintiffs were subject to a heightened standard in the context of an injunction against the military, as Defendants claim they should be, *see* (Defs.Br., at 17-18), the harms asserted would be the sort of “exceptional circumstances” in which enjoining discharge proceedings is necessary. *Chilcott v. Orr*, 747 F.2d 29, 33 (1st Cir. 1984).

Furthermore, the harms to Roe and Voe, and at least four others, are imminent. Voe is scheduled to be discharged on February 25, 2019—mere weeks from now—and Roe’s discharge will follow in March 2019. *See* (Defs.’ Br., at 5). If the Air Force continues with what appears to be its new policy regarding Airmen living with HIV—perhaps prompted by the new “Deploy or Get Out” policy (DoDI 1332.45) or some other unknown motivation—hundreds of Airmen with HIV could be separated in the coming months based on their allegedly limited deployability. *See* (Compl., ¶ 12). The harms alleged in this case are not speculative, but are concrete and pressing for Roe, Voe, the other Airmen identified in the declaration of Peter Perkowski. *See supra* Part 1.C.2. That Defendants would attempt to claim otherwise is curious, as they themselves suggested in *Harrison* that a discharge *would* constitute irreparable harm. *See, e.g.*, Mot. Hr’g Tr. at 12, *Harrison*, ECF No. 97 (“[T]here’s absolutely no threat of imminent or immediate harm that he’ll be discharged at any time in the future.”).

Contrary to Defendants contention, *Guerra* does not control here because the balance of equities in *Guerra* is fundamentally different. The plaintiff in *Guerra*—who was asking the Army to “exercise its discretion” and refrain from discharging him despite his admitted drug

use—focused his arguments on the procedural process that led to his discharge. *See* 942 F.2d at 275. Here, however, Plaintiffs argue that the policies under which the discharge decisions were rendered are unlawful and/or were applied unlawfully. *See* (Compl., at ¶ 16); *see also, e.g., id.*, at ¶ 48. The discharge of Airmen living with HIV by the Air Force as a result of discriminatory and inconsistently applied policies is different in kind from the discharge in *Guerra*, where the plaintiff was requesting leniency for *admitted* misconduct.

**B. Plaintiffs’ Claims Are Likely to Succeed on the Merits**

Because every member of the Air Force living with HIV is deemed to have limited deployability, and limited deployability was the sole basis for the decisions to discharge Roe and Voe, Plaintiffs are likely to succeed on the merits of the APA claim challenging the Air Force’s decision to separate them—the injunctive relief sought by this motion. While Plaintiffs are also likely to succeed on the merits of their constitutional and APA claims regarding the illegality of policies that prevent them from deploying worldwide, they need not show a likelihood of success on those claims to obtain the preliminary injunctive relief they are seeking here.

**1. Plaintiffs Are Likely to Succeed on the APA Claim Against Defendants’ Decisions to Separate Them**

To obtain the preliminary injunction they seek, Plaintiffs need only demonstrate they are likely to succeed on the merits of a claim entitling them to retention in the Air Force. Plaintiffs can readily demonstrate the requisite likelihood of success in their APA claim asserting that the decisions to separate Roe and Voe are arbitrary, capricious, and contrary to law because they violate the Air Force regulation preventing the separation of Service members based solely on their HIV-positive status. In their opposition papers, Defendants attempt to justify the violations of the Air Force regulation by pointing to the purported limitations on Voe’ and Roe’s deployability as a distinct and additional basis for their discharges. (Defs. Br., at 22-23). Setting

aside (for the moment) the validity and legality of those purported limitations on their deployability, Defendants' semantic and rhetorical contortions to turn limited deployability—a characterization/attribute of *every single member* of the Air Force living with HIV—into a distinct and additional basis for Plaintiffs' discharges, quite simply fail.

Anticipating this argument, Plaintiffs explained in their opening brief that their classification as “not worldwide deployable” stems solely from their HIV diagnoses and therefore cannot be used as a justification for discharge *in addition* to their HIV diagnoses. (Pls.' Br., at 19-21). Defendants did nothing to bolster their argument in their opposition brief, and appear only to have dug the hole they are in a bit deeper. While admitting that “a service member cannot be separated solely on the basis” of an HIV diagnosis, Defendants correctly aver that a service member must nonetheless be able to “reasonably perform the duties of his or her office, grade, rank or rating” to sustain a finding that the member is fit for continued service. (Defs.' Br. at 22). Under DoDI 1332.18, among the factors considered in determining whether a service member can reasonably perform the duties of his or her office, grade, rank or rating—Defendants helpfully point out—is “whether the service member is ‘deployable individually or as part of a unit, with or without prior notification, to any vessel or location’ specified by the service[.]” *See* (Defs.' Br. at 23); (App. to Defs.' Br. at A-00031, 2, ¶ 4.a.3).

Defendants' argument proves Plaintiffs' point. According to the regulations on which they are purportedly relying to discharge Roe and Voe, *every single member of the Air Force living with HIV* would be discharged. And under their own policies, which classify every member living with HIV as less than worldwide deployable, there are *no* members with HIV who are “deployable . . . to *any vessel or location*” specified by the Air Force. *See* (App. to Defs.' Br. at A-00031, 2, ¶ 4.a.3) (emphasis added). However, Defendants admit that they apply

this policy inconsistently; they have retained other Airman living with HIV notwithstanding the limitations on their deployability that serve as the sole justification for the separation of Plaintiffs Roe and Voe. (Pls.' Br., at 22); (Defs.' Br., at 27). Thus, not only are Defendants' regulations themselves impermissibly arbitrary as a facial matter, but Defendants' inconsistent approach to their enforcement is also arbitrary, capricious, or contrary to law.

Decision-making based on the particular position held by an Airman at the time of an HIV diagnosis and the likelihood that particular position will require deployment is not described or authorized by any of the regulations at issue. In fact, the regulations cited by Defendants state that deployability is a consideration equally relevant to *all* Airmen when determining whether they can reasonably perform their duties. *See* (App. to Defs.' Br., at A-00031, ¶ 4.a). Thus, the Court should reject Defendants' efforts to create meaningful distinctions where none exist. Roe and Voe are being separated based solely on their HIV status, while others with HIV and the same limited deployability are being retained. That is arbitrary and capricious, in violation of the APA.

The discharge decisions for Roe and Voe that resulted from the sham process of the DES were not only arbitrary and capricious, but were also inconsistent with the DoD's and Air Force's other regulations and are therefore "not in accordance with law" under the APA. *See Thomas Jefferson Univ. v. Shalala*, 512 U.S. 504, 512 (1994); *see also New York v. U.S. Dep't of Commerce*, --- F. Supp. 3d ---, 2019 WL 190285, at \*112 (S.D.N.Y. Jan. 15, 2019) ("A court cannot sustain agency action founded on a pretextual or sham justification that conceals the true basis for the decision."). For this reason alone, they "must be set aside." *J.E.C.M. ex rel. Saravia v. Lloyd*, --- F. Supp. 3d ---, 2018 WL 6004672, at \*13 (E.D. Va. 2018) (Brinkema, J.) (ruling that plaintiffs plausibly alleged that the Office of Refugee Resettlement had acted

arbitrarily, capriciously, and contrary to law by failing to consider an important aspect of the problem, because the agency's actions were motivated by considerations Congress had not intended it to consider, and by violating the agency's own agreement).

**2. Plaintiffs Are Also Likely to Prevail on Their Constitutional and APA Claims Challenging the Policies Restricting Their Deployability**

Though not necessary to sustain the preliminary injunction preventing their separation from the Air Force, Plaintiffs can also demonstrate a likelihood of success on the merits of their claims challenging the validity of regulations restricting the deployment of people living with HIV. In attempting to justify these restrictions, Defendants assert that: it is not as easy to provide healthcare to people living with HIV as Plaintiffs aver; the risks of transmission are greater than Plaintiffs recognize; and only a military commander can determine whether a particular condition renders a member ineligible for deployment. *See* (Defs.' Br., at 21-27). As presented in their brief, these arguments serve primarily to demonstrate Defendants' (and their agents') lack of understanding regarding the current medical science—as well as their entrenched resistance to acknowledging and incorporating widely accepted medical facts, understandings, and protocols regarding HIV care, treatment, transmission, and the prognosis for those receiving appropriate care.

As a preliminary matter, Plaintiffs reiterate that, for purposes of this motion, they are not staking their assertions of a likelihood of success on the equal protection claim to review of the regulations under heightened scrutiny. (Pls.' Br., at 13-18). While Plaintiffs remain firmly convinced that people living with HIV meet all of the criteria for a suspect classification entitled to heightened scrutiny, *see* (Pls.' Br., at 13 n.3)—and look forward to making those arguments at a hearing or trial—such a showing is not necessary for purposes of this motion. Because Defendants' justifications for the disparate treatment of people living with HIV are not even

rationally related to a legitimate governmental interest, they violate the equal protection guarantees of the Constitution. For these reasons, Plaintiffs are likely to succeed on the merits of their constitutional claims, as well as their APA claims regarding deployment.

Plaintiffs will be able to establish that providing healthcare to people living with HIV is no more difficult than providing care to people with other chronic conditions that the military does not consider deployment limiting. Mere assertions that Airmen living with HIV in a deployed environment “must take daily action” (i.e., swallow a pill) to remain healthy or that “[t]his need for regular treatment and monitoring *could* impair the ability of an HIV-positive member to serve worldwide,” *see* (Defs.’ Br., at 21), are meaningless in the context of equal protection if comparator conditions are not juxtaposed and evaluated by the same criteria for assessing deployability. Other conditions that require “daily action” similar to and sometimes more burdensome than that required for HIV, such as hypertension and dyslipidemia, do not limit deployability. *See* (Compl., at ¶¶ 2, 54-55, 59, 80, 95; Pls.’ Br., at 4, 15-18, 22-23). And the loss of one’s inhaler or eyeglasses could impair a service member’s ability to serve, but neither asthma requiring use of an inhaler nor poor vision (correctable with prescription eyeglasses) limit a member’s deployability. *See* (Ex. H to Pls. Mot. for Prelim. Inj., at 11, ¶ d; *Id.* at 12, ¶ f.2). In fact, a witness for the Defendants has now testified that two members of the Army Special Forces, some of the most “forward” deployed units, have received waivers to deploy while living with HIV, and the Army is nonetheless able to provide them with the care they need. *See* Ex. 4 to Pls.’ Mot. to Compel at 193-197, *Harrison*, ECF No. 110. Plaintiffs are therefore likely to succeed on the merits by laying bare the irrationality of Defendants’ policies.

Furthermore, rather than supporting their position, the medical science to which Defendants cite in their brief calls into question whether Defendants have even a basic

understanding of the healthcare provided to people living with HIV and the important differences between HIV treatment and HIV prophylaxis. The CDC study Defendants cite in their brief is discussing the relative merits of providing HIV prophylaxis—referred to as pre-exposure prophylaxis or “PrEP”—to service members at higher risk for HIV, not the treatment of service members living with HIV. *See* (Defs.’ Br., at 21; App. to Defs.’ Br., at A-00434). And there are important differences between these healthcare protocols.

Defendants suggest that Airmen with HIV would require medical monitoring at three month intervals. (Defs.’ Br., at 22). However, people living with HIV who are stable in treatment need follow-up evaluations only every six months, whereas those taking PrEP require such follow-up evaluations—including blood tests—every three months. (Hardy Decl. at ¶ 21 (Ex. D)). Furthermore, people taking PrEP require regular “three-site” testing for sexually transmitted infections (STIs)—the presence of which increases the risk of HIV acquisition; whereas people living with HIV are offered such testing on the same basis as others in the general population who are not living with HIV and not on PrEP. *Id.* at ¶ 22. This is because the risk profile for other STIs for people taking PrEP is by definition higher. *Id.* It is therefore especially important that people not continue taking PrEP if they have acquired HIV; otherwise, resistance to the classes of medication contained in Truvada (the only medication approved for PrEP in the U.S.) may develop. *Id.*

Defendants have actually helped Plaintiffs demonstrate a likelihood of success on the merits by highlighting the provision of PrEP to service members. Despite the *greater* degree of healthcare required for those taking PrEP—as compared to those living with HIV—various branches of the military are in the process of rolling out protocols for providing PrEP to service members at higher risk, including to some deployed service members. *Id.* at ¶ 20. While

Defendants apparently believe they are able to provide the care required to support the deployment of Airmen taking PrEP, they continue to cite the less burdensome care for deployed Airmen with HIV as far too much of a burden for them to shoulder.

Similarly, Defendants misunderstand and inflate the risks associated with treatment interruption. While it is true that a person who stops taking their HIV medications will eventually experience a rebound in their HIV viral load, that process generally takes weeks before the viral load reaches a clinically significant level. *Id.* at ¶ 14. And even with a clinically significant viral load, a person could go months or years without experiencing symptoms or a noticeable deterioration in their immunological health. *Id.* Furthermore, the risk of “battlefield transmission,” as Defendants call it, is merely theoretical and does not turn on the viral load of the person with HIV. *See* (Ex. F to Pls.’ Mot. for Prelim. Inj., at ¶¶ 21, ECF No. 40). While it is believed that an undetectable or suppressed viral load would reduce to zero whatever theoretical risk may exist in such situations, it is still only a theoretical (i.e., not documented) risk of transmission on the battlefield. *Id.* Though Plaintiffs contend that treatment interruptions that could produce an elevated viral load are unlikely to occur to a deployed member of the Armed Services, (Hardy Decl. at ¶ 3, 18 (Ex. D)) (explaining that commonly prescribed HIV medications do not require special handling, storage, or other requirements and can tolerate hard conditions like hot or cold stress and sunlight; that taking the medication once or twice a day requires very little time; and that, relatively, providing health care and treatment to deployed Airmen living with HIV is easier than providing PrEP to deployed Service members), Defendants adopt irrational hyperbole when characterizing the consequences of such treatment interruptions for deployed Airmen.

The purported risk of transmission from a person living with HIV through a transfusion is even more over-exaggerated. The safety concerns over battlefield transfusions (as distinguished from “battlefield transmissions”) referenced by Defendants are the result of people who *don’t know* they are living with HIV (or another blood-borne pathogen). People living with HIV know they cannot donate blood or plasma—and Airmen living with HIV certainly would not endanger their fellow Service members by doing so. Further, any risk of even an accidental donation could be avoided simply by issuing HIV-positive Service members a “Red Medical Alert” identification tag, a protocol already employed with respect to Service members with other medical conditions, including allergies, that render them ineligible to donate blood. *See* AFI 36-3802, ¶ 9.3. (Ex. G, ¶ 9.3) (stating that “Home station Medical Treatment Facilities will provide deploying personnel, with a documented medical allergic condition, a Red Medical Alert ID tag); (App. to Defs.’ Br., at A-00351, ¶ 15.E.4 (“Deploying personnel requiring red medical warning tags (medication allergies, G6PD deficiency, diabetes, sickle cell disease, etc.) will deploy with red medical warning tags to be worn in conjunction with their personal identification tags.”)). Defendants’ alleged concerns over transmission through blood transfusions serves only to underscore the irrationality of their outdated, unwarranted, unjustifiable, and fear-based regulations.

Finally, the notion that military commanders are in the best position to determine when it is safe and appropriate for a person living with HIV to deploy to a particular zone or post is not supported by the individual and collective treatment of people living with HIV in the military. Military commanders are not immune to the misconceptions, unwarranted fears, stigma, prejudice, and discrimination that permeate society with respect to HIV and the people living with it. These misguided and unacceptable motivating factors not only inevitably affect the

individualized determinations that Defendants expect military commanders to make, but they are imbedded within the system itself. The Court need look no further than the DoD's own regulations to demonstrate the unequal treatment of Service members with HIV. CENTCOM MOD 13, *see* (App. to Defs.' Br., at A-00342-63), governs deployments to the Central Command—the area that Defendants aver to which “the majority of” Airmen will need to deploy. (Defs.' Br., at 5). The regulation states that members must bring a six-month supply of any needed medication, and refills are handled by mail order. (App. to Defs.' Br., at A-00349, ¶ 15.D.1). This requirement is no more onerous for people with HIV than for people with other conditions. Furthermore, Tab A to CENTCOM MOD 13, governing fitness standards for deployment to that AOR, sets forth a long list of conditions that are disqualifying for a CENTCOM deployment, including diabetes, migraines, sleep apnea, asthma, and sleep disorder. *See* (Ex. E). It is arbitrary and irrational that Defendants separate Service members with HIV for being unable to deploy to CENTCOM, but not Service members with these other conditions. This Court is empowered to “ensure that the agency has examined the relevant data and articulated a satisfactory explanation for its action.” *Defenders of Wildlife v. North Carolina Dep't of Transp.*, 762 F.3d 374, 396 (4th Cir. 2014) (quoting *FCC v. Fox Television Stations, Inc.*, 556 U.S. 502, 513 (2009)). So far, Defendants have offered few relevant scientific facts to justify their policies—especially when compared with Plaintiffs' well supported and medically sound contentions that those policies are irrational, arbitrary and capricious. (Compl., ¶¶ 2, 49-56, 59, 80, 95; Pls.' Br., at 2-4, 7, 9-10, 13-18, 22-23, 26.); *see Motor Vehicles Mfrs. Ass'n of U.S., Inc. v. State Farm Mut. Auto. Ins. Co.*, 463 U.S. 29, 43 (1983) (agency action is arbitrary and capricious if it lacks “a rational connection between the facts found and the choice made”).

### C. The Other Equitable Factors Weigh In Favor of Injunctive Relief

The remaining equitable factors also weigh in favor of granting Plaintiffs' preliminary injunction motion. Providing injunctive relief to Plaintiffs and other Airmen living with HIV will not set the courts on a "slippery slope." Defendants argue that if the Court exercises its prerogative to enter an injunction in this case, it would lead to "each and every service member with a chronic medical condition facing separation . . . seek[ing] similar relief in the federal courts." *See* (Defs.' Br., at 28). This alarmist vision is unmoored from the unique challenges faced by HIV-positive members of the Air Force, challenges that make judicial review and an injunction appropriate in this case. Unlike many of the chronic conditions that could lead to the discharge of an Airman, HIV is often subject to "stigma, ostracism, and discrimination rooted in misconceptions, fear, and ignorance." *See* (Compl., ¶ 56). The stigma and discrimination against people living with HIV, even within the category of people with chronic medical conditions, is unique in the history of this country. This deep-rooted fear and prejudice has resulted in HIV-related DoD and Air Force policies that are divorced from the recent advances of modern medicine. Both Roe and Voe were discharged against the recommendation of their medical officers and operational commanders. *See* (Compl., ¶¶ 65, 81-82; Ex. A3 to Pls.' Mot. for Prelim. Inj., ECF No. 44; App. to Defs.' Br., at A-00556, A-00763, A-00769.). Both Roe and Voe are being separated solely on the basis of their HIV status. *See* (Compl., ¶ 123). Neither Roe nor Voe presented with "progressive clinical illness or immunological deficiency," as described in DoDI 6490.07. *See* (Compl., ¶ 36; App. to Defs.' Br., at A-00573). The position of HIV-positive Airmen who are being discriminated against is substantially different from the position of Airmen with other chronic conditions.

Injunctive relief for Plaintiffs would not upset the balance of authority, oversight, and discretion between the Armed Services and the courts. Defendants argue that precluding them

from discharging Airmen living with HIV would “deprive the military of its ability to determine the appropriate makeup and distribution of its forces.” *See* (Defs.’ Br., at 29). Further, Defendants claim that enjoining the Air Force from discharging the Plaintiffs would be against the “public interest” and would be a “drastic change to precedent.” *Id.* This argument mischaracterizes Plaintiffs’ motion, which seeks only to prevent the discharge of Airmen based solely on their HIV status. It is not an undue encroachment on the military for the Court to maintain the status quo while it determines the constitutionality of the military’s regulations as applied to persons living with HIV. Any minor encroachment on the military that may be precipitated by the Court’s maintenance of the status quo (*i.e.*, merely preventing Defendants from doing something they are bound not to do by their own regulations and the mandates of equal protection) is outweighed by the severe harm Roe, Voe and other Airmen with HIV would suffer if Defendants started discharging them before this case is resolved.

### III. CONCLUSION

For these reasons, the Court should deny the motion to dismiss and allow discovery to continue. Until the merits are resolved, the Court should issue an injunction preventing Roe, Voe, and other similarly-situated Airmen from being separated or treated differently than the Airmen living with HIV who have been retained.

Dated: February 1, 2019

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**CERTIFICATE OF SERVICE**

I certify that, on the 1st day of February, 2019, I caused this document to be filed electronically through the Court's CM/ECF system, which automatically sent a notice of electronic filing to all counsel of record.

Dated: February 1, 2019

Respectfully submitted,

/s/ Andrew R. Sommer  
Andrew R. Sommer

# EXHIBIT A

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF VIRGINIA  
ALEXANDRIA DIVISION

RICHARD ROE et al.,

Plaintiffs,

v.

PATRICK M. SHANAHAN et al.,

Defendants.

Civil Action No. 1:18-cv-01565 (LMB/IDD)

*FILED UNDER SEAL*

**DECLARATION OF STAFF SERGEANT [REDACTED]**  
**IN OPPOSITION TO DEFENDANTS' MOTION TO DISMISS**

I, [REDACTED] declare as follows:

1. I have read the government's Memorandum in Support of Defendants' Motion to Dismiss and Defendants' Opposition to Plaintiffs' Motion for Preliminary Injunction. I state the following facts in response.
2. The government has stated that I could be denied reenlistment on grounds unrelated to my HIV condition. But that problem does not apply to me. Though my original Date of Separation [REDACTED] passed when I was put into the DES process, my command supports my reenlistment. I have been informed by my command that I would have been recommended for and selected for reenlistment had I not been on a medical hold for over the past year. My First Sergeant, who would be recommending me for reenlistment, has told me that he does not understand why I was even sent through the DES process. My commander, who would be selecting me for reenlistment, submitted a letter of support for my retention.
3. The government has stated that I am being separated because I am subject to "significant deployment restrictions" in a career field with "high" likelihood of deployment. This is not true based on my own experience.

4. My Air Force Specialty Code (AFSC) is [REDACTED] which is [REDACTED]. [REDACTED] I have held the [REDACTED]. But in the past [REDACTED] years, I have not been selected for deployment at all. Even with HIV, if I were classified with an Assignment Limitation Code C2, I would be able to PCS, TDY, or deploy to Germany or anywhere else outside the continental United States with a waiver. Air Force bases in Germany are capable of supporting Airmen with HIV, for example. In fact, I am aware that at least one Airman with HIV has been stationed at Ramstein Air Base in Germany for the past two years or more, since his diagnosis.

5. As I said in my first declaration, before my diagnosis, I intended to apply for retraining in conjunction with reenlisting for another term of service in the Air Force. I had hoped to retrain into the legal field, as a [REDACTED]. I am informed that [REDACTED] deploy at a much lower rate than my current AFSC. In fact, according to the documents that the government submitted in opposition to our Motion for Preliminary Injunction, the [REDACTED] AFSC deployed at around half as much as my current career field. In addition, the [REDACTED]—especially for people [REDACTED]—is a position of need in the Air Force, according to the On-line Retraining Advisory the Air Force publishes.

6. But I was not allowed the opportunity to retrain into [REDACTED] AFSC or any other AFSC. The government stated in its brief that in determining whether I can reasonably perform my duties, DoDI 1332.18 directs the Air Force to consider whether reclassification is possible. The Air Force did not consider the feasibility of reclassifying me.

7. The government also implies that Airmen with HIV have rigorous medical monitoring obligations. For example, the government's brief suggests that Airmen with HIV have follow-up evaluations every three months. This is not true: According to regulation,

AFI 44-178 ¶ 1.6, I and other Airmen with HIV are medically monitored as follows: first, upon initial diagnosis for one week; then six months later for three days, then again annually during our birth month. I am sent to San Antonio Military Medical Center (SAMMC) for labs and counseling only once a year. There is no medical monitoring for Airmen with HIV that takes place on a three-month time frame.

8. The government seems to suggest in its brief that all Airmen are referred to a Medical Evaluation Board (MEB) after being diagnosed with HIV. I know of other Airmen with HIV who were not referred to an MEB; rather, they were returned to duty with an Initial Review in Lieu of MEB (IRILO) which, according to regulation (AFI 44-178 ¶ 8.3.2) is done by the HIV Medical Evaluation unit at SAMMC without Commander input due to privacy concerns. When I first went to SAMMC for my initial evaluation and counseling in [REDACTED] my doctor requested that I be IRILO'd and returned to duty in accordance with AFI 44-178 ¶ 8.3.2. But even though regulations permitted my doctor to make this determination, somebody intervened and overrode it and sent me to a full MEB.

9. In addition, I am aware that military regulation (CENTCOM MOD 13) requires Airmen who deploy to CENTCOM to have no less than a six-month supply of medication. This applies to all conditions, not just HIV. If I were deployed there, the risk of losing adherence to my HIV medication is therefore extremely low. Additionally, all Tricare eligible personnel will obtain any refill prescriptions from the Tricare Mail Order Pharmacy (TMOP), the Deployed Prescription Program (DPP), or Express Scripts; which is the system used by most members to receive their HIV medication currently.

I declare under penalty of perjury that the foregoing is true and correct. Executed on February 01, 2019.

[REDACTED]

# EXHIBIT B

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF VIRGINIA  
ALEXANDRIA DIVISION

RICHARD ROE et al.,

Plaintiffs,

v.

PATRICK M. SHANAHAN et al.,

Defendants.

Civil Action No. 1:18-cv-01565 (LMB/IDD)

*FILED UNDER SEAL*

**DECLARATION OF SENIOR AIRMAN [REDACTED]**  
**IN OPPOSITION TO DEFENDANTS' MOTION TO DISMISS**

I, [REDACTED] declare as follows:

1. I have read the government's Memorandum in Support of Defendants' Motion to Dismiss and Defendants' Opposition to Plaintiffs' Motion for Preliminary Injunction. I state the following facts in response.

2. The government has stated that I could be denied reenlistment on grounds unrelated to my HIV condition. But that problem does not apply to me. Though my original Date of Separation [REDACTED] passed when I was put into the DES process, my command supports my reenlistment. I have been informed by both my First Sergeant and my Commander that I would have been recommended and selected for reenlistment had I not been on a medical hold for over the past year. In addition, my Commander submitted a letter in support of my retention.

3. The government has stated that I am being separated because I am subject to "significant deployment restrictions" in a career field with "high" likelihood of deployment. This is not true based on my own experience. Although current regulations prevent me from deploying to CENTCOM or any other location outside the continental United States (CONUS)

without a waiver, in my current shop—which I've been in since [REDACTED]—there has never been a shortage of volunteers for deployments, to the point where my shop turns away people in favor of providing deployment experience to younger, newer Airmen. My inability to deploy to CENTCOM (which is a limitation set by regulation, not any issues with my physical ability) has not had an effect on the Air Force.

4. Even with HIV, if I were classified Assignment Limitation Code C2, I would be able to deploy OCONUS with a waiver. Air Force bases in Germany, for example, are capable of supporting Airmen with HIV. In fact, I am aware that at least one Airman with HIV has been stationed at Ramstein Air Base in Germany for the past two years or more, since his diagnosis. [REDACTED]

[REDACTED]

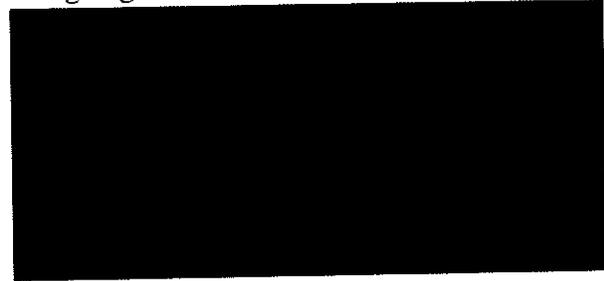
5. Before my diagnosis, I intended to apply for retraining in conjunction with reenlisting for another term of service in the Air Force. I had hoped to retrain into [REDACTED]. [REDACTED] I am informed that [REDACTED] deploy at a much lower rate than my current AFSC. But I was not allowed the opportunity to retrain into [REDACTED] or any other AFSC. The government stated in its brief that in determining whether I can reasonably perform my duties, DoDI 1332.18 directs the Air Force to consider whether reclassification is possible. The Air Force did not consider the feasibility of reclassifying me.

6. The government also implies that Airmen with HIV have rigorous medical monitoring obligations. For example, the government's brief suggests that Airmen with HIV have follow-up evaluations every three months. This is not true. From my experience, and others with HIV that I've spoken to, Airmen with HIV are medically monitored as follows: first, upon

initial diagnosis at San Antonio Military Medical Center (SAMMC); then six months later at SAMMC, then again annually during the month of birth. Therefore, I am sent to SAMMC for labs and counseling only once a year. There is no medical monitoring for Airmen with HIV that takes place on a three-month time frame.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 1, 2019.



# EXHIBIT C

**UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF VIRGINIA  
ALEXANDRIA DIVISION**

RICHARD ROE et al.,

Plaintiffs,

v.

PATRICK M. SHANAHAN et al.,

Defendants.

Case No. 1:18-cv-01565 (LMB/IDD)

**DECLARATION OF PETER PERKOWSKI IN OPPOSITION  
TO DEFENDANTS' MOTION TO DISMISS**

1. My name is Peter Perkowski. I am the Legal & Policy Director of Plaintiff OutServe-SLDN, Inc.
2. I am over 18 years of age, am competent to testify about the information contained in this declaration if needed, and offer this declaration based on my own actual, personal knowledge.
3. In my declaration submitted in support of Plaintiffs' Motion for a Preliminary Injunction, I set forth information about the organizational background, mission, and activities of OutServe-SLDN, including specifically how it advocates for and serves the legal needs of its members living with HIV. I also described the circumstances of several members living with HIV who were being separated because of their HIV status. I adopt, reaffirm, and restate the facts set forth in that previous declaration.
4. I have been OutServe-SLDN's primary legal staff member—first Counsel, then Legal Director, then Legal & Policy Director—for over three years. I manage and oversee all

aspects of OutServe-SLDN's legal services department, and I am therefore familiar with all of its programs.

5. One of the legal-services programs that OutServe-SLDN's offers is the Restore Honor, Restore Dignity program. Among other things, this program assists veterans who were discharged under Don't Ask Don't Tell—or earlier policies that prohibited lesbian, gay, and bisexual (LGB) people from serving in the Armed Forces—in obtaining an “upgrade” to discharge paperwork that (a) reflects a discharge characterization that is less than Honorable, (b) reflects stigmatizing or offensive language as a narrative reason for discharge, or (c) reflects a “re-enlist” code that improperly shows the veteran is ineligible for re-enlistment. Colloquially we call these applications “discharge upgrades.” Through this program, working with pro-bono partners supplying volunteer lawyers, the veteran submits an application that requests relief from the applicable reviewing agency, including the Army Board for Correction of Military Records, the Air Force Board for Correction of Military Records, the Coast Guard Board for Correction of Military Records, or the Board for Correction of Naval Records (collectively, BCMRs).

6. I have been working with OutServe-SLDN and its Restore Honor, Restore Dignity program for approximately five years—longer than I have been Legal Director. Beginning in late 2013, I worked as a volunteer assisting with OutServe-SLDN's Help Desk, which included the intake and processing of veterans who wanted to avail themselves of the Restore Honor, Restore Dignity. I also train OutServe-SLDN's pro-bono partners on the discharge-upgrade process and how to navigate it for veteran clients. Through these five years of experience, I have become aware of how long it takes, from start to finish, to obtain a decision from the BCMRs.

7. The first step in the discharge-upgrade process is requesting a copy of the veteran's complete personnel record. This usually entails making a request to the National Archives. In the early years of my involvement with the program, OutServe-SLDN would receive personnel records within three to six months. Lately, however, waiting six months—and sometimes longer—is typical. Though expedited processing can be requested, expediting is supposed to be reserved for urgent cases (such as old or infirm veterans) and if overused would overwhelm and slow the system even more.

8. After the personnel record is received, OutServe-SLDN staff reviews the file to be sure that it meets the eligibility requirements of our program. Depending on the size of the file, the review could take just a few days to a few weeks.

9. After OutServe-SLDN completes review and clears the veteran for participation in the program, we connect the veteran to a volunteer lawyer with one of our pro-bono partners. The veteran and the lawyer work together to prepare an application and supporting arguments (a brief) and documents (declarations and other evidence) to submit to the BCMR. Even at its fastest, this step takes a least a month, but more typically it takes a few months to get a complete packet together so as to maximize the veteran's chances of success.

10. When complete, the application packet is submitted to the BCMR. Under statute, the BCMRs are required to complete all applications within 18 months of receipt (10 U.S.C. § 1557(b)). In my experience, the BCMRs may not be meeting this benchmark, likely due to understaffing related to the large number of applications received in recent years because the Department of Defense has liberalized discharge-upgrade reviews for veterans discharged not just due to Don't Ask Don't Tell but also due post-traumatic stress disorder (PTSD) and military sexual trauma (MST).

11. Over the past few years, OutServe-SLDN's legal staff and I have noticed that the BCMRs' time-to-decision after submission of an application was increasing. Whereas a few years ago we would expect a BCMR decision in about a year, we now expect that a decision will likely not be forthcoming for at least 18 months, if not more.

12. This is consistent with the recent experience of one of OutServe-SLDN's clients, Nick Harrison, who is plaintiff in the *Harrison v. Shanahan* case pending before this Court. SGT Harrison submitted a petition to the Army BCMR in late 2016 or early 2017 but did not receive a decision until September 2018—nearly two years later.

13. In its motion to dismiss, the government argues that the Plaintiffs here should be required to first appeal to the Air Force BCMR before bringing their claims in this Court. But requiring Roe and Voe to complete the BCMR process would be burdensome, prejudicial, and ultimately futile based on the following facts:

14. First, Roe and Voe would be separated even before getting the BCMR application on file. Given the time to prepare an application and wait for a decision, as set forth above, we would not expect a ruling from the BCMR until late 2020 or even early 2021. Roe and Voe would be out of their jobs for nearly two years.

15. Second, it is unlikely that the BCMR will rule in Plaintiffs' favor. I am not aware of a ruling from any of the BCMRs that orders the reinstatement of a Service member with HIV. Based on my knowledge and experience, it is extremely rare for the BCMRs to grant the relief of reinstatement regardless of circumstances.

16. Though I am not aware of BCMR decisions reinstating Service members with HIV, I am aware of one petition submitted to a BCMR by a Service member with HIV: SGT Nick Harrison petitioned the Army BCMR to allow him to commission as an officer in the

Judge Advocate General's Corp. Although the Army had paid for SGT Harrison's law school education, the Army would not commission him. The Army BCMR denied SGT Harrison's appeal of that decision. That decision is attached as Exhibit C1.

17. Third, even if the Air Force BCMR were to recommend Plaintiffs' reinstatement, Air Force regulations give the Secretary of the Air Force final authority and may overrule that decision. (AFI 36-2302 ¶ 4.14, ¶ 5.) The government acknowledges this: As stated in the government's brief, the BCMR's authority to reinstate is "in conjunction with the Secretary of the Air Force," not independent of it. Were Roe and Voe forced to first appeal to the BCMR, they could both wait two years for a favorable decision only to have the Secretary of the Air Force reverse it. The Secretary of the Air Force has already denied Roe's and Voe's appeals once.

18. My prior declaration set forth the details of four Airmen who are, like Plaintiffs, being separated based on HIV status. Based on my communications with them, none of these Airmen are anywhere near the Expiration Term of Service (ETS), and therefore there is not a question concerning whether they would be able to reenlist:

a. Senior Airman K.R. enlisted in February 2015 on a six-year contract, so his ETS is not until February 2021. His command supports his retention, and during the DES process his commander submitted a statement saying that SrA K.R. was able to perform all duties of his Air Force Service Code (AFSC), whether in garrison or deployed outside the United States.

b. Senior Airman S.H.'s enlistment does not expire until May 2022. His command supports his retention and have said that they would keep him despite his diagnosis. He has also been informed that he would be recommended and selected for

reenlistment at the appropriate time. SrA S.H. has also been selected for promotion to Staff Sergeant.

c. Senior Airman D.N. joined the Air Force in 2016, so he too is not yet near his ETS.

d. Staff Sergeant J.B.'s enlistment does not expire until May 2020.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 31st day of January, 2019.



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Peter Perkowski

# EXHIBIT C1



DEPARTMENT OF THE ARMY  
ARMY BOARD FOR CORRECTION OF MILITARY RECORDS  
251 18TH STREET SOUTH, SUITE 385  
ARLINGTON, VA 22202-3531

September 07, 2018

AR20160013555, Harrison, Nicholas Alexander

SGT Nicholas A. Harrison  
3200 16th Street NW 802  
Washington DC 20010

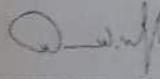
Dear Sergeant Harrison:

I regret to inform you that the Army Board for Correction of Military Records denied your application.

The Board considered your application under procedures established by the Secretary of the Army. I have enclosed a copy of the Board's Record of Proceedings. This decision explains the Board's reasons for denying your application.

This decision in your case is final. You may request reconsideration of this decision letter to the above address only if you can present new evidence or argument that was not considered by the Board when it denied your original application.

Sincerely,

X 

Dennis W. Dingle  
Director

Signed by: DINGLE, DENNIS WILLIAM, 1073592077

Enclosure

# EXHIBIT D

**UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF VIRGINIA  
Alexandria Division**

RICHARD ROE, ET AL.,

Plaintiffs,

v.

PATRICK M. SHANAHAN, ET AL.,

Defendants.

Case No. 1:18-cv-10565

**EXPERT DECLARATION OF W. DAVID HARDY, M.D., IN SUPPORT OF  
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

**I. INTRODUCTION**

1. My name is W. David Hardy, MD. I have been retained by counsel for Plaintiffs as an expert in connection with this litigation.

2. I am offering this declaration to provide my expert opinion on HIV – its pathology, the routes and relative risks of transmission, the care and treatment of people living with HIV, the effect of antiretroviral treatment on the immunological and overall health of people living with HIV, the effect of treatment on the risks of transmission, and best clinical practices for administering both antiretroviral therapy and preexposure prophylaxis (“PrEP”).

3. As detailed below, it is my opinion that providing PrEP to members of the Armed Services is more logistically and medically demanding than providing antiretroviral medications to service members living with HIV would be.

4. The opinions I express are my own and do not reflect the official policy of any organization with which I am affiliated.

5. I am knowledgeable about the matters set forth below based upon my own knowledge and experience, as well as my review of various materials that are cited herein.

6. I am currently the Chairman of the Board (“Chair”) of the HIV Medicine Association and an Adjunct Professor of Medicine at the Johns Hopkins University School of Medicine. I have 36 years of experience in the care and treatment of people living with HIV, including 34 years of experience researching opportunistic infections, antiretroviral agents, immunotherapies, retroviral vector research, and gene therapy.

7. While serving as Board Chair of the HIV Medicine Association, I also served as Senior Director of Research at Whitman-Walker Health in Washington, DC from 2015 to 2018. From 2013 to 2015, I was the Chief Medical Officer of Calimmune, a translational science

company investigating gene-modified cellular therapies as a potential cure for HIV. Prior to that, I was the Director of the Division of Infectious Diseases at Cedars-Sinai Medical Center and a Professor of Medicine at the David Geffen School of Medicine at UCLA from 2002 to 2013.

8. I received my medical degree from Baylor College of Medicine. I completed my residency in internal medicine at Harbor-UCLA Medical Center, and completed a clinical fellowship in infectious diseases/immunology and clinical research at the UCLA School of Medicine from 1984 to 1986 under the direction of Dr. Michael Gottlieb, the physician who recognized and reported the first cases of AIDS. I later completed a post-doctoral fellowship at UCLA with Irvin Chen, PhD, focusing on molecular retrovirology.

9. For over 30 years, I have been dedicated to the treatment of people living with HIV. In addition to research and teaching, I have served as editor-in-chief of *Fundamentals of HIV Medicine for the HIV Specialist*, the comprehensive textbook of the American Academy of HIV Medicine, and currently serve on that organization's Board of Directors as the Chair of the Education Committee. I also have a long history of working with a number of community-based, organizations that provided critical services for persons living with HIV, including AIDS Research Alliance, Alliance for Housing and Healing, Being Alive-Empowering People with HIV/AIDS, Project Angel Food, and AIDS Project Los Angeles.

10. Once considered invariably fatal within approximately eight to ten years, HIV is now considered a chronic, treatable condition. Those diagnosed in a timely manner and promptly provided with appropriate care and treatment with antiretroviral medications experience few, if any, noticeable effects on their physical health and enjoy a life expectancy approaching that of those who do not have HIV.

11. HIV, which is an acronym for human immunodeficiency virus, attacks the body's immune system. The initial stage of infection, in which the virus is first introduced and gains a foothold in the body over a period of days to weeks, is known as the acute stage of infection. After the acute stage of infection, a person enters a period of clinical latency that can last years. During this period of latency, an individual living with HIV may not display any symptoms or negative health outcomes.

12. At almost any point during infection with HIV, initiation and continuous treatment with antiretroviral therapy (ART) will halt and reverse the downward slope in immune function and restore the person to good health.

13. With consistent adherence to ART, the amount of HIV in a person's body or viral load drops dramatically and their immune system cells or CD4+ T cells rebounds. Within several months, the person's HIV infection will become "virally suppressed," defined as less than 200 copies of the virus per milliliter of blood, and shortly after that, they would have an "undetectable" viral load, which is generally defined as less than 50 copies per milliliter of blood.

14. Greater than 90% of persons living with HIV who adhere to their antiretroviral medications will eventually achieve an undetectable viral load. A person who experiences a lapse in their ART will not immediately suffer negative health outcomes. It often takes weeks for an individual's viral load to reach a level that would not be considered "suppressed." If the lapse in treatment continues, the individual will progress to clinical latency, which, as described above, can last for years, and which can be reversed by restarting ART.

15. After initiating ART, patients are generally evaluated every two to four weeks to assess initial viral load, and check for any possible side effects. After these initial evaluations,

follow-up testing becomes quarterly until the patient reaches an undetectable viral load, at which point evaluations are done three times a year. After a patient's viral load has been undetectable for two years, they need only go to the doctor twice a year for follow-ups.

16. Adherence to ART has grown easier and easier. Today, 75% to 80% of people living with HIV are on a single tablet regimen (“STR”)—in which all three or four medications are combined into one pill—that is taken once a day. Most STRs have no dietary restrictions, and side effects are self-limited and minimal to mild with infrequent discontinuation of treatment.

17. People living with HIV who are virally suppressed or have an undetectable viral load are incapable of transmitting HIV. Advances in understanding of the preventive effects of ART have led the CDC to declare that “...people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV negative partner. *See* CDC, “Dear Colleague: Information from CDC’s Division of HIV/AIDS Prevention,” Sept. 27, 2017, *available at* <https://www.cdc.gov/hiv/library/dcl/dcl/092717.html> (last viewed June 26, 2018).<sup>1</sup> As further stated in the CDC letter, “[a]cross three different studies, including thousands of couples and many thousands of acts of sex without a condom or pre-exposure prophylaxis (PrEP), no HIV

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<sup>1</sup> *See also* U.S. Centers for Disease Control and Prevention, *Treatment as Prevention*, available at [www.cdc.gov/hiv/risk/art](http://www.cdc.gov/hiv/risk/art) (“People living with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners”).

transmissions to an HIV-negative partner were observed when the HIV-positive person was virally suppressed”<sup>2</sup> (i.e., a viral load of less than 200 copies/ml).

18. Adherence to an effective ART regimen does not require much time—in the majority of cases, it is as simple as taking one tablet of medication every day. The HIV medications commonly prescribed today have no special handling, storage or other requirements. These medications generally tolerate extreme external conditions, such as hot or cold temperatures and sunlight, well. Taking medication primarily once or sometimes twice a day, as people living with HIV do, requires very minimal time, especially if that person is on a single tablet regimen (STR), which is literally one tablet taken once a day. The time and effort required is similar to that expended by individuals who are prescribed daily medication for elevated cholesterol or those taking a multivitamin.

19. One groundbreaking discovery in the field of HIV prevention is the discovery that certain antiretroviral medications, when taken regularly by an individual not living with HIV, can effectively avert the transmission of HIV to that individual. This treatment is known as “pre-exposure prophylaxis (“PrEP”). Truvada, a tablet containing two HIV medications, is the only medication currently approved for use as PrEP by the U.S. Food and Drug Administration. As the understanding of PrEP has increased in the medical community, more and more doctors are prescribing PrEP to patients who are at higher risk for HIV acquisition.

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<sup>2</sup> The referenced scientific studies: The HIV Prevention Treatment Network Study No. 052 as published in the New England Journal of Medicine 08/11/11, *available at* [https://www.nejm.org/doi/full/10.1056/NEJMoa1105243?query=recirc\\_curatedRelated\\_article](https://www.nejm.org/doi/full/10.1056/NEJMoa1105243?query=recirc_curatedRelated_article); PARTNER Study, published in the Journal of the American Medical Association (JAMA) July 12, 2016, *available at* <https://ncbi.nlm.nih.gov/pubmed/27404185>; and Opposites Attract study reported at the Conference on Retroviruses and Opportunistic Infections (CROI) in 2015, *available at* <https://www.croiconference.org/sites/default/files/posters-2015/1019LB.pdf> and the International AIDS Conference in 2017.

20. Recently, the Defense Health Agency ordered that all medical treatment facilities across the Armed Services “[p]rovide a pathway for access to HIV PrEP and equal access for military and non-military beneficiaries who are high risk for HIV [acquisition].”<sup>3</sup> The Navy and Marine Corps Public Health Center has stressed that “PrEP use does not affect accession eligibility, reenlistment eligibility or readiness status.”<sup>4</sup>

21. As per 2017 CDC Guidelines<sup>5</sup>, individuals taking PrEP are only prescribed their medications in a 90-day supply; they are required to undergo follow-up evaluations – including blood tests to ensure that they have not acquired HIV – every three months. By contrast, people living with HIV with an undetectable viral load are only required to undergo follow-up evaluations and blood tests every six months.

22. Again, as per CDC Guidelines, individuals taking PrEP are also subjected to a more rigorous protocol for screening for STIs. Extragenital testing for STIs such as gonorrhea and chlamydia— otherwise known as “three-site” testing—is conducted for individuals taking PrEP. Extragenital testing involves checking for the presence of STIs in the rectum and throat in addition to the urine test that demonstrates the presence of a urethral STI. Extragenital testing is important for individuals taking PrEP because the presence of these STIs can increase the chance that an individual could acquire HIV. It is important that a person who is taking PrEP and acquires HIV cease taking PrEP as soon as possible, because taking PrEP while newly infected

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<sup>3</sup> DHA-IPM 18-020, Attach. 2.1.a (November 2018).

<sup>4</sup> Navy and Marine Corps Public Health Center, *HIV Pre-Exposure Prophylaxis (PrEP)* 1 (Nov. 19, 2018) (available at <http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/reproductive-and-sexual-health.aspx>).

<sup>5</sup> U.S. Public Health Service, *Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2017 Update – A Clinical Practice Guideline* (March 2018) (available at <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>).

with HIV can result in resistance to the classes of ART medications contained in Truvada.

Because of the increased complexity involved, some clinical settings lack capacity to administer extragenital testing. By contrast, people living with HIV are not required to undergo extragenital testing on a regular basis, and are instead subjected to the same testing protocols as members of the general population based on an STI risk profile.

23. Despite the increased burden of testing and monitoring service members taking PrEP, the military does not consider such a prescription to be a bar to deployment. The DHA has stated that a prescription for PrEP should not prohibit service members from deploying to many places overseas.<sup>6</sup> The Navy and Marine Corps Public Health Center notes that “continuation of PrEP during deployment should be explored and, if possible, accommodated.”<sup>7</sup>

## II. CONCLUSION

In my opinion, providing health care and treatment to service members living with HIV deployed overseas would be logistically simpler, less costly and less complex than providing care to service members deployed overseas who are prescribed and are taking Truvada as PrEP.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 1st day of February, 2019

  
\_\_\_\_\_  
W. David Hardy, M.D.

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<sup>6</sup> DHA-IPM 18-020, Attach. 3.b (November 2018).

<sup>7</sup> Navy and Marine Corps Public Health Center, *HIV Pre-Exposure Prophylaxis (PrEP)* 3 (Nov. 19, 2018).

# EXHIBIT E

## **PPG-TAB A: AMPLIFICATION OF THE MINIMAL STANDARDS OF FITNESS FOR DEPLOYMENT TO THE CENTCOM AOR; TO ACCOMPANY MOD THIRTEEN TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL/UNIT DEPLOYMENT POLICY**

1. General. This PPG-TAB A accompanies MOD THIRTEEN, Section 15.C. and provides amplification of the minimal standards of fitness for deployment to the CENTCOM area of responsibility (AOR). Individuals possessing a disqualifying medical condition must obtain an exception to policy in the form of a medical waiver prior to being medically cleared for deployment. The list of deployment-limiting conditions is not comprehensive; there are many other conditions that may result in denial of medical clearance for deployment based upon the totality of individual medical conditions and the medical capabilities present at that individual's deployed location. "Medical conditions" as used here also include those health conditions usually referred to as dental, psychological, and/or emotional.

- A. Uniformed Service Members must meet Service standards of fitness according to Service regulations and policies, in addition to the guidance in the parent MOD 13. See MOD THIRTEEN REF E, F, G, H, I, P, and KK.
- B. DoD civilian personnel with disqualifying medical conditions could still possibly deploy based upon an individualized medical assessment and approved medical waiver from the appropriate CENTCOM waiver authority (which shall be consistent with subparagraph 4.g.(3)(c) of DoDD 1404.10 and The Rehabilitation Act of 1973, as amended).
- C. DoD Contract personnel will be evaluated for fitness according to DoDI 3020.41 (REF J).
- D. Regardless of underlying diagnosis, waivers for disqualifying medical conditions will be considered only if all the following general conditions are met:
  - 1. The condition is not of such a nature or duration that an unexpected worsening or physical trauma is likely to have a grave medical outcome or negative impact on mission execution.
  - 2. The condition is stable and reasonably anticipated not to worsen during the deployment in light of the physical, physiological, psychological, and nutritional effects of assigned duties and location.
  - 3. The condition does not require frequent clinical visits (more than quarterly), ancillary tests, or significant physical limitations, and does not constitute an increased risk of illness, injury, or infection.
  - 4. There is no anticipated need for routine evacuation out of theater for continuing diagnostics or evaluations.
  - 5. Any required, ongoing health care or medications anticipated to be needed for the duration of the deployment are available to the applicant in theater within the Military Health System or equivalent. Medication must have no special handling, storage, or other requirements (e.g., refrigeration, cold chain, or electrical power requirements). Medication must be well tolerated within harsh environmental conditions (e.g. heat or cold stress, sunlight) and should not cause significant side effects in the setting of moderate dehydration.

6. Individuals must be able to perform all essential functions of the position in the deployed environment, with or without reasonable accommodation, without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and the location of the deployment must be considered. Further, the member's medical condition must not pose a significant risk of substantial harm to the member or others taking into account the condition of the relevant deployed environment, with particular consideration of areas of armed conflict in the AOR. See REF I.
7. The medical condition does not prevent the wear of personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical/biological protective garments.
8. The medical condition does not prohibit required theater immunizations or medications.
9. The medical condition is not anticipated to significantly impair one's duty performance during the duration of the deployment.

2. Evaluating providers must consider that in addition to the individual's assigned duties, severe environmental conditions, extremes of temperature, high physiologic demands (water, mineral, salt, and heat management), poor air quality (especially particulates), limited dietary options, sleep deprivation/disruption, and emotional stress may all impact the individual's health. If maintaining an individual's health requires avoidance of these extremes or conditions, they should not deploy.

3. Evaluation of functional capacity to determine fitness in conditions of physiologic demand is encouraged for conditions which may impair normal functionality. This includes such things as a complete cardiac evaluation, to include stress imaging, when there is coronary artery disease or an official functional capacity exam (FCE) for orthopedic issues. The evaluating provider should pay special attention to any conditions which may present a hazard to the individual or others and/or preclude performing functional requirements in the deployed setting. Also, the type, amount, suitability, and availability of medications in the theater environment must be considered as potential limitations. Pre-deployment processing centers may vary in medical examination/screening procedures; individuals should contact their respective mobilization site for availability of a processing checklist.

4. The guidance in this document should not be construed as authorizing use of defense health program or military health system resources for health evaluations unless otherwise authorized. Generally, Defense Health Agency and Military Health System resources are not authorized for the purpose of pre-deployment or travel medicine evaluations for contractor employees IAW REF J. Local command, legal, contracting and resource management authorities should be consulted for questions on this matter.

5. Shipboard operations which are not anticipated to involve operations ashore are exempt from the deployment-limiting medical conditions listed below and will generally follow Service specific guidance. However, sovereign laws of some nations within the CENTCOM AOR may prohibit entry of individuals with certain medical conditions. Contingency plans for emergency evacuation of individuals with diagnoses that could result in or complicate medical care in theater following evacuation should be coordinated with and approved by the CENTCOM Surgeon prior to entering the AOR.

6. The general guidance from MOD THIRTEEN section 15.C applies to:

- A. All personnel (uniformed service members, government civilian employees, volunteers, and DoD contractor employees) deploying to theater must be medically, dentally and psychologically

fit for deployment and possess a current Periodic Health Assessment (PHA) or physical. Fitness specifically includes the ability to accomplish tasks and duties unique to a particular operation and the ability to tolerate environmental and operational conditions of the deployed location.

**B.** The existence of a chronic medical condition may not necessarily require a waiver to deploy. Personnel with existing conditions, **other than those outlined in this document**, may deploy if either:

1. An approved medical waiver, IAW Section 15.C.3, is documented in the medical record.

**OR**

2. The conditions in Para. 1.D.1-1.D.9 are met. To determine stability and assess need for further care, for most conditions 90 days is considered a reasonable timeframe, subject to the examining provider's judgment. The exception to this is noted in paragraph 7.G. Psychiatric Conditions.

7. Documented medical conditions precluding medical clearance. A list of all possible diagnoses and their severity that may cause an individual to be non-deployable would be too expansive. *The medical evaluator must carefully consider whether the climate, altitude, nature of available food and housing, availability of medical, behavioral health, dental, surgical, and laboratory services, or whether other environmental and operational factors may be hazardous to the deploying person's health.* The following list of conditions should not be considered exhaustive. Other conditions may render an individual medically non-deployable (see paragraph 6). Medical clearance to deploy with any of the following documented medical conditions may be granted, except where otherwise noted, IAW MOD THIRTEEN Section 15.C. If an individual is found deployed with a pre-existing non-deployable condition and without a waiver for that condition, a waiver request to remain deployed should be submitted to the respective Component Surgeon. If the waiver request is denied, the individual will be redeployed out of the CENTCOM AOR. **Individuals with the following conditions will not deploy without an approved waiver:**

**A. Specific Medical Conditions / Restrictions:**

1. Asthma or other respiratory conditions that have a Forced Expiratory Volume-1  $\leq$  50% of predicted despite appropriate therapy, that have required hospitalization in the past 12 months, or that requires daily systemic (not inhaled) steroids. Respiratory conditions that have been well controlled for 6 months and are evaluated to pose no risk of deterioration in the deployed environment may be considered for waiver.
2. Seizure disorder, either within the last year or currently on anticonvulsant medication for prior seizure disorder/activity. Persons on a stable anticonvulsant regimen, who have been seizure-free for one year, may be considered for waiver.
3. Diabetes mellitus, type 1 or 2, on pharmacotherapy or with HgA<sub>1C</sub> > 7.0.
  - a. Type 1 diabetes or insulin-requiring type 2 diabetes.
  - b. Type 2 diabetes, on oral agents only, with no change in medication within the last 90 days and HgA<sub>1C</sub>  $\leq$  7.0 does not require a waiver if a calculated 10-year coronary heart disease risk percentage (see paragraph 7.B.7) is less than 15%. If the calculated 10-year risk is 15% or greater, further evaluation is required prior to waiver submission. See B.8. for more detailed instructions.
  - c. Newly diagnosed diabetics will require 90 days of stability, either on oral medications or with lifestyle changes, before a waiver will be considered. They

should also have documentation of a complete initial diabetic evaluation (eye exam, foot exam, nutrition counseling, etc.).

4. History of heat stroke. Those with no multiple episodes, persistent sequelae, or organ damage, and no episode within the last 24 months, may be considered for waiver.
5. Meniere's disease or other vertiginous/motion sickness disorder, unless well controlled on medications available in theater.
6. Recurrent syncope for any reason. Waiver request should include the etiology and diagnosis of the condition.
7. Endocrine conditions requiring replacement or adjustment therapies must be stable, require no laboratory monitoring or specialty consultation, and require only routine follow-up which must be available in the deployed location or by specific arrangement. Hormonal preparations must be administered by oral or transdermal routes, be within clinically appropriate dose parameters, have no special storage requirements, and not produce side effects which interfere with the normal performance of duties or require additional medications to manage.
8. Any musculoskeletal condition that significantly impairs performance of duties in a deployed environment. If there are concerns, an official functional capacity exam (FCE) should be performed and results included with the waiver request.
9. Migraine headache, when frequent or severe enough to disrupt normal performance of duties. Waiver submission should note history, frequency, severity, and functional impact of headaches, as well previous and current treatment regimens. Neurology evaluation and endorsement encouraged.
10. Nephrolithiasis, recurrent or currently symptomatic.
11. Pregnancy.
12. Obstructive sleep apnea (OSA). The OSA is diagnosed with an attended, in-laboratory polysomnography (PSG) with a minimum of 2 hours of total sleep time, that yields an apnea-hypopnea index (AHI), and/or respiratory disturbance index (RDI), of greater than 5 / hour. Unattended, home PSG is not acceptable for deployment purposes. For individuals previously diagnosed with OSA, updated or repeat PSG is not required unless clinically indicated (i.e. significant change in body habitus, corrective surgery or return of OSA symptoms). Individuals treated with an oral appliance require PSG documentation that OSA is controlled with its use. Individuals who are treated with automatic positive airway pressure (APAP), continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BPAP) are acceptable as long as the condition being treated is OSA and not a more complex respiratory disorder. Complex OSA, central sleep apnea or OSA that requires advanced modes of ventilation such as adaptive servo-ventilation (ASV) or average volume assured pressure support (AVAPS) is generally non-deployable. Individuals using PAP therapy should deploy with a machine that has rechargeable battery back-up and sufficient supplies (air filters, tubing and interfaces/masks) for the duration of the deployment. Individuals deploying with PAP therapy to a location where the sleep environment has unfiltered air will typically not be granted waivers if a waiver is otherwise required per the guidance below. The following guidelines are designed to ensure that individuals with OSA are adequately treated and that their condition is not of the severity that would pose a safety risk should they be required to go without their PAP therapy for a significant length of time.
  - a. Symptomatic OSA (i.e. excessive daytime sleepiness) of any severity, with or without any treatment.
  - b. Asymptomatic mild OSA (diagnostic AHI and RDI < 15/hr): Deployable with or without treatment (PAP or otherwise). **No waiver required.**

- c. Moderate OSA (diagnostic AHI or RDI  $\geq 15$ /hr and  $< 30$ /hr): **No waiver required** to deploy if successfully treated (CPAP or otherwise), except to Afghanistan, Iraq, or Yemen.
- d. Severe OSA (AHI or RDI  $\geq 30$ /hr): Once successfully treated (PAP or otherwise), requires a waiver for deployment to any location in the AOR.
- e. For moderate and severe OSA, adherence to positive airway pressure (PAP) therapy must be documented prior to deployment. Adherence is defined as PAP machine data download (i.e. compliance report) that reveals the machine is being used for at least 4 hours per night for greater than 70% of nights over the previous 30-day period.

**13.** History of clinically diagnosed traumatic brain injury (mTBI/TBI) of any severity, including mild. Waiver may not be required, but pre-deployment evaluation, which may include both neurological and psychological components, is needed per ref HH.

- a. Individuals who have a history of a single mild Traumatic Brain Injury may deploy once released by a medical provider after 24-hours symptom free.
- b. Individuals who have sustained a second mTBI within a 12-month period, may deploy after seven days symptom free and release by a medical provider.
- c. Individuals who have had three clinically diagnosed TBIs (of any severity, including mild) since their last full neurological and psychological evaluation are required to have such an evaluation completed prior to deployability determination.

**14.** BMI  $> 35$  with or without any significant comorbidity. Military personnel in compliance with Service body fat guidelines do not require a waiver. Morbid obesity (BMI  $> 40$  or weight greater than 300 pounds) can generally not be supported. Civilians and contractors should submit a body fat worksheet with the waiver request. A BMI calculator is located at <http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm>

**15.** Any medical conditions (except OSA-see 10 above) that require certain durable medical equipment or appliances (e.g., nebulizers, catheters, spinal cord stimulators) or that requires periodic evaluation/treatment by medical specialists not readily available in theater.

## **B. Cardiovascular Conditions:**

1. Symptomatic coronary artery disease. Also, see B.8.
2. Myocardial infarction within one year of deployment. Also, see B.8.
3. Coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy, other arterial stenting, or aneurysm repair within one year of deployment. Also, see B.8.
4. Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medication, electro-physiologic control, or automatic implantable cardiac defibrillator or other implantable cardiac devices.
5. Hypertension if controlled with a medication or lifestyle regimen that has been stable for 90 days and requires no changes does not require a waiver. Single episode hypertension found on predeployment physical should be accompanied by serial blood pressure checks (3 day BP checks) to ensure hypertension is not persistent.
6. Heart failure or history of heart failure.
7. Civilian personnel who are 40 years of age or older must have a 10-year CHD risk percentage calculated (online calculator is available at <http://tools.acc.org/ASCVD-Risk-Estimator/>). If the individual's calculated 10-year CHD risk is 15% or greater, the individual should be referred for further cardiology work-up and evaluation, to include at

least one of the following: graded exercise stress test with a myocardial perfusion scintigraphy (SPECT scan) or stress echocardiography as determined by the evaluating cardiologist. Results of the evaluation (physical exam, Framingham results, etc.) and testing, along with the evaluating cardiologist's recommendation regarding suitability for deployment, should be included in a waiver request to deploy.

**8. Uncontrolled hyperlipidemia.** Lipid screening should be accomplished IAW Service specific guidelines for lipid assessment. All others (e.g. civilians, contractors)  $\geq 35$  years old should have a lipid screening profile performed prior to deployment. While hyperlipidemia should be addressed IAW clinical treatment guidelines, hyperlipidemia values that are outside any of the following (Total Cholesterol  $> 260$ , LDL  $> 190$ , Triglycerides  $> 500$ ), either treated or untreated, requires a waiver to be submitted.

### **C. Infectious Disease:**

- 1.** Blood-borne diseases (Hepatitis B, Hepatitis C, HTLV) that may be transmitted to others in a deployed environment. Waiver requests for persons testing positive for a blood borne disease should include a full test panel for the disease, including all antigens, antibodies, viral load, and appropriate tests for affected organ systems.
- 2.** Confirmed HIV infection is disqualifying for deployment, IAW References I and T, service specific policies, and agreements with host nations. Note that some nations within the CENTCOM AOR have legal prohibitions against entering their country(ies) with this diagnosis.
- 3.** Latent tuberculosis (LTBI). Individuals who are newly diagnosed with LTBI by either TST or IGRA testing will be evaluated for TB disease with at least a symptom screen and chest x-ray, and will have documented LTBI evaluation and counseling for consideration of treatment. Those with untreated or incompletely treated LTBI, including those with newly diagnosed LTBI, previously diagnosed LTBI, and those currently under treatment for LTBI will be provided information regarding the risks and benefits of LTBI treatment during deployment (see paragraph 15.G.6.C). Individuals meeting the above criteria **do not require a waiver** for deployment. Active duty TST convertors who have documented completion of public health nursing evaluation for TB disease and counseling for LTBI treatment described above **may deploy without a waiver** as long as all Service specific requirements are met.
- 4.** History of active tuberculosis (TB). Must have documented completion of full treatment course prior to deployment. Those currently on treatment for TB disease may not deploy.
- 5.** A CENTCOM waiver cannot override host or transit nation infectious disease or immunization restrictions. Active duty must comply with status of forces agreements; civilian deployers should contact the nation's embassy for up-to-date information.

### **D. Eye, Ear, Nose, Throat, Dental Conditions:**

- 1.** Vision loss. Best corrected visual acuity which does not meet minimum occupational requirements to safely perform duties. Bilateral blindness or visual acuity that is unsafe for the combat environment per the examining provider.
- 2.** Refractive eye surgery. Personnel who have had laser refractive surgery must have a satisfactory period for post-surgical recovery before deployment. There is a large degree of patient variability which prevents establishing a set timeframe for full recovery. The attending ophthalmologist or optometrist will determine when recovery is complete.
  - a.** Personnel are non-deployable while still using ophthalmic steroid drops post-

procedure.

**b.** Personnel are non-deployable for three months following uncomplicated photorefractive keratectomy (PRK) or laser epithelial keratomileusis (LASEK), or one month for laser-assisted in situ keratomileusis (LASIK) unless a waiver is granted.

**c.** Waiver request should include clearance from treating ophthalmologist or optometrist.

**3.** Hearing loss. Service members must meet all Service-specific requirements. Individuals must have sufficient unaided hearing to perform duties safely, hear and wake up to emergency alarms unaided, and hear instructions in the absence of visual cues such as lip reading. If there is any safety question, Speech Recognition In Noise Test (SPRINT) or equivalent is a recommended adjunct.

**4.** Tracheostomy or aphonia.

**5.** Patients without a dental exam within 12 months of deployment, or those who are likely to require evaluation or treatment during the period of deployment for oral conditions that are likely to result in a dental emergency.

**a.** Individuals being evaluated by a non-DoD civilian dentist should use a DD Form 2813, or equivalent, as proof of dental examination.

**b.** Individuals with orthodontic equipment require a waiver to deploy. Waiver requests to deploy should include a current evaluation by their treating orthodontic provider and include a statement that wires with neutral force are in place.

#### **E. Cancer:**

**1.** Cancer for which the individual is receiving continuing treatment or which requires frequent subspecialist examination and/or laboratory testing during the anticipated duration of the deployment.

**2.** Precancerous lesions that have not been treated and/or evaluated and that require treatment/evaluation during the anticipated duration of the deployment.

**3.** All cancers should be in complete remission for at least a year before a waiver is submitted.

#### **F. Surgery:**

**1.** Any medical condition that requires surgery (e.g., unrepaired hernia) or for which surgery has been performed and the patient requires ongoing treatment, rehabilitation or additional surgery to remove devices (e.g., external fixator placement).

**2.** Individuals who have had surgery requiring follow up during the deployment period or who have not been cleared/released by their surgeon (excludes minor procedures).

**3.** Individuals who have had surgery (open or laparoscopic) within 6 weeks of deployment.

**4.** Cosmetic, bariatric, or gender reassignment procedures are disqualifying until fully recovered with all follow-up and revisions complete, to include adjuvant counselling, medical treatment, and Service requirements. Special dietary and hygienic requirements cannot be reliably accommodated and may be independently disqualifying.

#### **G. Psychiatric Conditions: Diagnostic criteria and treatment plans should adhere to Diagnostic and Statistical Manual of Mental Disorders, Fourth or Fifth edition (DSM-**

**IV/5) and current professional standards of care. Waiver submission should include information on applicant condition, including history and baseline symptoms of known disorders, severity of symptoms with and without treatment, and likelihood to recur or deteriorate in theater if exposed to operational activity. See reference KK. Waiver required for all conditions listed below (list is not inclusive).**

1. Psychotic and bipolar-spectrum disorders are strictly disqualifying.
2. Any DSM IV/5-diagnosed psychiatric disorder with residual symptoms, or medication side effects, which impair social and/or occupational performance.
3. Any behavioral health condition that poses a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment.
4. Any behavioral health condition which requires periodic (beyond quarterly) counselling or therapy.
5. Chronic insomnia that requires regular or long-term use of sedative hypnotics / amnestics, benzodiazepines, and/or antipsychotics.
6. Anxiety disorders requiring use of benzodiazepines for management, or featuring symptoms of panic or phobia.
7. Post-Traumatic Stress Disorder, when not completely treated or when therapy includes use of benzodiazepines without additional anxiety diagnosis. Waiver submission should note if condition is combat-related, and, if so, comment on impact that return to theater could have on applicant well-being and performance.
8. Gender dysphoria, while not intrinsically disqualifying, does require underlying psychiatric, endocrine, and/or surgical issues (as applicable) to be stable and resolved, and all Service requirements must be met. Due to complex needs, those actively undergoing gender transition are generally disqualified until the process, including all necessary follow-up and stabilization, is completed.
9. Bulimia and anorexia nervosa.
10. Attention Deficit Disorder(ADD)/Attention Deficit Hyperactivity Disorder (ADHD). Evaluation and diagnosis should be appropriate per DSM IV/5 criteria, particularly if Class II stimulants are used for treatment. Specific clinical features or objective testing results should be included in waiver application for stimulant use. Dosages for medications should likewise be appropriate and justified by clinical presentation.
11. Psychiatric hospitalization within the last 12 months.
12. Suicidal Ideation or Suicide Attempt with the last 12 months.
13. Enrollment in a substance abuse program (inpatient, service specific substance abuse program or outpatient) within the last 12 months measured from time of discharge / completion of the program.
  - a. A post-treatment period of demonstrated stability is required, the length of which will depend on individual patient factors.
  - b. Substance abuse disorders (not in remission), actively enrolled in Service Specific substance abuse programs are not eligible for waiver.
14. Use of antipsychotics or anticonvulsants for stabilization of DSM IV or DSM-5 diagnoses.
15. Use of 3 or more psychotropics (e.g. antidepressants, anticonvulsants, antipsychotics, benzodiazepines) for stabilization, particularly if used to offset side-effects of other BH therapy.
16. Psychiatric disorders with fewer than three months of demonstrated stability from the last change in treatment regimen, including discontinuation.

17. Psychiatric disorders newly diagnosed during deployment do not immediately require a waiver or redeployment. Disorders that are deemed treatable, stable, and having no impairment of performance or safety by a credentialed mental health provider do not require a waiver to remain in theater.

a. Exceptions include diagnoses featuring bipolar, psychotic, or suicidal features. These individuals should be redeployed at soonest opportunity via medical evacuation with appropriate escorts and per TRANSCOM guidelines.

b. Diagnoses requiring the prescription of CSA-scheduled controlled substances will require an approved waiver to obtain routine refills of medication.

**H. Medications – although not exhaustive, use of any of the following medications (specific medication or class of medication) is disqualifying for deployment, unless a waiver is granted:**

1. Any medication which, if lost, misplaced, stolen, or destroyed, would result in significant worsening or grave outcome for the affected individual before the medication could be reasonably replaced.
2. Any medication which requires periodic laboratory monitoring, titrated dosing, or special handling/storage requirements, or which has documented side effects, when used alone or in combination with other required therapy, which are significantly impairing or which impose an undue risk to the individual or operational objectives.
3. Blood modifiers:
  - a. Therapeutic Anticoagulants: warfarin (Coumadin), rivaroxaban (Xarelto).
  - b. Platelet Aggregation Inhibitors or Reducing Agents: clopidogrel (Plavix), anagrelide (Agrylin), Dabigatran (Pradaxa), Aggrenox, Ticlid (Ticlopidine), Prasugrel (Effient), Pentoxifylline (Trental), Cilostazol (Pletal). Note: Aspirin use in theater is to be limited to individuals who have been advised to continue use by their healthcare provider for medical reasons; such use must be documented in the medical record.
  - c. Hematopoietics: filgrastim (Neupogen), sargramostim (Leukine), erythropoietin (Epogen, Procrit).
  - d. Antihemophilics: Factor VIII, Factor IX.
4. Antineoplastics (oncologic or non-oncologic use): e.g., antimetabolites (methotrexate, hydroxyurea, mercaptopurine, etc.), alkylators (cyclophosphamide, melphalan, chlorambucil, etc.), antiestrogens (tamoxifen, etc.), aromatase inhibitors (anastrozole, exemestane, etc.), medroxyprogesterone (except use for contraception), interferons, etoposide, bicalutamide, bexarotene, oral tretinoin (Vesanoid).
5. Immunosuppressants: e.g., chronic systemic steroids.
6. Biologic Response Modifiers (immunomodulators): e.g., abatacept (Orencia), adalimumab (Humira), anakinra (Kineret), etanercept (Enbrel), infliximab (Remicade), leflunomide (Arava), etc.
7. Antiretrovirals used for Pre-Exposure Prophylaxis (PrEP): e.g. tenofovir disoproxil fumarate/emtricitabine (Truvada), tenofovir alafenamide (Vemlidy)
8. Any CSA Schedule I-V controlled substance, including but not limited to the following:
  - a. Benzodiazepines: lorazepam (Ativan), alprazolam (Xanax), diazepam (Valium), flurazepam (Dalmane), clonazepam (Klonopin), etc.
  - b. Stimulants: methylphenidate (Ritalin, Concerta), amphetamine/dextroamphetamine (Adderall), dextroamphetamine (Dexedrine),

dexamethylphenidate (Focalin XR), lisdexamfetamine (Vyvanse), modafinil (Provigil), armodafinil (Nuvigil), etc.

**c.** Sedative Hypnotics/Amnestics: zolpidem (Ambien, Ambien CR), eszopiclone (Lunesta), zaleplon (Sonata), estazolam (Prosom), triazolam (Halcion), temazepam (Restoril), etc. Note: single pill-count issuances for operational transition do not generally require a waiver.

**d.** Narcotics/narcotic combinations: oxycodone (Oxycontin, Percocet, Roxicet), hydrocodone (Lortab, Norco, Vicodin), hydromorphone (Dilaudid), meperidine (Demerol), tramadol (Ultram), etc.

**e.** Cannabinoids: marijuana, tetrahydrocannabinol (THC), dronabinol (Marinol), etc. Note that possession or use may be a criminal offense in the CENTCOM AOR.

**f.** Anorexiant: phendimetrazine (Adipost), phentermine (Zantryl), etc.

**g.** Androgens and Anabolic Steroids: testosterone (Axiron, AndroGel, Fortesta, Testim), oxymetholone (Anadrol-50), methyltestosterone (Methitest), etc.

Preparations used in accordance with standards outlined in 7.A.7 above do not require separate waiver. All injected preparations require waiver.

**9.** Antipsychotics, including atypical antipsychotics: haloperidol (Haldol), fluphenazine (Prolixin), quetiapine (Seroquel), aripiprazole (Abilify), etc.

**10.** Antimanic (bipolar) agents: e.g., lithium.

**11.** Anticonvulsants, used for seizure control or psychiatric diagnoses.

**a.** Anticonvulsants (except those listed below) which are used for *non-psychiatric* diagnoses, such as migraine, chronic pain, neuropathic pain, and post-herpetic neuralgia, are not intrinsically deployment-limiting as long as treated conditions meet the criteria set forth in this document and accompanying MOD THIRTEEN. No waiver required. Exceptions include:

**b.** Valproic acid (Depakote, Depakote ER, Depacon, divalproex, etc.).

**c.** Carbamazepine (Tegretol, Tegretol XR, etc.).

**d.** Lamotrigine (Lamictal)

**12.** Varenicline (Chantix).

**13.** Botulinum toxin (Botox): Current or recent use to control severe pain.

**14.** Insulin and exenatide (Byetta).

**15.** Injectable medications of any type, excluding epinephrine (Epipen), though underlying allergy may require separate waiver.

# EXHIBIT F

**BY ORDER OF THE  
SECRETARY OF THE AIR FORCE**

**AIR FORCE INSTRUCTION 36-3212**

**2 FEBRUARY 2006**

*Incorporating Through Change 2, 27 November 2009*

**Personnel**

**PHYSICAL EVALUATION FOR RETENTION,  
RETIREMENT, AND SEPARATION**



**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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**ACCESSIBILITY:** This publication is available digitally on the AFDPO WWW site at:  
<http://www.e-publishing.af.mil>.

**RELEASABILITY:** There are no releasability restrictions on this publication.

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OPR: HQ AFPC/DPSD

Certified by: HQ AFPC/DPP  
(Col Steven M. Maurmann)

Supersedes: AFI 36-3212, 30 September 1999

Pages: 98

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This instruction describes how to retire or discharge Air Force (AF) members who are unfit to do their military duties because of physical disability. It outlines procedures for examining, and discharging or retiring members from the temporary disability retired list (TDRL). It also provides disposition instructions for unfit members who remain on active duty in a limited assignment status (LAS). **Chapter 8** applies to certain Air National Guard (ANG) and United States Air Force Reserve (USAFR) members not on extended active duty (EAD). This instruction carries out the requirements of Title 10, United States Code (U.S.C.), chapter 61, and Department of Defense Directive (DoDD) 1332.18, *Separation or Retirement for Physical Disability*, November 4, 1996, DoD Instructions (DoDI) 1332.38, *Physical Disability Evaluation*, and 1332.39, *Application of the Veterans Administration Schedule for Rating Disabilities*, November 14, 1996, and implements Air Force Policy Directive (AFPD) 36-32, *Military Retirements and Separations*.

This instruction requires collecting and maintaining information protected by the Privacy Act of 1974, under 10 U.S.C., chapter 61, and Executive Order (EO) 9397. The Privacy Act statement required by Air Force Instruction (AFI) 37-132, *Air Force Privacy Act Program*, is in AF Forms 1185, **Statement of Record Data**, and 1186, **Retention Limited Assignment Status**. System of Records Notice F035 AF PC, *Military Personnel Records System*, applies. Submit proposed supplements and operating instructions to AF Personnel Center, Directorate of Personnel Program Management, USAF Physical Disability Division (HQ AFPC/DPPD), for review and approval before publication. Process supplements that affect any military personnel function as shown in AFI 37-160, volume 1, table 3.2, *The Air Force Publications and Forms Management Programs--*

*Developing and Processing.* Refer to [Attachment 1](#) for Glossary of References, Abbreviations, Acronyms, Terms and Addresses.

**SUMMARY OF CHANGES**

This change revises paragraph 2.6 for recalling MEB cases; updates paragraph 2.7 with new procedures for the “Expedited DES Process”; revises paragraph 3.34 to include both fit and unfit findings; updates date of separation computation in paragraph 5.19.3.1; and eliminates the option for airmen over 20 years to remain in a Limited Assignment Status in paragraph 6.3.2. A margin bar (/) indicates newly revised material.

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## Chapter 1

### GENERAL PROVISIONS

#### 1.1. Purpose of the Disability Evaluation System (DES).

1.1.1. To maintain a fit and vital force, disability law allows the Secretary of the Air Force (SAF) to remove from active duty those who can no longer perform the duties of their office, grade, rank or rating and ensure fair compensation to members whose military careers are cut short due to a service-incurred or service-aggravated physical disability.

#### 1.2. Responsibilities.

1.2.1. The SAF prescribes directives to carry out provisions of Title 10, U.S.C. These are used to decide fitness for continued military duty; percentage of disability in unfit cases; suitability for reappointment, enlistment or reentry on active duty; and entitlement to disability retirement or severance pay.

1.2.2. The Secretary of the Air Force Personnel Council (SAFPC) acts on behalf of the SAF.

1.2.3. HQ AFPC/DPPD processes disability cases, establishes Informal and Formal Physical Evaluation Boards and controls the TDRL program.

1.2.4. SAFPC or HQ AFPC/DPPD may make exceptions to this instruction unless specifically prohibited by law or DoD policy.

**1.3. Eligibility for Disability Evaluation.** HQ AFPC/DPPD determines eligibility for disability processing. The mere presence of a physical defect or condition does not qualify a member for disability retirement or discharge. The physical defect or conditions must render the member unfit for duty. Disability evaluation begins only when examination, treatment, hospitalization, or substandard performance result in referral to a Medical Evaluation Board (MEB). Members not eligible for disability processing are:

1.3.1. Members Under Court-Martial (CM) Charges. Those charged with one or more offenses that could result in dismissal or punitive discharge, and those convicted and sentenced to dismissal or punitive discharge, may not undergo disability evaluation, unless the case fits one of the following exceptions:

1.3.1.1. Question of Mental Capacity or Responsibility. When a medical board questions a member's mental capacity or responsibility, the commander exercising CM jurisdiction decides whether to proceed with CM or dismiss, withdraw, or hold the charges in abeyance until completion of the disability evaluation. The commander sends a copy of the decision to withdraw or dismiss CM to HQ AFPC/DPPD, along with the mental inquiry report and other required records listed in AFI 48-123, *Medical Examination and Medical Standards*.

1.3.1.2. Member Whose Sentence to Dismissal or Punitive Discharge is Suspended. Action to vacate the suspension stops disability evaluation.

1.3.2. Eligibility for Disability Evaluation. USAF Academy (USAFA) Cadets (10 U.S.C. 1217) who incurred a disability on or after 27 October 2004.

1.3.3. Members on Excess Leave. According to the Comptroller General of the United States (decision B-205953, 18 Jun 82), a member in this status is not entitled to basic pay and, therefore, is not entitled to disability benefits under the provisions of 10 U.S.C., chapter 61.

**(EXCEPTION:** Member is eligible for disability processing if in this status in order to participate in educational program or for an emergency purpose.)

#### **1.4. Processing Special Cases.**

1.4.1. **CM Sentence Not Involving Dismissal or Punitive Discharge.** Members who are in military confinement are not eligible for processing until sentence is completed and they are placed in a returned to duty status.

1.4.2. **Unauthorized Absence.** HQ AFPC/DPPD and the PEBLO stop processing a case when a member is absent without leave (AWOL), in deserter status, or in the hands of civil authorities and do not resume processing until the member returns to military control and HQ AFPC/DPPD determines the member is eligible for disability processing.

1.4.3. **Civil Court Action.** When civil criminal court action is pending and the member is present for duty, the PEBLO will continue processing after the member's commander clears the member for appearance at the PEB.

1.4.4. **Dual Action.** Process as dual action, disability cases on members with an unfit finding who are also pending administrative separation (including Second Lieutenants being processed for "not qualified for promotion"), or who apply for nondisability retirement or discharge in lieu of CM action according to AFIs 36-3203, *Service Retirements*, 36-3206, *Administrative Discharge Procedures*, 36-3207, *Separating Commissioned Officers*, 36-3208, *Administrative Separation of Airmen* or 36-3209, *Separation Procedures for Air National Guard and Air Force Reserve Members*. SAFPC makes the final disposition. If SAFPC does not accept the retirement or discharge in lieu of CM action, the CM will proceed. If the sentence does not result in punitive discharge, then the disability case can be processed. **NOTE:** Administrative action continues in any disability case that results in a fit determination.

**1.5. Delay of Processing.** Medical Treatment Facilities (MTFs) will not delay disability processing for nondisabling conditions such as elective surgery. If a member needs emergency surgery, treatment, or hospital care, consider a delay in retirement or discharge only when it could cause a change in the disability disposition or rating.

**1.6. Benefits.** The Air Force disability system will not retain, retire, or discharge a member for disability solely to increase Air Force retirement or discharge benefits.

**1.7. Disability Ratings.** The PEB assigns a percentage rating to a medical defect or condition when the member is physically unfit for duty. By law, (10 U.S.C., chapter 61), the Air Force assigns ratings from the Department of Veterans' Affairs (VAs') *Schedule for Rating Disabilities* (VASRD) and implementation guidance contained in DoDI 1332.39. **(EXCEPTION:** Reserve and ANG fitness/unfitness determinations as described in [Chapter 8](#).)

**1.8. VASRD Distribution.** The VA sends the VASRD to HQ AFPC/DPPD. HQ AFPC/DPPD assigns a control number to each copy and sends a copy to the PEBLOs and to evaluating boards and staff members in the disability system. PEBLOs maintain control of the publication within their respective MTF.

**1.9. Air Force and VA Ratings.** The VA administers its program under Title 38, U.S.C.; the Air Force under Title 10. Although both use the VASRD in assessing disability ratings, a prime difference between the two systems is that the VA may rate any service-connected condition without regard to fitness, whereas the Air Force may rate only those conditions which make a member unfit for continued military service (see paragraph [A2.21](#)).

**1.10. Medical Hold.** The Medical Standards Branch (HQ AFPC/DPAMM) may place a member on medical hold when he or she is within 60 days of the scheduled non-disability separation or retirement date and undergoing disability processing. HQ AFPC Service Retirements, AF/DPOB (for Colonels and Colonel-selects), or the MPF must revoke the non-disability retirement or discharge order before its effective date.

**1.11. The Next of Kin (NOK) or Guardian.** The NOK (in accordance with 10 U.S.C. 1513 [4] and [5] and 10 U.S.C. 1482[C]) or guardian acts for a member when the member is mentally incompetent or the physician determines that divulging information to the member would be harmful to the member's well being. The NOK or guardian has the same rights, privileges, and counseling benefits and, unless specifically prohibited, follows the same procedures as for the members being evaluated. *NOTE:* For the sake of brevity, this instruction refers to the member except when the text applies specifically to the NOK or guardian.

**1.12. National Emergency, Contingencies of War, Times of War.** HQ AFPC/DPPD will establish Physical Evaluation Boards (PEBs) at designated locations in the Continental United States (CONUS) and will announce this action by message (includes minimize).

1.12.1. Medical facilities send their MEBs to the nearest PEB-selected location. The PEB sends its findings and recommended disposition to the evaluatee. If the evaluatee nonconcur, he or she may appear before the Formal Physical Evaluation Board (FPEB) represented by counsel or, if the evaluatee denies this option, he or she may appeal in writing to the PEB that issued the original findings. The member may appeal the final findings of the PEB by writing to the central review authority of the SAFPC at AFPC. *EXCEPTION:* If the Informal Physical Evaluation Board (IPEB) finds a member fit and recommends return to duty, no appeal process is available.

1.12.2. The central review authority is made up of members of the current PEBs and makes the final determination.

**1.13. Unlawful Influence.** No one may attempt to coerce or, by any unauthorized means, influence a PEB or the outcome of any disability case.

**1.14. Approval by Defense Finance and Accounting Service (DFAS).** DFAS approved the entitlements portions of this instruction under procedures prescribed by the Secretary of Defense (SecDef) according to Title 37 U.S.C., Section 1001.

**1.15. Special Orders.** HQ AFPC/DPPD issues special orders effecting temporary and permanent disability retirement (ACD series), travel orders for TDRL members (TDD), and appointment of PEB members (ABD). The Chief, USAF Physical Disability Division, is the authenticating official.

## Chapter 2

### MEDICAL TREATMENT FACILITY (MTF) PROCESSING RELATED TO DISABILITY EVALUATIONS

**2.1. Medical Evaluation Boards (MEB).** AFI 48-123, *Medical Examination and Standards*, gives the rules for competency boards and MEBs, their documentation, appropriate recommended actions, and the disposition of evaluatees and their records. In addition, the PEB requires specialty evaluations, such as cardiology consultations for heart conditions or psychiatric consultation for mental conditions. Documentation sent to the PEB for adjudication must not be over 90 days old when received at AFPC. When there is a question about the member's ability to act in his or her own behalf, or if there is a change from a prior competency determination, a competency board must be conducted. **EXCEPTION:** This 90-day time limit does not apply in cases of members of the Ready Reserve whose non-duty related impairments are being evaluation by the PEB for a determination of fitness only under **Chapter 8, Section 8E**.

#### **2.2. Role of the Medical Officers in the MEB Process.**

2.2.1. The attending physician at the medical treatment facility (MTF) will:

2.2.1.1. Conduct the examination.

2.2.1.2. Prepare the documents required to identify medical defects or conditions that may disqualify the member for continued active duty (AD).

2.2.1.3. Refer the case to a MEB.

2.2.2. Medical officers on the MEB will:

2.2.2.1. Evaluate the documentation. Recommend the disposition of the MEB case and refer it to the approving authority as outlined in AFI 48-123.

#### **2.3. Role of the Physical Evaluation Board Liaison Officer (PEBLO).** The PEBLO will:

2.3.1. Ensure disability cases referred to the PEB are complete, accurate, and fully documented.

2.3.2. Counsel evaluatees concerning their rights in the disability process (see **Attachment 2**).

2.3.3. Maintain coordination with the member, medical facility, MPF, and HQ AFPC/DPPD.

**2.4. Role of Commander and Supervisor.** Except in situations of critical illness or injury in which return to duty is not expected, a written statement from the member's immediate commanding officer or supervisor describing the impact of the member's medical condition on normal military duties and ability to deploy or mobilize, as applicable, will be submitted with the documentation required by AFI 48-123.

**2.5. Hospitalization During or After Disability Evaluation.** If disability processing is not completed, the MTF must obtain authorization from HQ AFPC/DPPD before moving the member to a VA hospital for long-term inpatient care. When the evaluatee's medical condition requires continued inpatient care after completion of disability processing, hospitalization will be at the referring hospital, another military facility, or a VA or civilian medical facility.

**2.6. Recall of Case.** If a major change in the diagnosis or in member's condition is discovered, the referring MTF commander may recall the case for further medical evaluation and new

medical board or addendum, as appropriate. The commander sends a report of circumstances and request for recall to AFPC/DPSD.

2.6.1. **DELETED.**

2.6.2. **DELETED.**

**2.7. Expedited DES Process for Members with Catastrophic Conditions and Combat-Related Causes.** Military medical authorities, the Federal Recovery Care Coordinator, PEBLOs, treating physicians, medical and non-medical case managers collaborate in identifying members who are qualified for referral to the expedited DES process. The PEBLOs work to obtain a medical declaration of catastrophically ill or injured through the DES.

2.7.1. The PEBLO transmits the following minimum documentation to AFPC/DPSD: a narrative summary of care describing, at minimum, the member's course of medical treatment since injury, current condition, description of the treatment plan and prognosis. Narrative summary must be signed by the senior attending physician. Once the PEB has made the catastrophic determination, processing will continue as outlined in DoDI 1332.38, Enclosure 9, paragraph E9.4.

2.7.2. **DELETED.**

**2.8. DELETED.**

**2.9. Referral for Pre-Separation Counseling.** As soon as it is evident that a member will meet an MEB, the PEBLO refers the member to the MPF for pre-separation counseling in accordance with AFI 36-2102, *Base- Level Relocation Procedures*. Although final disposition is unknown at this point, early counseling is necessary to satisfy requirements of 10 U.S.C. 1142.

### Chapter 3

#### THE PHYSICAL EVALUATION BOARD (PEB)

##### *Section 3A—How PEBs are Established*

**3.1. Purpose of PEBs.** A PEB is a fact-finding body that investigates the nature, origin, degree of impairment, and probable permanence of the physical or mental defect or condition of any member whose case it evaluates. The disability system provides for two PEBs: an Informal PEB and a Formal PEB. If either board finds a member unfit, it recommends appropriate disposition based on the degree of impairment caused by the disabling condition, the date incurred, and the member's line of duty status. A PEB is not a statutory board, and there is no statute of limitations in considering evidence.

**3.2. Legal Basis for Formal Hearings.** The FPEB provides the full and fair hearing required by 10 U.S.C. 1214 for members recommended for a disability discharge or retirement.

**3.3. Voting Board.** The PEB is a voting board and each member has an equal vote. If disagreement occurs, the majority vote determines the issue. The dissenting member may write a report to assist later reviewers in understanding the issues.

**3.4. Training of PEB Members.** HQ AFPC/DPPD trains all members before they act and vote on disability cases. Training includes all elements of the disability system, criteria for fitness determinations, and use of the VASRD.

**3.5. The Appointing Authority for PEB Members.** Permanent and alternate members are appointed on Department of the Air Force (DAF) Special Orders by direction of the SAF.

**3.6. Permanent Members of the PEB.** The Commander, Air Force Personnel Center (AFPC/CC), or a designee, assigns and appoints PEB permanent members. Appointment orders designate the senior nonmedical voting member as PEB president, other nonmedical voting members as personnel members, and identify Medical Corps and Reserve component members.

**3.7. Alternate Members of the PEB.** Alternate members serve when permanent members are absent. The PEB president instructs alternate members on their duties and responsibilities. HQ AFPC/DPPD and the FPEB, HQ AFPC/DPPDF, appoint and designate alternate members on orders. AFPC/CC furnishes alternate members to the IPEB. The Commander, Air Force Military Training Center (AFMTC, Lackland), furnishes alternate presidents and personnel members for the FPEB. The Commander, 59th Medical Wing, Wilford Hall Medical Center (59 Med Wg (WHMC), Lackland), furnishes alternate medical members for the FPEB. The Lackland Staff Judge Advocate (SJA) furnishes the alternate legal counsel for the FPEB. In acting on a PEB request for an alternate member, the commander's decision on the availability of the member is final. Alternate presidents should be lieutenant colonels or above; alternate medical and non-medical members, majors or above; and alternate military legal counsels, captains or above.

**3.8. PEB Composition.** The PEB must have at least three voting members. When appropriate, the permanent personnel member (if serving in the grade of lieutenant colonel or above) or the senior alternate non-medical member may serve as president. HQ AFPC/DPPD appoints an alternate president if neither is available. (*Exception:* If SAFPC approves, the informal PEB may consist of two members--a medical and a personnel officer. If the two disagree on the findings, HQ

AFPC/DPPD appoints a third member to get a majority vote.). The president of the PEB assembles the board and ensures:

- 3.8.1. One of the voting members is a physician.
- 3.8.2. One of the voting members is in the Regular Air Force, if the evaluatee is in the Regular Air Force.
- 3.8.3. One of the voting members is a Reserve officer (Title 10 U.S.C. 266), if the evaluatee is in a Reserve component.

**3.9. Restrictions on Membership.** Voting members cannot serve on a PEB that evaluates a case they have acted on before except:

- 3.9.1. When a PEB voting member acting on a TDRL reevaluation case acted on the same case at the initial evaluation or an earlier reevaluation.
- 3.9.2. When additional documentation has been added to the case.
- 3.9.3. When a new MEB has recommended that a case again be referred to a PEB.
- 3.9.4. When a higher review authority has directed further investigation and reconsideration of a case or when authorized by the Chief, USAF Physical Disability Division.

**3.10. Self Disqualification.** PEB voting members must disqualify themselves if for any reason they believe they would be unable to render a fair and impartial decision.

**3.11. PEB Locations.** The IPEB is at AFPC, 550 C Street West Ste 6, Randolph AFB TX 78150-4708. The FPEB is at 2320 Carswell Ave Ste 3, Lackland AFB TX 78236-5607.

**3.12. PEB Support and Administration.** HQ AFPC/DPPD exercises operational, procedural and administrative supervision of the PEBs. However, the PEBs are attached to the base where they are located for logistics and administrative support, and court martial jurisdiction. In addition to providing administrative control of disability case processing, HQ AFPC/DPPD gives administrative and statistical support to the PEB as required.

- 3.12.1. The Disability Operations Branch (HQ AFPC/DPPDS) processes all disability cases on AD members, ARC members, and TDRL members.
- 3.12.2. HQ AFPC/JA provides legal support.
- 3.12.3. To ensure fairness and independent decisions in the disability evaluation system, primary members of the PEBs will not be rated (for officer performance report purposes) by the board president or another member of the board.

### ***Section 3B—PEB Findings and Recommendations***

**3.13. Cases Unable to be Adjudicated.** When the PEB needs more or corrected information to evaluate a case, HQ AFPC/DPPD returns the medical board proceedings and related documents to the referring MTF with a cover memorandum explaining why the case is being returned and what actions to take. When returning the case to HQ AFPC/DPPD, the MTF must include a cover memorandum telling what they did and whether they added or changed any documents. HQ AFPC/DPPD refers a case to a different facility for more medical workup or new MEB if the PEB considers it necessary to ensure a fair and impartial evaluation. HQ AFPC/DPPD returns cases for any of the following reasons:

- 3.13.1. More detailed or additional documents;
- 3.13.2. Further information and description of defects;
- 3.13.3. Further hospitalization, another physical exam, or reconsideration by an MEB;
- 3.13.4. Correction or explanation of apparent errors, omissions or inconsistencies in the records or supporting documents; or
- 3.13.5. Noncompliance with governing directives, such as AFIs 48-123 and 36-2910, *Line of Duty and Misconduct Determination*, and this instruction.

**3.14. Documenting Findings and Recommendations.** The PEBs will document their findings and recommendations on an AF Form 356, **Findings and Recommended Disposition of the USAF Physical Evaluation Board**. *EXCEPTION:* See paragraph **3.36** for documentation procedures when the IPEB issues a fit finding on an ARC member for a non-duty related condition.

**3.15. Documenting Member's Election.** Use AF Form 1180, **Action on Physical Evaluation Board Findings and Recommended Disposition**, on the PEB's findings and recommended disposition. The PEB president or board member, HQ AFPC/DPPD staff representative, or the PEBLO may sign in block 2. For TDRL evaluations, HQ AFPC/DPPDS informs the TDRL member of the PEB action by memorandum, and the member documents his or her election by indorsement to the notification memorandum.

**3.16. Fitness Determinations.** These are the most important findings made by the PEB. The standards and criteria for making this determination are in DoDD 1332.18, paragraph C.

**3.17. Presumption of Fitness.** The PEBs will presume a member fit if he or she has been able to do his or her duty satisfactorily in the 12 months before a scheduled retirement. Presumption of fitness applies to non-EAD ARC members only when there is a mandatory retirement date. This presumption applies whether the member was referred to a PEB as a result of nondisability retirement or separation processing. The presumption of fitness does not apply to a member on Limited Assignment Status (LAS) under the provisions of **Chapter 6**. The presumption of fitness may be overcome in the following circumstances:

- 3.17.1. Within the presumptive period an acute, grave illness or injury occurs that would prevent the member from performing further duty if he or she were not retiring; or
- 3.17.2. Within the presumptive period a serious deterioration of a previously diagnosed condition, to include a chronic condition, occurs and the deterioration would preclude further duty if the member were not retiring; or
- 3.17.3. The condition for which the member is referred is a chronic condition and a preponderance of the evidence establishes that the member was not performing duties befitting either his or her experience in the office, grade, rank, or rating before entering the presumptive period. When there has been no serious deterioration within the presumptive period, the ability to perform duty in the future shall not be a consideration.

**3.18. Ratable Physical Defects and Conditions.** Disability evaluation boards assign a disability percentage rating of zero or more to each ratable defect or condition using the VASRD and DoD Instruction 1332.39 as guides. The boards will rate only those conditions which make a member unfit for continued active duty.

**3.19. Known Existed Prior to Service (EPTS) Defects or Conditions.** See DoD Instruction 1332.38, part 2, paragraph E, for standards, limitations, and presumptions concerning EPTS defects or conditions.

**3.20. Line of Duty (LOD) Determinations.** Chapter 61, 10 U.S.C., requires a line of duty determination for each unfitting defect or condition. Specifically, for compensability purposes the PEB must know whether or not the member incurred the disability as the result of his or her intentional misconduct or during a period of unauthorized absence.

3.20.1. Evidence in Support of LODs. This evidence may include, but is not limited to, medical documentation, documents verifying a period of unauthorized absence, or an LOD determination made under AFI 36-2910.

3.20.2. PEB Action on LOD Determinations. LOD determinations made under provisions of AFI 36-2910 are material evidence considered by the PEB. The PEB cannot properly adjudicate a case until the completed LOD determination, if required, is in the case file. (**NOTE:** Entries on AF Form 618 constitute administrative LOD determinations.) The PEB will direct the referring medical facility to begin an LOD determination under AFI 36-2910 before continuing with the evaluation process when:

3.20.3. There is reasonable doubt as to the accuracy of the administrative LOD determination as shown on the AF Form 618; and

3.20.4. There is no existing informal or formal LOD determination in the member's case file; and

3.20.5. There is insufficient evidence from which the PEB may make its own independent LOD determination.

3.20.6. Changes in LOD Determinations. Only SAF or SAF's designated representative has the authority to reverse LOD determinations made under AFI 36-2910. The PEB may not recommend a change to a line of duty determination made under AFI 36-2910 unless there is new and compelling evidence not considered during that process.

**3.21. Absence Without Leave (AWOL).** A member who incurs an unfitting defect or condition during a period of unauthorized absence or AWOL is not entitled to disability benefits for that defect or condition under 10 U.S.C., chapter 61. In cases involving a member who was AWOL, the record must contain enough evidence to support a finding that the member incurred the disability during a period of unauthorized absence. In addition to pertinent medical records, supporting evidence may include court martial orders, duty status reports, line of duty reports, or other documents that verify the exact period of unauthorized absence.

**3.22. Identifying When Ratable Defects or Conditions Were Incurred.** In most cases, for each ratable defect or condition, the PEB must find if the member incurred the defect or condition while entitled to basic pay. The date incurred is the date when, according to documented evidence or accepted medical principles, the member incurred the disease, defect, condition, or injury--not the date the member underwent medical evaluation. The following guidelines apply:

3.22.1. Service-Incurred Defects. The PEB presumes members to have been in sound physical and mental condition on entering military service except for defects or conditions noted and recorded at time of entry. They presume any disease or injury discovered after active duty (AD) entry, with the exception of congenital and hereditary conditions, as having been incurred while entitled to receive basic pay. The defect or condition is service incurred unless a preponderance

of evidence shows it existed prior to service, or developed while the member was in an excess leave or TDRL status.

3.22.2. Acute Conditions. The PEB regards as service incurred or service aggravated acute conditions occurring during active service, unless the preponderance of evidence shows there was no new or increased disability resulting from these conditions during active service.

3.22.3. Conditions That Existed Prior to Service (EPTS). Certain abnormalities and residual physical defects or conditions, when found, require the conclusion that they must have existed before entry into military service or during a break in service or during a period of inactive service. For example:

3.22.3.1. Congenital and hereditary conditions.

3.22.3.2. Medical authorities are in consistent and universal agreement to the cause and time of origin.

3.22.3.3. The case involves manifestation of lesions or symptoms of chronic disease existing from the date of entry or so close to the date that the disease could not have originated in so short a period of time.

3.22.3.4. The condition is of infectious origin and is found within less than minimum incubation period.

3.22.3.5. Competent civilian medical or dental sources document physical defects or conditions before entry into service, and the records are available to military medical authorities. The physical defect or condition must be such that, by a preponderance of evidence, it must have existed before entry into the service, or the service entrance examination noted objective evidence of the defect or condition.

3.22.4. Service Aggravation of EPTS Defects or Conditions. When the PEB finds that a physical defect or condition is "EPTS," it then must find whether military service further aggravated the defect or condition. Additionally, PEBs will:

3.22.4.1. Presume service aggravation if there is any permanent increase in severity of the preexisting condition occurring after the member entered into military service. Only specific findings of "natural progression" of the preexisting defect or condition, based on well established medical principles as distinguished from medical opinion alone, will overcome the presumption of service aggravation.

3.22.4.2. Not consider as service aggravation the residual conditions resulting from medical or surgical treatment of EPTS defects or conditions. **EXAMPLE:** Post operative scars or absent or poorly functioning parts or organs.

3.22.4.3. Consider the residuals as service aggravation if the residuals are unusual or unanticipated, or if the purpose of the treatment was to relieve a service-aggravated defect or condition.

3.22.5. Conditions Incurred During a Period of Excess Leave. According to the Comptroller General of the United States (decision B-205953, 18 June 1982), a member in this status is not entitled to basic pay and, thus, is not entitled to disability benefits under the provisions of 10 U.S.C., chapter 61. (**exception:** If member is in this status in order to participate in an educational program or for an emergency purpose.)

**3.23. Proximate Result.** For cases involving ARC members who incurred a disability on or before September 23, 1996, the PEB determines whether the disability was the proximate result of performing military duties in cases involving ARC members called to active duty for 30 days or less or performing active or inactive duty training. The PEB bases these findings on the facts and circumstances in each case. There must be some definite causal relationship between the disability and the required military duty. Resolve findings in favor of the member unless the preponderance of the evidence dictates otherwise. This determination is not required for Regular members or ARC members serving on active duty for a period of more than 30 days, or for ARC members called to active duty for 30 days or less or performing active or inactive duty for training after September 23, 1996 if injury was caused in the line of duty.

**3.24. Permanence of Impairment.** The PEB determines the permanence of the impairment and classifies it as either "Permanent" or "May Be Permanent." (See [Attachment 1](#))

3.24.1. Use of the TDRL. When the PEB finds a disability may be permanent in character, but not stable in degree, and the member otherwise qualifies for disability retirement, the Air Force places the member on the TDRL. The TDRL is a way to further observe unfit members whose disability has not stabilized and for whom the PEB cannot accurately assess the degree of severity, percent of disability, or ultimate disposition. The TDRL also serves as a safeguard for both the member and the Air Force by delaying permanent disposition for those members whose conditions could improve or get worse, or where the ultimate disposition could change within a reasonable period of time.

**3.25. Percent of Disability and VA Diagnostic Codes.** The PEB, on finding a member unfit, assigns a disability percentage to each ratable defect or condition and the VA code that describes the defect or condition. The PEB enters the percent of disability without regard to LAS or the final disposition and uses hyphenated VA codes only when authorized by the VASRD. This provision does not apply to ARC and Air National Guard (ANG) fitness/unfitness determinations for non-duty related conditions.

**3.26. Armed Conflict and Instrumentality of War.** This determination may entitle the retired member to certain tax and VA benefits, special considerations if later employed by the US government and, if a Regular officer, the exemption from the requirement to forfeit a part of military retired pay. The PEB uses the following criteria in making this determination:

3.26.1. Armed Conflict. The PEB makes this determination only when the member incurred the physical defect or condition in the line of duty as a direct result of armed conflict and that defect or condition, standing alone, makes the member unfit. Mere presence in an area of armed conflict is not sufficient to support this finding. There must be a definite causal relationship between the armed conflict and the resulting unfitting disability. (See [Attachment 1](#))

3.26.2. Instrumentality of War. The PEB makes this determination only when the member incurred the physical defect or condition in line of duty as the result of an instrumentality of war during a period of war, and that defect or condition, standing alone, makes the member unfit. Title 38 U.S.C. 101 defines the periods of war.

**3.27. Determinations for Tax Benefits.** Prior to 25 Sep 75, military disability pay was excluded from gross income for Federal tax purposes. The Tax Reform Act of 1976 (26 USC, 104) provides that, effective 25 Sep 75, disability payments are taxable unless one of the following conditions is met:

3.27.1. Service Affiliation. If the evaluatee was a member of the Armed Forces (or Reserve component thereof), or under a binding written agreement to become such a member on 24 Sep 75. HQ AFPC/ DPPD determines this from information in the personnel data system or other available personnel records, and documents it in the disposition message and retirement order form.

3.27.2. Direct Result. One of the member's defects or conditions was the direct result of a combat-related injury. The defect or condition, standing alone, must make the member unfit. In all cases, the member must have incurred the disability in the line of duty, under orders (verbal or written) to perform duty, and there must be a definite causal relationship between the required duty and the disability.

3.27.2.1. Combat-related Disabilities. The PEB will make a combat-related disability determination for:

3.27.2.1.1. Armed Conflict. See paragraph [3.26](#) and [Attachment 1](#).

3.27.2.1.2. Extra Hazardous Service. An assignment to a military occupation entitling the member to hazardous duty pay, such as parachute, flight deck, demolition, experimental stress, or leprosarium duty. It includes flight duty only if it involves other than routine training flights, and there is enough evidence of record to show that an extremely hazardous duty factor was present.

3.27.2.1.3. Conditions Simulating War. Includes any disability resulting from military training, such as war games, practice alerts, or riot control training. It does not include activities like calisthenics and supervised sports not essentially military in nature.

3.27.2.1.4. Instrumentality of War. See paragraph [3.26](#) and [Attachment 1](#). In these cases, the law does not require that the disability be incurred during a period of war. Consequently, the PEB may make a favorable determination if the member incurred the disability during any period of service of such diverse causes as wounds caused by a military combat vehicle, injury or sickness caused by fumes, gases, or explosion of military ordnance, vehicles, or material.

3.27.2.2. TDRL Reexamination Cases. The initial combat-related determination is valid until final disposition. When removing a member from the TDRL for permanent disposition, the PEB makes a new determination to ensure that the combat-related defect or condition, standing alone, still makes the member unfit.

**3.28. Categorizing Ratable Defects or Conditions.** The PEB categorizes each ratable defect or condition as compensable or noncompensable. Eligibility for disability benefits is based only on compensable defects or conditions. (See glossary for definition.) After recording the compensable defects and conditions, the PEB combines the percentage rating of each defect or condition as outlined in table 1 of the VASRD. The PEB reflects any additions to or deductions from this combined rating, such as a bilateral factor or EPTS factor, and converts the final combined compensable rating to the nearest whole number divisible by 10. Any condition or defect that does not affect the member's ability to perform military duty is considered not unfitting, but is noted.

**3.29. Recommended Disposition.** The PEB recommends one of the following dispositions:

3.29.1. Return to Duty. Applies to all members found physically fit, except TDRL members or previously retired members on active duty.

3.29.2. Permanent Retirement.

3.29.3. Temporary Retirement.

3.29.4. Discharge With Severance Pay.

3.29.5. Discharge Under Other Than 10 U.S.C. Chapter 61. Add "(EPTS)," "(Excess Leave)," or "(Not Proximate Result)," to more fully explain this disposition action.

3.29.6. Discharge Under 10 U.S.C. 1207. Use only when the member is unfit and the disability is due to intentional misconduct, willful neglect, or was incurred during a period of unauthorized absence.

3.29.7. Removal From TDRL (Fit). Use only for TDRL members found fit and being removed from the TDRL.

3.29.8. Retain on TDRL. Use only for unfit TDRL members retained on that list.

3.29.9. Revert With Disability Benefits: Except as shown below, use this recommended disposition for an unfit retired member serving on AD who is reverting to the retired list with disability benefits. Under this category, add "Temporary Retirement" or "Permanent Retirement," as applicable, in item 12 of AF Form 356. Example: "Revert with Disability Benefits (Temporary Retirement)." **EXCEPTION:** To receive disability benefits, unfit members previously retired for years of service or age must have a disability of 30 percent or more (10 U.S.C. 1402 (b) and 1402(a)). Otherwise, the member reverts to the retired list without disability benefits.

3.29.10. Revert Without Disability Benefits. Use only for a retired member serving on AD who is reverting to the retired list without disability benefits.

**3.30. PEB Summary Statement.** The PEB recommends action based on objective findings of record, and uses the "Remarks" section of AF Form 356 to briefly summarize the rationale for its decision. The PEB may express matters of opinion, so long as they clearly identify them as such. Generally, the PEB will make statements concerning the following:

3.30.1. Personal impressions created by the appearance of the member if such impressions are at variance with documentary evidence in the case file.

3.30.2. The percentage rating or recommended disposition varies from that which would appear appropriate.

3.30.3. The member is unfit (excluding EPTS) and scheduled for nondisability retirement within the 12-month period immediately after the MEB evaluation.

3.30.4. The member is unfit because of defects or conditions known before the evaluation or identified during the last periodic physical examination but not previously found disqualifying or unfitting for continued active duty.

3.30.5. One of the member's defects or conditions was the direct result of a combat-related injury, as defined in 26 U.S.C. 104, and that defect, standing alone, makes the member unfit.

3.30.6. Determination that one of the member's defects or conditions was the direct result of armed conflict or caused by an instrumentality of war during a period of war, and that defect or condition, standing alone, makes the member unfit.

3.30.7. Disagreement with a LOD finding under AFI 36-2910.

3.30.8. **(If condition was incurred on or before 23 September 1996)** - Determination that the disability of an ARC member on AD 30 days or less is not the proximate result of performing AD or inactive duty training (excluding EPTS).

3.30.9. **(If condition was incurred after 23 September 1996)** - Determination that the disability of an ARC member on AD 30 days or less is not in line of duty (excluding EPTS).

**3.31. Dissenting Report.** Any voting member of a PEB may prepare a signed report for any case in which he or she disagrees with the majority decision. Include in the report the reasons for the disagreement; and identify those matters that are personal opinions. Show in the report the type of hearing, the date, and location of the PEB. Attach a copy to each set of the PEB findings and give to the member before asking him or her to agree or disagree with the PEB action.

**3.32. PEB Case File Assembly and Disposition.** See [Table 3.3](#) for instructions on assembling the case, marking exhibits, and disposing of the case file. The completed case file is "For Official Use Only," and AFIs 37-131, *Air Force Freedom of Information Act Program*, and 37-132 apply.

### *Section 3C—IPEB Procedures*

**3.33. IPEB Review.** The IPEB reviews appropriate medical and personnel records, and related documentation to determine fitness for duty. Neither the member nor counsel may be present at the informal hearing.

**3.34. IPEB Findings.** AFPC/DPSD sends AF Form 356, along with an AF Form 1180, by electronic means whenever possible to the PEBLO at the referring medical facility.

3.34.1. Action by the PEBLO and the member. Within 1 duty day of receiving the IPEB's findings, the PEBLO locates and counsels the member on the recommended disposition and on his or her rights, available options, and required actions. The member has 10 calendar days to agree or disagree with the IPEB's findings. AFPC/DPSD may approve limited extensions up to 5 calendar days. The PEBLO and others in the disability system may answer questions, but the member alone makes the final decision and documents that decision by marking the appropriate block on AF Form 1180. Prior to acting on a member's request for a FPEB, the PEBLO will review with the member the applicable standard detailed in the VASRD in order for member to understand what his symptoms would have to be to warrant an increase in the percentage of disability. If member disagrees with the recommendation of the IPEB and requests a FPEB hearing, member may submit a brief rebuttal stating reason for disagreement.

3.34.1.1. Signs the counseling portion of AF Form 1180;

3.34.1.2. Informs HQ AFPC/DPPD of the member's decision by electronic means, telephone, or by message if overseas (includes *MINIMIZE*);

3.34.1.3. Gives the member a copy of AF Forms 1180 and 356;

3.34.1.4. Retains a copy of each form in suspense until case completion;

3.34.1.5. Mails or sends by electronic means the signed original AF Form 1180 and the rebuttal, if applicable, to HQ AFPC/DPPD.

3.34.2. Action by HQ AFPC/DPPD. Upon notification of member's decision, HQ AFPC/DPPD will:

3.34.2.1. Continue processing the case as appropriate if the member agrees with the IPEB findings.

3.34.2.2. Request a formal hearing for any member who disagrees with an unfit finding and forward the case file to the FPEB.

3.34.2.3. If member disagrees with a fit finding, a rebuttal statement must accompany the AF Form 1180 and the Chief, USAF Physical Disability Division, will determine whether there is sufficient justification for a Formal Board hearing.

3.34.2.3.1. If insufficient justification, member's request for an FPEB will be denied and the PEBLO will be notified. The PEBLO will notify the member and the Military Personnel Section (MPS) that the member has been returned to duty. The MPS will be required to accomplish appropriate personnel actions as outlined in this instruction (Chapter 4)

3.34.2.3.2. If sufficient justification exists, member will be scheduled for a Formal Board hearing.

**3.35. NEXT OF KIN (NOK) Counseling.** If the member is unable to act on his own behalf because of mental incompetence, is comatose, or it would be dangerous to his or her health, the PEBLO personally counsels the NOK. The NOK signs AF Form 1180 for the member.

3.35.1. When the NOK is not near the referring facility, HQ AFPC/DPPD sends AF Forms 1180 and 356 and other information to another Physical Evaluation Board Referral Hospital (PEBRH) near the NOK, where the PEBLO will counsel the NOK and complete the required actions. If the NOK is not near a PEBRH, HQ AFPC/DPPD sends the necessary forms to the NOK, with a letter of explanation, and requests a reply within a specified time (normally 2 weeks).

3.35.2. If the PEBLO cannot identify or locate the NOK, the PEBLO informs HQ AFPC/DPPD, who then refers the case to the FPEB.

3.35.3. When the IPEB recommends permanent or temporary retirement with maximum benefits (100 percent compensable rating), and time and circumstances do not permit a formal hearing, HQ AFPC/ DPPD processes the case for Secretarial determination without the member's or NOK's agreement. HQ AFPC/DPPD includes a statement of the circumstances in the case file.

**3.36. IPEB Fit Findings.** The IPEB will stamp the AF Form 618 "Fit - Return to Duty." The stamp will be signed and dated by the IPEB president or board member. (The IPEB will not initially issue an AF Form 356.)

3.36.1. A designated assistant to the Director, SAFPC will review the case. If approved, the assistant will sign and date in the space provided on the stamped AF Form 618, which is then filed in the member's out-patient health record.

3.36.2. Approval by the SAFPC designated assistant completes the disability evaluation process. However, before the records are returned to the PEBLO, HQ AFPC/DPAMM will review them and, if applicable, include a memorandum advising that the member will require an assignment limitation code (ALC) "C." For ARC members not on extended active duty, the records will be returned to the appropriate ARC headquarters for review and action.

3.36.3. Upon receiving the records, the PEBLO will take the following actions:

3.36.3.1. Notify the member of actions taken in the case.

3.36.3.2. Notify the Military Personnel Flight (MPF) that the member has been returned to duty, and ask them to accomplish the required personnel actions in this instruction ([Chapter 4](#)).

3.36.3.3. Gives the MPF a copy of HQ AFPC/DPAMM's memorandum containing Code "C" instructions, if applicable.

### **3.37. Special Review by the IPEB.**

3.37.1. When a hospital commander discovers any of the circumstances listed below, he or she sends a report of circumstances (with supporting evidence) and requests special review by the IPEB. If the request meets the criteria for special review, HQ AFPC/DPPD refers the case to the IPEB. The special review may be conducted by the same members who previously considered the case, or different members if one or more of the original board members are unavailable. If, after review, the IPEB revises its findings, it prepares a new AF Form 356 and reprocesses the case. If there is no change, HQ AFPC/DPPD notifies the hospital commander to continue processing the original case and adjusts the time limit for response. The following circumstances may merit a special review:

3.37.1.1. Pertinent medical records or evidence were not sent to the informal PEB.

3.37.1.2. A change in diagnosis that does not require another medical workup or new medical board. (If the change is major, see recall guidelines, paragraph [2.6](#))

3.37.1.3. Changes in medical status that may change the IPEB's findings and recommended disposition.

3.37.2. If after the IPEB has found a member fit, the hospital commander discovers additional facts or evidence which might meet the criteria for special review by the IPEB, and HQ AFPC/DPPD agrees, HQ AFPC/DPPD will reopen the case. In addition to the report of circumstances and supporting evidence, the PEBLO returns the member's records to HQ AFPC/DPPD.

3.37.2.1. If, upon special review, the IPEB issues an unfit finding and recommends disability separation or retirement, an AF Form 356 will be referred to the evaluatee, and the case will proceed in the same manner as other unfit cases.

3.37.2.2. If the IPEB does not change its initial fit finding, they will issue an AF Form 356 and forward it, with the rest of the case file, directly to SAFPC for review.

3.37.2.3. If the SAFPC agrees with the IPEB's fit finding, they will issue a memorandum directing the member's return to duty and return the case file to HQ AFPC/DPPD. The MEB, AF Form 356, and SAFPC memorandum will be placed in the member's out-patient health record.

3.37.2.4. If the SAFPC finds the member unfit, they will issue "revised recommended findings" (RRF) and the case proceeds in the same manner as other unfit cases.

3.37.3. When appropriate, the PEBLO keeps the MPF apprised of the status of any case undergoing special review.

*Section 3D—FPEB Procedures*

**3.38. Purpose of the Formal Hearing.** Gives members recommended for discharge or retirement the opportunity to appear in person before the FPEB, to be represented by an appointed military counsel or counsel of their choice, and to present evidence and call witnesses. Hearings are not adversarial; they are administrative in nature.

**3.39. Situations That Require a Formal Hearing.**

3.39.1. When it is requested by the member after the IPEB has issued an unfit finding.

3.39.2. When the IPEB issues an unfit finding and the member neither agrees nor disagrees with the findings, or submits a conditional concurrence.

3.39.3. When the member is unable to act in his or her own behalf and the NOK is unknown, unavailable, or is unwilling to accept the responsibility.

3.39.4. When the Chief, HQ AFPC/DPPD, or other final reviewing authority decides that a formal hearing is in the best interest of the member and the Air Force. In these cases, the official concerned directs the hearing in writing. The hearing may be held in absentia if the evaluatee is a TDRL member (see paragraph 7.19).

**3.40. PEBLO Actions.** Prior to the formal hearing the PEBLO:

3.40.1. Issues orders placing member on temporary duty (TDY) to 59 Med Wg (WHMC), Lackland AFB TX 78236-5300, when the member needs military or commercial transportation to the formal board. Shows on the order that the TDY is for the specific purpose of appearing before the FPEB and includes the reporting date and time. Ensures the member arrives at Lackland no more than 24 hours before the scheduled reporting time. The reporting time is when the member is to consult with the appointed military legal counsel and review the case records. The actual hearing takes place after the consultation. If traveling by aeromedical evacuation, shows on the orders that member will travel "Class 4," unless that class is not appropriate due to medical reasons. The referring medical facility funds TDY to the FPEB (For ARC members, refer to paragraph 8.12). Members normally may not take leave in conjunction with TDY to the FPEB (**Chapter 4**).

3.40.2. Gives the member up-to-date information on Lackland AFB housing, transportation, meals, location of buildings, where to report, how to contact appointed military counsel, and how to get orders indorsed for reimbursement.

3.40.3. Tells the member that active duty and ARC members must wear the service uniform unless they can not wear it for medical reasons. Wear of the military uniform must conform with all requirements of AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel*.

**3.41. HQ AFPC/DPPDF Actions.** Prior to the hearing HQ AFPC/DPPDF:

3.41.1. Allows the member up to 3 duty days after arrival at the FPEB to review the available records and prepare the case. If the member needs more time, he or she submits a written request to the FPEB president. The member should state the reasons for the requested delay and how much extra time he or she needs. If disapproved, a written notice explains the reason for the disapproval, or if approved, gives a new date and time for the formal hearing.

3.41.2. Informs the member, counsel, and witnesses of the rules outlined in this section.

3.41.3. Ensures that member and counsel have access to this instruction, AFPD 36-32, DoDD 1332.18, DoDI's 1332.38 and 13332.39, AFI 48-123, the VASRD, and any other directives or publications referred to in this instruction that may apply.

**3.42. Failure of Member To Appear for a Formal Hearing.** With the exception of members who are mentally incompetent, absentia cases, TDRL cases, or when appearance would be harmful to the member's medical condition, if a member fails to appear for a scheduled formal hearing, the FPEB delays the hearing and investigates the absence. The FPEB President decides whether to reschedule the hearing or proceed with it. Include a statement of circumstances in the record. The appointed military counsel must be present at the hearing if neither the member nor another counsel representing the member is present. **EXCEPTION:** Return to DPPDS cases on TDRL members found fit and recommended for removal from TDRL (see paragraph 7.25.2).

**3.43. Excusal from Hearing.** A member may request to be excused from personally appearing at a hearing. This request is not to be confused with the waiver of formal hearing (paragraph 3.44). The request to be excused may be made either before or after the member travels to the hearing. The FPEB president at his discretion may approve a member's request for excusal. The record of the hearing must clearly show that this was a voluntary act by the member. In such cases, the designated legal counsel represents the member during all open sessions. The member remains in the area until the FPEB completes its action. Excusal does not keep the FPEB from referring the member to 59 Med Wg (WHMC) for medical consultation is needed.

**3.44. Waiver of Formal Hearing.** Formal hearings are either requested by a member or directed by competent authority. After a hearing has been scheduled as the result of a member's request or direction by competent authority, a member must appear unless a waiver has been requested and approved. A member may request a waiver either before or after arrival at the FPEB. The waiver must include the reasons for the request and indicate concurrence with the IPEB's findings. The FPEB president is the approval authority for waivers, except for directed formal hearings, in which case the directing official is the approval authority. The member also signs a statement of understanding acknowledging no further right to demand a formal hearing without substantial new evidence or unless a subsequent review level changes the findings and recommended disposition of the IPEB. The request for waiver becomes a permanent part of the record.

3.44.1. If the member has arrived at Lackland AFB, the FPEB president may approve such waivers if in the best interest of all concerned. This authority applies only to formal hearings scheduled at the request of the member. Only the directing official may waive directed formal hearings.

**3.45. Representation by Counsel.** Members have legal representation at the formal hearing, unless they decline in writing. The representative is a PEB-appointed military counsel (a judge advocate), another military counsel of the member's choice, if reasonably available to perform such duties, or civilian counsel of the member's choice, at member's expense. When the member designates other military or civilian counsel, they assume the responsibilities and duties outlined in this chapter for the FPEB military counsel. The designated counsel or member may ask the regularly appointed military counsel to assist in pre-hearing preparation. The FPEB president or the regularly appointed military counsel explains formal hearing procedures to the designated counsel before the PEB convenes.

**3.46. Appointed Counsel.** The FPEB appoints military counsel to safeguard the legal rights of the member and present his or her case to the board. Appointed counsel attends all open hearing sessions, unless excused in writing by the member. Duties and responsibilities include:

- 3.46.1. Advising member of rights, options, and formal hearing rules.
- 3.46.2. Preparing or assisting member in case presentation.
- 3.46.3. Obtaining sworn statements or other evidence in support of the member's position. If presenting additional medical evidence, label it as "additional medical evidence" rather than as an "addendum" to prior medical records.
- 3.46.4. Examining and cross-examining witnesses, as appropriate.
- 3.46.5. Submitting oral or written arguments, as appropriate.
- 3.46.6. Counseling the member on the PEB's findings and recommended disposition.
- 3.46.7. Preparing or assisting the member in preparing the rebuttal, when requested.

**3.47. Special Cases.** When a member is mentally incompetent or the physician determines that knowledge of the condition would harm the member, the appointed legal counsel represents the member if the NOK (or guardian) fails to reply or designate alternate counsel. Include a statement of the circumstances in the record. The appointed military counsel must be present at the hearing if neither the NOK, guardian, nor another designated counsel is present.

**3.48. Formal Hearing Instructions.** HQ AFPC/DPPD will establish and provide to HQ AFPC/DPPDF the formal hearing format and procedures.

**3.49. Actions Following Formal Hearing.** HQ AFPC/DPPDF prepares AF Forms 356 and 1180, files the originals in the member's master case file, and gives copies to the referring MTF, HQ AFPC/DPPD, the member, and the counsel.

3.49.1. Time Limits. After receiving AF Form 356, **Findings and Recommended Disposition of USAF Physical Evaluation Board**, and AF IMT 1180, **Action on Physical Evaluation Board Findings and Recommended Disposition**, the evaluatee has 1 duty day to either agree or disagree with the FPEB findings. If the evaluatee disagrees, he or she may submit a written rebuttal within 10 calendar days. The FPEB president may approve written requests for additional time to allow the member to obtain additional medical documentation or consult with legal counsel.

3.49.2. Contents of Rebuttal:

3.49.2.1. Specific items with which the evaluatee disagrees.

3.49.2.2. The reasons for the disagreement.

3.49.2.3. The desired outcome, including disposition and percentage of disability if applicable.

3.49.2.4. Supporting statements or documents. Do not resubmit as part of the rebuttal documents entered as evidence during the formal hearing.

3.49.3. Counseling the Evaluatee After the Formal Hearing. The appointed military counsel, PEBLO, or other counsel will counsel the evaluatee in person using counseling guidance at **Attachment 2**. If the member is not at Lackland AFB, but is at or near another PEBRH, HQ AFPC/DPPDF asks the PEBLO there to counsel the member. After the counseling, the PEB counsel or PEBLO signs the AF Form 1180 and helps the member complete his or her part.

3.49.3.1. If the member disagrees with the findings, the counsel or PEBLO may help the member prepare the rebuttal or, at the member's request, the counsel submits the rebuttal

for the member. The PEBLO keeps one copy of AF Form 1180, gives the member a copy, and sends the original to HQ AFPC/DPPDF with the rebuttal.

3.49.3.2. If a member is represented by other counsel, HQ AFPC/DPPDF gives AF Forms 356 and 1180 to the counsel and requests that person to:

3.49.3.2.1. Counsel the member on the results of the PEB.

3.49.3.2.2. Give the member a copy of AF Forms 356 and 1180 and the audio cassette (if requested), and advise the member of the available options.

3.49.3.2.3. Return the completed forms with rebuttal, if any, on time.

3.49.3.3. HQ AFPC/DPPDF mails AF Forms 356 and 1180 with a memorandum of instructions to members not near Lackland AFB or a PEBRH. Forms must be completed and returned by a specified date, with the rebuttal (if any). If HQ AFPC/DPPDF does not receive a reply by the specified date, case processing continues without a response. HQ AFPC/DPPDF monitors the case to ensure completion of actions on time.

3.49.3.4. Counseling of NOK or Guardian. The designated counsel counsels the NOK (or guardian) in the same manner prescribed for the member. If the NOK is unknown or unavailable, the FPEB counsel submits a statement of circumstances and points out any information from the case file that is important to the final review and evaluation of the case.

3.49.4. Failure or Refusal to Reply or Make an Election. When the member fails or refuses to make an election, fails to submit a rebuttal within the specified time limit, or submits a conditional concurrence, HQ AFPC/DPPDF sends a written explanation of the circumstances with the case file to HQ AFPC/DPPD for final review and processing.

3.49.5. Record of Formal Hearing. AFPC/DPSDF makes an audio recording of the formal hearing testimony and attaches it to the case file for the benefit of subsequent review levels.

**Table 3.1. AF Form 356 Recommended Dispositions for Unfit RegAF Members or ARC Members on EAD or on AD Orders for More Than 30 Days (See note 1).**

<b>R U L E</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
	<b>If disability was result of intentional mis-conduct willful neglect, or was incurred while AWOL (item 9C)</b>	<b>If member was entitled to basic pay and disability was incurred while entitled to basic pay (item 9B)</b>	<b>and disability was incurred in time of war or national emergency (or after 14 Sep 78) (item 10B)</b>	<b>and member has at least 20 Years of Service (YOS) (computed under 10 USC 1208) (item 7)</b>	<b>and compensable percentage of disability (item 11)</b>	<b>and disability is (item 10E)</b>	<b>then PEB recommended disposition is (item 12)</b>
<b>1</b>	Yes						discharge under 10 U.S.C. 1207.
<b>2</b>	No	No					discharge under other than 10 U.S.C. chapter 61 (see note 2).
<b>3</b>	No	Yes		Yes	0-100	is permanent	permanent retirement.  (10 U.S.C. 1201).
<b>4</b>	No	Yes		No	30-100		
<b>5</b>	No	Yes		No	30-100		
<b>6</b>	No	Yes	Yes	No	30-100		
<b>7</b>	No	Yes		Yes	0-100	may be permanent	temporary retirement (TDRL).  (10 U.S.C 1202).
<b>8</b>	No	Yes		No	30-100		
<b>9</b>	No	Yes		No	30-100		
<b>10</b>	No	Yes	Yes	No	30-100		

<b>R U L E</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
	<b>If disability was result of intentional mis-conduct willful neglect, or was incurred while AWOL (item 9C)</b>	<b>If member was entitled to basic pay and disability was incurred while entitled to basic pay (item 9B)</b>	<b>and disability was incurred in time of war or national emergency (or after 14 Sep 78) (item 10B)</b>	<b>and member has at least 20 Years of Service (YOS) (computed under 10 USC 1208) (item 7)</b>	<b>and compensable percentage of disability (item 11)</b>	<b>and disability (item 10E)</b>	<b>then PEB recommended disposition is (item 12)</b>
<b>11</b>	No	Yes		No	0-20	is or may be permanent	discharge with severance pay (10
<b>12</b>	No	Yes	Yes	No	0-20		U.S.C
<b>13</b>	No	Yes		No	0-20		1203).

**NOTES:**

1. When the rule and column are blank, the item on the AF Form 356 may be "Yes," "No," or "NA." However, where the rule and column are filled in, all items in the rule must match with the items on the AF Form 356.
2. Where the recommended disposition is discharge under other than 10 U.S.C. chapter 61 (without severance pay), the statutory authority for discharge is as follows: 10 U.S.C. 1169 for enlisted personnel; 10 U.S.C. 12681, 12683 for ARC commissioned officers and 10 U.S.C. 630 for probationary RegAF commissioned officers.

**Table 3.2. AF Form 356 Recommended Dispositions for Unfit ARC Members Evaluated for Disease or Injury (Chapter 8) (See note 1).**

<b>R U L E</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>If disability was result of intentional misconduct, willful neglect, or incurred while AWOL (item 9C)</b>	<b>and disability was due to an injury or disease incurred before 23 Sep 96 and was the proximate result of performing duty or was duty related and incurred after 23 Sep 96 (paragraphs 8.2. and 8.3.) (item 9D)</b>	<b>and member has at least 20 YOS (computed under 10 U.S.C. 1208) (item 7)</b>	<b>and compensable percentage of disability is (item 11)</b>	<b>and disability (item 10E)</b>	<b>then PEB's recommended disposition is (item 12)</b>
<b>1</b>	Yes					discharge under 10 U.S.C. 1207.
<b>2</b>	No	No				discharge under other than 10 U.S.C., chapter 61 (see note 2).
<b>3</b>	No	Yes	Yes	0-100	is permanent	permanent retirement (10 U.S.C. 1204).
<b>4</b>	No	Yes	No	30-100		
<b>5</b>	No	Yes	Yes	0-100	may be permanent	temporary retirement (TDRL) (10 U.S.C. 1205).
<b>6</b>	No	Yes	No	30-100		

7	No	Yes	No	0-20	is or may be permanent	discharge with severance pay (10 U.S.C. 1206).
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**NOTES:**

1. Applies only to ARC members performing Inactive Duty Training or on active duty orders for 30 days or less. Where the rule and column are blank, the item on AF Form 356 may be "Yes," "No," or "NA." However, where the rule and column are filled in, all items in the rule must match with the items on the AF Form 356.

2. Where the recommended disposition is discharge under other than 10 U.S.C., chapter 61 (without severance pay), the statutory authority for discharge is as follows: 10 U.S.C. 1169 for enlisted personnel; and 10 U.S.C. 12681, 12683 for ARC commissioned officers.

**Table 3.3. Assembly of PEB Case Record (See Note 3).**

**Note: Exhibits apply only to FPPEB**

**IF IPEB: Top of package**

Step	Action
1	<ul style="list-style-type: none"> <li>- IPEB AF Form 1180 <b>or</b></li> <li>- statement of concurrence/nonconcurrence</li> <li>- documents that pertain to this area such as rebuttals, mail receipts, etc.</li> <li>- pay estimate</li> </ul>
2	<ul style="list-style-type: none"> <li>- IPEB AF Form 356 (<b>and/or</b> RRF - with latest date first), <b>and, if applicable,</b></li> <li>- summary statement</li> <li>- dissenting report <span style="float: right;"><b>(Exhibit B)</b></span></li> </ul>
3	- orders appointing board
4	<ul style="list-style-type: none"> <li>- AF Form 618 w/attachments (including commander's letter) or report of TDRL reexamination <span style="float: right;"><b>(Exhibit C)</b></span></li> </ul>
5	<ul style="list-style-type: none"> <li>- approved AF Form 348, Line of Duty Determinations, <b>or</b> DD Form 261, Report of Investigation Line of Duty and Misconduct Status <span style="float: right;"><b>(Exhibit D)</b></span></li> <li><b>(not on TDRL cases)</b></li> </ul>
6	<ul style="list-style-type: none"> <li>- memo for Record of a call <b>or</b> orders covering non-EAD service, if applicable</li> </ul> <p><b>(Exhibit E)</b></p>



## Chapter 4

### PERSONNEL PROCESSING ACTIONS

#### *Section 4A—Administrative Controls*

**4.1. PEBLO Responsibilities.** The PEBLO coordinates processing actions at base and Reserve component levels, and is essential to the prompt, effective processing of disability evaluation cases. The PEBLO contacts the member's commander or servicing MPF for any needed data or documentation. The commander or servicing MPF provides the requested information as quickly as possible so as not to delay processing.

**4.2. Ordering the Member to a Medical Facility or to the FPEB.** The member's commander promptly moves the member to the proper facility to complete medical examination, treatment, and processing.

**4.3. Personnel Data.** The PEBLO sends to HQ AFPC/DPPD documents required by AFI 48-123. The MPF provides the PEBLO information required to complete AF Form 1185, **Statement of Record Data**, and supplies other data and documents needed ( **Table 4.1**). The PEBLO or MPF advises HQ AFPC/DPPD of any change in the member's status or in the data shown on the AF Form 1185.

**4.4. Control of Member During PEB Processing.** Disability processing begins when the PEBRH or HQ AFPC/DPAMM refers a medical board case to the PEB. Once in disability channels, the following restrictions apply to ensure the member is available for necessary disability processing actions:

4.4.1. The member may not take leave outside the local area.

4.4.2. The member may not go on TDY.

4.4.3. The MPF will not reassign the member, except for emergency reasons, until receiving notification of the final determination.

4.4.4. The PEBLO notifies the member's commander and servicing MPF, in writing, when the MTF or HQ AFPC/DPAMM refers a case to the PEB, and informs them of the preceding restrictions.

4.4.5. Exceptions to the restrictions on TDY and reassignment are those actions necessary for completion of disability processing, i.e., TDY to the FPEB and TDY or permanent change of station (PCS) in a patient status for required medical evaluation or treatment. HQ AFPC/DPPD authorizes exceptions to the leave restriction outside the local area when warranted by circumstances and when approval of leave will not adversely affect case processing.

4.4.6. Essential administrative controls during disability processing are:

4.4.6.1. Member Evaluated as Outpatient. The PEBLO asks the member's commander or servicing MPF to ensure the member stays available for possible additional disability evaluation processing.

4.4.6.2. Member Evaluated as Inpatient - Not Assigned to Referring Medical Facility. The member remains at the referring facility unless HQ AFPC/DPPD authorizes return to home unit. If there is an unusual delay in completing the processing and the PEBLO, the member's commander, or the servicing MPF believes it to be in the best interest of all, contact HQ AFPC/DPPD and request authority to return the member to the unit of assignment. HQ AFPC/DPPD will normally approve such requests if there is no medical reason for the member to remain at the facility and if adequate disability counseling support is available at the home station.

4.4.6.3. Member Evaluated While Assigned to Referring Medical Facility. The member remains at the facility. HQ AFPC/DPPD makes exceptions when appropriate or when the member requires transfer to a VA medical facility for further hospitalization.

**4.5. Control of Member After PEB Action.** The MPF must not retire, discharge, nor release a member from active duty before receiving the final decision in the form of retirement orders or instructions from HQ AFPC/DPPD directing disposition. Unless otherwise directed, use the following interim administrative control measures after the PEB completes its action and the member has agreed or submitted a rebuttal, but before the final decision:

4.5.1. Physically Fit. When the PEB finds the member fit, the medical facility commander returns the member to his or her unit of assignment in a duty status. The local MTF takes action to confirm or revise the physical profile series according to AFI 48-123. If the case is under special review (paragraph 3.37), the medical facility commander advises the member's immediate commander or servicing MPF, in writing, that the PEB findings and recommended disposition are subject to revision, and restrictions in paragraph 4.4 remain in effect.

4.5.2. Physically Unfit. When the PEB determines the member is unfit, he or she will remain under the control of the appropriate commander until final disposition of the case. As in fit cases, restrictions in paragraph 4.4 remain in effect. When assigned to a medical facility in a patient status, the member remains at the facility, unless transferred to another military or VA medical facility for further hospitalization. A member evaluated in an outpatient status or attached to the referring medical facility may return to his or her unit of assignment to await final disposition unless release from the facility is not possible because of the member's medical condition. The following restrictions or instructions apply:

4.5.2.1. A member returned to the unit of assignment may perform military duties within the limitations of his or her physical condition.

4.5.2.2. The referring MTF commander must give the member's immediate commander written notice of the member's medical condition and duty limitations, and the commander will consider these factors in assigning duties.

4.5.2.3. The immediate commander contacts the referring medical facility or the nearest medical facility if any question arises as to the member's ability to perform a specific duty.

4.5.2.4. If the member is rehospitalized, the referring medical facility or PEBLO immediately contacts HQ AFPC/DPPD giving details, and indicating whether reprocessing through the disability evaluation system is needed.

*Section 4B—PCS in Awaiting Orders Status*

**4.6. General PCS "Home" Rules.** HQ AFPC/DPPD (or AFGOMO in the case of general officer or general officer selectees) may authorize a member to go "PCS in awaiting orders status" to await final disposition of his or her disability case. Basic trainees are not eligible for this program.

**4.7. Application Procedures.** Members wishing to go PCS in awaiting orders status apply in writing to HQ AFPC/DPPD through their MPF. General officers and general officer selectees may apply to AFGOMO through their commander. Applicants provide the reasons for the request and verify they meet all requirements reflected in **Section 4B** of this chapter. When a member is a patient at the referring medical facility, the application is first sent through the PEBLO at the facility. Criteria for applying:

- 4.7.1. Request is for PCS from, and to, locations within continental United States (CONUS). Do not consider Alaska and Hawaii as part of the CONUS.
- 4.7.2. Member is on extended active duty.
- 4.7.3. The PEB evaluated the case, with a finding that the member is unfit and recommended disposition is disability retirement, discharge with or without severance pay, or discharge under other than chapter 61, Title 10 U.S.C.
- 4.7.4. Member has either agreed with the informal PEB findings or has submitted a rebuttal to the formal PEB hearing.
- 4.7.5. Member did not request retention in limited assignment status and did not submit a rebuttal requesting retention on active duty.
- 4.7.6. Member is competent or incompetent and the NOK or guardian accepts responsibility.
- 4.7.7. Member does not need further hospital care at a military, VA, or civilian medical facility.
- 4.7.8. Member does not have a nondisability retirement or separation action pending.
- 4.7.9. Local TMO counseled the member on movement of dependents and household goods and member received a copy of **Attachment 3**.
- 4.7.10. Member knows that, while in a PCS-awaiting-orders status, he or she must return to unit of assignment, referring medical facility, or the PEB if directed to do so by HQ AFPC/DPPD, through the MPF or HQ AFGOMO, as applicable. If SAF approves the PEB's recommendation, the member will not have to return.
- 4.7.11. Member gives the MPF a nonmilitary address and phone number to write or call, if needed, and advises the MPF of any changes to that address or phone number.
- 4.7.12. Member acknowledges understanding that the Defense Joint Military Pay System (DJMS) deducts the number of days in PCS-awaiting-orders from the number of days leave accrued as of the date of retirement or discharge.
- 4.7.13. PEBLO Actions. When attached or assigned to the referring medical facility, the PEBLO endorses the member's application to the MPF and indicates the member was counseled on the findings and recommended disposition of the PEB -
- 4.7.14. MPF Actions.

The MPF endorses the application to HQ AFPC/DPPD and verifies that the member does not have a nondisability retirement or discharge pending. If AFPC approves the application, the MPF completes the following actions:

- 4.7.13.1. Verifies whether member has an injured or ill travel or transportation entitlement pending. If so, does not publish special orders until the member exercises those entitlements.
- 4.7.13.2. Publishes and distributes orders according to AFI 36-2102, *Base Level Relocation Procedures*. Ensures the member has a copy of "PCS In Awaiting Orders Status Instructions" ( [Attachment 3](#)). **NOTE:** AFGOMO will publish and distribute orders for general officers and general officer selectees.
- 4.7.13.3. Completes all required retirement or discharge processing and counseling so the member won't have to return to the unit of assignment at the time of actual retirement or discharge.
- 4.7.13.4. Refers the member to the local TMO for counseling on movement of dependents and household goods.
- 4.7.13.5. Obtains an address and phone number where the member can be reached while on awaiting orders status and determines whether address is member's home of record or the place where ordered to AD.
- 4.7.13.6. Notifies HQ AFPC/DPPD if the member does not go PCS in awaiting orders status or if there is any change in the nonmilitary address or phone number.

**4.8. Action by Reviewing Officials.** HQ AFPC/DPPD reviews each request for PCS in awaiting orders status and advises the member, through the MPF, when approved or disapproved. The approval notification will include the member's service and entitlements to travel to any designated place in the CONUS, or specify restriction as outlined in paragraph [4.9](#) AFGOMO will review requests from general officers or general officer selectees and advise them when approved or disapproved. AFGOMO also notifies HQ AFPC/DPPD of the decision.

**4.9. Travel.** A member may PCS to any designated place in the CONUS if he or she has completed 8 years continuous active duty with no single break of more than 90 days just before PEB evaluation. If the member does not have 8 years continuous active service, he or she may go PCS only to the home of record or the place where ordered to active duty. Travel to the nonmilitary address must meet the rules set forth in the Joint Federal Travel Regulation (JFTR), Volume 1.

#### ***Section 4C—Disability Retirement or Discharge Processing by the Servicing MPF***

**4.10. MPF Counseling and Processing.** The MPF counsels and processes the member after receiving final disposition. Contact other MPFs or PEBLOs to complete the required actions if the member is not available for face-to-face counseling or processing. Counsel the member by mail if there are no other means of contact. The MPF must advise HQ AFPC/DPPD when there is an unusual delay or problem in completing the required counseling or processing.

- 4.10.1. Member Unable To Act in Own Behalf. When the member is incompetent, or unable to act in his or her own behalf, contact and counsel the NOK, preferably in person. The MPF gets the NOK's signature on applicable forms and documents or includes a

statement indicating the reason why member (or NOK) could not sign. If necessary, contact another MPF near the NOK and request help in counseling and processing.

4.10.2. Other Action Pending. When actions, such as nondisability retirement or discharge and medical hold are pending, the MPF advises the appropriate AFPC office of the retirement or discharge by reason of physical disability and ensures conflicting orders, such as nondisability separation or retirement orders, are revoked.

**4.11. Retirement or Discharge Date.** HQ AFPC/DPPD sets the scheduled retirement or discharge date. If the MPF can not complete the necessary processing, they must notify HQ AFPC/DPPD before the effective date, explain why they can not complete the processing, and provide compelling justification to support an extension. Extensions for the convenience of the MPF or the member cannot be approved.

**4.12. Discharge Orders.** After receiving disposition instructions, the MPF publishes orders to discharge the member on the scheduled date. Prepare orders on AF Form 100, **Request and Authorization for Separation**, according to provisions in AFI 36-2102. When necessary, include a statement in the orders concerning termination of appointments. The MPF sends a copy of the orders to HQ AFPC/DPPD (**Table 4.2.**).

**4.13. Ceremonies and Presentations of Appropriate Certificates.** Commanders will conduct a suitable ceremony before members retire or separate for disability. For an oversea member returning to the CONUS, hold the ceremony at the oversea base. If the oversea separation base does not do this, the MPF at the CONUS separation base arranges an appropriate ceremony before the member leaves that base. Present the retirement or discharge certificate, along with any awards and letters of appreciation at the ceremony. Follow these guidelines:

4.13.1. Retirement. Commanders use AFI 36-3203, *Service Retirement*, as used for members who retire for age or service. When possible, the MPF gets a written statement from members who decline a ceremony.

4.13.2. Discharge. As outlined in AFI 36-3202, *Separation Documents*, the member's immediate commander will make suitable expression of appreciation on behalf of the Air Force for the member's service.

4.13.3. Exceptions. When members can not act for themselves and are in a patient status, or are in a VA hospital, present or mail (with suitable cover letter) the certificate and other documents to the NOK.

**4.14. Retirement or Discharge Documents. Order-Physically Unfit.** The MPF prepares necessary documents according to **Attachment 4** and enters required data into the PDS and the DJMS to complete the retirement or discharge ( **Table 4.2.**). The MPF gives the member the documents, other than the retirement or discharge certificate, before completing final retirement or discharge processing, except when the member:

4.14.1. Is not present on the last day of AD for any reason, such as PCS in awaiting orders status, on leave, or transfer to a VA hospital. Prepare and mail all required documents to the member on the effective date of retirement or discharge.

4.14.2. Is incompetent or unable to act in own behalf for other reasons. Present or mail the required documents to the NOK (or guardian) on the effective date of retirement or discharge.

4.14.3. Is returning to CONUS from overseas. CONUS MPF presents the required documents to the member during final out processing.

4.14.4. Is being placed on the TDRL. MPF prepares and delivers retirement documents the same as for members being permanently retired. Special provisions for DD Form 363 and AF Form 1344JA97 are in [Attachment 4](#). When removing the member from the TDRL, HQ AFPC/DPPD prepares and mails the required orders, forms, and other documents.

#### **4.15. Permissive Temporary Duty (PTDY).**

4.15.1. Commanders may grant PTDY to members retiring for disability and members separating for disability who are eligible for benefits under the Transition Assistance Management Program (TAMP) for the purpose of aiding job and house search in connection with transition to civilian life (20 days PTDY to members assigned to CONUS; 30 days to members assigned overseas).

4.15.2. AFI 36-3003, *Military Leave Program* and 36-3203, *Service Retirement*, contain specific guidance; however, not all PTDY procedures will apply to disability retirements and separations. For example, members can not take PTDY in increments because they won't know the disposition of their case until approved by SAF. HQ AFPC/DPPD will resolve any questions on PTDY for members separating or retiring for disability.

4.15.3. Once approved, DoD imposes strict time limits in establishing separation or retirement dates (see [Chapter 5](#)). Generally, members must take PTDY in conjunction with the 20 and 30-day processing times and, when applicable, unused leave days they can not sell back to the government.

4.15.4. Hospitalized or incompetent members are not eligible for PTDY since they are unable to perform the mission of PTDY (job and house search).

**4.16. Place of Retirement or Discharge.** Members being retired or discharged for disability may, under certain circumstances, choose the place where final retirement or discharge action takes place. This choice may limit future entitlement to movement of the member as well as dependents and household goods. In order to prevent the possible loss of entitlements, the MPF makes members aware of the requirements outlined in AFIs 36-3202, 36-3203, 36-2102, AFR 76-8, *Revenue Traffic Transported On Dept Of Defense Aircraft Other Than Airlift Service, Industrial Fund, Operational Policies*, as well as JFTR and this instruction before they retire, separate, or make any moves. Provide copies of applicable entitlement information sheet found in AFIs 36-3202 or 36-3203 to members separating or retiring from an overseas duty location. The place of retirement or discharge is as follows:

4.16.1. Member Serving in CONUS. Retire or discharge member at the unit of assignment. (Alaska and Hawaii are outside the CONUS.)

4.16.1.1. If the member is in a military or VA medical facility or is in PCS in awaiting orders status, show the member's actual location at the time of retirement or separation on the orders.

4.16.1.2. If the duty base can not process the retirement or discharge, send the member TDY to the nearest Air Force base that has the processing capability.

4.16.2. Member Serving Outside CONUS. The member may select retirement or separation at the oversea duty location or a separation processing base of choice in the CONUS.

4.16.2.1. Additional options may be available for members taking at least 5 days leave or PTDY in conjunction with separation or retirement. Specific guidance concerning the various options is in AFIs 36-3203 and 36-3202.

4.16.2.2. The PEBLO advises HQ AFPC/DPPD of the member's desires.

4.16.2.3. If the member is not retiring or separating overseas, the MPF publishes PCS without Permanent Change of Assignment (PCA) orders. If applicable, include authorization for movement of dependents and household goods in the orders.

4.16.3. US Territorial Residents. A member whose home of record or place from which ordered to AD is a US territory may qualify as a resident of that area. If member is not serving in that US territorial location, he or she may return to the home of record or place from which ordered to AD for retirement or discharge at the discretion of HQ AFPC/DPPD.

4.16.3.1. HQ AFPC/DPPD will approve such movement only if authorized retirement or discharge facilities are available in the overseas area (AFIs 36-3202 and 36-2110, *Assignments*) and there is available transportation to ensure the member arrives at the home location before the scheduled date of retirement or discharge.

4.16.3.2. The MPF tells the member that travel to his or her home location will use home of selection entitlements.

4.16.3.3. If HQ AFPC/DPPD disapproves movement to the oversea home location, retire or discharge the member at the base of assignment, or another suitable location as directed by HQ AFPC/DPPD.

4.16.3.4. If needed, move the member to a VA medical facility in the CONUS pending movement overseas. When bed space becomes available, the VA will move the member to the oversea medical facility.

4.16.4. General Officers. Unless otherwise directed by the AFGOMO, this section also applies to general officers retiring by reason of physical disability.

**4.17. Movement and Orders for Members Assigned Overseas.** When directing disability retirement for members overseas, HQ AFPC/DPPD will show the oversea MPF on the retirement order. The oversea MPF publishes PCS without PCA orders if the member desires to return to the CONUS, gives the member 25 copies of the retirement order, and distributes other copies as follows:

4.17.1. Retiring at Non-CONUS Base. Send 5 copies to the local accounting and finance office. The MPF retains sufficient copies for such things as the unit personnel records group and relocation folder.

4.17.2. Retiring in CONUS. When the member will return for retirement, the oversea MPF sends copies of the orders to the designated CONUS MPF with an advance notice of the member's arrival date and a copy of the PCS without PCA orders. These orders will direct the member to report to the designated CONUS MPF early enough to

complete retirement processing, but not more than 5 days before the scheduled date of retirement or date terminal leave is to start. If applicable, include authorization for movement of dependents and household goods in the orders.

**Table 4.1. Instructions for Preparing AF Form 1185, Statement Of Record Data.**

L I N E	A	B	C
	To Complete		Enter
	Sec	Item	
1	1	1	Names as shown in official records, including Jr, Sr, 2d, 3d, and so on.
2		2	Grade in which serving on active duty.
3		3	Social Security Number (SSN).
4		4	Component in which serving on active duty (RegAF, USAFR, ANG).
5	II	A	Show any grade held on AD (in service) that is higher than current grade. Also show any ARC component grade that is equal or higher than current AD grade. For enlisted persons only: If an enlisted person has served on AD in a grade higher than current grade, forward a copy of the promotion order, a copy of the document authorizing demotion, and a copy of all performance evaluations rendered while serving in a grade higher than current grade. (Show grade and equivalent pay grade. <b>EXAMPLE:</b> e.g. Maj 0-4, MSgt E-7, and so on.) (See notes 1 and 2).
6		B	Show beginning date for any grade listed in item IIA.
7		C	Show ending date for any grade listed in item IIA.
8		D	Show branch of service and component. <b>EXAMPLE:</b> AF-Reg and Army-Reg.
9		E	Show reason for termination.

L I N E	A	B	C
	To Complete		Enter
Sec	Item		
10	III	5	For enlisted persons only: "Yes" or "No". If answer is "Yes," attach supporting documents to show from and to dates and reason for lost time. Enter "NA" for officers.
11		6	If member is non-CONUS resident (that is, his or her "home of record" is outside the CONUS), show "home" location (territory, oversea state, or country) in "Remarks" section and state whether member wants to go back to that place for retirement or discharge. Tell member that travel to non-CONUS "home" area will usually use up "home of selection" rights. If member is now in his or her non-CONUS "home" area, check "NA."
12		7	If any type of nondisability separation or retirement action is pending or contemplated (except ETS), including such actions as resignations, civil criminal court action, OSI investigation, international hold, court-martial, and so on; show type of action in "Remarks" section and attach a copy of pending action, if available; otherwise, attach a detailed statement describing the nature of the pending action, current status, anticipated completion date, and so on. Do not delay disability processing if MEB is complete, sufficient documentation is available to clearly indicate status of other action, there are no restrictions to processing (paragraph 1.3.), member is present for duty, and responsible military authorities clear member's movement.
13		8	If answer is "Yes," indicate in "Remarks" section whether member desires retirement or discharge at CONUS port of entry, or at a selected CONUS Air Force station.
14		9	Mailing address after discharge or retirement (when found unfit).
15		10	List current unit of assignment, if different from information in PDS. Show "NA" if information is the same as PDS.
16		11	Servicing MPF.
17		Rmks	List additional pertinent information, such as leave accrued and leave sold since 10 February 1976. Include statement when member has any additional comments or information for the board to consider.

<b>L I N E</b>	<b>A</b>	<b>B</b>	<b>C</b>
	<b>To Complete</b>		
	<b>Sec</b>	<b>Item</b>	<b>Enter</b>
<b>18</b>	IV		Show completion date of AF Form 1185; signature, grade, and title of PEBLO; and signature of member (when physically or mentally unable to sign, so indicate).

**NOTES:**

1. If a RegAF enlisted person holds a higher ARC appointment but has completed less than 10 years of active service, indicate the highest grade in item IIA. Also include the following statement in "remarks" and have member initial it: "Item IIA. I understand that my discharge by reason of physical disability will result in termination of any ARC appointment that I hold (except retired Reserve). The orders directing my discharge will show the termination of any such appointment."
2. Ensure that member reads the Privacy Act Statement on the AF Form 1185 and acknowledges understanding that furnishing requested information, including signature, is voluntary; however, failure to furnish pertinent information may delay processing of the case.

**Table 4.2. MPF Action Upon Receipt Of Disposition Notice.**

<b>If disposition is</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>A</b>	return to duty	Yes							
<b>B</b>	discharge with severance pay, 6 months or more service		Yes						
<b>C</b>	discharge with severance pay, less than 6 months active service			Yes					
<b>D</b>	discharge w/o severance pay under other than chapter 61, 10 U.S.C.				Yes				
<b>E</b>	discharge w/o severance pay, 10 U.S.C. 1207					Yes			
<b>F</b>	temporary or permanent retirement						Yes		

If disposition is		1	2	3	4	5	6	7	8
<b>G</b>	revert with disability benefits (retired members serving on AD)							Yes	
<b>H</b>	revert w/o disability benefits (retired members serving on AD)								Yes
<b>then</b>									
<b>I</b>	advise member and furnish a copy of the disposition notice.	X	X	X	X	X	X	X	X
<b>J</b>	return member to duty status and effect necessary PDS change. <b>EXAMPLE:</b> Remove AAC 37. Remove member from any medical hold status.	X							
<b>K</b>	request the medical facility profiling officer review member's profile and, if necessary, revise it as prescribed in AFI 48-123 (see note 1).	X							
<b>L</b>	when member serving outside CONUS elects discharge or retirement in CONUS, oversea MPF will assign member PCS without PCA to report in sufficient time to allow 2 days processing before discharge or retirement data.		X	X	X	X	X	X	X
<b>M</b>	process member for discharge or retirement by this instruction and other separation directives (see note 2).		X	X	X	X	X	X	X
<b>N</b>	issue discharge order (see notes 2 and 3)		X	X	X	X			
<b>O</b>	notify HQ AFPC/DPPD by most expeditious means if you can not retire or discharge the member on the effective date specified in the disposition message.		X	X	X	X	X	X	X
<b>P</b>	include HQ AFPC/DPPD, on AF Form 100, item 32, for distribution of one copy of the disability separation order (see note 2).		X	X	X	X			

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If disposition is		1	2	3	4	5	6	7	8
<b>Q</b>	when member has a projected promotion with an effective date after date of OSAF approval cited in the disposition message, take action as follows: Enlisted - Update PES code L effective date of SAF decision according to AFI 36-2502; Officers - Take action according to AFI 36-2501.		X	X	X	X		X	X

**NOTES:**

1. If member had a temporary "4" profile when the case was referred for disability processing, the profiling officer must revise that profile according to AFI 48-123.
2. These instructions also apply to MPFs servicing members assigned PCS without PCA from non-CONUS areas.
3. As authority in AF Form 100, item 28, enter AFI 36-3212.

## Chapter 5

### FINAL REVIEW AND DISPOSITION

#### *Section 5A—Secretary of the Air Force Personnel Council (SAFPC)*

##### **5.1. SAFPC Review.**

5.1.1. DELETED.

5.1.2. DELETED.

5.1.2.1. DELETED

5.1.2.2. DELETED

5.1.2.3. DELETED

**5.2. Special Assistants to the Director, SAFPC.** The Director, SAFPC, may appoint one or more officers, comparable grade civilians, or senior noncommissioned officers to serve in an additional duty capacity as special assistants to the Director, SAF Personnel Council. SAFPC selects special assistants from among members permanently assigned to HQ AFPC/DPPD. Under strict guidelines, SAFPC authorizes the special assistants to sign for the Director, SAFPC, in certain routine cases, announce the SAF decision, and direct final disposition on behalf of the Secretary.

**5.3. When Special Assistants May Act.** The Director, SAFPC, authorizes officers designated as special assistants to sign for the Director in the following circumstances:

5.3.1. The member concurs with the PEB findings, and the case does not otherwise require referral to SAFPC.

5.3.2. The Air Force Personnel Board (AFPB) directs a formal PEB (if one hasn't been held previously) and member concurs with the FPEB and case does not meet the criteria of paragraph [5.4](#)

5.3.3. Member is removed from TDRL for failing to report for examination after 5 years.

5.3.4. The informal PEB recommends removal from TDRL (Fit). Member either fails to reply to correspondence advising of the recommendation, or does not concur and requests a formal PEB but fails to report for the formal hearing.

5.3.5. The member has received the findings of the formal PEB and either fails to acknowledge or respond to them, or the member nonconcur but fails to submit a rebuttal.

**5.4. Cases Which Must Be Forwarded to SAFPC.** Forward cases to SAFPC for action:

5.4.1. When the member does not concur and submits a rebuttal to the recommended findings of the PEB.

5.4.2. When the member has more than 8 years of active service and the recommended disposition is separation from active service for physical disability under Title 10 U.S.C., Section 1207 (intentional misconduct, willful neglect, or unauthorized absence), without entitlement to disability benefits.

- 5.4.3. On general officers (includes fit and unfit recommendations).
- 5.4.4. When the member has met a PEB, and the Special Assistant, SAFPC, believes the member is not eligible for processing under provisions of this instruction.
- 5.4.5. When the special assistant, SAFPC, believes the case warrants a decision from SAFPC.
- 5.4.6. Cases that the PEB questions the appropriateness of a Formal LOD determination made under AFI 36-2910 because of new and compelling evidence not considered during the LOD process.
- 5.4.7. When processed as dual action with a final recommendation of unfitness and administrative action is pending. This includes involuntary administrative separation, resignation for the good of the service, discharge in lieu of court-martial, drop from the rolls action, or retirement in lieu of such adverse action.
- 5.4.8. When the PEB determines they can not apply the VA rating, or the rating ordinarily applicable is excessive or inadequate.
- 5.4.9. Involving members assigned to HQ AFPC/DPPD, the PEBs, and SAFPC. This requirement continues for 2 years after member's reassignment from any of the above-named organizations.
- 5.4.10. Requiring grade determination under the provisions of 10 U.S.C. 1372 or 10 U.S.C. 1212.
- 5.4.11. On Medical Corps officers with a final recommendation of unfitness incidental to voluntary or mandatory length of service retirement (not on TDRL members).
- 5.4.12. When the member was a Prisoner of War (POW) or Missing in Action (MIA)(includes fit and unfit recommendations).
- 5.4.13. When HQ AFPC/DPPD does not receive a reexamination report on TDRL members imprisoned or confined by civil authorities, or when the report received is inadequate.
- 5.4.14. Involving airmen in entry level status when the separation authority believes an entry level separation is inappropriate and recommends a characterization of "honorable" based on unusual circumstances of personal conduct and performance of military duty.
- 5.4.15. With a return to duty recommendation when the PEB held a special review and did not change its findings and recommended disposition.

**5.5. When Cases Are Forwarded to SAFPC.** The board within SAFPC, the Air Force Personnel Board (AFPB), reviews all disability cases forwarded by HQ AFPC/DPPD under paragraph [5.4](#)

**5.6. Composition of AFPB.** There are 5 voting members and normally two will be Medical Corps officers. At least one voting member must be a Medical Corps officer.

5.6.1. DELETED.

5.6.1.1. DELETED.

5.6.1.2. DELETED.

5.6.1.3. DELETED.

5.6.1.4. DELETED.

5.6.1.5. DELETED.

5.6.1.6. DELETED.

5.6.1.7. DELETED.

5.6.1.8. DELETED.

5.6.1.9. DELETED.

5.6.2. DELETED.

5.6.2.1. DELETED.

5.6.2.2. DELETED.

5.6.2.3. DELETED.

5.6.2.4. DELETED.

5.6.2.5. DELETED.

5.6.3. DELETED.

**5.7. Changes to PEB Findings.** The AFPB may change the findings and recommended disposition of the PEB. When this happens, the AFPB documents and describes the basis for the change. Based on the application of accepted medical principles, the AFPB identifies the principles at issue, and relates the issue to the facts and circumstances established in the record of the proceedings of the PEB. The AFPB recommends the final disposition to SAFPC under the criteria in paragraph **5.9**

5.7.1. DELETED.

5.7.2. DELETED.

5.7.2.1. DELETED.

5.7.3. DELETED.

5.7.3.1. DELETED.

5.7.3.2. DELETED.

5.7.3.3. DELETED.

**5.8. Personal Appearance.** Neither the member, NOK, nor counsel may appear before the AFPB, except at the specific invitation of AFPC. The board reviews all the records evaluated by the PEB(s), records of the PEB(s) hearings, plus any rebuttal or additional documents submitted by the member or requested by SAFPC.

**5.9. SAFPC Action.** SAFPC may take one of the following actions in each disability case:

5.9.1. Defer final determination until receipt of additional records or reports deemed essential to final evaluation and disposition of the case.

5.9.2. Return the case with specific directions on what actions they require before HQ AFPC/DPPD resubmits the case to SAFPC. (For example, further medical evaluation to secure additional information concerning fitness for duty or duty status.)

5.9.3. Direct administrative discharge under some other applicable directive or provision of law when SAFPC determines such action is more appropriate than disability retirement or discharge under this instruction.

5.9.4. Direct some other disposition of the case, if not specifically prohibited by law.

5.9.5. Assign one of the following dispositions according to Title 10 U.S.C., chapter 61:

5.9.5.1. Return to Duty. Member is physically fit for continued military service.

5.9.5.2. Permanent Retirement. Member is physically unfit, meets criteria for retirement, and condition is of a permanent nature and stable (10 U.S.C. 1201 or 1204).

5.9.5.3. Temporary Retirement. Member is physically unfit, meets criteria for retirement, and condition may be of a permanent nature but is not stable (10 U.S.C. 1202 or 1205).

5.9.5.4. Discharge With Severance Pay. Member is physically unfit but does not meet the requirements for disability retirement (10 U.S.C. 1203 or 1206).

5.9.5.5. Discharge Under Other Than 10 U.S.C., chapter 61. Member is physically unfit, but is not entitled to disability benefits provided under 10 U.S.C., chapter 61. Discharge members under this provision whose unfitting conditions existed prior to service, or who incurred unfitting conditions while in excess leave status, or while on TDRL (and the condition for which originally placed on the TDRL is no longer unfitting).

5.9.5.6. Discharge Under 10 U.S.C. 1207. Member is physically unfit but is not entitled to disability benefits because disability resulted from the member's own intentional misconduct or willful neglect, or the member incurred the disability during a period of unauthorized absence.

5.9.5.7. Removal From TDRL (Fit). TDRL member is physically fit; remove from the TDRL under 10 U.S.C. 1210(f)(1). If otherwise eligible, member has option to return to duty under 10 U.S.C. 1211.

5.9.5.8. Retain on TDRL. Member is physically unfit and remains qualified for retirement but condition has not stabilized; retain on the TDRL.

5.9.5.9. Revert With Disability Benefits (Temporary Retirement) or (Permanent Retirement). Use this disposition for an unfit retired member serving on active duty who is reverting to the retired list with disability benefits.

5.9.5.10. Revert Without Disability Benefits. Use only for a retired member serving on AD who is reverting to the retired list without disability benefits.

### ***Section 5B—DoD Review and Approval***

**5.10. Legal Basis.** Public law and DoD policy require DoD review and (or) approval in certain disability cases.

5.10.1. Approval. In cases where the general officer or medical corps officer was processing for retirement by reason of age or length of service before an MEB referred his or her case for disability processing, the Secretary of Defense must approve the unfitness determination before the Service Secretary may retire or discharge the officer for disability. This requirement is in 10 U.S.C. 1216(d) and pertains to all military services. In all other cases, SAF retains final approval authority.

**5.11. Routing Cases To and From DoD.** HQ AFPC/DPPD sends cases to SAFPC that may require DoD approval. If SAFPC finds the officer "unfit" and recommends retirement or discharge by reason of physical disability, SAFPC will refer the case to DoD for review and, if applicable, approval. After DoD action, SAFPC returns the case to HQ AFPC/DPPD for necessary administrative action to carry out the directed disposition.

### ***Section 5C—Final Disposition Processing***

**5.12. Options.** Members whose final disposition of their disability case is separation (active duty or TDRL) or TDRL from active duty, and they have 15 to 20 years active service, will be referred to HQ AFPC/DPPR. Members who meet basic eligibility requirements for Temporary Early Retirement Authority (TERA) may apply and, if approved, be retired under TERA. ARC members found unfit for nonduty related medical conditions, if otherwise eligible, may apply for early retirement pursuant to 10 U.S.C. 12732.

**5.13. Service Computation.** 10 U.S.C. 1208 outlines creditable service for disability retirement or discharge. HQ AFPC/DPPD verifies and includes the amount of creditable service in the disability retirement order or discharge disposition instructions. For ARC members, HQ AFPC/DPPD obtains a statement of service credit from HQ ARPC.

**5.14. Pay Computation.** DFAS-CL is responsible for final retired pay computation and for establishing retired pay accounts. They base computations on information in the special orders and data entered into the DJMS by the servicing MPF at time of retirement or discharge. (See [Attachment 2](#) and AFMAN 36-2622, Volume 5, *Personnel Concept III (Civilian), End Users Manual for additional information.*) The local finance office computes disability severance pay for active duty members, and DFAS-Denver Center for ARC members. See [Attachment 2](#) and [Table 5.1](#) and [Table 5.2](#)

5.14.1. Disability Retired Pay. DFAS-CL/FR may use two different formulas for computing retired pay ([Table 5.1](#)). They may base computation on years of creditable service or on percentage of disability, whichever is more advantageous to the member. In addition, if entitled to pay computation under some other provision of law that would result in greater retired pay, DFAS-CL/FR makes that computation. DFAS-CL/FR selects the one more favorable, unless the member specifically requests that retired pay be computed at some lower rate authorized by law. According to 10 U.S.C. 1401 and 8991, retired pay may not exceed 75 percent of the retired pay base (current base pay or "high three," as applicable).

5.14.2. Increased Retired Pay for Extraordinary Heroism. Enlisted members retiring for disability who are otherwise eligible to retire for years of service and entitled to a 10 percent increase in pay for certified acts of extraordinary heroism are entitled to an additional computation under the service retirement if they meet the requirements set forth in AFI 36-3203. For a member to be considered, the PEBLO or the member must make a notation on the AF Form 1185 "Remarks" section and attach copies of supporting documents to the AF Form 1185 when sending it to HQ AFPC/DPPD. HQ AFPC/DPPD accepts late submissions, provided the member qualifies under AFI 36-3203. SAFPC approves these actions but retired pay, including the heroism additive, cannot exceed the 75 percent statutory limit.

5.14.3. Recomputation of Retired Pay for Later AD. DFAS-CL/FR recomputes disability retired pay to reflect active duty performed after retirement, if the member meets all the requirements outlined in 10 U.S.C. 1402.

**5.15. Grade on Retirement.** Unless entitled to a higher retired grade under some other provision of law, members permanently retired for disability or placed on the TDRL retire in the highest of the following grades (10 U.S.C. 1372):

5.15.1. Grade in Which Serving. The grade in which the member is serving on the date placed on the TDRL or on the date permanently retired for disability.

5.15.2. Higher Reserve Grade. The Reserve grade the member held at time of retirement if it is higher than the grade in which serving on active duty. The Reserve grade must be a valid USAFR or ANG grade that is still in effect at the time of retirement.

5.15.3. Higher Grade. A higher grade in which the member served satisfactorily on active duty, as determined by the SAF (see **Table 4.1**, line 5). Service in a higher grade is usually satisfactory unless the higher grade was terminated for cause (except in cases where the member received an honorable discharge in that higher grade during a previous period of service and had held the grade for a period of 6 months or more); information in the member's service record clearly supports the conclusion that the member would have been discharged or demoted for cause at the time he or she held the higher grade; or member served on active duty in higher commissioned grade for less than 6 months.

5.15.4. Members who are retired on or after 23 Sep 96, may be retired in the regular or reserve grade to which they had been selected and would have been promoted, had it not been for the physical disability for which they were retired. (10 U.S.C. 1372 was amended effective 23 Sep 96.)

**5.16. Grade on Discharge.** The discharge grade will be the higher of the following:

5.16.1. Grade in Which Serving. The grade in which the member is serving at the time of discharge.

5.16.2. Higher Grade Determined by SAF. A grade in which the member served satisfactorily on active duty, as determined by the SAF, pursuant to 10 U.S.C. 1212 (see **Table 4.1**, line 5).

**5.17. Disposition of Officer Appointments Upon Disability Retirement or Discharge.**

5.17.1. Discharge of Officers. A discharge terminates all appointments held by the officer.

5.17.2. Retirement of Regular Officers. Retirement does not terminate the appointment of a Regular officer when permanently retired or placed on the TDRL.

5.17.3. Retirement does not terminate the appointment of an ARC officer when permanently retired for disability or when placed in the Retired Reserve.

**5.18. Enlisted Status at Time of Retirement or Discharge.** A retirement or discharge terminates an enlisted member's status, as well as any appointment held at the time of discharge for disability. ARC enlisted members being retired for disability are transferred to the Retired Reserve (see AFI 36-3203 for rules on transfer or assignment). HQ AFPC/DPPD reflects the transfer action in the retirement order.

**5.19. Date of Disability Retirement or Discharge.**

5.19.1. HQ AFPC/DPPD determines the retirement or discharge date no later than 10 days from the date of the Secretarial determination of unfitness. Appropriate processing and permissive TDY time will be considered before the effective retirement date is established.

5.19.2. If members have not previously sold 60 days of accrued leave after 10 February 1976, they must sell the leave at separation or retirement. Members retiring or separating for disability may use accrued leave that they can not sell back. If they have sold the maximum leave permitted by law, HQ AFPC/DPPD will add their accrued leave to the 20-day processing time (30 days if overseas) to arrive at the final discharge or retirement date (see AFI 36-3003, paragraph 3.13.1).

5.19.3. HQ AFPC/DPPD will establish disability separation and retirement dates as follows:

5.19.3.1. Date of separation or retirement will be established not to exceed 90 days from date of Secretary of the Air Force (SAF) Memorandum approving the separation or retirement. For the purposes of Benefits Delivery at Discharge, the date will be established as a day during the last week of the month which does not extend the DOS beyond 90 days from SAF Memo. For example: If 90 days would place the DOS at 15 May, the DOS will be 29 April. Any unsellable leave must be taken prior to member's separation or retirement date.

5.19.3.2. Basic Trainees will be separated within 3 duty days of SAF memorandum.

5.19.3.3. **DELETED.**

5.19.4. HQ AFPC/DPPD has authority to make the following exceptions:

5.19.4.1. Early Discharge or Retirement. HQ AFPC/DPPD approves retirement or discharge dates of less than 20 days, at the request of the member or the member's commander, and in the best interest of all concerned--if the MPF can complete final processing by the designated date. The member requests early discharge or retirement in writing; the MPF personnel relocations element endorses the request and forwards it to HQ AFPC/DPPD before HQ AFPC/DPPD issues the disposition instructions or retirement order.

5.19.4.2. Overseas. For members located outside the CONUS who elect to return to the CONUS for final processing, HQ AFPC/DPPD authorizes 30 calendar days processing time.

5.19.4.3. Hardship. HQ AFPC/DPPD may approve limited extensions, normally not to exceed 30 days, in cases where the member is facing an unusual personal hardship over and above that encountered by other members being retired or discharged for disability. Submit requests for extension through MPF personnel relocation channels.

5.19.4.4. Special Cases. Unless HQ AFPC/DPPD approves a later date, the date of discharge for basic trainees at the AFMTC is 3 duty days after the date of the Secretarial determination of unfitness. HQ AFPC/DPPD may designate other disability cases for retirement or discharge to become effective in less than 20 calendar days and will notify all concerned.

**5.20. Appeal Procedures.** After HQ AFPC/DPPD announces SAF's final action, if the member believes the disposition of his or her case constitutes an error or injustice, he or she may appeal through application to the Air Force Board for Correction of Military Records (AFBCMR) under AFI 36-2603.

**Table 5.1. Computation of Disability Retired Pay.**

<b>R</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>U L E</b>	<b>If the member is</b>	<b>then take the monthly pay rate (see note 1) of the grade to which member</b>	<b>and multiply by 2.5 percent times the years and months of service under 10 U.S.C. 1208 or, the % disability, whichever is higher</b>
<b>1</b>	permanently retired	is entitled under paragraph	on date retired.
<b>2</b>	placed on TDRL (see note 2)	<b>5.14.</b>	
<b>3</b>	removed from the TDRL and permanently retired	was entitled on the date member's name was placed on TDRL	at time of removal from the TDRL.

**NOTES:**

1. Use the pay rate that applies to the member on date of retirement. It may be the current monthly basic pay rate, average monthly retired pay base, or, if eligible and applicable, some other (more favorable) rate, such as the Tower amendment provision outlined in **Attachment 2**, with maximum pay being 75 percent of the base amount of which computed (10 U.S.C. 1401, 1401a, 8991).
2. When placed on TDRL, retired pay will not be less than 50 percent of the monthly pay rate on which computing retired pay. For members who entered military service prior to 8 September 1980, compute according to the current monthly basic pay rate. For members who entered military service on or after 8 September 1980, compute from a monthly retired pay base (RPB). RPB is an average of the member's highest 36 months of active duty pay. Changes that may occur as a result of reexamination will not affect retired pay for members still carried on TDRL.

**Table 5.2. Computation of Disability Severance Pay.**

<b>R</b>	<b>A</b>	<b>B</b>
<b>U L E</b>	<b>If the member is being</b>	<b>then take member's years of service, but not more than 12, computed under 10 U.S.C. 1208 (see note 1) and multiply by</b>
<b>1</b>	initially discharged with disability severance pay	twice the amount of monthly basic pay of the grade to which entitled under paragraph <b>5.15.</b>
<b>2</b>	removed from the TDRL and discharged with disability severance pay	the higher of the following: twice the amount of monthly basic pay to which entitled on the date he or she is discharged with severance pay and in the highest AD or Reserve component grade as provided in paragraph <b>5.15.</b> ; or, twice the amount of monthly basic pay in effect on the date placed on the TDRL and in the highest grade as determined by the Secretary of the Air Force (paragraph <b>5.15.</b> ) (see note 2).

**NOTES:**

1. Count as a whole year a part of a year that is 6 months or more, and disregard a part of a year that is less than 6 months (10 U.S.C. 1212 and 37 Comptroller General 832). A member with less than 6 months' creditable service will not receive severance pay since the member has no years of service to use as a multiplier. The law limits maximum disability severance pay to 24 months' pay of the grade in which discharged (10 U.S.C. 1212, paragraph **5.15.**, and **Attachment 2**).
2. Compute the member's pay based on the base pay scale in effect when placed on the TDRL.

## Chapter 6

### LIMITED ASSIGNMENT STATUS (LAS)

#### *Section 6A—Purpose and Eligibility*

**6.1. Basic Eligibility.** Some members found physically unfit by a PEB can serve on AD in LAS with limitations and controls over their assignments. This option is open to members on EAD who meet the eligibility criteria and apply for LAS. Members who have some type of nondisability retirement or separation pending are not eligible for LAS.

**6.2. Procedures and Objective.** The SAF may defer the final disposition of members found physically unfit by a PEB and who request LAS.

6.2.1. Retention in LAS depends upon the type and extent of the member's physical defect or condition, the amount of medical management and support needed to sustain the member on AD, the physical and assignment limitations required, the years of service completed, and the Air Force need for the particular grade and specialty.

6.2.2. The LAS program conserves manpower by keeping needed experience and skills that the Air Force can economically use. It is not the intent of the LAS program to retain a member just to increase benefits or allow the member to complete a period of service.

6.2.3. Members not physically fit for AD without restriction do not have a legal or vested right to retention in LAS, and the Air Force does not guarantee retention for any specified period of AD. The Air Force may retire or discharge members on LAS at any time as the result of medical reevaluation. A member continued on active duty in LAS is not presumed physically fit. The DES will determine fitness or unfitness on the evidence of record at the time of final retirement or discharge.

6.2.4. Action Offices. Designated representatives within the offices of the Directorate of Assignments (HQ AFPC/DPA), Medical Service Office Management Division (HQ AFPC/DPAM), Colonel's Group (AFDPO) for cases on colonels, General Officer Matters (AFGOMO) for cases on general officers, and Directorate of Personnel Program Management (HQ AFPC/DPP) have authority to act in processing and approving requests for retention in LAS.

**6.3. LAS Retention Criteria.** The number of members retained in LAS will be held to an absolute minimum. Action offices will use the following guidelines:

6.3.1. From 15 to 19 Years AD. Consider members:

6.3.1.1. If there is a need for the member's skill, experience, grade or specialty, and

6.3.1.2. If their physical defect or condition has essentially stabilized or, based on accepted principles, shows either gradual improvement or slow progression. Members must be able to function in a normal military environment without adverse effect on their own health, or the health of others, and without need for an excessive amount of medical care.

6.3.2. Airmen with over 20 years active duty service will not be considered for LAS.

**6.4. Rules for Members Retained in LAS.**

6.4.1. Periodic Medical Examinations. The MTF examines LAS members at least once a year. The report of examination shows the current status of the unfitting physical defects or conditions for which retained in LAS and the status of any additional physical defects or conditions that may affect duty performance.

6.4.2. Service Commitments. Members in LAS must complete any active service commitments they incur unless their overall physical condition deteriorates to a point where they are no longer acceptable for retention in LAS.

6.4.3. Assignment Limitation Identification. The action offices identify members in LAS in the PDS with an assignment limitation code (ALC).

6.4.4. PEB Evaluation. LAS members will be evaluated by a PEB before discharge or retirement.

6.4.5. Inquiries. Address inquiries concerning the disposition status of LAS cases to HQ AFPC/DPPD.

### ***Section 6B—LAS Processing***

**6.5. Application Procedures.** Eligible members request retention in LAS by submitting AF Form 1186, **Retention in Limited Assignment Status**. Before doing so, members must have agreed with the PEB's recommendation. If approved for LAS, file PEB proceedings without further action. If disapproved for LAS, the disability case will be processed. Application procedures are as follows:

6.5.1. Preparing AF Form 1186. The PEBLO or PEB counsel prepares four copies of AF Form 1186 and complete the "Personnel Data" portion of the form. The PEBLO or PEB counsel informs the member of the purpose, policy, and objective of the LAS program before the member signs the forms. Send copies of AF Form 1186 and AF Form 1180 to HQ AFPC/DPPD and give one copy to the member.

6.5.2. Personal Statement. Members who wish to stay on AD in LAS may attach a personal statement to AF Form 1186 giving any information they believe important to their case. This statement may cite matters of record that the member wants to emphasize for review, but the member should not attach other documents to AF Form 1186. Members may request a delay, not to exceed 3 duty days, to prepare the personal statement. If not received within the 3-duty-day period, HQ AFPC/DPPD will process the disability case to completion.

6.5.3. Counseling the Member. The counselor ensures the member understands the approval procedures, the reevaluation requirements, and the possibility of an unscheduled termination of LAS.

**6.6. AFPC Processing.** HQ AFPC/DPPD reviews the application to ensure the member meets the general eligibility criteria in this section. If the member is not eligible, HQ AFPC/DPPD returns AF Form 1186 to the member, through the MPF or referring medical facility, as applicable, with a cover memorandum advising the member that the application does not meet basic eligibility requirements. When the request meets the basic eligibility standard, process it as follows:

6.6.1. Medical Review. HQ AFPC/DPPD sends AF Form 1186 and allied papers, including the PEB findings and recommended disposition and all available medical records, to HQ AFPC/DPAMM for review. HQ AFPC/DPAMM determines member's medical acceptability for LAS retention and annotates the applicable assignment limitations, if approved, or indicates

disapproval and the reason for the disapproval in the medical review portion of AF Form 1186. After its review, HQ AFPC/DPAMM returns the case to HQ AFPC/DPPD for further action.

6.6.2. Assignment Determinations. When HQ AFPC/ DPAMM determines that the member is medically acceptable for LAS retention, HQ AFPC/DPPD sends the case to HQ AFPC/DPA for all enlisted persons and officers below the grade of colonel, AF/DPO for all colonels, and to AFGOMO for all general officers. The functional area resource manager must determine if the Air Force can productively use the member's services within the limitations specified by HQ AFPC/DPAMM. The resource manager enters the decision in the personnel review portion of AF Form 1186 and returns the case to HQ AFPC/DPPD for further action.

6.6.2.1. LAS Assignment Approved. The resource manager must indicate approval and note the correct assignment limitation code on AF Form 1186. If the member has over 19 years of active duty, add a statement on AF Form 1186 documenting the unique and overriding need for the member's services and specifying a recommended period of retention. HQ AFPC/DPPD is the final approval authority for members with more than 19 years of AD.

6.6.2.2. LAS Assignment Not Approved. The resource manager indicates disapproval on AF Form 1186.

6.6.3. Final Disposition of LAS Approvals. After action by HQ AFPC/DPAMM and the resource manager, HQ AFPC/DPPD completes administrative processing, notifies the member of approval, through the MPF or referring medical facility, and advises appropriate officials of the LAS code and assignment limitations. Retention period for LAS approvals follow these general rules:

6.6.3.1. Over 19 Years of AD. HQ AFPC/DPPD determines the period of retention.

6.6.3.2. Less than 19 years of AD. Retention is not for a specified period of time, but does not normally exceed 20 years of AD.

6.6.4. LAS Disapprovals. When the member is not medically acceptable for retention in LAS or when the resource manager cannot justify retention, HQ AFPC/DPPD advises the member of the disapproval, through the MPF or referring medical facility, and resumes case processing.

### ***Section 6C—LAS Reevaluation***

**6.7. LAS Reevaluation Rules.** Members retained in LAS undergo periodic or annual medical examinations as directed by HQ AFPC/DPPD.

6.7.1. Reevaluations will consider the current status of medical limitation and the need for the particular grade and specialty.

6.7.2. HQ AFPC/DPPD may direct reevaluation at any time to assist in the management of LAS members or to meet current personnel manning requirements.

6.7.3. A reevaluation may consist of a general medical examination or may include an MEB and PEB.

6.7.4. The commander of a member in LAS may, at any time, refer the member to a local medical facility for reevaluation if the member cannot satisfactorily perform duties in his or her grade and specialty. In such cases, proceed according to AFI 48-123 and this instruction.

**6.8. Reevaluation Procedures.** HQ AFPC/DPPD advises the MPF personnel employment element by memorandum when an LAS reevaluation is due, and directs them to schedule the LAS member for a medical examination.

6.8.1. MPF Action. The personnel employment element schedules the examination at the closest medical facility; tells the member and the member's commander of the date, place, and reason for the examination; and ensures the medical facility has a copy of the memorandum stating the reason for the examination.

6.8.2. MTF Action. Medical facilities conduct examinations and send the completed reports to HQ AFPC/DPPD within 30 days of the date of the request for re-evaluation. Unless HQ AFPC/DPPD requires or requests an MEB, the physical examination does not have to be extensive. However, it must be in enough detail to allow evaluation of the member's overall condition--with special emphasis on the condition for which the member was first placed on LAS. In most cases SF 502, **Medical Record - Narrative Summary**, or SF 513, **Medical Record - Consultation Sheet**, is adequate.

6.8.2.1. If the MTF can not complete the examination within the time limit, they must advise HQ AFPC/DPPD of the reason for the delay and give a date when they will complete and forward the examination report.

6.8.2.2. When processing by MEB is directed or required, the medical facility must follow guidance in AFI 48-123 and this instruction.

6.8.2.3. The medical report must include sufficient information to document the following items:

6.8.2.3.1. Interim Medical History. New developments or changes since last LAS evaluation.

6.8.2.3.2. That may contribute to the member's overall physical disability.

6.8.2.3.3. Present Medical Support. Current therapy and treatment requirements.

6.8.2.3.4. Present Duty Performance. Member's functional impairment as it relates to ability to perform duties.

6.8.2.3.5. Statement of Opinion. The examining physician may include an opinion as to whether he or she still considers the member medically acceptable for retention in LAS. If considered acceptable, the physician also specifies if the present assignment limitations remain valid and whether he or she still considers the member physically unfit for return to full military duty.

6.8.3. AFPC Action. Upon receipt, HQ AFPC/DPPD sends the current physical examination and the entire LAS case file to HQ AFPC/DPAMM for review.

6.8.3.1. HQ AFPC/DPAMM Action. Review the case and determine if the member is still acceptable for retention in LAS and, if acceptable, whether a change in assignment limitations is appropriate. Advise HQ AFPC/DPPD of any change in limitations. If the member is no longer acceptable for LAS retention, direct MEB action as outlined in AFI 48-123 and this instruction.

6.8.3.2. Assignment Resource Manager Action. When HQ AFPC/DPAMM recommends retention in LAS, the resource manager, as identified in paragraph **6.6.2**, reviews the case to

determine if they can still justify LAS assignment. After review, the resource manager returns the case to HQ AFPC/DPPD indicating whether continued LAS is, or is not, justified.

6.8.3.3. HQ AFPC/DPPD Action. Advise the member by memorandum, through the MPF, of the final decision concerning retention in LAS. When the member is no longer medically acceptable for LAS, or when the LAS assignment is no longer justifiable, initiate MEB action. If approving retention in LAS, include any change in assignment limitation in the approval notice.

**6.9. Exceptions to Normal LAS Reevaluations.** Upon receiving information indicating further LAS retention may not be appropriate, HQ AFPC/DPPD may send the case file to HQ AFPC/DPAMM or the proper functional resource manager for review, direct an MEB and PEB, or take any other action necessary to determine if the member's continued retention on LAS is appropriate.

## Chapter 7

### PERIODIC EXAMINATION OF MEMBERS ON THE TDRL

#### *Section 7A—TDRL Examination Rules*

**7.1. Requirement for Periodic Examination.** The law, 10 U.S.C. 1210, requires reexamination of all members on the TDRL at least once every 18 months to determine if there has been a change in the disability that resulted in their placement on the TDRL. These periodic examinations continue until final disposition or until the statutory period expires (currently 5 years) whichever is earlier.

7.1.1. HQ AFPC/DPPD usually schedules the initial examination 16 months after placing the member on the TDRL so the medical facility can complete it before the end of the 18th month. They schedule the examination at the Air Force medical facility closest to the member's home that has the required capability, or the closest DoD medical facility if indicated by the member's medical condition.

**7.2. Importance of Processing TDRL Examinations Rapidly.** Many TDRL members must leave school or their jobs to report for examination, and any undue delay may cause hardship. HQ AFPC/DPPD notifies everyone concerned approximately 20-30 days in advance of the scheduled reporting date and time for the examination. The members must report on time, and the medical facility must complete the examination without delay.

**7.3. Failure to Report for Periodic Examinations.** In accordance with the law (10 U.S.C. 1210) TDRL members who fail to report for periodic examinations, after having been properly notified, will have their retired pay terminated. All members on the TDRL shall advise HQ AFPC/DPPD of their current mailing address. In this way, members will receive important notices on periodic examinations, as well as other correspondence of interest.

#### **7.4. Procedures for Periodic Examinations.**

7.4.1. About 60 days before the reporting date, HQ AFPC/DPPD sends the previous TDRL medical records and any special instructions to the examining facility and requests a TDRL medical examination appointment.

7.4.2. Within 10 days of receiving the request, the examining facility will call or send a message to HQ AFPC/DPPDS giving the date and time of the appointment, and indicating whether they will evaluate the member on inpatient or outpatient status.

7.4.3. If the medical facility can not conduct the examination, they must return the records within 15 days to HQ AFPC/DPPDS -If appropriate, HQ AFPC/DPPDS then schedules the examination at another facility as quickly as possible, or returns the package for necessary processing.

7.4.4. The member shall provide to the examining physician, for submission to the PEB, copies of all his or her medical records (civilian, VA, and all military medical records) documenting treatment since the last examination.

7.4.5. If the member is being treated by a civilian physician or the VA and member provides them directly to HQ AFPC/DPPDS, HQ AFPC/DPPDS will provide the information to the PEB for review. If the PEB determines that the report is sufficient to evaluate the member, the scheduled appointment at the MTF will be canceled.

7.4.6. If the member fails to report for the examination on the scheduled reporting date, the medical facility must advise HQ AFPC/DPPDS immediately and await further instructions.

7.4.7. Telephone Counseling. TDRL members may call HQ AFPC/DPPDS toll-free at 1-800-531-5806 for information or counseling regarding their periodic examination or the findings and recommended disposition of the IPEB.

**7.5. Travel and Per Diem Allowance.** Members traveling to a medical facility for examination, or to Lackland AFB TX for the formal PEB, receive travel and per diem allowance based on their retired grade (10 U.S.C. 1210 and JFTR volume 1, chapter 7, part I). The Air Force reimburses them for the cost of travel to and from the examining facility or the formal PEB as well as certain other costs, such as meals and lodging, at about the same rates as AD members of the same grade in TDY status. Members are not authorized use of rental vehicles.

**7.6. Travel Orders.** About 20-30 days before the reporting date, HQ AFPC/DPPD sends travel orders to the member. The order shows the exact date, time, and place to report and includes the authority for payment of travel costs. The orders and the accompanying information sheets contain instructions for the members on what they need to do and their entitlements.

**7.7. Orders Processing by the Examining Facility.** The medical facility endorses the order to show whether they examined the member as an inpatient or outpatient, the dates and times the member reported and was released after completing the examination. If the examination was in outpatient status, tell whether or not the member occupied government quarters. The examining facility must ensure the member has an indorsed order to submit with the claim for reimbursement. The member submits a travel voucher to 12 CPTS/FMFL for reimbursement. FMFL must also approve all advances.

**7.8. Authorized Escort.** An escort may accompany a member to the place of examination or to the formal PEB when the member is not physically or mentally able to travel without help. Submit the request and supporting documents for review by HQ AFPC/DPPD before beginning travel. If approved, HQ AFPC/DPPD includes the authority for an escort's travel in the member's travel order. The attendant may file a claim for expenses according to JFTR, volume 1, chapter 7, part I. However, if traveling by private conveyance, the Air Force will reimburse only the retired member for transportation costs.

**7.9. Purpose and Scope of TDRL Reevaluation.** The purpose of the periodic examination is to determine if the condition for which the member was retired has changed since retirement or since the previous TDRL evaluation. The medical facility conducts the examination according to AFI 48-123.

7.9.1. The report of examination centers on the unfitting defects and conditions and includes anything the examining physician discovers or observes as to what the member is actually able to do or not do.

7.9.2. The examination also includes information on any other defect or condition incurred or discovered after the member's retirement. For any newly identified defect or condition, the report indicates whether the member incurred the condition while on active duty or while on TDRL. For any change to an old defect or condition, the narrative summary indicates whether the condition is better or worse than at the time of retirement.

7.9.3. The examining facility performs the necessary diagnostic, laboratory, and radiological procedures which clearly and accurately establish the member's current status. Include the following in the final report: test results, a statement as to the normal test value for the

procedures done, copies of consultations, and a statement identifying all medications the member is currently taking.

7.9.4. The examining physician includes medical statements and opinions in the report of examination when such information may help the PEB evaluate the member's current condition. However, since prior TDRL medical records are available to the PEB and higher levels of review, do not repeat information in previous records except to make a point. The physician will include a detailed statement of interim history describing social, industrial, or educational activity, as well as the medical prognosis. References to the administrative disposition of the member, such as return to active duty, retention on TDRL, permanent retirement, discharge for disability, or probable percentage of disability are not appropriate and frequently lead to unnecessary questions or disappointment for the member.

7.9.5. Insurance Claims. The examining DoD medical facility may bill the reasonable costs of the TDRL examination to a third-party payer such as an insurance company or a medical service or health plan under which the member is a covered beneficiary (10 U.S.C. 1095). Additionally, please note the following:

7.9.5.1. Do not bill the member for costs not paid (such as required deductibles or co-payments).

7.9.5.2. If the third-party payer asks the member to clarify the charges, resource management personnel at the DoD medical facility will help in completing any additional claim forms.

7.9.5.3. Do not release confidential drug and alcohol treatment records without a patient consent executed according to federal law and Public Health Service regulations. A general consent form to release "medical records" or an assignment of third-party payer benefits will not satisfy Public Health Service requirements.

**7.10. Processing at the Examining Facility.** The commander of the examining facility or designated representative makes sure the medical facility completes the examination as quickly as possible so the member may return home without delay.

7.10.1. Time Limits. Follow these general rules:

7.10.1.1. When possible, complete the examination within 1 to 3 duty days after the member arrives at the examining facility.

7.10.1.2. Only extend the examination period if the examining physician believes a short period of observation or medical testing is absolutely essential for a complete report. Hold such examinations to a minimum.

7.10.1.3. The DoD requirement is to provide medical reports to HQ AFPC/DPPD within 30 days of examination.

7.10.1.4. Do not send the case to HQ AFPC/DPPD until all laboratory studies and consultations have been completed and included in the report. If the MTF can not complete the report of examination within the required period, advise HQ AFPC/DPPD in writing of the reason for delay and give an estimated date of report completion. Never keep the member at the examining facility pending review of laboratory test results or to await typing of the report.

7.10.2. Report of Examination. The examining medical facility must send the completed report and all previously loaned medical records to HQ AFPC/DPPDS. The completed report consists of SF 502 and the results of all laboratory procedures and consultations. Further, the service member shall provide copies of all civilian, VA, and military medical records documenting treatment since the last TDRL reevaluation. Submit the narrative summary in original plus two legible copies.

7.10.3. Competency Rules. If the member was mentally incompetent when last examined and there has been a change in competency since then, or if there is a question as to mental competency, the examining military facility must convene a competency board according to DFAS-DE 177-373, volume 1, chapter 24, Joint Uniform Pay System - DJMS AFO Procedures and AFI 48-123. A competency ruling will not be required for members evaluated at VA or civilian medical facilities. In these cases, the member or an NOK must contact DFAS-CL to arrange for a change in competency. Take the following action:

7.10.3.1. Include a copy of the board's competency determination with the report of examination when sending it to HQ AFPC/DPPD.

7.10.3.2. Send a copy of the competency board to DFAS-CL/FRAA.

7.10.3.3. If it would be harmful or against the member's best interest to know his or her medical condition, the examining physician will point that out in the narrative summary. HQ AFPC/DPPD will then process the case accordingly.

**7.11. TDRL Members Imprisoned or Confined by Civil Authorities.** The law requires periodic examination, regardless of the member's status or circumstances. For members imprisoned or confined by civil authorities, HQ AFPC/DPPD requests a report of examination and a copy of the commitment order, when appropriate, from the confinement institution.

7.11.1. If the report received contains sufficient information, the PEB uses it to evaluate the member. If the report is inadequate, or if the institution does not send a report, HQ AFPC/DPPD sends the case to SAFPC for review and disposition.

### ***Section 7B—Review by IPEB and FPEB***

**7.12. IPEB Review of the TDRL Examination.** HQ AFPC/DPPD refers reports of examination with prior medical records and allied papers to the IPEB for evaluation as outlined in [Chapter 3](#).

**7.13. Additional Medical Workup.** If the report of examination is inadequate, HQ AFPC/DPPD returns it to the examining facility for more data, or takes other action as necessary to get a complete and adequate report. HQ AFPC/DPPD may direct the member to report to another facility for additional medical workup, or to 59 Med Wg (WHMC), Lackland AFB TX, for complete examination followed by a PEB. HQ AFPC/DPPD issues another set of travel orders when applicable.

**7.14. Changes in Prior Determinations.** Do not change prior findings such as LOD, proximate result, EPTS factor, and so on, unless there is new and compelling evidence not available to the original board that establishes that the initial determination was in error. Determinations of armed conflict and instrumentality of war are binding so long as the defect remains unfitting.

7.14.1. Conditions found not unfitting when placed on the TDRL are not compensable if they become unfitting while on the TDRL. However, if reevaluation reveals the condition was unfitting when the member was placed on the TDRL, the evaluating board lists the condition as

compensable when making permanent disposition of the case, and documents the reasons for making the change in item 15, AF Form 356. Since the board cannot retroactively change the member's records as of the date placed on the TDRL, HQ AFPC/DPPD will tell the member that he or she may apply for records correction through the AFBCMR process.

**7.15. Action by AFPC and Member After IPEB.** HQ AFPC/DPPD sends to the member the AF Form 356, a copy of the TDRL report of exam, and a memorandum outlining actions required. When the IPEB recommends removal from the TDRL, the member may agree with the board's recommendation, disagree and request a formal PEB, or waive the formal PEB and submit a written rebuttal. When the board recommends retention on the TDRL, HQ AFPC/DPPD advises the member of the action but does not give the member the option to agree or disagree (see paragraph [7.25](#)).

7.15.1. Time Limits. The member is provided 30 calendar days to reply when the IPEB recommends final disposition in the case. Upon request, HQ AFPC/DPPD may grant additional time if needed. If there is no response within the time limit, HQ AFPC/DPPD will presume the member concurs and the case will be finalized.

7.15.2. Member Agrees or Submits a Rebuttal to the IPEB Findings. HQ AFPC/DPPD processes the case as outlined in [Chapter 3](#) and [Chapter 5](#).

7.15.3. When Physically Fit. When the recommended disposition of the IPEB is "Removal from the TDRL (Fit)," HQ AFPC/DPPD sends a memorandum to the member with a 30 day suspense outlining action required. HQ AFPC/DPPD will notify the appropriate offices; i.e., promotions, enlisted retention, officer appointments and officer procurement.

7.15.3.1. If eligible for return to active duty, HQ AFPC/DPPD sends the member one copy of **Statement Relative to Appointment or Enlistment After Removal from TDRL** along with the informal board's findings and recommendation. The member must make a decision and return the form within 30 calendar days. Except as stated in paragraph [7.15.4](#), if the member does not respond within the 30-day time limit, HQ AFPC/DPPD will process the case as if the member did not desire appointment or enlistment.

7.15.3.2. If a member was serving on AD as a non-EAD ARC officer when placed on the TDRL, HQ AFPC/DPPD will refer him or her to the nearest ARC facility for further processing.

7.15.3.3. In addition to permitting return to duty under 10 U.S.C. 1211, the law (10 U.S.C. 1210) provides that members removed from the TDRL as fit will be discharged, retired, or transferred to the inactive Reserve under any other law if, under that law, the members applies for and qualifies for that retirement or transfer, or is required to be discharged, retired, or eliminated from an active status. The member's grade is determined under the provisions of law for which retired, transferred, discharged, or eliminated from an active status. Retired, retainer, severance, readjustment, or separation pay is computed as if the member had been reappointed or reenlisted upon removal from the TDRL and before the retirement, transfer, discharge, or elimination. (See paragraph [7.27](#) for service retirement procedures involving members removed from the TDRL.)

7.15.3.4. Members found fit who do not elect enlistment or reappointment, and who are not discharged, retired, or transferred to the inactive Reserve as indicated in paragraph [7.15.3.3](#), will be discharged without benefits, subject to restriction in paragraph [7.15.4](#)

7.15.4. Obligated Service. By law, members who entered military service after 1 June 1984 must serve 8 years in the armed services, unless sooner discharged. Do not discharge TDRL

members found fit who entered military service after 1 June 1984, served less than 8 years, and do not want to be reappointed nor to enlist. Instead, when removing them from the TDRL, transfer them to the USAFR (Obligated Reserve Section), and assign them to the Air Reserve Personnel Center (ARPC) to complete their military service obligation. Time spent on the TDRL counts toward the required obligated service.

**7.16. Documentation Provided To the FPEB.** When a formal hearing is to be held, HQ AFPC/DPPD sends the TDRL examination, medical records, and related documents to the FPEB. If the FPEB decides it needs more medical data, they may refer the member to 59 Med Wg (WHMC) for specific tests, consultations, or medical workups. The FPEB must specify the conditions that require evaluation and identify any other information needed. The FPEB president recesses the hearing pending receipt of the additional data.

**7.17. Directed Examination Followed by FPEB Hearing.** HQ AFPC/DPPD can direct a complete medical workup and formal hearing when they determine that it is in the best interests of the member or the Air Force. HQ AFPC/DPPD schedules the examination at 59 Med Wg (WHMC), and prepares and sends orders directing the member to report to 59 Med Wg (WHMC) for the required examination. The examination follows the general guidelines in this chapter.

7.17.1. Time Limits. 59 Med Wg (WHMC) must complete the medical workup and examination as quickly as possible--10 to 14 days maximum. If medical personnel at 59 Med Wg (WHMC) need more time, they must advise HQ AFPC/DPPD and the FPEB of reasons for the delay and the expected completion date. As soon as 59 Med Wg (WHMC) completes the medical examination, the member will appear before the FPEB.

**7.18. Special Considerations for TDRL Members.** The FPEB hearing for a member on the TDRL proceeds as outlined in **Chapter 3, Section 3C**. The following special considerations apply:

7.18.1. FPEB In Absentia. When the retired member does not or cannot appear in person, HQ AFPC/ DPPD approves and HQ AFPC/DPPDF convenes a formal hearing in absentia. In such cases, legal counsel must be present during all open sessions. The NOK (or guardian) may also be present and act for the member. Examples of when hearings will be held in absentia, include, member:

7.18.1.1. Is hospitalized, confined, incarcerated, or otherwise unable to travel freely.

7.18.1.2. Is unable to travel because of his or her physical or mental condition.

7.18.1.3. Is unable to act in his or her own behalf because he or she is incompetent or because knowledge of the condition or disability would be harmful to the member.

7.18.2. Excusal from Hearing. A retired member may request to be excused from personally appearing at a hearing. This request is not be confused with the formal hearing that is held in absentia (paragraph **7.18.1**). The FPEB president at his discretion may approve a retired member's request for excusal. The record of the hearing must clearly show that this was a voluntary act by the member. In such cases, the designated legal counsel represents the member during all open sessions. The member remains in the area until the FPEB completes its action. Excusal does not keep the FPEB from referring the member to 59 Med Wg (WHMC) for medical consultations if needed.

**7.19. Personal Appearance.** The TDRL member must appear before the FPEB, unless the FPEB conducts the hearing in absentia, or the board president excused the member from the hearing.

**7.20. Disposition Options of the Formal Hearing.** Same as for IPEB (see paragraph **3.29**).

**7.21. Special Actions When Member Is Found Fit.** When the FPEB recommends "Removal from TDRL (Fit)," the FPEB counsel or other designated counsel:

7.21.1. Provides member a memorandum outlining action required, election statement of intent to seek reenlistment, reappointment or service retirement, if appropriate, and a fact sheet to aid member in making election. Fact sheet includes points of contact for any questions they may have. Member is allowed two weeks to reply to HQ AFPC/DPPDS.

7.21.2. Advises members who were serving on active duty as USAFR or ANG officers when placed on the TDRL to contact their appropriate Reserve component for further processing.

7.21.3. Advises members who entered the military service on or after 1 June 1984 and served less than 8 years of the obligated service provision of 10 U.S.C. 651 as outlined in paragraph [7.15.4](#)

7.21.4. Counsels enlisted members that HQ AFPC/DPPA will review their records to determine if they are eligible to reenlist. If ineligible, they do not have the option to reenlist, and will be discharged without disability benefits.

### ***Section 7C—AFPC Disposition Actions***

**7.22. Final Review and Disposition Actions.** HQ AFPC/DPPD announces the final disposition on a computer format, **Retirement Special Order - Physically Unfit**, or **Retirement Special Order Removal From TDRL**. These orders are the official notice to TDRL members of final disposition action. Retaining a member on TDRL is not a final disposition (see paragraph [7.24](#)).

**7.23. Stopping Retired Pay.** Retired pay stops when TDRL members are removed from the TDRL or when the statutory period of retention on TDRL according to 10 U.S.C. 1210h expires.

7.23.1. HQ AFPC/DPPD may also stop a member's eligibility to receive Air Force retired pay if the member is scheduled to report for periodic examination and refuses or fails to report after having been given proper notice or fails to provide all his or her medical records (civilian, VA, and all military medical records) documenting treatment since the last examination. Rules for reinstatement are:

7.23.1.1. If the member later reports, reinstate eligibility to receive retired pay effective on the date the member reports and completes the examination.

7.23.1.2. If the member can show "just cause" for not reporting, reinstate eligibility to receive retired pay retroactively for a period of not more than 1 year (10 U.S.C. 1210a).

7.23.1.3. If the member does not undergo periodic examinations after disability retired pay has been terminated, they will be administratively removed from the TDRL on the fifth anniversary of placement on the list and separated without entitlement to any disability benefits.

7.23.2. For TDRL members found fit and reappointed or enlisted, disability retired pay stops on the date removed from TDRL.

**7.24. Removal From TDRL for Failure To Report or Reply.** HQ AFPC/DPPD will process as follows:

7.24.1. Failure To Report for Periodic Examination. Under provisions of this chapter, HQ AFPC/DPPD schedules members nearing the 5th anniversary of the date placed on the TDRL for

periodic examination. If these members refuse or fail to report after having been properly notified, or if HQ AFPC/DPPDS cannot locate the TDRL member, HQ AFPC/DPPDS refers the case to the IPEB, with a detailed account of all relevant circumstances. Possible follow-on actions:

7.24.1.1. The IPEB may recommend permanent disability retirement, discharge with entitlement to disability severance pay, or removal from the TDRL and discharge without benefits.

7.24.1.2. The designated special assistant to SAFPC may confirm and approve the IPEB's recommended disposition, refer the case to the FPEB for a formal hearing in absentia, or to SAFPC for final disposition.

7.24.2. Members Found Fit Who Fail To Respond as Required. HQ AFPC/DPPD will remove from the TDRL and discharge without benefits TDRL members who have been found fit and fail to reply within the time limit to the notification of the fit finding. HQ AFPC/DPPD will also remove from the TDRL and discharge without benefits a TDRL member who is found fit, requests a FPEB hearing, and fails to report to the FPEB.

**7.25. Retention on TDRL.** When the IPEB recommends retention on TDRL, HQ AFPC/DPPD furnishes the member a copy of AF Form 356, copy of TDRL report of exam, and a memorandum advising there is no change in member's status or Air Force retired pay as long as the member's name remains on the TDRL regardless of whether or not there is a change in percentage rating. HQ AFPC/DPPD's memorandum of notification includes an approximate date for the next examination and tells the member that instructions, and a firm date, and designated place of examination will be sent approximately 20-30 days before the examination date.

**7.26. Enlistment, Reappointment, or Retirement (TERA) After Removal from TDRL as Fit.** Upon recommendation of the IPEB be removed from the TDRL as fit:

7.26.1. Enlistment or Reappointment Grade. The appropriate promotions office determines the grade of enlistment or reappointment and advises HQ AFPC/DPPD.

7.26.2. Enlistment. HQ AFPC/DPPDS tells members what date they will remove them from the TDRL and that members will have 60 calendar days from the date removed during which they may enlist without a physical examination. HQ AFPC/DPPDS provides instructions for the member to present to the MPF when reporting for enlistment. After the 60-day period, former TDRL members follow the same enlistment rules that apply to any other civilian.

7.26.3. Retirement (TERA). Members who meet basic eligibility requirements for the TERA will be referred to HQ AFPC/DPPR to apply.

7.26.4. Reappointment of Certain ARC Officers. HQ ARPC/DPRB, reappoints ARC officers being assigned to a Reserve component (not retiring and not returning to AD).

**7.27. Service Retirement of Members Being Removed from TDRL.** Members who are fit, or who are unfit because of a condition incurred or aggravated while on TDRL after having recovered from the condition for which placed on the TDRL, may apply for service retirement if eligible under AFI 36-3203. HQ AFPC/DPPDS provides the appropriate application forms, and HQ AFPC/DPPR issues orders effecting removal from TDRL on the last day of the month and service retirement on the first day of the following month so there is no loss of pay.

## Chapter 8

### EVALUATION OF AIR RESERVE COMPONENT (ARC) MEMBERS

#### *Section 8A—General Guidelines*

**8.1. Purpose.** This chapter provides the guidelines for processing through the disability system certain ARC members who meet eligibility requirements in paragraph 8.2 Paragraph 8.3 gives an ineligibility guideline. The Air Force disability system will evaluate ARC members who meet the basic requirements for disability benefits under 10 U.S.C., chapter 61. Further, Ready Reserve members who are pending separation for a non-duty related impairment and Reserve members who are not on a call to active duty of more than 30 days and who are medically disqualified for impairments unrelated to the member's military status and performance of duty shall be afforded the opportunity to enter the disability system for a determination of fitness only but shall not be afforded disability benefits (see section E).

**8.2. Eligibility for Disability Processing.** The following ARC members who have impairments which were incurred or aggravated in the line of duty are eligible for disability processing:

8.2.1. On active duty for 31 days or more while the member was entitled to basic pay.

8.2.2. After 23 Sep 96, on active duty for 31 days or more but not entitled to basic pay under 37 U.S.C. 502(B) due to authorized absence to participate in an educational program, or for an emergency purpose, as determined by the SAF or designated representative.

8.2.3. On active duty for 30 days or less or on call to Inactive Duty Training (IDT).

8.2.3.1. While traveling directly to or from the place at which such duty is performed; and/or

8.2.3.2. After September 23, 1996, any injury, illness, or disease incurred or aggravated while remaining overnight, between successive periods of IDT, at or in the vicinity of the site of the inactive duty training, if the site is outside reasonable commuting distance of the member's residence.

8.2.3.3. Additionally, members of the Ready Reserve with nonduty-related impairments pending separation for failure to meet physical standards. (See eligibility criteria in **Section 8E**).

**8.3. Ineligibility for Disability Processing.** ARC members are ineligible for disability processing if the member is pending an approved, unsuspended, punitive discharge or dismissal.

**8.4. Misconduct.** In order for ARC members to be *compensated* for disabilities incurred while in active duty or inactive duty status, the PEB must find that the unfitting condition was not the result of intentional misconduct or willful neglect and was not incurred during a period of unauthorized absence.

**8.5. Entitlement to Medical Care and Evaluation.** AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services Systems (MHSS)* outlines an ARC member's possible entitlement to medical care when not on active duty, including hospitalization for evaluation of physical defects or conditions incurred as a result of performing authorized military duty. If there is any question as to a member's entitlement to medical care and evaluation, the medical facility takes action to verify such entitlement.

**8.6. Duty and Pay Status:**

8.6.1. An ARC member who incurs a disability while performing AD on orders for 30 days or less is not ordered or continued on AD past the date specified solely for processing under this instruction. However, the member is eligible to receive medical care and evaluation. Members with disabilities incurred or aggravated after 29 September 1988 may also be entitled to pay and allowances; however, the amount received is reduced by the full amount of civilian income received during the disability period. Limit payment to a maximum of 6 months unless SAF extends the period after determining it is in the interest of fairness and equity to do so (37 U.S.C. 204(g) and [h]).

8.6.2. ARC members who incur or aggravate an injury, illness or disease in the line of duty while on orders for more than 30 days are not involuntarily released from those orders until final disposition of their disability case. These members' entitlement to full pay and allowances and benefits continue to the same extent provided by law or regulation to regular component members.

**8.7. Movement of Member.** The PEBLO or medical facility commander advises the member's unit commander or MPF of the disposition or movement to another medical facility or to travel to meet a FPEB. When such movement is necessary, the medical facility issues appropriate orders to authorize the movement.

***Section 8B—Administrative Processing***

**8.8. Records for PEB.** When referring an ARC/Ready Reserve member's case to the PEB, the PEBLO at the referring facility obtains all prior medical and related records for use by the PEB following these procedures:

8.8.1. Modify the text of the request for prior medical records as follows: "PEB pending for (grade, name, SSN). Request all medical and clinical records (include places and date of hospitalization and register number, if known). Member claims prior service in (Branch of Service or (state)) National Guard from \_\_\_\_\_ to \_\_\_\_\_ under service numbers \_\_\_\_\_."

8.8.2. Send the request to the custodian of the MPerGp as specified in AFI 36-2608, *Military Personnel Records Systems*.

8.8.3. Send an information copy of the request to the Records Management Division (HQ AFPC/ DPSR), for IMA's send a copy to HQ AFPC/DRSP.

8.8.4. If the member had military service other than Air Force, send a copy to the National Personnel Records Center, Air Force Reference Branch (NPRC/NRPMF-C).

**8.9. Case Records for the PEB.** Assemble as outlined in AFI 48-123. If the PEBLO can not locate all the needed documents, the PEBLO includes a statement to that effect for the case file. Send cases to the PEB through the SG and DP offices of the appropriate headquarters—ANG (ANG members), HQ AFRC (unit members), or HQ ARPC (individual mobilization augmentees). Cases on Reserve component personnel on EAD or undergoing initial active duty for training do not require headquarters review.

**8.10. Case Processing.** Upon determining a member to be eligible for disability evaluation, process the case according to **Chapter 3**, **Chapter 4**, and **Chapter 5. Section 8C** of this chapter

outlines special processing rules. HQ AFPC/DPPD may grant other exceptions to normal processing when such action is in the best interest of the member and the Air Force.

**8.11. Other Administrative Actions.** Do not retire or discharge a member whose case is undergoing disability evaluation until completion of the disability case. Do not administratively discharge under AFI 36-3209, *Separation Procedures for Air National Guard and Air Force Reserve Member*, members retired or discharged for disability under this instruction.

**8.12. Movement of Member to FPEB.** If HQ AFPC/DPPD schedules an ARC member to meet a FPEB, the PEBLO or medical facility commander arranges for movement of the member and prepares orders placing member on TDY to 59 Med Wg (WHMC) to meet the formal PEB (See **Section 3C, Chapter 3**). **EXCEPTION:** Members of the ARC with a non-duty related medical condition are responsible for their personal travel and other expenses.

### *Section 8C—Special Case Processing*

**8.13. Waiver of PEB Action in EPTS Cases.** A member whose physical qualification for military duty is questionable because of an EPTS condition, and whose case is being considered for PEB action under this chapter, may waive evaluation by a PEB subject to conditions outlined below. If the case does not meet all the criteria for waiver or if the member requests evaluation by a PEB, the appropriate headquarters or medical facility will refer the case to the PEB. Also refer a case to the PEB when the member fails or refuses to sign a waiver. Cases must meet the following conditions:

- 8.13.1. Member's qualification to perform duties of his or her office, grade, or rank is questionable, as determined by medical board action.
- 8.13.2. The disqualifying defect or condition existed before entry on current period of duty and such duty has not aggravated the defect or condition.
- 8.13.3. Knowing about his or her medical condition would not be harmful to the member's well being.
- 8.13.4. The member does not require further hospitalization or institutional care.
- 8.13.5. After being advised of the right to a full and fair hearing, member still desires to waive PEB action.
- 8.13.6. Member knows he or she must undergo PEB evaluation to receive Air Force disability benefits, if applicable, but waiving PEB evaluation will not prevent applying for VA benefits.
- 8.13.7. Member knows that he or she will go home under applicable USAFR or ANG directives to await the final outcome of the case.
- 8.13.8. Member knows final action on the case may result in discharge, and that he or she may not withdraw PEB waiver action under this chapter.

**8.14. Waiver Processing.** Prepare the waiver statement in three copies using the format at **Attachment 5**. The commander of the medical facility processing the case, or a designated representative, distributes the original and two copies of the waiver statement as follows:

- 8.14.1. Original. Send with the original AF Form 618, narrative summary, and memorandum of notification to the appropriate addressee as follows:

8.14.1.1. USAFR Members: HQ ARPC/DPA for Individual Mobilization Augmentees (IMA); or HQ AFRC/DPM for unit members.

8.14.1.2. ANG Members: ANG/MPPSS.

8.14.2. First Copy. Send with a legible copy of AF Form 618 and narrative summary to the member's unit commander or MPF for file with the health records in the Field Records Group. For IMAs, send to HQ ARPC/DRSP.

8.14.3. Second Copy. Give to member.

8.14.4. Completing the Memorandum of Notification to ARC Headquarters.

8.14.4.1. Wording: "(Grade, name) is not considered to be physically qualified for military duty and has waived further evaluation by a Physical Evaluation Board (PEB). Attached are the Medical Board Report and medical summary, with the member's statement waiving PEB action, for disposition of the member under applicable directives. The member will go home to await your final action."

8.14.4.2. If the member is on AD undergoing training, the medical facility commander may send the Medical Board Report and waiver statement to the servicing MPF where the member is training. The MPF completes the discharge processing and advises the USAFR or ANG of final action.

**8.15. Disposition of Ineligible Member.** An ineligible member is one not physically qualified for military service but who does not qualify for PEB evaluation under this instruction. The medical facility commander or designated representative must advise member that he or she is not eligible for processing under this instruction; cannot stay in a duty status; and will be returned home to await discharge under applicable USAFR or ANG directives.

8.15.1. After completing inpatient or outpatient medical treatment or medical processing, the medical facility commander sends the member home to await discharge. The MTF commander sends a memorandum of notification to the ARC headquarters with a copy to the member and to the unit commander (or MPF) that includes a detailed medical summary describing the member's disqualifying defects. Send notifications to the following offices: For USAFR Category A unit members, HQ AFRC/SGP; for IMAs, HQ ARPC/DPA; for ANG members, ANG/MPPSS.

8.15.2. The medical facility commander prepares the notification memorandum in three copies with the following wording: "(Grade, name) is not considered to be physically qualified for military duty, and is not eligible for processing by a PEB. The attached medical summary reflects the member's current physical status. Please take immediate action to ensure proper disposition of the member under applicable directives. The member is being returned home to await final disposition."

### ***Section 8D—Final Disposition***

#### **8.16. Disposition of Eligible Member.**

8.16.1. Return to Duty by a Medical Board. If an MEB finds an ARC member physically qualified for military service and returns the member to duty, the medical facility commander returns the member to the unit of assignment or, if the period of duty has expired, sends the member home. Send a copy of AF Form 618 to the unit commander or MPF for file with the health records in the member's Field Records Group. **NOTE:** For unit-assigned Reservists, HQ

AFRC/SGP and ANG/SGP will provide disposition instructions to the member's medical unit and distribute the final board report to the appropriate Reserve agencies.

8.16.2. Disposition After PEB Evaluation. After the member has either agreed with the PEB or submitted a rebuttal, the referring medical facility commander takes one of the following actions:

8.16.2.1. Physically Fit. Returns the member to the unit of assignment or, if the period of service has expired, sends the member home.

8.16.2.2. Physically Unfit. If the member does not require further hospitalization, return the member home to await final disposition action. If the member requires hospitalization after retirement or discharge, the referring medical facility commander takes action as outlined in AFIs 48-123 and 41-115.

**8.17. Final AFPC Processing After PEB Evaluation.** After final disposition, HQ AFPC/DPPD advises the ARC headquarters, prepares retirement orders or discharge information, and mails the case file to the ARC headquarters, as applicable. The ARC addressee completes retirement or discharge processing, including removal from status, if applicable, and issues appropriate instructions to the MPF.

8.17.1. HQ AFPC/DPPD may contact the member's MPF directly if necessary to ensure timely action on any retirement or discharge. When the final disposition is discharge without severance pay, HQ AFPC/DPPD may direct the MPF to discharge the member and notify the USAFR or ANG of the completed action. Offices are:

8.17.1.1. HQ ARPC/DPA for USAFR member not assigned to a specific Reserve unit.

8.17.1.2. AFRC/DPM for USAFR member assigned to a Reserve unit.

8.17.1.3. ANG/MPPSS for ANG member.

**8.18. Inactive Status List (ISL) Transfers.** Per 10 USC 1209, ARC members approved for disability discharge under 10 U.S.C. 1203 or 1206 and who have 20 or more years of satisfactory federal service computed under 10 U.S.C. 12732 may elect either disability discharge with severance pay, or transfer to ISL with retirement at age 60 under 10 U.S.C. 12732. Per 10 USC 12731D, Selected Reserve members who have 15, but less than 20 years satisfactory service, the last 6 years of which was Reserve duty, may apply for early qualification for retired pay at age 60.

### ***Section 8E—ARC Non-Duty Related Impairments***

#### **8.19. Eligibility.**

8.19.1. Any member of the Ready Reserve who is pending separation for a non-duty related impairment shall be afforded the opportunity to enter the DES for a determination of fitness. If determined fit, the member is deemed medically qualified for retention in the Ready Reserve in the same specialty for which he or she was found fit.

8.19.2. Members of the Reserve components who are not on a call to active duty for more than 30 days and who are medically disqualified for impairments unrelated to the member's military status and performance of duty shall be referred into the DES solely for a fitness determination upon the request of the member or when directed by the Secretary concerned.

**8.20. Standard.** The sole standard to be used in making determination of unfitness due to physical disability shall be unfitness to perform the duties of the member's office, grade, rank or rating because of disease or injury.

**8.21. Case Processing.**

8.21.1. Requests for fitness only determinations will be forwarded to HQ AFPC/DPPD by the appropriate ARC headquarters (ANG, AFRC, or ARPC) and will contain the following documentation:

8.21.1.1. Administrative separation package or medical documentation used by the ARC headquarters to arrive at an unfitness determination.

8.21.1.2. Statement from member requesting referral into the DES for a fitness determination.

8.21.1.3. Statement from member's commander (refer to paragraph 2.4).

8.21.1.4. ARC headquarters SG's and DP's recommendations.

8.21.1.5. A statement from the member, if he or she so desires.

8.21.2. Cases unable to be adjudicated. When the PEB needs additional information to make a fitness determination, HQ AFPC/DPPD will notify the ARC headquarters of the requirement.

8.21.3. Documenting Findings.

8.21.3.1. Unfit determinations will be documented on a memorandum signed by the PEB President.

8.21.3.2. Fit determinations will be documented on a memorandum signed by the PEB President and approved by the Director, Secretary of the Air Force Personnel Council, or his designated representative.

8.21.4. Fit determination

8.21.4.1. Case will be returned to the appropriate ARC headquarters.

8.21.4.2. Member will be counseled and returned to duty.

8.21.5. Unfitness recommendation

8.21.5.1. Finding will be sent to the appropriate ARC headquarters; they will provide HQ AFPC/ DPPD with member's concurrence or nonconcurrence within 30 days from member's receipt of recommendation.

8.21.5.2. Member will be counseled, and advised that if a FPEB is demanded, personal travel and other expenses will be their own responsibility.

8.21.6. If member agrees with IPEB unfitness determination:

8.21.6.1. ARC headquarters will finalize separation case through appropriate administrative channels and notify HQ AFPC/DPPD.

8.21.7. If member disagrees with IPEB unfitness determination and requests a formal board hearing.

8.21.7.1. ARC headquarters will advise HQ AFPC/DPPD and HQ AFPC/DPPD will schedule a FPEB hearing in approximately 30 days.

8.21.8. Member appears before the FPEB

8.21.9. If member agrees with the FPEB

8.21.9.1. Case will be finalized.

8.21.10. If member disagrees with the FPEB recommendation

8.21.10.1. HQ AFPC/DPPD will notify ARC Headquarters.

8.21.10.2. Member will be allowed 14 calendar days from date of receipt of FPEB recommendation to submit a rebuttal.

8.21.10.3. Rebuttal along with unfitness case will be forwarded to SAFPC for a final determination.

8.21.11. HQ AFPC/DPPD will advise ARC headquarters of the final determination.

8.21.12. Case will be returned to ARC headquarters for disposition and counseling.

**8.22. Information Collections, Records, and Forms/Information Management Tools (IMTs).**

8.22.1. Information Collections. Information collections are not created by this publication.

8.22.2. Records. Retain and dispose of records according to the AF Records Disposition Schedule.

8.22.3. Forms/IMTs Prescribed.

8.22.3.1. Forms/IMTs Adopted. No forms/IMTs are adopted by this publication.

8.22.3.2. Forms/IMTs Prescribed. AF Form 356, **Findings and Recommended Disposition of the USAF Physical Evaluation Board**, AF IMT 1180, **Action on Physical Evaluation Board Findings and Recommended Disposition**, and AF IMT 1185, **Statement of Record Data**.

RICHARD Y. NEWTON III, Lt General, USAF  
Deputy, Chief of Staff, Manpower, Personnel and Services

**Attachment 1**

**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION**

***References***

Title 10, United States Code, *Armed Forces*

DoD Directive 1332.18, *Separation or Retirement for Physical Disability, November 4, 1966*

DoD Instruction 1332.38, *Physical Disability Evaluation, November 14, 1996*

DoD Instruction 1332.39, *Application of the Veterans Administration Schedule for Rating Disabilities November 14 1996*

F035 AF PC, *Military Personnel Records System*

Executive Order (EO) 9397

Title 37, United States Code, *Pay and Allowances of the Uniformed Services*

CG Decision B-205953, 18 Jun 82

Title 38, U.S.C., *Veterans Benefits Administration*

Joint Federal Travel Regulation (JFTR)

Title 26, United States Code, *Internal Revenue Service*

Title 32, United States Code, *National Guard*

Uniform Code of Military Justice (UCMJ)

***Abbreviations and Acronyms***

**AD**—Active Duty

**AFBCMR**—Air Force Board for Correction of Military Records

**AFMTC**—Air Force Military Training Center

**AFPB**—Air Force Personnel Board

**AGR**—Active Guard and Reserve Member on Full Time Military Duty Under Title 10, 32 U.S.C.

**ALC**—Assignment Limitation Code

**ANG**—Air National Guard

**ANG**—Air National Guard Readiness Center

**ARC**—Air Reserve Components

**ASD/HA**—Assistant Secretary of Defense (Health Affairs)

**AWOL**—Absent Without Leave

**CAR**—Casualty Assistance Representative

**CHAMPUS**—Civilian Health and Medical Program for Uniformed Services

**CM**—Court-Martial

**CONUS**—Continental United States

**DAFSO**—Department of the Air Force Special Order

**DES**—Disability Evaluation System

**DFAS CL**—Defense Finance and Accounting Service - Cleveland Center

**DJMS**—Defense Joint Military Pay System

**DoD**—Department of Defense

**EAD**—Extended Active Duty

**EO**—Executive Order

**EPTS**—Existed Prior to Service

**FPEB**—Formal Physical Evaluation Board

**HIV**—Human Immuno-deficiency Virus

**HQ ARPC**—Headquarters Air Reserve Personnel Center

**HQ USAF**—Headquarters US Air Force

**IDT**—Inactive Duty for Training

**IMA**—Individual Mobilization Augmentee

**IPEB**—Informal Physical Evaluation Board

**ISL**—Inactive Status List

**JFTR**—Joint Federal Travel Regulations

**LAS**—Limited Assignment Status

**LOD**—Line of Duty

**MCM**—Manual of Courts Martial

**MEB**—Medical Evaluation Board

**MIA**—Missing In Action

**MPAC**—Military Pay and Allowance Committee

**MPF**—Military Personnel Flight

**MPerGp**—Master Personnel Records Group

**MTF**—Medical Treatment Facility

**NOK**—Next of Kin

**NPRC**—National Personnel Records Center

**OASD**—Office of the Assistant Secretary of Defense

**OSAF**—Office of the Secretary of the Air Force

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**OSI**—Office of Special Investigation  
**PCA**—Permanent Change of Assignment  
**PCS**—Permanent Change of Station  
**PDAB**—Physical Disability Appeals Board  
**PDS**—Personnel Data System  
**PEB**—Physical Evaluation Board  
**PEBLO**—Physical Evaluation Board Liaison Officer  
**PEBRH**—Physical Evaluation Board Referral Hospital  
**POW**—Prisoner of War  
**RegAF**—Regular Air Force  
**RPB**—Retired Pay Base  
**RPDS**—Retired Personnel Data System  
**RRF**—Revised Recommended  
**SAFPC**—Secretary of the Air Force Personnel Council  
**SBP**—Survivor Benefit Plan  
**SGLI**—Servicemen's Group Life Insurance  
**SJA**—Staff Judge Advocate  
**SSN**—Social Security Number  
**TAFMS**—Total Active Federal Military Service  
**TDRL**—Temporary Disability Retired List  
**TDD**—Special Orders Series for TDRL travel orders  
**TDY**—Temporary Duty  
**TERA**—Temporary Early Retirement Authority  
**TFMSD**—Total Federal Military Service Date  
**TMO**—Traffic Management Office  
**UCMJ**—Uniform Code of Military Justice  
**USAF**—United States Air Force  
**USAFR**—United States Air Force Reserve  
**U.S.C.**—United States Code  
**VA**—Veterans Administration  
**VASRD**—Veterans Administration Schedule for Rating Disabilities  
**VGLI**—Veterans Group Life Insurance

**YOS**—Years of Service

*Terms*

**Accepted Medical Principles**— Fundamental deductions, consistent with medical facts, that are so reasonable and logical as to create a virtual certainty that they are correct.

**Active Duty**— Full-time duty in the active military service of the United States. It includes:

- Full-time National Guard Duty (on orders).
- Annual training.
- Attendance while in active Military Service at a school designated as a Service school by law or by the Secretary of the Military Department concerned.
- Service by a member of a Reserve component ordered to active duty (with or without his or her consent), or active duty for training (with his or her consent), with or without pay under competent orders.

**Active Duty for a Period of More than 30 days**— Active duty or full-time National Guard Duty under a call or order that does not specify a period of 30 days or less.

**Active Reserve Status**— Status of all Reserves who are not on an active-duty list maintained under Section 574 or 620 of 10 U.S.C., except those in the inactive National Guard, on an inactive status list or in the Retired Reserve. Reservists in an active status may train with or without pay, earn retirement points, and may earn credit for and be considered for promotion. In accordance with the Reserve Officer Personnel Management Act (ROPMA), a member in an Active Reserve status must be on the Reserve Active-Status List (RASL)(10 U.S.C. 14002).

**Air National Guard of the United States**—A reserve component of the USAF consisting of all federally recognized units, organizations, and members of the ANG of the several states, the District of Columbia, and Commonwealth of Puerto Rico, who, in addition to their status as ANGUS members, are Reserves of the Air Force in the same grades in which enlisted or appointed and federally recognized. Membership in the ANGUS is acquired by the enlistment or appointment in the federally recognized ANG of a state and concurrent enlistment or appointment as a Reserve of the Air Force in the same grade.

**Air Reserve Components**—Includes all categories of the Air Force Reserve and ANG.

**Appointed Military Counsel**—The legal officer or judge advocate appointed to represent a member before the FPEB.

**Armed Conflict**—Conflict between nations or other contestants entailing the physical destruction of, or injury to, one another's armed forces. Armed conflict exists if the direct use of physical force endangers the lives or safety of members of the armed services of a nation, belligerent power, coalition, or faction. Armed conflict includes war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerrilla action, riot, or any other action in which Air Force military personnel engage a hostile or belligerent nation, faction, or force. It also includes incidents involving a member while interned as a POW or while detained against his or her will in custody of a hostile or belligerent force or while escaping or attempting to escape from such confinement, POW or detained status.

**Compensable Disability**—A medical condition determined to be unfitting by reason of physical disability and which meets the statutory criteria under 10 U.S.C, chapter 61, for entitlement to disability retired or severance pay.

**Competent, Competency**—The member's mental ability to act in his or her own behalf during disability evaluation processing.

**Competency Board**—A board consisting of at least three medical officers or physicians (including one psychiatrist) convened to determine whether a member is competent (capable of making a rational decision regarding his or her personal or financial affairs).

**Component**—As used in this instruction, refers to whether the member is a member of the Regular Air Force (Reg Air Force) or a Reserve component member. The Reserve components are the Air National Guard of the US (ANGUS) and AF Reserve (USAFR).

**Counsel**—The person designated to give advice to a member. Includes the appointed military counsel, other military counsel, or civilian counsel. Also pertains to advice or information given by legal counsel, PEB Liaison Officer, and others in the disability evaluation system, MPF, TMO, accounting and finance office, etc.

**Creditable Service**—Military service that can be used in determining the disposition of a case, entitlement to benefits, etc.

**Death**—A determination of death must be made in accordance with accepted medical standards and the laws of the State where the member is located or the military medical standards in effect at an overseas location.

**Defect, Defects**—Missing or damaged (injured or diseased) parts of a member's body.

**Deployability**—A determination that the member is free of a medical condition(s) that prevents positioning the member individually or as part of a unit, with or without prior notification to a location outside the Continental United States for an unspecified period of time.

**Disability**—Any impairment due to disease or injury, regardless of degree, which reduces or precludes an individual's actual or presumed ability to engage in gainful or normal activity. The term "physical disability" includes mental disease, but not such inherent defects as behavioral disorders, personality disorders, and primary mental deficiency. A physical disability is not necessarily unfitting and may be referred to as a physical defect or condition.

**Disposition**—The end result of board action or the final action taken in a case.

**Dual Action**—The case of a member who, in addition to the disability evaluation, also has some other nondisability separation action pending resolution along with the disability action.

**Duty Related Impairments**—Impairments which, in the case of a member on active duty for 30 days or less, are the proximate result of, or were incurred in line of duty after September 23, 1996, as a result of:

- Performing active duty or inactive duty training;
- Traveling directly to or from the place at which such duty is performed; or
- An injury, illness, or disease incurred or aggravated while remaining overnight, between successive periods for purpose of IDT, at or in the vicinity of the site of the IDT, if the site is outside reasonable commuting distance of the member's residence.

**Excess Leave**—Leave during which the member does not receive pay and allowances. The member does not accrue leave while on excess leave status.

**Exhibit, Exhibits**—Documents presented to a PEB as evidence in a disability evaluation case.

**Existed Prior to Service (EPTS)**—A term used to signify there is clear and unmistakable evidence that the disease or injury, or the underlying condition producing the disease or injury, existed prior to the individual's entry into military service, during a break in service, or during a period of inactive service.

**Extended Active Duty (EAD)**—Active duty under orders specifying a period of more than 30 days.

**Fit**—The ability of a member to perform the duties at his or her office, grade, or rank. It is the same as physically fit.

**Formal, Formal Hearing**—Refers to the type of proceedings before the FPEB at Lackland AFB TX. The member has a legal counsel and may present evidence and appear in person

**Full and Fair Hearing**—A hearing held by a board, before which the Service member has the right to make a personal appearance with the assistance of counsel and to present evidence in his or her behalf.

**Impairment of function**—Any disease or residual of an injury that results in a lessening or weakening of the capacity of the body or its parts to perform normally, according to accepted medical principles.

**Inactive Duty Training (IDT)**—Duty prescribed for Reservists, other than active duty or full-time National Guard Duty, under 37 U.S.C. 206, or other provisions of law. It does not include work or study in connection with a correspondence course of a Uniformed Service.

**Incompetent**—The state of a member who is mentally unable to act in his or her own behalf in matters pertaining to pay, records, and disability processing.

**Inpatient**—An individual, other than a transient patient, admitted (placed under treatment or observation) to a bed in a MTF that has authorized or designated beds for inpatient medical or dental care.

**Instrumentality of War**—A vehicle, vessel, or device designed primarily for Military Service and intended for use in such Service at the time of the occurrence of the injury. It may also be a vehicle, vessel, or device not designed primarily for Military Service if use of or occurrence involving such a vehicle, vessel, or device subjects the individual to a hazard peculiar to Military Service. This use or occurrence differs from the use or occurrence under similar circumstances in civilian pursuits. There must be a direct causal relationship between the use of the instrumentality of war and the disability, and the disability must be incurred incident to a hazard or risk of the service.

**Limited Assignment Status (LAS)**—Permits an unfit member to be voluntarily retained on AD and ARC to perform specific duty with certain limits on his or her assignability.

**Line of Duty (LOD) Investigation**—An inquiry used to determine whether an injury or disease of a member performing military duty was incurred in a duty status; if not in a duty status, whether it was aggravated by military duty; and whether incurrence or aggravation was due to the member's intentional misconduct or willful negligence.

**May Be Permanent**—Refers to a disability that has not stabilized and is such that the PEB cannot accurately assess the ultimate extent of impairment.

**Medical Treatment Facility (MTF)**—A facility established for the purpose of furnishing medical or dental care to eligible individuals.

**Natural Progression**—The worsening of a pre-Service impairment that would have occurred within the same timeframe regardless of Military Service.

**Next of Kin (NOK)**—The nearest relative to the member who may act for the member who is physically or mentally unable to act for himself or herself.

**Noncompensable Defects or Conditions**—Those that resulted from a member's intentional misconduct or willful neglect and those incurred during a period of AWOL are noncompensable. Also included are EPTS conditions not aggravated by service, non-duty related conditions of an ARC member, and conditions incurred while in excess leave status.

**Nonratable, Unratable, Not Ratable.**—A physical defect or condition that does not qualify for a percentage rating under the VASRD because it does not, in itself, cause the member to be unfit for military service or because the condition is one that renders a member as unsuitable, rather than unfit, for military service.

**Office, Grade, or Rank or Rating**—*Office* - A position of duty, trust, authority to which an individual is appointed; *Grade* - A step or degree in a graduated scale of office or military rank that is established and designated as a grade by law or regulation; *Rank* - The order of precedence among members of the Armed Forces; *Rating* - The name (such as Boatswain's Mate") prescribed for members of an Armed Force in an occupational field.

**Performing Military Duty of 30 Days or Less**—A term used to inclusively cover the categories of duty pertaining to 10 U.S.C. 1204 - 1206 (active duty, IDT, and travel directly to and from active duty or IDT).

**Permanent Disability**—A disability that has stabilized, and the compensable rating is not likely to change for a reasonable period of time (usually the statutory TDRL period or the remainder of that period, for those already on TDRL), or the disability rating is 80 percent or more and is not likely to fall below that rating within a reasonable period of time.

**Personnel Data System**—A collective term encompassing the total vertical computerized personnel data system. It is used when not referencing a specific subsystem. The system provide the capability for equitable, responsive, uniformly administered and cost effective management and administration of AD military, ANG, AFRC, retired, and civilian personnel.

**Physical Disability**—Any impairment due to disease or injury, regardless of degree, that reduces or prevents an individual's actual or presumed ability to engage in gainful employment or normal activity. The term "physical disability" includes mental disease, but not such inherent defects as behavioral disorders, adjustment disorders, personality disorders, and primary mental deficiencies. A medical impairment or physical defect standing alone does not constitute a physical disability. To constitute a physical disability, the medical impairment or physical defect must be of such a nature and degree of severity as to interfere with the member's ability to adequately perform his or her duties.

**Pre—existing**—Refers to the fact that some physical defect or condition (including disease) had its source, or start, before the member entered the military service (see EPTS).

**Preponderance of Evidence**—That evidence which tends to prove one side of a disputed fact by outweighing the evidence on the other side (that is, more than 50 percent). Preponderance does not necessarily mean a greater number of witnesses or a greater mass of evidence; rather, preponderance means a superiority of evidence on one side or the other of a disputed fact. It is a term that refers to the quality, rather than the quantity of the evidence.

**Presumption**—An inference of the truth of a proposition or fact, reached through a process of reasoning and based on the existence of other facts. Matters presumed need no proof to support them, but may be rebutted by evidence to the contrary.

**Presumption of Fitness**—The presumption that a service member was in sound physical and mental condition upon entering active service, except for medical impairments and physical disabilities noted and recorded at the time of entrance.

**Proximate Result**—A permanent disability the result of arising from, or connected with active duty, annual training, active duty for training, or inactive duty training (IDT), (etc.) to include travel to and from such duty or remaining overnight between successive periods of inactive duty training. (Only applicable to disabilities incurred on or before 23 September 1996.)

**Rating, Ratable, Ratings**—The disability percentage classification applied to a physical defect or condition that renders a member unfit for military service.

**Ready Reserve**—Units and individual reservists liable for active duty as outlined in Sections 12301 (Full Mobilization) and 12302 (Partial Mobilization) of 10 U.S.C. This includes members of units, members of the Active Guard Reserve Program, Individual Mobilization Augmentees, Individual Ready Reserve, and the Inactive National Guard.

**Recoup, Recoupment**—Usually used in reference to the legal requirement of a member to pay back disability severance pay if he or she later qualifies for disability compensation from the VA.

**Residual, Residuals**—Usually used in reference to the remaining physical or mental defect or impairment that remains after a disease or injury has stabilized.

**Service Aggravation**—The permanent worsening of a pre-service medical condition over and above the natural progression of the condition caused by trauma or the nature of Military Service.

**Service Connected**—A VA term applied to physical or mental defect or condition incurred or aggravated in the line of duty while performing active military service.

**Severance Pay**—A one-time lump sum payment to members whose military service ends prematurely due to a physical or mental disability incurred in line of duty.

**Stable, Stabilized**—Fixed, not likely to change; usually used in reference to a physical or mental defect or condition that is not likely to change significantly in degree of severity over a specified period of time.

**Unfit**—The inability of the member to perform duties of his or her office, grade or rank as a result of physical or mental disability.

**United States AF Reserve (USAFR)**—All reserves of the Air Force except those units, organizations, and members assigned to the ANGUS.

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**Veterans Administrations Schedule for Rating Disabilities, VA Schedule, or VASRD**—The schedule that the Air Force uses as a guide in determining the disability percentage for each condition.

**Workup**—Used in reference to the completion of medical tests, examination, or consultation required in the disability evaluation process.

*Addresses*

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## Attachment 2

### COUNSELING THE EVALUEE

**A2.1. Purpose for Counseling.** To ensure all members undergoing disability evaluation fully understand the process, the PEBLO counsels them on at least two occasions: when the case enters the disability evaluation system at the referring facility, and again when the PEB completes its action. PEBLOs will not speculate about the possible case disposition or percentage of disability in counseling evaluatees. When members request a formal hearing, the PEBLO counsels them at the referring facility, then the appointed military counsel counsels them before and after the hearing. Counseling varies, depending on the circumstances in each case. Information in this attachment, as well as other parts of this instruction, will answer most questions. In addition, HQ AFPC/DPPD prepares and distributes a "Disability Counseling Guide for PEB Liaison Officers" to assist in counseling. However, the PEBLO or PEB counsel should contact HQ AFPC/DPPD if they need help.

**A2.2. Counseling Materials.** The PEBLO and the PEB counsel must have ready access to copies of this instruction, AFD 36-32, DoD Directive 1332.18, DoDI 1332.39 (Application of the Veterans Administration for Rating Disabilities), as well as copies of AFI 48-123, and the VASRD. Make these directives available to the member while the case is being processed. Prior to acting on a Service member's request for a formal PEB, review with the member the applicable standard detailed in the VASRD or DoD Instruction 1332.39. If member requests a FPEB hearing, encourage them to submit a rebuttal to the PEB. The PEBLO and the PEB counsel have access to other Air Force directives, the Joint Federal Travel Regulation (JFTR), the Manual for Courts Martial (MCM) and any other materials that would be helpful in counseling the member.

**A2.3. Information on Percentage Ratings.** Refer to specific parts of the VASRD and DoD Directive 1332.39 for an explanation of the percentage rating for each defect or condition listed on the AF Form 356.

**A2.4. Effect of Disposition.** Explain the effect the recommended disposition may have on the member's military status. If the recommended disposition is permanent disability retirement or placement on the TDRL, outline the benefits and privileges that go with retired status. If TDRL, explain the legal requirement for periodic examinations as well as the possibility of final disposition any time within the mandatory retention period on the TDRL. If the recommended disposition is discharge, explain to the member that he or she will lose entitlement to Air Force benefits upon termination of military status.

**A2.5. Grade Determination.** Generally, members retiring or separating for disability do so in the grade in which they are serving on active duty. Members may be eligible to retire or separate in a higher grade if they served satisfactorily in a higher grade, or are Regular Air Force enlisted members or Reserve component officers holding a valid appointment in a higher ARC (USAF Reserve) commissioned grade. The OSAF makes the grade determination, and HQ AFPC/DPPD announces the decision in retirement orders or discharge notification message. length of creditable service according to 10 U.S.C. 1208. AF Form 356, item 7, shows the length of

service at the time the PEB considers the case. To be eligible for retirement for physical disability, the member must have at least 20 years of service creditable for retirement or a disability rating of 30 percent or more. A member whose compensable disability rating is less than 30 percent and who has less than 20 years of creditable service will be entitled to discharge with severance pay.

**A2.6. Length of Service.** One factor in determining entitlement to disability benefits is the member's length of creditable service according to 10 U.S.C. 1208. AF Form 356, item 7, shows the length of service at the time the PEB considers the case. To be eligible for retirement for physical disability, the member must have at least 20 years of service creditable for retirement or a disability rating of 30 percent or more. A member whose compensable disability rating is less than 30 percent and who has less than 20 years of creditable service will be entitled to discharge with severance pay.

**A2.7. SAFPC Review.** Advise members that, after completion of PEB action, HQ AFPC/DPPD will refer the case to SAFPC for final review unless the Director, SAFPC, has authorized an AFPC official to finalize the case under special assistant authority. The counselor also explains that the Air Force Personnel Board within SAFPC may direct the final disposition in the case or may change the PEB's findings and recommended disposition. If the change is major, HQ AFPC/DPPD refers AFPB's revised recommended findings to the member for review and comment (**Section 5A, Chapter 5**). The PEBLO or PEB counsel advises the member of his or her legal rights, available options, and actions required.

**A2.8. VA Benefits.** Advise member of the right to apply to the VA for benefits. The counselor will stress that the Air Force and the VA operate under different laws, and the decision of one agency is not binding on the other. The PEBLO or PEB counsel advises members of the following pertinent items:

A2.8.1. VA Disability Compensation. Give the member an estimate of VA compensation if the VA were to rate the disability at the same percentage as the Air Force, but stress that this is only an estimate and not binding. Explain how the VA includes compensation for dependents when rating the disability at 30 percent or more and that the Air Force has no such legal authority (10 U.S.C., chapter 61, and 38 U.S.C. 314 and 315 (wartime) and 38 U.S.C. 331, 334, and 335 (peacetime)). Advise each member that the MPF will give him or her the opportunity to file a claim for VA benefits during final out-processing. If the member elects not to apply for VA benefits, he or she must sign a statement acknowledging the opportunity to apply. The member may exclude from gross income either the amount of retired pay attributed to combat-related injuries or the amount of disability compensation the member could receive from the VA, whichever is greater. This is regardless of whether the member applies to the VA for such disability compensation. The tax laws do not require the Air Force to make a determination as to the probable VA disability compensation. The PEBLO tells members about this provision of law and gives them a rough estimate of the probable VA compensation.

A2.8.2. Waiving Retired Pay for VA Compensation. Advise members they may waive all or part of retired pay to receive VA disability compensation. The part of the Air Force retired pay waived is equal to VA compensation received. If VA compensation equals or

exceeds Air Force retired pay, the member must waive all Air Force retired pay. The member may revoke the waiver at any time to reestablish Air Force retired pay. This action has no effect on the right to waive Air Force retired pay again at a later date, if such action is a financial benefit.

A2.8.3. Recouping Disability Severance Pay. The VA deducts the entire amount of Air Force disability severance pay from any VA compensation paid. At the discretion of the VA, the member may repay the entire amount in one lump sum, or the VA may withhold the monthly compensation until the total amount withheld equals the amount of the Air Force disability severance pay received.

A2.8.4. Other VA Benefits. Counsel member on other VA benefits, such as post service life insurance, educational benefits, medical care, or hospitalization, but emphasize that approval of such benefits is at the discretion of the VA.

**A2.9. Travel and Transportation.** Advise members being retired or discharged for disability of the travel and transportation entitlements in the JFTR, volume 1. Counseling should include the following pertinent facts.

A2.9.1. Home of Selection Move:

A2.9.1.1. Injured or Ill Provision of the JFTR. The travel and transportation entitlements provided under this provision provide some different entitlements (for example, overland shipment of a privately owned vehicle, 18,000 pounds weight allowance regardless of grade, etc.) than those provided for members retired for disability or discharged with severance pay. The provision applies only in cases of prolonged hospitalization or treatment as verified by a statement of the commanding officer at the receiving hospital. The member must exercise these entitlements before retiring or separating. Failure to do so will not serve as a basis for requesting an extension of the disability retirement or separation date.

A2.9.1.2. Retired. Members being retired for disability, regardless of years of service, may move dependents and household goods to a home of selection. Volume 1 of the JFTR shows the authorized weight allowances. Refer members to the local TMO for information and counseling on these entitlements. Advise them that failure to follow the instructions provided may result in liability for all or part of the cost of movements to a home of selection.

A2.9.1.3. Discharged With Disability Severance Pay. Members discharged from active duty with disability severance pay who have completed at least 8 years of continuous active duty with no single break of more than 90 days have the same entitlement as members retired for disability.

A2.9.2. Home of Record. Members being discharged from active duty, with or without disability severance pay, who do not qualify under paragraph **A2.9.1.3.** may move to home of record or place from which ordered to active duty.

**A2.10. Legal Rights.** The PEBLO advises member that he or she has the legal right to a full and fair hearing before being discharged or retired for physical disability. The counsel also advises the member that appearance before a formal PEB constitutes a full and fair hearing as envisioned by the law. Advise member that this legal right does not extend to members found fit and recommended for return to duty. **EXCEPTION:** TDRL members found fit and recommended for removal from TDRL.

**A2.11. Pay Counseling.** Upon receipt of findings and recommended disposition of the IPEB, the PEBLO advises the member concerning entitlement to disability retired pay or disability severance pay and gives the member the pay estimate provided by HQ AFPC/DPPDS. If the FPEB changes the recommended disposition or compensable rating, the FPEB counsel revises the pay estimate accordingly. The PEBLO also advises the NOK that DFAS-CL will not release an incompetent member's retired pay to the NOK without trustee or legal guardianship designation. The NOK obtains legal guardianship papers through the civilian courts at his or her own expense. Obtain trusteeship designation through DFAS-CL.

**A2.12. Estimated Pay.** Advise all members that the discharge or retired pay estimate serves only as information to consider in making the decision to agree or disagree with the PEB action. The MPF furnishes additional information at the time of actual retirement or discharge; however, the final authority for pay computations rests with DFAS-CL for retirements, or DFAS-DE or the local finance office for disability severance pay (see paragraph 5.13.).

**A2.13. Disability Retired Pay Computation.** Retired pay computations are based either on a percent of disability or percent for creditable service, whichever will result in a greater dollar amount for the member.

A2.13.1. Members in Service Before 8 September 1980.

A2.13.1.1. To compute retired pay based on percent of disability, multiply the percent of disability (not to exceed 75 percent) by the current monthly basic pay rate of the retirement grade.

A2.13.1.2. To calculate retired pay based on years of service, multiply the current monthly basic pay rate of the retirement grade by the retired pay multiplier. Calculate the retired pay multiplier by multiplying the computed value for years and months of creditable service times 2.5 percent. Derive computed value for months of creditable service by dividing the number of full months of completed service by 12. **EXAMPLE:** To compute the retired pay for a member with 15 years and 7 months of creditable service take the following steps:

Step 1 - 7 mos divided by 12 = .583 of a year. (Round off to two decimal places.)

Step 2 - Add .58 to 15 to get the computed value for years and months of creditable service = 15.58 years.

Step 3 - Multiply 15.58 years by 2.5 percent (.025) = 38.95 percent. (Retired pay multiplier).

Step 4 - Monthly basic pay rate for grade in which retired multiplied by 38.95 percent = retired pay based on years of service.

A2.13.2. Members in Service After 7 September 1980. For members who entered a uniformed service after this date, apply the retired pay multiplier based on the percent of disability to the retired pay base (RPB) instead of the monthly basic pay rate. The RPB is an average of a member's highest 36 months of active duty pay. If the member served less than 36 months, the RPB is an average of pay for the months served. The formula for computing disability retired pay using years of service also applies. However, years of service is not a factor in retired pay computation for members retiring for disability until they acquire at least 12 years, 1 month of service. (A member with less than 20 years active service must have a disability rating of at least 30 percent to qualify for retirement. Twelve years of service equates to 30 percent.)

**A2.14. Disability Severance Pay.** Compute 2 months' basic pay for every year of active service not to exceed 12 years or a maximum of 24 months' pay ([Table 5.2.](#)).

A2.14.1. Rounding Out Service. Count as a whole year service of six months or more; disregard service of less than 6 months.

A2.14.2. Less Than 6 Months Service. Advise members who have less than 6 months of active service that they will not receive any disability severance pay from the Air Force, as they have no active service to use as a multiplier.

**A2.15. Tax Counseling.** After advising member of the estimate of gross retired pay, the PEBLO counsels members on how much of that pay may be subject to income tax and how much may be exempt. The PEBLO should point out that, even though DFAS-CL determines the gross amount of retired pay, the final authority on the amount of taxes owed is the Internal Revenue Service (IRS). The Air Force has no control over IRS laws or rules. However, in counseling include the following items so the member will have an idea of the amount of tax he or may have to pay.

A2.15.1. Withholding Tax. Estimate the approximate amount of monthly withholding tax (see table in the "PEBLO Guide").

A2.15.2. Survivor Benefit Plan (SBP). Explain that the member must decide whether to participate in the SBP, the desired level of participation, and that DFAS will exclude monthly SBP payments from gross retired pay subject to income tax. More information on the SBP is in AFI 36-3006, *Survivor Benefit Plan (SBP) and Supplemental Survivor Benefit Plan (SSBP)(Active, Guard, Reserve, and Retired)*.

A2.15.3. Tax Exemption. Explain that the amount of retired pay based on percent of disability is tax free for those members who meet the tax exemption criteria in paragraph [3.27](#). For those individuals, only the portion of retired pay based on years of service that

exceeds the amount based on disability is subject to income tax. If disability retired pay equals or is more than the amount based on service, retired pay is tax-free.

**A2.16. Retired Pay While On TDRL.** The retired pay of a TDRL member is the same as that of a member permanently retired for disability. *EXCEPTION:* While on the TDRL, the member will not receive less than 50 percent of the amount of monthly basic pay or RPB to which entitled at time of retirement. Except for cost of living increases, a TDRL member's retired pay will not change until removed from the list for permanent disposition. This is true even if the percentage rating changes following periodic examination.

**A2.17. The Tower Amendment.** A save pay provision known as the Tower Amendment (10 U.S.C 1401a(f)) permits a member to use earlier active duty pay rates (cost of living adjusted), if advantageous. The member must have been eligible to retire under nondisability provisions of law when those earlier rates were in effect except that such computation may not be based on a rate of basic pay for a grade higher than the grade in which the member is retired. Another condition requires computation of pay using the grade held and years of service accrued at the time those rates were in effect. When using the Tower Amendment, compute the portion of disability retired pay based on percent of disability using the current basic pay rate only. This portion may be tax free.

**A2.18. Allotments From Retired Pay.** The PEBLO advises member being retired for disability that he or she must take action to continue, discontinue, change, or add allotments from retired pay before the effective retirement date. Otherwise, the same allotments will continue provided retired pay will cover them. All allotments from retired pay are subject to the rules, limitations, and restrictions in DFAS-DE 177-373, volume 1.

**A2.19. Creditable Service.** HQ AFPC/DPPD provides the PEBLO with the length of service used in computing disability retired pay at the same time that they send the PEB findings and recommended disposition. However, the PEBLO must stress the following general items when counseling the member:

A2.19.1. Basic Pay. The length of service for basic pay sets the rate of basic pay. This service is not rounded off and the member must have at least 1 day over the required amount to use that particular rate of basic pay (37 U.S.C. 203, 204, 1009).

A2.19.2. Multiplier. The service that determines the multiplier may include both active and inactive service. Computation for the multiplier generally falls into the following categories:

A2.19.2.1. Enlisted Members. Service may include active, inactive, and certain "point" credit.

A2.19.2.2. Officers. May include active, inactive, and certain constructive service with only "point" credit for inactive service after 1 June 1958.

A2.19.2.3. ARC Members. Service may include active, inactive, and certain "point" credit.

#### **A2.20. Retirement or Discharge Counseling:**

A2.20.1. The counseling outlined in this attachment does not take the place of the final retirement or separation counseling conducted by the member's MPF. This attachment is to aid the PEBLO in informing the member of all aspects of the disability evaluation system. The PEBLO must keep in close contact with the nearest servicing MPF for assistance in resolving related personnel actions. A2.20.2. In cases of sudden illness or imminent death, family members often need additional time to understand the effect of their decisions upon family well-being. The PEBLO refers the member (or NOK) to the MPF for counseling as soon as the member becomes terminally ill (see [Chapter 2](#)). This earlier personal affairs counseling by the MPF provides the family extra time to discuss and prepare for vital decisions they must make should the member be retired for physical disability. Counseling will include the following subjects: The difference in benefits payable when a terminally ill member dies on active duty versus in retirement; explanations of SBP options, Servicemen's Group Life Insurance (SGLI) and Veterans Group Life Insurance (VGLI) programs; private life insurance affected by retirement; and Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) cost sharing if the member is in a civilian hospital. Also explain to the member or NOK that a request for immediate retirement or separation could result in forfeiture of unused accrued leave days that they can not sell back to the government (see [Chapter 5](#)).

**A2.21. How the Air Force Applies the VASRD.** The Air Force uses the VASRD and appropriate DoD guidance to determine the percentage of disability for each ratable defect or condition shown on AF Form 356. The VASRD does not provide a specific rating for all physical defects or conditions. Many of the general policies in the VASRD do not apply to the military services, since they are primarily for the guidance of VA rating boards and often cover laws and policies that apply only to the VA. Consequently, DoD has developed specific guidance on general policy and certain ratable defects and conditions listed by VA diagnostic code numbers (DoD Instruction 1332.39).

**Attachment 3**  
**PCS IN AWAITING ORDERS STATUS INSTRUCTIONS**

I understand that if AFPC approves my request for "PCS in awaiting orders status":

- a. I will be entitled to pay and allowances during the period of PCS in awaiting orders status.
- b. The period spent on PCS in awaiting orders status is charged against any accrued leave, and any remaining time is an authorized absence.
- c. Transportation or travel allowances will be furnished if authorized for me, my dependents, and household goods, if I so desire (JFTR, volume 1).
- d. If I choose to receive transportation or travel allowances as indicated in paragraph c , I understand that:
  1. My entitlement to further transportation or travel allowances (to a home of selection) will be exhausted if I am discharged without severance pay. They will also be exhausted if I am discharged with severance pay before 8 years continuous duty (with no single break of more than 90 days).
  2. If I am discharged for physical disability with entitlement to severance pay and have completed at least 8 years of continuous active duty (with no single break of more than 90 days) immediately before discharge, or, am retired by reasons of physical disability (permanent or temporary), I will be authorized additional transportation or travel allowances for my dependents and household goods, to a home of my selection. However, entitlement to additional transportation or travel allowances for my dependents and household goods may not exceed the entitlement from my last permanent duty station to home of selection, minus any transportation or travel allowances furnished or paid while PCS in awaiting orders status.
- e. If ordered to return to duty, I will be entitled to travel and transportation allowances for myself, my dependents, and household goods based on permanent change of station entitlements from the location of my awaiting orders to my new permanent duty station (including return to present duty station).
- f. If retirement or discharge is delayed or stopped for any reason, I remain subject to military control and subject to orders to a duty station, for duty, further medical treatment, and so on, as determined by the Air Force.

**NOTE.** Give a copy of this statement to each member who requests "PCS in awaiting orders status." Counsel the member on the provisions of the JFTR that pertain to the transportation of dependents and household goods.

**Attachment 4**  
**RETIREMENT OR DISCHARGE DOCUMENTS AND REPORTS**

**A4.1.** Immediately after receiving retirement orders or disposition instructions, the MPF prepares the following required forms and documents to complete the disability processing.

**A4.1.1. DD Form 214, Certification of Release or Discharge from Active Duty.**

Prepare and distribute according to AFI 36-3203.

**A4.1.2. Retired Pay Documents. DD Form 2656, Data for Payment of Retired Personnel** and other related documents. Send prepared documents to DFAS-CL/FR, as outlined in AFMAN 36-2622 and AFI 36-3006.

**A4.1.3. Character of Discharge.** Except where otherwise shown below, members discharged for disability are honorably discharged and receive DD Form 256AF, **Honorable Discharge.**

A4.1.3.1. Officer. An officer's service may be characterized as General (under honorable conditions) only when approved and directed within OSAF. In these cases, HQ AFPC/DPPD will specifically notify the servicing MPF of the approval.

A4.1.3.2. Enlisted. Describe as "entry level," the separation of enlisted members in entry level status as defined in AFI 36-3208, unless OSAF specifically approves an honorable discharge. For the purpose of determining entry level character of service, consider the effective date of member's disability discharge as the date separation proceedings began. Characterize the service of enlisted members as General (under honorable conditions) when, based on the member's military record, a recommendation for such a discharge has been processed according to AFI 36-3208; or when directed by officials within OSAF. HQ AFPC/DPPD will notify the servicing MPF of OSAF approval.

**A4.1.4. DD Form 363AF, Certificate of Retirement.** Give to all members retiring for disability (permanently, or placed on the TDRL) with enough creditable service to qualify for nondisability retirement. Prepare the certificate as outlined in AFI 36-3203 and present in a Retirement Binder (National Stock Number 7510-00-134-8179) at a suitable ceremony. If the certificate or binder is not available, the MPF keeps the data needed to fill out the form and mails the item to the member's non-military address as soon as they are available.

**A4.1.5. DD Form 256AF.** HQ AFPC/DPPD will prepare and mail a discharge certificate to members removed from the TDRL and discharged.

**A4.1.6. Certificate of Appreciation.** AF Form 1344JA97 (for husbands and wives) Prepare and present as outlined in AFI 36-3203 to the spouse of a member retiring for

disability (permanently or placed on TDRL) with enough creditable service to be eligible for non-disability retirement.

**A4.1.7. DD Form 2542, Certificate of Appreciation for Service in the Armed Forces of the United States.** Prepare and present according to AFI 36-3203 to each member of the active and Reserve forces retiring for disability (permanently or placed on the TDRL) with enough creditable service to qualify for nondisability retirement.

A4.1.8. Retirement Options or Entitlements Fact Sheet. Give this fact sheet (AFI 36-3203) to members retiring for disability at the same time you give them their retirement orders, or when they are undergoing retirement processing and counseling, whichever is earlier. The MPF advises members not to begin moving dependents or storing household goods before receiving their retirement orders, or until they know the order number and the fund citation. Before moving, members will contact the nearest military transportation officer for counseling on transportation entitlements.

A4.1.9. Identification Cards. Issue or dispose of identification cards as shown in AFI 36-3001, *Issuing and Controlling Identification (ID) Cards*.

A4.1.10. **Special Information Report.** Where deemed proper, the MPF reports special information required by AFI 71-101, Vol II, *Criminal Investigations, Counterintelligence, and Protective Service Matters*, at the time of final retirement or discharge processing.

**Attachment 5  
WAIVER STATEMENT**

"I have been told that, based on findings of a Medical Board, I am not physically qualified for retention in the military service. This disqualification is based on the finding of a physical defect or condition considered to have existed before entry on my current duty status, and does not appear to be incident to, or aggravated by, such duty. I have been told that I have a right to the same processing as any other member of the Air Force being discharged by reason of physical disability, including the consideration of my case by a Physical Evaluation Board. However, I hereby waive this right. I understand that, as a result of signing this waiver statement, I will be released from duty and returned to my home to await disposition under applicable USAFR or ANG directives. I also understand that I will not be eligible to receive disability benefits from the Air Force, but this waiver action does not stop me from applying for disability benefits administered by the Department of Veterans' Affairs."

(Signature) \_\_\_\_\_ (Date)

**NOTE.** If the member is a USAFR non-prior service enlisted person, add the following sentence to the last paragraph of the waiver statement: "I also waive further processing under AFI 36-3209."

**Attachment 6  
IC 99-1 TO AFI 36-3212, PHYSICAL EVALUATION  
FOR RETENTION, RETIREMENT, AND SEPARATION  
30 SEPTEMBER 1999**

*SUMMARY OF REVISIONS*

This change incorporates interim change (IC) 99-1 which enables the Secretary of the Air Force Personnel Council's (SAFPC) decision on disability cases, when it changes the findings and recommendation of the PEB, to be a final decision. See the last attachment of publication, IC 99-1, for the complete IC. A bar (/) indicates revision from the previous edition.

**5.1. SAFPC Review.** Under authority of Title 10 U.S.C. 1216, chapter 61, the SAF retires or separates individuals found unfit to perform the duties of their office or grade due to physical disability. As the action agency within the Office of the Secretary of the Air Force (OSAF), the SAFPC reviews disability cases and announces the final decision of the Secretary.

5.1.1. Deleted.

5.1.2. Deleted.

5.1.2.1. Deleted.

5.1.2.2. Deleted.

5.1.2.3. Deleted.

5.3.2. The Air Force Personnel Board (AFPB) directs a formal PEB (if one hasn't been held previously) and member concurs with the FPEB and case does not meet the criteria of paragraph 5.4.

**5.5. When Cases Are Forwarded to SAFPC.** The board within SAFPC, the Air Force Personnel Board (AFPB), reviews all disability cases forwarded by HQ AFPC/DPPD under paragraph 5.4.

**5.6. Composition of AFPB.** There are 5 voting members and normally two will be Medical Corps officers. At least one voting member must be a Medical Corps officer.

5.6.1. Deleted.

5.6.1.1. Deleted.

5.6.1.2. Deleted.

5.6.1.3. Deleted.

5.6.1.4. Deleted.

5.6.1.5. Deleted.

5.6.1.6. Deleted.

5.6.1.7. Deleted.

5.6.1.8. Deleted.

5.6.1.9. Deleted.

5.6.2. Deleted.

5.6.2.1. Deleted.

5.6.2.2. Deleted.

5.6.2.3. Deleted.

5.6.2.4. Deleted.

5.6.2.5. Deleted.

5.6.3. Deleted.

**5.7. Changes to PEB Findings.** The AFPB may change the findings and recommended disposition of the PEB. When this happens, the AFPB documents and describes the basis for the change. Based on the application of accepted medical principles, the AFPB identifies the principles at issue, and relates the issue to the facts and circumstances established in the record of the proceedings of the PEB. The AFPB recommends the final disposition to SAFPC under the criteria in paragraph 5.9.

5.7.1. Deleted.

5.7.2. Deleted.

5.7.2.1. Deleted.

5.7.3. Deleted.

5.7.3.1. Deleted.

5.7.3.2. Deleted.

5.7.3.3. Deleted.

**5.8. Personal Appearance.** Neither the member, NOK, nor counsel may appear before the AFPB, except at the specific invitation of AFPC. The board reviews all the records evaluated by the PEB(s), records of the PEB(s) hearings, plus any rebuttal or additional documents submitted by the member or requested by SAFPC.

**Attachment 6**  
**IC 2006-1 TO AFI 36-3212,**  
**PHYSICAL EVALUATION FOR RETENTION, RETIREMENT, AND SEPARATION**

**2 FEBRUARY 2006**

***SUMMARY OF REVISIONS***

This change incorporates interim change (IC) 2006-1 ([Attachment 6](#)) alters the allowable time limits to concur or non-concur with the recommended findings and to submit a written rebuttal to the Formal Physical Evaluation Board (FPEB) recommendation for retention, retirement or separation and establishes across-the-board computations for disability separation and retirement dates. See the last attachment of the publication, IC 2006-1, for the complete IC. A bar (|) indicates revision from the previous edition.

OPR: HQ AFPC/DPPDS (Brenda L. Kurth)

Supersedes: AFI 36-3212, 30 September 1999

Certified by: HQ AFPC/DPP (Col Steven M. Maurmann)

1.3.2. Eligibility for Disability Evaluation. USAF Academy (USAFA) Cadets (10 U.S.C. 1217) who incurred a disability on or after 27 October 2004.

3.49.1. Time Limits. After receiving AF Form 356, **Findings and Recommended Disposition of USAF Physical Evaluation Board**, and AF IMT 1180, **Action on Physical Evaluation Board Findings and Recommended Disposition**, the evaluatee has 1 duty day to either agree or disagree with the FPEB findings. If the evaluatee disagrees, he or she may submit a written rebuttal within 10 calendar days. The FPEB president may approve written requests for additional time to allow the member to obtain additional medical documentation or consult with legal counsel.

5.19.3. HQ AFPC/DPPD will establish disability separation and retirement dates as follows:

5.19.3.1. For members serving at CONUS locations, date of separation or retirement will be established as 40 days from date of Secretary of the Air Force (SAF) Memorandum (SAF) approving the separation or retirement;

5.19.3.2. For members serving overseas, date of separation or retirement will be established as 60 days from date of SAF Memo;

5.19.3.3. For ARC members, date of separation or retirement will be established as 27 days from date of SAF Memo.

**8.22. Information Collections, Records, and Forms/Information Management Tools (IMTs).**

8.22.1. Information Collections. Information collections are not created by this publication.

8.22.2. Records. Retain and dispose of records according to the AF Records Disposition Schedule.

8.22.3. Forms/IMTs Prescribed.

8.22.3.1. Forms/IMTs Adopted. No forms/IMTs are adopted by this publication.

8.22.3.2. Forms/IMTs Prescribed. AF Form 356, **Findings and Recommended Disposition of the USAF Physical Evaluation Board**, AF IMT 1180, **Action on Physical Evaluation Board Findings and Recommended Disposition**, and AF IMT 1185, **Statement of Record Data**.

# EXHIBIT G

**BY ORDER OF THE  
SECRETARY OF THE AIR FORCE**

**AIR FORCE INSTRUCTION 36-3802**

**9 JANUARY 2019**



**Personnel**

**FORCE SUPPORT READINESS  
PROGRAMS**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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**RELEASABILITY:** There are no releasability restrictions on this publication.

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OPR: HAF/A1XO

Certified by: SAF/MR  
(Daniel R. Sitterly, SES)

Supersedes: AFI10-214, 4 June 2018;  
AFI10-216, 27 July 2016;  
AFI36-2911, 14 October 2016;  
AFI36-3103, 18 May 2016;  
AFI36-2134, 4 August 2014;  
AFI36-3802, 23 February 2009;  
AFI36-3803, 7 June 2016

Pages: 81

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This instruction implements Department of Defense Directive (DoDD) 3025.14, *Evacuation of US Citizens and Designated Aliens from Threatened Areas Abroad*, Department of Defense Instruction (DoDI) 1325.02, *Desertion and Unauthorized Absence*, and Air Force Policy Directive Air Force Policy Directive (AFPD) 10-2, *Readiness* and supports AFPD 36-29, *Military Personnel Standards*, AFPD 36-38, *Personnel Readiness Reporting and Accountability*, AFPD 36-26, *Military Force Management*, and AFPD 34-1, *Air Force Services*. This publication applies to all civilian and military members of the Regular Air Force, the Air Force Reserve, and the Air National Guard, except where noted otherwise. In collaboration with the Chief of Air Force Reserve (AF/RE) and the Director of the Air National Guard (NGB/CF), the Deputy Chief of Staff for Manpower, Personnel, and Services (HAF/A1) develops Total Force (Regular Air Force [RegAF], Air Force Reserve [AFR], and Air National Guard [ANG]) personnel guidance as outlined in the following chapters of this instruction. Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with AF Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with the AF Records Disposition Schedule located in the AF Records Information Management System. This instruction directs the

collecting and maintaining of information by the Privacy Act of 1974 authorized by Title 10, United States Code (USC) 8013 and Executive Order 9397. System of Records Notice, F036 Air Force Personnel Center (AFPC) C Military Personnel Records System applies. The authorities to waive wing/unit level requirements in this publication are identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. See Air Force Instruction (AFI) 33-360, Publications and Forms Management, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the requestors commander for non-tiered compliance items This instruction may be supplemented at any level, but all supplements that directly implement this publication must be routed to the OPR, Headquarters United States Deputy Chief of Staff for Manpower, Personnel and Services, AF Career Field Management and Readiness Division (HAF/A1XO) for coordination, and all Major Command-level supplements must be approved by the Human Resource Management Strategic Board prior to certification and approval. Major Commands, field operating agencies, and direct reporting units must send one copy of their published and or posted supplement to Headquarter Air Force (HAF)/A1XO, 1040 AF Pentagon, Washington DC 20330-1040. Refer recommended changes and questions about this publication to HAF/A1XO, 1040 AF Pentagon, Washington DC 20330-1040 on AF Form 847, *Recommendation for Change of Publication*. Route AF Form 847 from the field through Major Command publications managers. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the AF.

### ***SUMMARY OF CHANGES***

This document has been substantially revised and needs to be completely reviewed. This instruction consolidates guidance from previous instructions: AFI 10-214, *Force Support Readiness Programs*; AFI 10-216, *Evacuation and Repatriation of US Citizens and Designated Aliens from Threatened Areas Abroad*; AFI 36-2134, *AF Strength Accounting Duty Status Program*; AFI 36-2911, *Desertion and Unauthorized Absence*; AFI 36-3103, *Identification Tags*; AFI 36-3802, *Personnel Readiness Operations*; and AFI 36-3803, *Personnel Accountability in Conjunction with Natural Disasters or National Emergencies*. Other major changes in this rewrite include reducing the use of acronyms, limiting the scope of this publication to AF guidance by removing "how to" procedural references, which can be found in the Personnel Services Delivery Guides on MyPers website, and lowering compliance tiers where possible.

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## CHAPTER 1

### FORCE SUPPORT READINESS PROGRAMS

#### 1.1. Overview

**1.2. This instruction provides guidance for managing the Force Support Readiness Program which organizes, trains, and equips personnel to meet Combatant/Geographic Commander needs for wartime, contingency, and installation incident response requirements.**

**1.3. It establishes guidance and assigns responsibilities for evacuation of Air Force members, dependents, other U. S. citizens and designated aliens from threatened areas abroad or in anticipation of, or in response to any natural or man-made disaster. It requires all commanders to develop plans for evacuating people from their installations, as well as for receiving and repatriating evacuees.**

**1.4. It outlines when and how identification (ID) tags are issued to Air Force service members and when they are to be worn (or in the individual's possession).**

**1.5. It provides guidance on the collection and maintenance of strength accounting duty status information.**

**1.6. It establishes standard procedures for dealing with desertion and unauthorized absence.** It outlines Air Force procedures to reduce absents and return the absentees to military control.

**1.7. It provides policy and guidance for on Personnel Readiness Operations.** It gives Air Force personnel agencies and deployed commanders supporting contingency, wartime, exercise, and emergency operations processes and information. This instruction also provides guidance for (PERSCO) from pre-planning through employment and redeployment actions. Additional guidance is available in Air Force Instruction (AFI) 10-403, *Deployment Planning and Execution*; AFI 10-404, *Base Support and Expeditionary Site Planning* and AFI 10-401, *Air Force Operations Planning and Execution*.

**1.8. It provides guidance for establishing and maintaining personnel accountability in the event of natural disasters or national emergencies for Air Force (AF) personnel in accordance with Department of Defense Instruction (DoDI) 3001.02, *Personnel Accountability in Conjunction with National Emergencies or Natural Disasters*.** It applies to both the continental United States (CONUS) and locations outside the continental United States (OCONUS).

## CHAPTER 2

### ROLES AND RESPONSIBILITIES

#### 2.1. Roles and Responsibilities

#### 2.2. Headquarters United States AF Deputy Chief of Staff Manpower, Personnel and Services (HAF/A1):

- 2.2.1. Provides overarching guidance and oversight to the Force Support Readiness program.
- 2.2.2. Ensures the Force Support Readiness program complies with Office of the Secretary of Defense, Joint Staff, Secretary of the AF, and Headquarters AF direction including AF Policy Directive (AFPD) 10-2, *Readiness*.
- 2.2.3. Advises the Chief of Staff of the AF on A1 Air Force-wide execution of Mission Essential Functions regarding Continuity of Operations and on matters related to Force Support functions and capabilities to ensure support for warfighter objectives.

#### 2.3. The Deputy Chief of Staff for Operations (HAF/A3):

- 2.3.1. Is the AF OPR for evacuation and repatriation operations.
- 2.3.2. Ensures overall command, control and status reporting of evacuation operations.
- 2.3.3. Appoints a member to the Washington Liaison Group to coordinate the execution of evacuation responsibilities.
- 2.3.4. Measures and reports on the readiness of military forces and the supporting infrastructure to execute evacuations.
- 2.3.5. Provides air transportation, including theater, strategic, and intra-continental U.S. as well as aeromedical evacuation in accordance with the mission and priorities assigned by United States Transportation Command.
- 2.3.6. Responsible for evacuation operations and repatriation planning in coordination with Joint Staff and Geographic/Combatant Commands.

#### 2.4. Headquarters United States AF Directorate of Plans and Integration (HAF/A1X):

- 2.4.1. Establishes Force Support doctrine and guidance and manages the Force Support Readiness program.
- 2.4.2. Appoints, by name, an individual from HAF/A1XOR as the Force Support Functional Area Manager (FAM). FAM responsibilities are provided in AFI 10-401, *Air Force Operations Planning and Execution*.
- 2.4.3. Assigns personnel to the AF Crisis Action Team in coordination with HAF Directorate of Plans, Operations and Requirements, War Planning and Policy Division (HAF/A3O).
- 2.4.4. Provides operational status and situational reporting to AF Senior Leaders on the status of the Force Support contingency and wartime operations.
- 2.4.5. Advises the AF Crisis Action Team and reports status of A1 functions and capabilities to senior AF leaders as required.

2.4.6. Ensures all guidance is written and includes content provided by Total Force components (RegAF, ANG, and AFR).

2.4.7. Directs the Force Support Squadron (FSS) Military Personnel Flight (MPF) offices to continue to follow established procedures for producing identification tags in accordance with this instruction.

2.4.8. Provides policy on identification tags to include Red Medical Alert identification tags. Policy will be coordinated with AF/SG3/5 to ensure policy and procedures continue to adhere to governing guidance.

**2.5. Director of Civilian Force Management (HAF/A1C):** provides human resource guidance and entitlement/compensation information to/for AF civilians relating to evacuation operations.

**2.6. Director of Military Force Management Policy (HAF/A1P):**

2.6.1. Provides personnel program and policy guidance and entitlement/compensation information to/for AF members/families, i.e., STOP MOVEMENT.

2.6.2. Serves as the functional OPR for policy aspects of the Absence without Leave (AWOL)/Deserter program.

2.6.3. Directs AF policy for AWOL/Deserter duty status reporting.

**2.7. Director of Services, Force Sustainment Division (HAF/A1S):**

2.7.1. Provides guidance on assistance and support to AF Family members (military and civilian).

2.7.2. Ensures required Force Support Services/Sustainment capabilities/programs are in place for evacuation reception and repatriation operations, according to Geographical Combatant Commander evacuation plans and policies.

**2.8. Director of Civil Engineers (HAF/A4C):** will provide guidance for contingency response planning that includes evacuation considerations.

**2.9. Director of Logistics (HAF/A4L):**

2.9.1. Is responsible for transportation of personnel/equipment for evacuation operations.

2.9.2. Ensures installation reception and support plans adequately identify support for evacuation, reception and repatriation plans. The OPR for the Base Support Plan Part I is the installation Site Manager located within the Logistics Readiness Squadron.

**2.10. HAF Force Support Career Field Management and Readiness Division (HAF/A1XO):**

2.10.1. Has overall responsibility for AF personnel readiness and accountability programs and directives. Develops concepts and policies to ensure Total Force accountability.

2.10.2. Serves as the OPR for personnel readiness and PERSCO policy and provides guidance to all Major Commands (MAJCOMs), AF Installation and Mission Support Center, Component Numbered AFs, Direct Reporting Units, and Field Operating Agencies on the posturing, scheduling, coding and the use of personnel assets 38F and 3FXXX to support the full range of military operations.

2.10.3. Develops and oversees USAF personnel readiness and PERSCO policy for all levels of command. Provides policy oversight to all MAJCOMs, Component Numbered AFs, Direct

Reporting Units, and Field Operating Agencies on personnel readiness and PERSCO. Monitors implementation of policy across MAJCOMs, Component Numbered AFs, Direct Reporting Units, and Field Operating Agencies to ensure consistent application and provides feedback where necessary.

2.10.4. Provides headquarters oversight of PERSCO Team After-Action Report corrective actions.

2.10.5. Assigns Manpower and Equipment Force Packaging responsible command to manage Force Support Unit Type Codes (UTCs) to include PERSCO UTCs.

2.10.6. Serves as the AF Crisis Action Team A1 cell when activated.

2.10.7. Advises AFPC Operations Center when a contingency operation begins. Refer to the AF Continuity of Operations Plan for next in line for continuity purposes.

2.10.8. Serves as the AF personnel policy OPR for Deliberate and Crisis Action Planning and Execution Segments, repatriation and Evacuation Operation, Augmentation Duty Program, and FSS (or equivalent) Defense Readiness Reporting Tool.

2.10.9. Is the HAF/A1 OPR for evacuation operations.

2.10.10. Provides guidance on accounting, tracking, and reporting of personnel throughout the evacuation process.

2.10.11. Monitors accountability and visibility of all AF personnel (military and civilian) during all phases of evacuation to include evacuation to a safe haven, in accordance with Geographical Combatant Commander evacuation plans and policies.

2.10.12. Provides status of Force Support reception and beddown capabilities to support evacuation operations, i.e., providing meals and temporary lodging, according to Geographical Combatant Commander evacuation plans and policies.

**2.11. Director of Surgeon General (HAF/SG3/5) will:**

2.11.1. Subject to availability of Congressional appropriations, fund the purchase of Red Medical Alert identification tags for all AF Medical Treatment Facilities.

2.11.2. Direct all Air Force Medical Treatment Facilities, to include Reserve and Guard Medical Units equipped to produce Red Medical Alert identification tags, to continue production as long as funding is provided. Ensure medical staff will adhere to Department of Defense (DoD) Instruction (DoDI) 6025.18-R, *DoD Health Information Privacy Regulation*.

2.11.3. Develop a process and standardized form for all Medical Treatment Facilities to ensure the proper information is placed on the Red Medical Alert identification tag.

**2.12. HAF Directorate of Plans and Integration Force Support Career Field Management and Readiness Division, Readiness Branch (HAF/A1XOR):**

2.12.1. Serves as the Force Support Readiness FAM and the OPR for the Force Support Readiness program and guidance.

2.12.2. Submits, advocates, and defends Program Objective Memorandum to organize, train and equip the Force Support community to build capability for contingency and wartime.

2.12.3. Chairs the Force Support War Fighter Requirements Review working group.

2.12.4. The Force Support War Fighter Requirements Review is comprised of individuals listed in **Table 2.1**.

**Table 2.1. Members of the Force Support War Fighter Requirements Review.**

<b>Force Support War Fighter Requirements Review Members</b>
HAF/A1 FAMs
Force Support Career Field Managers
AF Installation and Mission Support Center (AFIMSC)
MAJCOMs
Component MAJCOMs
Component and ANG Force Support Readiness FAMs
<b>Advisors</b>
Air Force Personnel Center (AFPC)
Directorate of Personnel Operations (AFPC/DP2)
Air Force Services Activity (AFSVA/SVORR)
Force Support Silver Flag sites
Installation-level Readiness Officers/Non-Commissioned Officers as required

2.12.5. The War Fighter Requirements Review working group meets biannually via conference or virtually and makes recommendations to the Readiness and Training Council on policy, training, and resource allocation issues.

2.12.6. Lead AF representative for the Force Support equipment management program.

2.12.7. Chairs the Field Integrated Research and Modernization working group which focuses on Force Support equipment research, development and fielding.

2.12.8. The Field Integrated Research and Modernization working group will meet biannually via conference, virtually, or as needed but usually just prior to the War Fighter Requirements Review working group.

2.12.9. Coordinates on all Operation Plans with HAF/A3O.

2.12.10. Develops Force Support planning guidance in doctrine, determining Force Support wartime manpower requirements/capabilities and the War and Mobilization Plan, Force Support Supplement.

2.12.11. Establishes guidance and provides oversight for Force Support capabilities regarding evacuation operations.

2.12.12. Establishes broad, Total Force Manpower, Personnel, and Services guidance related to all aspects of the contingency and wartime deployment and redeployment process.

2.12.13. Conducts risk assessments and provides courses of action regarding Force Support capability to deploy.

2.12.14. Develops Force Support UTC posturing guidance in accordance with codified AF UTCs posturing guidance.

- 2.12.15. Serves as the functional OPR for the Personnel aspects of Deliberate and Crisis Action Planning and Execution Segments.
- 2.12.16. Provides guidance for reporting Force Support status via Resource and Capability Readiness reports. Updates and maintains the AF Tables in Defense Readiness Reporting System in accordance with AFI 10-201, *Force Readiness Reporting*.
- 2.12.17. Monitors MAJCOM posturing and coding efforts to ensure compliance with Force Support UTCs posturing guidance.
- 2.12.18. Reviews after-action reports from deployed Force Support teams and/or members and coordinates corrective actions.
- 2.12.19. Provides coordination and subject matter expertise for the readiness curriculum in all Force Support courses.
- 2.12.20. Oversees Force Support readiness training requirements and provides inputs for the annual call for formal school quotas for Air University Force Support Readiness courses.
- 2.12.21. Ensures Total Force matters are represented across the spectrum in Force Support Readiness.
- 2.12.22. Is the AF OPR for personnel accountability and the Strength Accounting Duty Status Program.
- 2.12.23. Develops and oversees personnel accountability and duty status reporting policy and guidance.
- 2.12.24. Notifies AFPC to create and activate an event in the disaster/emergency personnel accountability system upon direction from the Office of the Secretary of Defense, the Joint Staff, HAF leadership, or at the request of MAJCOM or installation commanders.
- 2.12.25. Notifies HAF Airman & Family Readiness Policy (HAF/A1SAA) to include Needs Assessments related information to active events.
- 2.12.26. Monitors personnel accountability systems to track progress and provide status report as directed.

### **2.13. AF Office of Special Investigation (AFOSI/ICON):**

- 2.13.1. Is responsible for updating AF Deserter information in the Federal Bureau of Investigations (FBI) National Crime Information Center.
- 2.13.2. Updates the National Crime Information Center for all AF deserters upon receipt of a valid Department of Defense Form (DD Form) 553/616. In cases of desertion under aggravated circumstances as defined below, AFOSI works with the FBI or other appropriate law enforcement agency to expedite the investigation and to find and arrest the absentee. **(T-1)**. Examples of cases in which the AF requests FBI assistance include those in which the individual is a deserter and:
- 2.13.2.1. Is wanted for an offense punishable under the Uniform Code of Military Justice (UCMJ). Consult with the local Judge Advocate (JA) to determine if offense and circumstances warrant the classification of desertion.

2.13.2.2. Had access to classified information which, if disclosed, would jeopardize United States security interests.

2.13.2.3. Is an escaped prisoner.

2.13.2.4. Is an officer.

2.13.3. Oversees local servicing police units' inquiries into UAs on commander's request.

**2.14. Director of Personnel Operations (AFPC/DP2) is responsible for:**

2.14.1. Tracking, accounting, reporting, and ensuring follow-up support is provided.

2.14.2. Utilizing the Air Force Personnel Accountability and Assessment System (AFPAAS) to report members evacuated/displaced, to contact their leadership, keep them informed of their location, and account for Defense Enrollment Eligibility Reporting System enrolled family members who physically reside in the Geographical Area of Interest and had to evacuate.

2.14.3. Utilizing all systems available to include the Noncombatant Evacuation Operation Tracking System in conjunction with the AFPAAS to identify and track evacuees throughout the continuum of evacuation operations.

**2.15. Director of Airman and Family Care (AFPC/DPF) will:**

2.15.1. Disseminates policy, plans, and operational guidance for Airman and Family Readiness response to evacuation operations and repatriation. **(T-1)**.

2.15.2. Provide guidance/coordination to the installation Airman & Family Readiness Centers at evacuating locations, the temporary safe haven or intermediate stop (if applicable), and the repatriation sites processing families back into the U.S. **(T-1)**.

2.15.3. Is responsible, through Airmen and Family Readiness Centers, for contacting, reporting, and coordinating information and referral for required support. **(T-1)**.

2.15.4. Ensures all Airmen and Family Readiness Centers contact, report, and coordinate information & referral for evacuation and repatriation operations. **(T-1)**.

**2.16. AFPC Air and Space Expeditionary Force Operations and Readiness Division (AFPC/DP2W):**

2.16.1. Serves as the OPR for deployment availability codes and contingency duty status reporting program. **(T-1)**.

2.16.2. Ensures HAF-level personnel series instructions and revisions contain accurate wartime guidance. **(T-1)**.

2.16.3. Activates the Personnel Readiness Center function upon activation of the HAF Manpower and Personnel Readiness Center/Personnel Readiness Center network or as directed by the AFPC Commander or Operations Center Director during emergencies. **(T-1)**.

2.16.4. Responsible for all Personnel Readiness Center functions of AFPC Operations. **(T-1)**. The Personnel Readiness Center can be reached at Digital Switched Network 665-2020, toll free at 1-800-435-9941, or e-mailed at Non-secure Internet Protocol Router: [afpc.dp2wr.workflow@us.af.mil](mailto:afpc.dp2wr.workflow@us.af.mil) or secure Internet Protocol Router: [usaf.jbsa.afpc.mbx.afpc-dp2wr-workflow@mail.smil.mil](mailto:usaf.jbsa.afpc.mbx.afpc-dp2wr-workflow@mail.smil.mil).

2.16.5. Develops procedures to implement USAF policy for personnel readiness and PERSCO. **(T-1)**.

2.16.6. Ensures Total Force accountability is maintained for all AF personnel supporting contingency, wartime, exercise, and emergency operations. **(T-1)**.

2.16.7. Monitors when PERSCO teams are established at new locations during contingency or wartime operations. **(T-1)**. Works with component commands to ensure PERSCO teams obtain Secure Internet Protocol Router Network connectivity to Deliberate and Crisis Action Planning and Execution Segments. **(T-1)**. Ensures the PERSCO teams submit required reports and submits deployed PERSCO Deliberate and Crisis Action Planning and Execution Segments account requests. **(T-1)**. Works with component commands and deployed PERSCO teams to correct accountability data. **(T-1)**.

2.16.8. Analyzes accountability data and identifies trends/deficiencies and reports to HAF/A1XO, Component Numbered AFs, AF Installation and Mission Support Center and supporting MAJCOMs. **(T-1)**.

2.16.9. Reviews After Action Reports and provides a cross-feed program for MAJCOMs, Component Numbered AFs, AFPC, AF Installation and Mission Support Center, Military Personnel Elements and PERSCO teams. **(T-1)**.

2.16.10. Develops and manages changes to Personnel Readiness training in coordination with HAF/A1XO, AF Installation and Mission Support Center, and all MAJCOM counterparts. **(T-1)**.

2.16.11. Assists HAF/A1XO in the development of Total Force concepts, policies, and plans to support Air Reserve Component activation and mobilization, deployment, employment, base reception, Evacuation Operation and Repatriation Operations, accountability reporting, and demobilization.

2.16.12. Serves as the Program Management Office for Deliberate and Crisis Action Planning and Execution Segments personnel applications, Global Command and Control-Air Force (GCCS-AF) systems. **(T-1)**. Manages access to and prepares procedures for use of GCCS-AF systems, Deliberate and Crisis Action Planning and Execution Segments updates and distribution of Deliberate and Crisis Action Planning and Execution Segments hardware and accounts. **(T-1)**. Assists customers with problems with Deliberate and Crisis Action Planning and Execution Segments personnel applications, communications, or readiness-type questions. **(T-1)**.

2.16.13. Coordinates with AFPC/DP0, DP3 and the AF Personnel Operations Activity to manage day-to-day operations, sustainment and future development of Air and Space Expeditionary Force IT systems. **(T-1)**.

2.16.14. Serves as the personnel accountability systems program manager and Strength Accounting Duty Status Program Manager. **(T-1)**.

2.16.15. Develops, coordinates, and executes personnel accountability guidance and approves procedural guidance for the management of personnel accountability and duty status reporting programs. **(T-1)**.

- 2.16.16. Assigns AF Personnel Accountability Assessment System Commanding Officer Representatives access to MAJCOM readiness staffs and to AF Crisis Action Team A1 members as required. **(T-1)**.
- 2.16.17. Ensures all assigned MAJCOM personnel readiness offices are trained on the use of the AFPAAS. **(T-1)**.
- 2.16.18. Creates and activates an AFPAAS event when notified by HAF and provides event management in support of AF-wide personnel accountability operations. **(T-1)**. Requests for a real-world event that is not AF-wide will be initiated by an installation commander or MAJCOM leadership. **(T-1)**. HAF will determine if the event remains local or if the event will be AF-wide.
- 2.16.19. Coordinates with the AFPC Public Affairs Office on personnel accountability events, news releases, and media outreach capabilities. **(T-1)**.
- 2.16.20. Conducts a monthly quality review of the "Duty Status Change" application in the Case Management System to ensure all applicable fields are filled in correctly, and that members' strength accounting duty status/lost time are appropriately updated. **(T-1)**.
- 2.16.21. Develops guidance and manages the AWOL/Deserter Program. **(T-1)**.
- 2.16.22. In the event reporting MAJCOM cannot perform their duties as MAJCOM Commanding Officer Representative, AFPC/DP2WR will assume reporting responsibilities until the MAJCOM can resume their duties. **(T-1)**.
- 2.16.23. Ensures operational execution of the Force Support Readiness program by establishing procedures and implementing standards/program guidance approved by HAF/A1. **(T-1)**.
- 2.16.24. Provides functional and subject matter expertise for Manpower, Personnel and Services operations and capabilities. **(T-1)**.
- 2.16.25. Develops content to update the War and Mobilization Plan in conjunction with HAF/A1XO to meet AF milestones. **(T-1)**.
- 2.16.26. Develops content as the subject matter experts for Tactics, Techniques, and Procedures and develops Force Support readiness plans content, as required, for Force Support functions, capability and mission. **(T-1)**.
- 2.16.27. Primary office to provide technical guidance to units deployed or in training regarding the employment of all Force Support capabilities. **(T-1)**.
- 2.16.28. Maintains web-based Readiness guidance for use by Force Support planners and deployed teams and manages any SharePoint@/related websites and updates material as needed. **(T-1)**.
- 2.16.29. Provides support to MAJCOMs, Component MAJCOMs, and field units on all readiness issues. **(T-1)**.
- 2.16.30. Assists Component MAJCOMs and Component Numbered AF planners with planning responsibilities and factors for operation plan requirements and UTCs sourcing. **(T-1)**.

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2.16.31. Along with HAF representatives, plans and hosts the War Fighter Requirements Review and Readiness and Training Council. (T-1).

2.16.32. Works with field units regarding management of the readiness program. (T-1).

## **2.17. AFPC Airman and Family Division (AFPC/DPFF)**

2.17.1. Serves as AFPAAS Needs Assessment Program Manager. (T-1).

2.17.2. Assigns AF Accountability Assessment System Needs Assessments to Case Managers. (T-1).

2.17.3. Monitors AFPAAS evacuation/emergency events to track Needs Assessments of personnel and families. (T-1).

## **2.18. Airman and Family Care, Missing Persons Branch (AFPC/DPFCM):**

2.18.1. Serves as the AF Deserter Information Point and program manager providing policy oversight and administration of the AWOL/Deserter program for RegAF, AFR and ANG who are serving on ACTIVE DUTY orders. (T-1).

2.18.2. Develops procedures to implement AF policy for AWOL/Deserter duty status reporting. (T-1).

2.18.3. Maintains statistics on AWOL, Deserter and Returned to Military Control. (T-1).

2.18.4. Updates duty status in MilPDS for AWOL, Deserter, and civilian/military confinement as a result of AWOL/Deserter duty status. (T-1).

2.18.5. Provides management information to higher headquarters identifying the number of absentees and deserters returned to military control as outlined in DoDI 1325.02, *Desertion and Unauthorized Absence (UA)*. (T-1). Information includes, as a minimum, the following:

2.18.5.1. Surrendered to military or civilian authorities. (T-1).

2.18.5.2. Apprehended by military or civilian authorities. (T-1).

2.18.6. Follows DoD requirement to send Absentee and Deserter Statistics to the Office of Special Investigation. (T-1). Submits to AF OSI ICON/ICW monthly, a current roster of AF deserters. (T-1).

2.18.7. Provides guidance to all military personnel units on management of the AWOL/Deserter Strength Accounting Duty Status Program. (T-1).

2.18.8. Conducts a quality review of Human Resources (HR) type Personnel Processing Application Duty Status Change (AWOL/Deserter) Case Management System case and other required documents and updates or corrects duty status in Military Personnel Data System (MilPDS). (T-1). Forwards HR Type Personnel Processing Application Duty Status Change (AWOL/Deserter) Case Management System to the Total Force Service Center for coordination. (T-1).

2.18.9. Coordinates and distributes procedures for managing UAs. Forwards DD Form 553/DD Form 616 to AFOSI/ICON/ICW for update in National Crime Information Center. (T-1).

2.18.10. Monitors disposition of absentees returned to military control and provides guidance as needed.

2.18.11. Maintains a case file for each member declared AWOL or deserter and ensures documents received are reviewed and are sent to AFPC/DPSIR, Automated Records Management System Office, for filing in the member's Master Personnel Record. **(T-1)**.

2.18.12. Maintains Medical and Dental records for all AF Deserters dropped from unit rolls until the member is returned to military control at which time AFPC/DPFCM will forward the records to the servicing MPF. **(T-1)**.

2.18.13. Maintains access to electronic master personnel records via Automated Records Management System Office from AFPC/DPSIR. **(T-1)**.

2.18.14. Ensures member's MilPDS file is dropped from unit rolls and reassigned to AFPC/DPFCM personnel accounting symbol code on the 180th day of absence. **(T-1)**.

#### **2.19. Air Force Total Force Service Center (AFPC/DP1OS):**

2.19.1. Reviews HR Type Personnel Program Application (AWOL/Deserter) Case Management System cases and forwards to appropriate offices for coordination. **(T-1)**.

2.19.2. Forwards completed HR Type Personnel Processing Application (AWOL/Deserter) Case Management System case to MPF or member's commander for closure. **(T-1)**. Sends Case Management System product AF Form 2098 to AFPC/DPSIR (Automated Records Management System Office) for filing in the member's Master Personnel Record. **(T-1)**.

#### **2.20. Air Force Security Forces Center (AFSFC/SFC):**

2.20.1. Assists base-level Security Forces units with issues related to escort of pretrial detainees and post-trial inmates for confinement transfers. **(T-1)**.

2.20.2. Procedures for secure transportation (if necessary) are outlined in AFI 31-105, *Air Force Corrections System* and AFMAN 31-127, *Security Forces Armed/Unarmed Transfer Team Procedures*.

#### **2.21. AF Installation and Mission Support Center:**

2.21.1. Ensures FAM's UTCs are aligned in accordance with codified AF Policy and HAF/A1X posturing guidance. **(T-1)**. Guidance is posted on the HAF/A1XO Readiness SharePoint® page located at: <https://cs2.eis.af.mil/sites/11603/default.aspx>.

2.21.2. Centrally manages the Air Expeditionary Force (AEF) Force Support UTC capability portfolio and ensures the appropriate Force Support UTC capability is apportioned in each Air and Space Expeditionary Force period.

2.21.2.1. Updates the Manpower Force Packaging System with Force Support UTC detail in Deliberate and Crisis Action Planning and Execution Segments. **(T-1)**.

2.21.2.2. Maintains respective UTC Manpower Force Packaging System and Logistics Detail data. **(T-1)**.

2.21.2.3. Designated as the Manpower and Equipment Force Packaging system responsible agency for appointed UTC. **(T-1)**.

2.21.3. Executes HAF/A1 Force Support UTC posturing guidance. **(T-1)**.

2.21.4. Monitors Force Support organizations' Resource and Capability readiness report inputs. **(T-1)**.

2.21.5. Conducts quarterly analysis to identify and provide guidance to resolve negative trends involving personnel, training and equipment resourcing. **(T-1)**.

2.21.6. Provides reports to MAJCOM/A1s and HAF/A1X on readiness status of the Force Support community. **(T-1)**.

2.21.7. Serves as the central repository for Force Support readiness measurement data. **(T-1)**.

2.21.8. Ensures Force Support capabilities are prepared to meet Combatant Commander requirements. **(T-1)**.

2.21.8.1. Ensures all AEF Force Support members/teams are structured in the Institutional Forces, warfighting, home-station, and Combatant Commander/Other Government Agencies guidance to meet wartime and contingency requirements. **(T-1)**.

2.21.8.2. Coordinates proposed Air and Space Expeditionary Force UTC posturing and/or any deviations with the HAF FAM(s) and MAJCOMs, as required, and updates the AF UTC Availability data. **(T-1)**.

2.21.9. Evaluates training effectiveness by measuring deployment and employment capabilities and equipment availability through the Force Readiness Reporting Program. **(T-1)**.

2.21.10. Provides Installation Personnel Readiness (IPR) oversight to all regular component IPR offices and coordinates with Component MAJCOMs when Air and Space Expeditionary Force forces work in support of non-Air and Space Expeditionary Force organizations such as special operations. **(T-1)**.

## **2.22. AF Installation and Mission Support Center Training and Support Division (AFIMSC/XZT):**

2.22.1. Manages Force Support Readiness training (i.e. Deliberate and Crisis Action Planning and Execution Segments) by conducting data calls for formal training requirements and manages quotas by distributing quotas to units based on established priorities. **(T-1)**. Priorities will be based on mission needs and coordinated with Component MAJCOMs. **(T-1)**. In addition, consideration will be given to tour lengths and date eligible for return from overseas for overseas installations. **(T-1)**.

2.22.2. Reviews unit requests for Force Support functional equivalent Silver Flag credit; based on exercises and coordinates them for approval by HAF/A1XO. **(T-1)**.

2.22.3. Ensures operational execution of the Force Support Readiness program by establishing procedures and implementing standards/program guidance approved by HAF/A1. **(T-1)**.

2.22.4. Provides functional and subject matter expertise for Manpower, Personnel and Services operations and capabilities. **(T-1)**.

2.22.5. Develops content to update the War and Mobilization Plan in conjunction with HAF/A1XO to meet AF milestones. **(T-1)**.

2.22.6. Develops content as the subject matter experts for Tactics, Techniques, and Procedures and develops Force Support readiness plans content, as required, for Force Support functions, capability and mission. **(T-1)**.

2.22.7. Primary office to provide technical guidance to units deployed or in training regarding the employment of all Force Support capabilities.

2.22.8. Maintains web-based Readiness guidance for use by Force Support planners and deployed teams and manages any SharePoint@/related websites and updates material as needed. **(T-1)**.

2.22.9. Provides support to MAJCOMs, Component MAJCOMs, and field units on all readiness issues. **(T-1)**.

2.22.10. Assists Component MAJCOMs and Component Numbered AF planners with planning responsibilities and factors for operation plan requirements and UTC sourcing. **(T-1)**.

2.22.11. Along with HAF representatives, plans and hosts the War Fighter Requirements Review and Readiness and Training Council. **(T-1)**.

2.22.12. Works with field units regarding management of the readiness program. **(T-1)**.

**2.23. Director of Operations, Air Force Services Activity (AFSVA/SVO):** is responsible for providing operational and resourcing guidance to affected installations during evacuation operations in support of emergency feeding and beddown actions **(T-1)**.

**2.24. AF Services Activity (AFSVA/SVOR):**

2.24.1. Provides technical expertise and guidance to AF contractors and AF components utilizing AF contractors in support of Force Support bed down and sustainment augmentation. **(T-1)**.

2.24.2. Coordinates with installations regarding contingency contracts and/or Nonappropriated Fund Memorandums of Agreement to sustain Force Support operations when military personnel are deployed. **(T-1)**.

2.24.3. Serves as the functional/subject matter expert to review Allowance Standards for Force Support War Reserve Material and Home Station Readiness Training requirements. **(T-1)**.

2.24.4. Administers the Field Integrated Research and Modernization Program; ensures modernization initiatives are executed based on War Fighter Requirements Review direction. **(T-1)**.

2.24.5. Coordinates with AFSVA/SVOFA and MAJCOMs to conduct the annual update for War Reserve Material Wartime Consumable Distributed Objective with AF logistics planners. **(T-1)**.

2.24.6. Represents the Force Support readiness community in forums, councils and working groups for Basic Expeditionary Airfield Resources, home station readiness equipment and equipment modernization efforts. **(T-1)**.

2.24.7. Maintains examples of contract templates for use by component planners to support contingency locations and reviews contractual Statements of Work as required. **(T-1)**.

2.24.8. Consolidates and distributes contracted operation after-action reports. **(T-1)**.

2.24.9. Tracks contingency contract costs and usage figures for historical reporting purposes. **(T-1)**.

2.24.10. Ensures operational execution of the Force Support Readiness program by establishing procedures and implementing standards/program guidance approved by HAF/A1. (T-1).

2.24.11. Provides functional and subject matter expertise for Manpower, Personnel and Services operations and capabilities. (T-1).

2.24.12. Develops content to update the War and Mobilization Plan in conjunction with HAF/A1XO to meet AF milestones. (T-1).

2.24.13. Develops content as the subject matter experts for Tactics, Techniques, and Procedures and develops Force Support readiness plans content, as required, for Force Support functions, capability and mission. (T-1).

2.24.14. Primary office to provide technical guidance to units deployed or in training regarding the employment of all Force Support capabilities. (T-1).

2.24.15. Maintains web-based Readiness guidance for use by Force Support planners and deployed teams and manages any SharePoint®/related websites and updates material as needed. (T-1).

2.24.16. Provides support to MAJCOMs, Component MAJCOMs, and field units on all readiness issues. (T-1).

2.24.17. Assists Component MAJCOMs and Component Numbered AF planners with planning responsibilities and factors for operation plan requirements and UTC sourcing. (T-1).

2.24.18. Along with HAF representatives, plans and hosts the War Fighter Requirements Review and Readiness and Training Council. (T-1).

2.24.19. Works with field units regarding management of the readiness program. (T-1).

## **2.25. AFPC AEF Readiness Branch (AFPC/DP2WR) and AFSVA/SVOR:**

2.25.1. Responsible for equipment management, research and development to support Force Support capabilities. (T-1).

2.25.2. Conducts staff assistance visits as requested for FSS unit readiness programs. (T-1).

2.25.3. Provides guidance to Force Support community and pilot units on readiness equipment. (T-1).

2.25.4. Plans and hosts the Field Integrated Research and Modernization working group. (T-1).

2.25.5. Reviews readiness training curriculum and provides subject matter expertise. (T-1).

2.25.6. Conducts site certification of Force Support training at Silver Flag sites to ensure proper standardization and resources to support the program are in place. (T-1).

2.25.7. Provides field activities support for Deliberate and Crisis Action Planning and Execution Segments or other automated systems. (T-1).

## **2.26. Field Operating Agencies (FOAs) – i.e. AFPC AEF Readiness Branch (AFPC/DP2WR) and AFSVA Training and Development Division (AFSVA/SVXT):**

2.26.1. Develops, prepares, reviews, publishes and implements Force Support Readiness training programs to ensure Force Support capabilities are trained to meet requirements approved by respective Career Field Managers. (T-1).

2.26.2. Provides subject matter expertise to the AF Career Field Managers on Headquarters Air Education and Training Command developed specialty-training standards and provide recommendations based on subject matter expertise. (T-1).

2.26.3. Collaborates with AF Career Field Managers and MAJCOM functional advisors to ensure readiness training requirements determined by the Utilization and Training Workshop or Training Planning Teams meet the needs of the Force Support Readiness community. (T-1).

2.26.4. Validates site certification checklists and ensures readiness training requirements are properly documented for HAF/A1XO approval. (T-1).

**2.27. Headquarters Air Force Reserve Command and Headquarters Individual Reservist Readiness and Integration Organization (HQ RIO):**

2.27.1. HQ RIO provides for utilization and accountability of Individual Reservists.(T-1).

2.27.2. Follows GCCS-AF system user responsibilities. (T-1).

2.27.3. Monitors Deliberate and Crisis Action Planning and Execution Segments to ensure integrity and validity of assigned data. (T-1).

**2.28. Headquarters Air Force Reserve Center (AFRC/A1K):**

2.28.1. Serves as the functional OPR for administering the operational aspects of the AWOL/Deserter program for Reserve members.

2.28.2. Ensures AWOL/Deserter program is implemented within Reserve units.

2.28.3. Develops, coordinates, and approves personnel policies and procedures for duty status management.

**2.29. Headquarters National Guard Bureau (NGB/A1X):**

2.29.1. Serves as the functional OPR for administering the operational aspects of the AWOL/Deserter program for ANG members.

2.29.2. Ensures AWOL/Deserter program is implemented within ANG units.

2.29.3. Develops, coordinates, and approves personnel policies and procedures for duty status management.

**2.30. MAJCOM Directorates of Manpower, Personnel and Services (MAJCOM/A1)**

2.30.1. Responsible for Command and Control to support contingency and wartime operations as required in their Command.

2.30.2. Responsible for accountability for personnel assigned to the command.

2.30.3. The AFR and ANG provide support to their respective IPR offices.

2.30.4. Serves as MAJCOM Manpower and Equipment Force Packaging system manager for appointed command UTCs and other manpower readiness programs per AFI 38-205,

*Expeditionary Manpower Management* and AFI 10-401, *AF Operations Planning and Execution*.

2.30.5. Provides functional and subject matter expertise for Manpower, Personnel and Services operations and capabilities.

2.30.6. Maintains accountability of personnel assigned to the Command.

**2.31. MAJCOM Director of Operations (MAJCOM/A3/4/5). MAJCOM A3/4/5s will:**

2.31.1. Prepare plans to support DOD Directive (DoDD) 3025.14, *Evacuation of US Citizens and Designated Aliens from Threatened Areas Abroad*, DoDI 3001.02, *Personnel Accountability in Conjunction with Natural or Manmade Disasters*, and Joint Publication (JP) 3-68, *Noncombatant Evacuation Operations* and this AFI.

2.31.2. Ensure all subordinate commanders/units prepare evacuation, reception, and repatriation plans.

2.31.3. Utilize the Noncombatant Evacuation Operation Tracking System in conjunction with the AFPAAS to identify and track evacuees.

**2.32. AF Component MAJCOM/Component Numbered AF:**

2.32.1. Develops adaptive and crisis action plan requirements for their respective areas of responsibility.

2.32.2. Utilizes the Force Support supplement to War Mobilization Plan to conduct wartime and contingency planning.

2.32.3. Determines command staff augmentation requirements using Force Support UTCs (i.e., AF Forces Staffs in support to Component Numbered AF).

2.32.4. Supports forward operating locations by planning and deploying Force Support personnel, equipment and rations to meet Combatant Commander requirements.

2.32.5. Ensures deployed/contingency sites complete periodic situation reports.

2.32.6. Tracks movement of Force Support UTCs for both personnel and equipment from the UTC origin until it reaches the theater destination and redeployment from forward operating locations to home station.

2.32.7. Oversees force accountability within the theater of operation, including deployed AF civilian and contract employees.

2.32.8. Develops Force Support inputs for Annex E (Manpower/Personnel/Services Annex) and Annex D (Food/Lodging/Mortuary/Laundry) for each tasked operation plan for Base Support Plans and Expeditionary Site Plans.

2.32.9. Coordinates proposed UTC posturing and/or any deviations with the HAF FAM(s), as required, and coordinates updates to the AF UTC Availability data.

2.32.10. Ensures after-action reports, lessons learned from exercises, real world contingencies and Air Reserve Component deployments, end of tour reports and unit after-action reports are completed and shared with AFSVA/SVORR for final action.

2.32.11. Will maintain accountability of their personnel assigned to any base or living in an outlying area impacted by natural disaster or national emergency and any personnel on Leave/Temporary Duty (TDY) in the Geographical Area of Interest.

2.32.12. Will develop plans and procedures for delegation of personnel accountability responsibilities in accordance with Emergency Management or Continuity of Operations Plans.

2.32.13. Ensures units accurately and timely report personnel accounting duty status within 48 hours of disaster or national emergency in compliance with this instruction.

2.32.14. Grant appropriate access and ensure needed training is provided to all assigned IPR offices, Geographically Separated Units and Tenant Units located on other MAJCOM's installation(s).

2.32.15. AF District of Washington will function as the MAJCOM responsible for the accountability of AF members assigned to HAF and AF Elements.

**2.33. Supported Component Command (Contingency and Exercise Support) Director of Manpower, Personnel, and Services:**

2.33.1. Serves as the supported component command 38FX/3FXXX Functional Manager.

2.33.2. Provides personnel support to forces assigned or attached to the component command.

2.33.3. Uses standard UTCs during Time-Phased Force Deployment Data to manage, plan and execute personnel requirements for all possible contingencies.

2.33.4. Develops concepts, plans, and procedures to support force accountability, personnel deployment, repatriation, Noncombatant Evacuation Operation (or Order), and reception processing at all installations under their control.

2.33.5. Develops the Personnel Annex for all Operations Plans, Contingency Plans, and a PERSCO Concept of Operations (if insufficient time to fully develop an annex) to meet combatant commanders' intent.

2.33.6. Incorporates policies and procedures in the operation's personnel reporting instructions.

2.33.7. Describes command-unique reports and outlines complete instructions on format, content, addressees, frequency of reporting, and classification guidelines.

2.33.8. Maintains Total Force accountability by tracking and managing deployed personnel data for personnel deployed to their area of responsibility by using GCCS-AF systems utilizing Deliberate and Crisis Action Planning and Execution Segments.

2.33.9. Develops and publishes procedures for reviewing and validating replacement requests.

2.33.10. Realigns command resources to fill 38FX/3FXXX validated requirements for AF-wide sourcing.

2.33.11. Develops and implements theater-unique personnel programs and procedures to support sustainment deployments.

2.33.12. Manages PERSCO teams in AORs and resolves limiting factors identified by teams that limit or hinder their operational capabilities.

2.33.13. Coordinates the management of deployable systems with AFPC/DP2WR and maintains operational control of all GCCS-AF systems in their theater(s) of operation.

2.33.14. Follows and ensures FSS and PERSCO teams comply with the GCCS-AF system user responsibilities.

2.33.15. Provides staff assistance to PERSCO as requested.

2.33.16. Ensures HAF/A1XO, AFPC Operations Center, supporting commands, applicable FSS and PERSCO teams in the Area of Responsibility receive correspondence on all command personnel programs.

2.33.17. Reviews all PERSCO incident reporting located on AFPC Secret Internet Protocol Router Network SharePoint® found at: <https://intelshare.interlink.sgov.gov/sites/personnel-readiness-operations/SitePages/Home.aspx>.

2.33.18. Monitors the status of messages sent by all PERSCO teams requesting information or action from FSSs or the supporting command to ensure the responses are timely and accurate.

2.33.19. Performs data reconciliation on Military Personnel Data System and Deliberate and Crisis Action Planning and Execution Segments deployed personnel data.

#### **2.34. Silver Flag Training Force Support Readiness Superintendent:**

2.34.1. Trains Force Support capabilities based on Combatant Commander needs and requirements identified in the War Fighter Requirements Review and approved by HAF/A1XO. (T-1).

2.34.2. Executes the Force Support Training program using current HAF/A1XO approved Force Support training curriculum. (T-2).

2.34.3. Complies with current HAF/A1XO approved Force Support training site certification checklist. (T-1).

2.34.4. Participates in the War Fighter Requirements Review panel and Force Support functional training for Silver Flag curriculum review sessions as required. (T-1).

2.34.5. Provides status on items identified as deficient in the site certification report to their host MAJCOM/A1 and/or AFIMSC. (T-1).

#### **2.35. Commanders at all levels:**

2.35.1. Establish management practices and programs to deter absenteeism and desertion. (T-3).

2.35.2. Publicize the AWOL/deserter apprehension program to deter potential absentees. (T-3).

2.35.3. Develop programs to make sure that the maximum number of absentees or deserters, who return to the military and have the potential for continued service, continue to serve. (T-3).

2.35.4. Ensure timely reporting of UAs of assigned personnel utilizing the Human Resources (HR) type Personnel Program Application-Duty Status Change (AWOL/Deserter) request in Case Management System. **(T-3)**.

### **2.36. Installation Commander:**

2.36.1. Ensures a Force Support Readiness program is established. **(T-2)**.

2.36.2. Coordinates with their MAJCOM or AFIMSC as applicable to fund Force Support Readiness equipment and training requirements. **(T-2)**.

2.36.3. Organizes, trains and equips UTCs to support Air and Space Expeditionary Force deployment requirements. **(T-2)**.

2.36.4. Ensures funds for UTC training and equipment purchase are budgeted annually. **(T-2)**.

2.36.5. Meets Readiness and Resource Reporting requirements. **(T-2)**.

2.36.6. Direct use of the AFPAAS during a disaster/emergency by assigned, tenant, and Geographically Separated Units in the Geographical Area of Interest to obtain and report accountability until 100% accountability is achieved or reporting is suspended. **(T-2)**. **Exception:** accountability of AF Office of Special Investigations (AF OSI) personnel is accomplished by AFOSI/XRW and are not to be accounted by the host unit/wing. **(T-2)**.

2.36.7. Ensure all unit commanders identify at least two (2) individuals to serve as the AFPAAS Commanding Officer Representatives and personnel accountability duty status monitors. **(T-2)**. **(Note:** May appoint the same two people or four different people.)

2.36.8. Ensure all assigned personnel are familiar with the AFPAAS and their responsibility, if displaced, to contact their leadership, keep them informed of their location, and account for Defense Enrollment Eligibility Reporting System enrolled family members who physically reside in the Geographical Area of Interest. **(T-2)**.

2.36.9. Identifies support for evacuation, reception and repatriation plans in the installation reception and support plans. **(T-2)**. Installations will refer to the Base Support Plan Part I, **Chapter 9**, for Repatriation and Safe Haven Operations for the installations processes and procedures. **(T-2)**. The OPR for the Base Support Plan Part I is the installation Site Manager located within the Logistics Readiness Squadron.

### **2.37. Installation Commanders (Continental United States (CONUS) or non-foreign area (e.g., Hawaii, Alaska, etc.)) (Wing Plans) will:**

2.37.1. Determine the need for an evacuation and issue such orders considered necessary to ensure the safety, health, and well-being of personnel and their family members. **(T-1)**.

2.37.2. Tailor evacuation order to meet the specific circumstances. **(T-1)**. **Note:** Evacuation orders must have a beginning and projected end date. **(T-1)**.

2.37.3. Evacuation orders will be coordinated with tenant units on the installation. **(T-1)**.

2.37.4. Ensure military members are only allowed to draw evacuation benefits if they are escorting others being evacuated. **(T-2)**.

2.37.5. Place military members on TDY or permanent change of station orders, if members are required to move out of a disaster area. **(T-2).****Note:** Verbal evacuation orders are authorized but must be confirmed in writing as soon as possible. **(T-2).**

2.37.6. Prepare plans to support DoDD 3025.14, *Evacuation of US Citizens and Designated Aliens from Threatened Areas Abroad*, DoDI 3001.02, *Personnel Accountability in Conjunction with Natural or Manmade Disasters*, and Joint Publication (JP) 3-68, *Noncombatant Evacuation Operations (NEO)* and this AFI. **(T-1).**

### **2.38. Unit Commanders/Directors will:**

2.38.1. Using the AFPAAS, account for assigned military, Department of AF and Non-appropriated Fund civilians, Defense Enrollment Eligibility Reporting System enrolled family members, family members of Department of AF and Non-appropriated Fund employees (when receiving evacuation entitlements) and overseas assigned contractors and their family members as expeditiously as possible, after personnel accountability is directed. **(T-2).** RegAF unit commanders must ensure they are accounting for Individual Mobilization Augmentees and Active Guard Reserve assigned to their units. **(T-2).** Ensure assigned personnel update their status in the AFPAAS as soon as they reach a safe location and have access to the system or the event is over. **(T-2).**

2.38.2. Identify in writing at least two (2) individuals to serve as the AFPAAS Commanding Officer Representatives and personnel accountability duty status monitors. **(Note:** May appoint the same two people or four different people.) **(T-2).**

2.38.3. Ensure all civilian personnel whose family members are receiving evacuation entitlements report the status of those family members to their supervisor or commander/director until entitlements cease. **(T-2).**

2.38.4. Ensure unit members verify addresses in the Defense Enrollment Eligibility Reporting System annually. **(T-2).**

2.38.5. Establish procedures to ensure personnel accountability is maintained for all duty status changes of assigned personnel and are reported to the office responsible for making updates to the Military Personnel Data System. **(T-2).**

2.38.6. Establish unit TDY in- and out-processing procedures to accurately maintain personnel accountability. **(T-2).**

2.38.7. Refer to AFI 36-3002, *Casualty Services*, for guidance and contact local Casualty Assistance Representatives for assistance if unable to account for members after all reasonable efforts have been made to do so. **(T-2).**

2.38.8. Ensure one set of identification tags are issued to each individual. **(T-1).**

2.38.9. Ensure each individual understands when and how identification tags are worn. **(T-1).**

2.38.10. Inspect the accuracy of identification tags annually to ensure information contained on them is accurate and complete. **(T-1).**

**2.39. Commander's Support Staff or MPF (Force Management Section).** Organizations and units that retain authorization(s) for the purpose of performing MPF work do not receive the MPF services outlined under the FSS/MPF structure. Those duties continue to be performed by the unit unless they establish an agreement with the MPF to service that population in a particular program.

(T-2). Without formalized agreements between both parties, MPF responsibilities/functions will only be provided by the MPF to commanders and military/IMA populations that did not retain MPF manning as indicated during the MAJCOM/FOA/DRU validation via Change 1 to Program Action Directive (PAD) 07-11, A1 Transformation. (T-2).

2.39.1. Establish contact with AFPC/DPFCM to notify of the UA. (T-3).

2.39.2. Assist unit commander and first sergeant in determination of member's duty status. (T-3). Prepares the Duty Status Change Request using Case Management System and immediately forward to the commander for approval to place member into AWOL or deserter status. (T-3). Ensure the remarks section includes a brief explanation of the circumstances of the absence. (T-3).

2.39.3. Training squadrons and geographically separated training units forward Duty Status Change Requests to the MPF duty status monitor for review prior to forwarding to unit commander for approval. (T-3).

2.39.4. Provide the Financial Services Office (FSO) a copy of the AF Form 2098, *Duty Status Change*. (T-1). Unit/MPF cannot update MilPDS. (T-2). Only AFPC/DPFCM can change or remove AWOL/Desertion duty status codes in MilPDS. (T-2).

2.39.5. Assist commanders to prepare and process required documents (e.g. 72-Hour Status Report; 31st Day and 60th Day Status Reports, DD Form 553, *Deserter/Absentee Wanted by the Armed Forces*, and DD Form 616, *Report of Return of Absentee*, and forward to AFPC/DPFCM. (T-3).

2.39.6. Work with the commander and MPF to obtain a current, identification-quality photograph of the deserter to be distributed with DD Form 553. (T-3). **Note:** Photograph does not have to fit in box for item 8. (T-2). When available, send photograph with DD Form 553 or as soon as possible.

2.39.7. On the 31st day of AWOL, create a new Duty Status Change Request using Case Management System and forward to the commander for approval. (T-2).

2.39.8. On the 180th day of the member's UA, obtain the member's medical and dental records and mails them to AFPC/DPFCM. (T-2). Servicing MPF provides assistance as needed. If medical and dental records are not available, the commander will prepare a memorandum for AFPC/DPFCM explaining the reason why the records are not available. (T-2).

2.39.9. Ensure any disclosures concerning the member meet the requirements of the Privacy Act as set forth in AFI 33-332, *Air Force Privacy and Civil Liberties Program*. (T-2).

#### **2.40. Financial Services Office (FSO):**

2.40.1. Ensures accurate and timely AWOL/Deserter duty status reporting for updates to members Master Military Pay Account. (T-2).

2.40.2. Ensures accurate and timely notification to Defense Finance and Accounting Service. (T-2).

2.40.3. Provides assistance to commanders as needed. (T-2).

2.40.4. Stops the absentee's pay and allowances after the unit's initial notification that the absentee is AWOL or a deserter. **(T-2)**.

2.40.5. Provides commander and MPF/CSS assistance with all funding questions in accordance with AFMAN 65-116, Volume 1, *Defense Joint Military Pay System Active Component (DJMS-AC) FSO Procedures*, and AFI 65-601, Volume 1, *Budget Guidance and Procedures*. **(T-3)**.

**2.41. Commanders of local Military Treatment Facilities, Reserve Medical Units, RegAF, AFR and ANG Aeromedical Evacuation Squadrons, and Guard Medical Units will:**

2.41.1. Work with the Installation Deployment Officer to establish local guidance regarding identification tag issuance based on policy and directives for Red Medical Alert identification tags. **(T-1)**.

2.41.2. Codify the process for producing the Red Medical Alert identification tag in either the Installation Deployment Plan (IDP) or through an Memorandum of Understanding (MOU) with the Installation Deployment Officer and the FSS Commander. **(T-1)**. Details will include the frequency of production and distribution to members' readiness folders. **(T-1)**.

2.41.3. Designate a medical point of contact (i.e. medical readiness) who will be responsible for making the Red Medical Alert identification tags, ensure the correct medical information is printed on the tags (i.e. medical abbreviations), Aeromedical Services Information Management Systems is updated and the Red Medical Alert identification tags are taken back to the Medication Treatment Facilities for distribution to the proper units. **(T-1)**.

2.41.4. Develop a process for the medical Unit Deployment Manager (UDM) to get the Red Medical Alert identification tags to other base organization UDMs. **(T-1)**.

2.41.5. Geographically Separated Units should contact the nearest AF Medical Treatment Facility to obtain their Medical Alert identification tags.

**2.42. Servicing Security Forces:**

2.42.1. Coordinate search efforts with Unit commander and 1st Sergeant; servicing AF OSI unit; and local law agencies. **(T-2)**. Provide results to commander. **(T-2)**.

2.42.2. Assist the unit commander in finding and returning the absentee to military control using current information or initial information in DD Form 553. **(T-2)**. This action includes notifying civilian and other military agencies.

2.42.3. Assist the unit commander and MPF in determining distribution of the DD Form 553. **(T-3)**. **Note:** DO NOT update the National Crime Information Center for deserters. **(T-1)**. Upon receipt of DD Form 553 from AFPC/DPFCM, AFOSI/ICON/ICW will ensure appropriate National Crime Information Center update.

**2.43. Force Support Squadron (FSS) Commander/Director**

2.43.1. Executes the installation Force Support Readiness program. **(T-2)**.

2.43.2. Ensures a Total Force approach to train/prepare Force Support capability for deployment during wartime and contingency response. **(T-2)**.

2.43.3. Budgets and requests funding for all Home Station Readiness Training, formal training, equipment UTC and other UTC requirements. **(T-2)**.

2.43.3.1. Ensures Home Station Readiness Training requirements are met each Air and Space Expeditionary Force cycle (AFR/ANG every 24 months), approves the annual readiness training plan, and receives bi-annual comprehensive updates on training status of team members. **(T-2)**.

2.43.3.2. Monitors and ensures Force Support Readiness teams are fully staffed, trained and equipped to meet requirements. **(T-2)**.

2.43.4. Budgets and plans for contingency contracts and/or Nonappropriated Fund Memorandum of Agreement. **(T-2)**. These are available to sustain Force Support operations when military personnel are deployed. Examples include contingency contracting, civilian over-hires, Individual Mobilization Augmentation, etc.

2.43.4.1. Budgets for travel and per diem to fund Force Support manning assistance from all outside sources (i.e. Individual Mobilization Augmentee support on Military Personnel Appropriation man-day tours, if available, other AF units, etc.) **(T-2)**.

2.43.4.2. Plans for temporary civilian appointments in the event civilians deploy from the unit. **(T-2)**.

2.43.5. Ensures the readiness of their assigned personnel, equipment is ready for deployment and the squadron can meet the mission capability of all assigned UTCs (e.g., Single Pallet Expeditionary Kitchen UTC logistics detail supply and equipment requirements). **(T-2)**.

2.43.6. Reviews Designed Operational Capability statement annually. **(T-2)**.

2.43.7. Serves as the local resource manager supporting wing postured Force Support personnel UTCs. **(T-2)**.

2.43.8. Serves as the base functional manager for all AF Specialty Code 3FXXX and 38F contingency taskings and other matters. **(T-2)**.

2.43.9. Ensures equitable distribution of Force Support personnel between Air and Space Expeditionary Force on-call windows, allowing maximum deployment of capabilities. **(T-2)**.

2.43.10. Assists unit commanders with updating personnel Air and Space Expeditionary Force assignments in Military Personnel Data Systems in accordance with policy. **(T-3)**.

2.43.11. Develops contingency plans outlining military workload mitigation factors supporting maximum personnel contribution during rotational and surge deployment operations while still maintaining home-station personnel service support. **(T-2)**.

2.43.11.1. At a minimum, contingency plans will include assumptions and planning factors outlined in the Personnel Functional Area Prioritization and Sequencing Guidance located at the AEF Online website. **(T-2)**.

2.43.11.2. Contingency plans will include supporting Noncombatant Evacuation Operation \repatriation, wing-level augmentation requirements, and individual augmentation taskings. **(T-2)**.

2.43.12. Develops a training plan ensuring all task certifications on PERSCO and GCCS-AF system identified operators UTCs for monthly reporting in accordance with AFI 10-201, *Force Readiness Reporting*. **(T-2)**.

2.43.13. Approves the award and revocation of Personnel Readiness related Special Experience Identifiers in accordance with the *Air Force Officer Classification Directory* and the *Air Force Enlisted Classification Directory*, both located on the myPers website at <https://mypers.af.mil/app/categories/c/1363/p/9>. (T-3).

2.43.14. Work with the Installation Deployment Officer and Installation Medical Commander to develop a Memorandum of Understanding to outline processes for producing the Red Medical Alert identification tag, the frequency of production and distribution to members' readiness folders. (T-3).

2.43.15. Ensure the IPR office has the funding to maintain, repair and replace as needed the identification tag embosser at the IPR office, subject to availability of Congressional appropriations. (T-1).

2.43.16. Ensure IPR offices provide training to designated Medical Treatment Facility personnel on the use of the identification tag embosser located at the IPR office. (T-3).

2.43.17. Ensure IPR offices provide access to the identification tag embosser at the IPR office for designated medical personnel. (T-3).

#### **2.44. Chief, Civilian Personnel Flight or Equivalent:**

2.44.1. Upon request, assists the FSS IPR Element and Installation Deployment System with developing and implementing local civilian personnel policy and procedures. (T-3).

2.44.2. Assists with Department of the Air Force and Nonappropriated Fund employee accountability. (T-2).

2.44.3. Provides the needed data to IPR for preparation of Contingency, Exercise, Deployment orders and the generation of Deliberate and Crisis Action Planning and Execution Segments updates for civilian personnel tasked to deploy in support of contingency support operations. (T-2).

2.44.4. Identifies in the base support plans how personnel support is provided to employees and supervisors during contingencies. (T-3).

#### **2.45. Military Personnel Section Commander or Equivalent:**

2.45.1. Ensures the Military Personnel Section provides prompt support to deployed/deploying commanders and base personnel during contingency, wartime, exercise, and emergency operations. (T-3).

2.45.2. Provides trained personnel and equipment to support emergency operations such as repatriation of Department of Defense personnel, natural disasters, etc. (T-2).

2.45.3. Ensures personnel assigned to the IPR Element complete Deliberate and Crisis Action Planning and Execution Segments training within 12 months of assignment to the IPR Element. (T-2).

2.45.4. Provides personnel planning inputs to base deployment plans, base support plans, Continuity of Operations Plan plans and emergency action plans to in- and out-process and account for all in- and out-bound forces. (T-2).

2.45.5. Assigns, equips, and trains personnel to operate the Personnel Deployment Function in accordance with AFI 10-403 and this instruction. (T-2).

2.45.6. Ensures the MPF Strength Accounting Duty Status Program Manager is appointed and trained on the AF Strength Accounting Duty Status Program. **(T-3)**.

2.45.7. Ensures accurate and timely duty status reporting for all personnel assigned to their MPF ID. **(T-2)**.

2.45.8. Ensure MPF and Commander's Support Staff (CSS) (if applicable) personnel are informed of local operating procedures. **(T-3)**.

2.45.9. Ensure procedures are in place for preparation and issuance of identification tags as required by this instruction. **(T-1)**.

2.45.10. Ensure procedures are established to dispose of improperly prepared or surrendered identification tags in the most economical method locally available according to AFI 33-332, *Air Force Privacy and Civil Liberties Program*. **(T-1)**.

#### **2.46. Force Support Squadron (FSS) Operations Officer:**

2.46.1. Manages and provides oversight of day-to-day unit readiness program operations. **(T-2)**.

2.46.2. Ensures planning for installation emergency and incident response AFI 10-2501, *AF Emergency Management Program*. **(T-2)**.

2.46.3. Coordinates, reviews, and develops Force Support content in Adaptive, Crisis Action, and the Base Support and Expeditionary Plans. **(T-2)**.

2.46.4. Oversees the unit Individual Mobilization Augmentee Program and ensures Individual Mobilization Augmentees are fully qualified to perform wartime duties. **(T-2)**.

2.46.5. Briefs the FSS Commander/Director on Designed Operational Capability statements annually. **(T-3)**.

2.46.6. Ensures annual budget and resources for readiness program management and execution are submitted to Resource Management. **(T-3)**.

2.46.7. Provides management and oversight of UDM. **(T-3)**.

2.46.8. Oversees all unit readiness training. **(T-3)**.

2.46.9. Reviews Force Support Readiness and Capability reports for accuracy based on criteria established in AFI 10-201. **(T-3)**.

2.46.10. Develops and implements home station military workload mitigation plans to maximize deployable capability during Air and Space Expeditionary Force rotational and surge operations. **(T-2)**.

2.46.10.1. Details the planning of contingency contracts, Air Reserve Component force utilization and temporary civilian appointments, hours of operation, etc. **(T-2)**.

#### **2.47. Unit Deployment Managers will:**

2.47.1. Retain identification tags for individuals assigned to deployment positions as required by local policy. **(T-3)**.

2.47.2. Optionally, keep identification tags in a central location within the assigned unit when not in use by the individual.

2.47.3. Ensure procedures are in place to check out identification tags when needed by the individual. **(T-3)**.

**2.48. Force Support Squadron Readiness Manager/UDM (or Unit Readiness Manager):**

2.48.1. Ensures all assigned Force Support personnel are assigned to the appropriate AEFI. **(T-2)**.

2.48.2. Ensures the Force Support Readiness program complies with prescribed directives to organize, train, and equip the unit. **(T-2)**.

2.48.3. Primary liaison to the Unit Training Manager, flight/squadron leadership, and wing training functions regarding deployment related issues. **(T-3)**.

2.48.4. Maintains UDM continuity binder and associated electronic files that includes at minimum copies of appointment letters in accordance with AFI 10-403, *Deployment Planning and Execution*. **(T-3)**.

2.48.5. Maintains a deployment folder on each member in accordance with AFI 10-403. **(T-2)**.

2.48.6. Submits after-action reports to the Commander/Director when required. **(T-3)**.

2.48.7. Ensures individuals are briefed on their team member responsibilities for deployment. **(T-3)**.

2.48.8. Maintains Force Support UTC equipment as prescribed by the UTC Logistics Detail. **(T-3)**.

2.48.9. Procures, maintains and prepares equipment/supplies in a safe and serviceable condition (including calibrated, if required) for postured UTCs. **(T-2)**.

2.48.10. Trains and equips assigned personnel to accomplish the mission essential tasks required as defined by the Mission Capability Statement of postured UTCs. **(T-2)**.

2.48.11. Maintains unit Designed Operational Capability statement. **(T-2)**.

2.48.11.1. Coordinates new Designed Operational Capability statement with applicable wing agencies upon receipt. **(T-3)**.

2.48.11.2. Postures Force Support teams according to the Designed Operational Capability statement. **(T-2)**.

2.48.12. Notifies their wing Installation Deployment Readiness Center/Deployment Control Center within established timelines when UTC taskings cannot be supported. **(T-3)**.

2.48.13. Ensures Force Support team members assigned to RFL, RFM, RFP and RFS series UTCs are functionally aligned to their functional account code (e.g., Personnel Functional Account Code 1600, Food Service Functional Account Code 45D1, Fitness Functional Account Code 45D8, etc.). **(T-3)**.

2.48.14. Reviews UTC Mission Capability, Manpower Force Packaging System, and Logistics Detail on a quarterly basis or as changes occur in order to identify changes in unit posturing that will facilitate readiness reporting and monitoring. **(T-3)**.

2.48.15. Determines and coordinates annual training plan requirements with the squadron training office and operations officer to ensure the unit is prepared for wartime and contingency operations (Silver Flag and Home Station Readiness Training). **(T-3)**.

2.48.16. Conducts and/or schedules all readiness training classes in accordance with **paragraph 1.3** of this AFI. **(T-2)**.

2.48.17. Maintains and services all assigned equipment UTCs (depending on base level equipment; e.g., Single Pallet Expeditionary Kitchen) at least quarterly to ensure proper utilization and to train Force Support members. **(T-2)**.

2.48.18. Prepares the Resource and Capability readiness report in accordance with AFI 10-201. **(T-2)**.

2.48.19. Assigns and maintains functional UTCs (in coordination with their respective commanders) as postured by FAMs using available unit assets. **(T-2)**.

2.48.20. Monitors UTC/Unit Manpower Document authorization mismatches and notifies unit leadership when corrective actions have been taken. **(T-3)**.

#### **2.49. Force Support Squadron (FSS) Activities/Sections:**

2.49.1. All activities support the Force Support readiness program by ensuring planning, exercising, and preparing for contingency operations.

2.49.1.1. Ensures contingency procedures are executed when directed by the FSS Readiness section. **(T-3)**. These procedures include antiterrorism measures, accountability, incident response and any other contingency as directed.

2.49.2. Sections are directly responsible for preparing Force Support UTC capability. **(T-3)**.

#### **2.50. MPF Strength Accounting Duty Status Program Manager:**

2.50.1. Ensures accurate and timely AWOL/Deserter duty status reporting for all personnel assigned to their MPF ID. **(T-2)**.

2.50.2. Ensures unit Strength Accounting Duty Status Program managers receive AWOL/Deserter initial training within 30 days of appointment and training. **(T-3)**.

2.50.3. Provides initial and refresher training to unit Commanders and First Sergeants on AWOL/Deserter program. **(T-3)**.

2.50.4. Ensures unit commanders have Case Management System access and provides assistance with reporting of absentees. **(T-3)**.

2.50.5. Notifies the unit of assignment when permanent change of station, TDY and Reserve/Guard members ordered to active duty fail to report at the time specified on their orders. **(T-2)**. Exception: Reserve members ordered to active duty for training on an annual tour.

2.50.6. Provides guidance to the unit commander and unit CSS (if applicable) on the preparation of Duty Status Change (AWOL/Deserter) Case Management System case and in the preparation and distribution of DD Form 553 (refer to myPers) and DD for 616 (Figure 4.1). **(T-3)**.

2.50.7. Establishes contact with AFPC/DPFCM to notify of the UA, as needed. **(T-3)**.

2.50.8. Assists unit CSS and unit commander in obtaining the member's medical and dental records and forwards them to AFPC/DPFCM. **(T-3)**. If medical and dental records not available, assists unit CSS and/or unit commander with memorandum explaining why medical and dental records are not available. **(T-3)**.

**2.51. IPR offices will:**

2.51.1. Be the OPR regarding Personnel Accountability. **(T-2)**.

2.51.2. Update strength accounting duty status Code 20, TDY, Contingency, and strength accounting duty status Code 21, Palace Trip Manning Assistance Contingency or Exercise, for all personnel deploying in support of a contingency operation or TDY manning assistance as appropriate. **(T-2)**.

2.51.3. Monitor and manage daily Deliberate and Crisis Action Planning and Execution Segments and Military Personnel Data System Transaction Registers. **(T-3)**. Take corrective action in both systems, if necessary. **(T-3)**. Update projected or confirmed contingency, exercise, mobility, rotational, or manning assistance TDYs using Deliberate and Crisis Action Planning and Execution Segments and/or the Military Personnel Data System for those rejected during daily Deliberate and Crisis Action Planning and Execution Segments to Military Personnel Data System interface. **(T-2)**.

2.51.4. Grant AFPAAS access to Commanding Officer Representatives designated in writing by unit commanders or directors for all supported units to include Tenant Units, Geographically Separated Units and AF Elements. **(T-2)**.

2.51.5. Conduct an annual review to track and monitor Commanding Officer Representative assignments and remove access when designated Commanding Officer Representatives are reassigned. **(T-2)**.

2.51.6. Provide annual personnel accountability and AFPAAS training to all designated Commanding Officer Representatives. **(T-2)**.

**2.52. PERSCO Team Chief:**

2.52.1. Receives Team Chief responsibilities briefing upon UTC assignment. **(T-3)**.

2.52.2. Coordinates/communicates with deployed forward locations and teamed UTCs prior to deployment. **(T-3)**.

2.52.3. Advises headquarters rear staff, and home station of UTC whereabouts during deployment and redeployment. **(T-3)**. It is especially important to notify the home station unit control center as soon as possible after reaching the deployed location.

2.52.4. Ensures their UTC is properly trained, equipped and prepared to deploy by meeting all training requirements, reporting instructions and any other deployed location-specific requirements. **(T-3)**.

2.52.5. Submits after-action reports in accordance with this AFI. **(T-3)**.

**2.53. Supervisors/Trainers:** Supervisors/Trainers plan, conduct, evaluate, and document training. **(T-3)**.

**2.54. Trainee:** The trainee is the focal point of the AF training program. Trainees must become qualified to perform in their AF Specialty. **(T-3)**.

**2.55. Force Support UTC Team Members:**

2.55.1. Ensures personal affairs (financial, legal, administrative, etc.), are in order at all times, and obtains required uniform items, personal clothing, and hygiene items in accordance with AFI 10-403, and MAJCOM/Wing requirements. **(T-3)**.

2.55.2. Understands their AEFI, deployment UTC/Team assignment, and response time to meet deployment and mission capabilities requirements. **(T-3)**.

**2.56. Regular Air Force, Selected Reserve, Department of Air Force and Non-appropriated Air Force Civilians will:**

2.56.1. Use the AFPAAS to account for themselves and family members when directed. **(T-2)**.

2.56.2. Maintain realistic and actionable shelter-in place or evacuation plans in anticipation of national crises or natural disasters. **(T-2)**.

2.56.3. Account for family members living in the Geographical Area of Interest (e.g., dependent children living with a former spouse) even though the sponsor may live outside the impacted area. **(T-2)**. This includes Airmen deployed or on a remote assignment. **(T-2)**.

2.56.4. Military members and Department of the AF civilians will ensure the Defense Enrollment Eligibility Reporting System is updated with current contact information to include home, mailing address and phone number. **(T-2)**.

2.56.5. Civilian personnel whose family members are receiving evacuation entitlements will report the status of those family members in the AFPAAS or to their supervisor or commander/director. **(T-2)**.

2.56.6. Nonappropriated Fund civilians will ensure their supervisor's record of employee folder contains current emergency point of contact information. **(T-2)**.

2.56.7. Notify unit commander support staff before departure of a TDY and upon return. **(T-2)**.

2.56.8. Notify unit commander support staff, supervisor and/or First Sergeant of any other change to personnel accountability duty status (e.g. hospitalization, confinement, etc.). **(T-2)**.

2.56.9. Wear or have identification tags in their possession while performing duty as an aircrew member. **(T-1)**.

2.56.10. Wear identification tags while participating in a contingency or contingency exercise. **(T-1)**.

2.56.11. Wear or have identification tags in their possession when otherwise directed by their supervisor or commander. **(T-3)**.

## CHAPTER 3

### FORCE SUPPORT READINESS PLANNING

#### 3.1. Planning and Posturing UTC Force Support Capabilities

**3.2. Planning and Posturing.** The premise for the Force Support personnel UTC is based on the lead/follow concept and is the foundation for the way capability is built, postured, trained and deployed to support the warfighter. UTCs will be postured based on the organization and mission of the Force Support unit using the HAF/A1 Force Support UTC posturing guidance. **(T-1)**. Guidance is posted on the HAF/A1XO Readiness SharePoint® page located at: <https://cs2.eis.af.mil/sites/11603/default.aspx>.

3.2.1. The Force Support Force Module is a tool for planners to use in adaptive and crisis planning. This population driven Force Module layout can be used for incrementally building Air Expeditionary Wings up to 3,300 personnel. Force Support readiness planners will tailor UTC planning based on the mission and the capabilities required at execution. **(T-1)**.

3.2.2. Contingency Planning. Units must develop local checklists or operating instructions to outline actions and procedures to support base operation plans and contingency situations. **(T-2)**. These should include mobility deployments, major accident response, natural disaster response (including emergency sheltering of off-base civilians), terrorist attack response, Force Protection Condition changes, Chemical, Biological, Radiation and Nuclear attacks, reception and beddown of incoming forces, and non-combatant evacuation.

**3.3. Installation Level Planning.** Force Support units are responsible for planning at the installation level for Force Support capabilities. Specifically, units will ensure Force Support requirements are updated in the Base Support and Expeditionary Site Plan, installation level emergency response plans, operation plans, and local plans as directed by the parent wing. **(T-2)**.

3.3.1. Unit Control Center. Units must establish a unit control center, as outlined in AFI 10-2501, with the capability for Command and Control of unit resources for response to actual or exercise situations. **(T-1)**. Control centers must have clear, concise, and complete checklists and status boards for command and control. **(T-1)**. They should be located in a specifically designated area and be ready for immediate operation. Force Support units will have base and local area maps (including current base grid map), and have adequate communications systems (and backups). **(T-1)**.

3.3.2. Deployment planning. Squadrons with deployment missions must have checklists, status boards and Command and Control systems prepared to deploy and operate a unit control center at a forward operating location. **(T-1)**. Deployable checklists and status boards should include bed down planning, all field Force Support operations, emergency response, mortuary/mass casualty, base attack response, and Ability to Survive and Operate actions. The squadron must track status of critical assets, resources, and capabilities. **(T-1)**.

**3.4. Posturing Guidance.** Force Support UTCs are postured to support Defense Planning Guidance using the established structure in [Attachment 2](#). The HAF/A1 FAM publishes posturing guidance in the Global Force Management cycle to ensure proper capability is postured. UTCs are postured at a level consistent with the most stringent demand for surge and post-surge operations in the Defense Planning Guidance. Posturing guidance contains all other specific missions where capability is required outside of the Defense Planning Guidance.

3.4.1. UTC Posturing Guidance. The HAF/A1 FAM determines the appropriate deployable capability needed to support Defense Planning Guidance. The Force Support UTC guidance is used to determine deployable, home station support and combatant commander in-place capabilities. The guidance is used to determine Force Support forces available for rotational deployments.

3.4.2. FSS leadership will develop and implement home station workload mitigation plans to offset deployed capability during deployment operations. **(T-2)**. Mitigation plans should include contractual support, contingency Nonappropriated Fund Memorandum of Agreements, utilization of available Air Reserve Component capabilities, civilian over hires, delay of non-essential training and exercises and lastly a reduction in facilities and/or service.

3.4.3. Manpower and Equipment Force Packaging System. Force Support UTCs are registered in the Manpower and Equipment Force Packaging System under the alphanumeric series "RF" Mission capability statements and manpower force element listings for each UTC are contained in the Manpower Force Packaging system of the Manpower and Equipment Force Packaging System. A Logistics Detail for each UTC is maintained in the Logistics Force Packaging System.

3.4.4. UTC Response Times. Regular component Force Support teams must be available for worldwide deployment within 24 hours after initial notice. **(T-1)**. Air Reserve Component teams must be available for deployment within 72 hours after initial notice and activation. **(T-1)**. Force Support teams must deploy with team kits as specified in the applicable Logistics Detail. **(T-1)**.

**3.5. Force Providers.** As referenced in AFI 10-401, *AF Operations Planning and Execution*, force providers will posture the maximum number of manpower authorizations from warfighting organizations into standard deployable UTCs. **(T-1)**. The specific UTCs to posture will be based on the HAF/A1 FAM posturing and sequencing guidance. **(T-1)**. This guidance provides the functional area concepts of operation and the UTC structure that supports it. **(T-1)**. The HAF/A1 FAM provides guidance on which UTCs should be postured and made available for planning purposes based on component headquarters' requirements and the Air Expeditionary Task Force force modules.

## CHAPTER 4

### FORCE SUPPORT READINESS EDUCATION AND TRAINING

#### 4.1. Force Support Readiness Education and Training

**4.2. Force Support Readiness Training.** Commanders are responsible for ensuring effective education and training programs are established and executed. **(T-1)**. Personnel assigned to Force Support UTC s are required to complete ancillary and all non-AF Specialty Expeditionary Readiness Training as outlined in AF Guidance Memorandum 2018-10-01, AFI 10-405, AF Guidance Memorandum for Expeditionary Readiness necessary, to maintain individual readiness. **(T-1)**. Personnel assigned to institutional force positions must complete readiness training as required to meet the mission needs of their organization. **(T-1)**. Members assigned to institutional force positions will attend readiness training as required when they are tasked to fill a wartime tasking. **(T-1)**.

4.2.1. Training Requirements. This section contains the Force Support training requirements for readiness. A significant portion of the training will be required from Force Support Officers (38F), Services (3F1), and Personnel (3F0) career fields. This is based on the role of these AF Specialty Codes in the lead RFLX UTC makeup in the Force Support Force Module in **Attachment 3**. Education and Training (3F2), Manpower (3F3), Equal Opportunity (3F4), Admin (3F5), Protocol (8A3), and Airmen and Family Readiness (8C0) will receive targeted mission specific education and training as required to meet the mission capability statement on the UTC. **(T-1)**. Commanders at all levels will ensure Force Support personnel will be trained to their wartime, contingency and home station positions. **(T-1)**. Reserve and Guard commanders will ensure Individual Mobilization Augmentees will be trained in wartime positions during annual tours and inactive duty training periods. **(T-1)**.

**4.3. Force Support Home Station Pre-Deployment Training.** Training requirements are determined by AF Specialty Code and will be completed by all members every 18 months (24 months for AFR/ANG). **(T-1)**. The mandatory blocks for each AF Specialty Code are outlined in the Force Support Expeditionary Readiness Training matrix posted on the HAF/A1XO Readiness SharePoint® page located at: <https://cs2.eis.af.mil/sites/11603/default.aspx>. **(T-1)**. Home Station Readiness Training requirements are updated as needed and disseminated by HAF/A1XO. A team from HAF/A1XO, in coordination with AFPC and AFSVA, determines steps to review Home Station Readiness Training to ensure the community is meeting the intent and preparing teams/members as necessary. Scheduling training is covered in **paragraph 4.28**. of this AFI.

**4.4. Force Support Vehicle Training.** 3F1 personnel assigned to lead RFLX UTCs and follow-on sustainment RFSRB UTCs will be trained in specific vehicle operations as outlined in the Force Support Expeditionary Readiness Training matrix posted on the HAF/A1XO Readiness SharePoint® page located at: <https://cs2.eis.af.mil/sites/11603/default.aspx>. **(T-1)**. Training frequency/reoccurrence will be based on guidance outlined in AFI 24-301, Vehicle Operations. **(T-1)**.

#### 4.5. Force Support Silver Flag.

4.5.1. All Force Support military personnel assigned to lead UTCs (RFLX1, RFLX2, RFLX3, RFLX4 and RFLX5) must complete Force Support training at a certified Silver Flag Training site on opening/establishing the base functions to stand up an Expeditionary FSS. **(T-1)**. Any

Force Support member may be directed to attend Silver Flag training as required by deployment tasking levied by the component. Officers assigned to sustainment UTCs train as required for that capability and may attend Silver Flag on a space/funding-available basis. This requirement will also be reported in readiness reporting systems to ensure measurement. The Component MAJCOM determines the number of units with open/establish the base lead, follow-on functional and sustainment UTCs in coordination with their MAJCOM/A3 and the HAF/A1 FAM. CONUS Combatant Commander in-place with Force Support deployable capability posture functional follow-on and sustainment UTCs (i.e., Peterson, F.E. Warren, Malmstrom) to meet capability needs prescribed in the posturing and sequencing guidance. Although these forces are in-place, CONUS Combatant Commander with this UTC capability will be postured and trained as they are required to meet Defense Planning Guidance surge and Air and Space Expeditionary Force rotational requirements defined by combatant commander needs. (T-1).

4.5.2. Force Support Silver Flag Training Frequency. All Force Support personnel assigned to lead UTCs (RFLX1, RFLX2, RFLX3, RFLX4 and RFLX5) must attend Force Support training at Silver Flag every 36 months (48 months for AFR/ANG.) (T-1). Officers assigned to warfighting or in-place overseas units will attend Force Support training at Silver Flag every 36 months (every 48 months for AFR/ANG) from the completion of Officer Field Education. (T-1). Field grade officers will attend Force Support training at Silver Flag one time while assigned to a warfighting or in-place overseas unit. (T-1). Officers in Institutional Force or in-place home station units may attend Force Support training at Silver Flag one time while assigned to a warfighting or in-place overseas unit. Overseas Combatant Commander In-Place (PACAF/USAFE) units and members (except for Short Tour locations) will attend Force Support training at Silver Flag at the same frequency as warfighting units in the CONUS, every 36 months (every 48 months for AFR/ANG). (T-1).

**4.6. Silver Flag Training Assessment and Certification.** Silver Flag site certification criteria for Force Support training will be reviewed to ensure it meets the intent of delivering the highest standard of field training. (T-1). A joint readiness training team from AFPC, AFSVA, and owning MAJCOM/A1R representatives will visit each site using the HAF/A1XO approved guidance and checklist every 24-36 months. (T-1). When changes to certification criteria are made, an appropriate grace period for implementation will be determined by HAF/A1XO. An HAF/A1XO representative will attend certification visits when deemed necessary.

4.6.1. Silver Flag site certification for Force Support training is pass/fail. Pass/fail conditions will be outlined in the HAF/A1XO certification guidance and/or certification checklist and adjusted as needed to ensure the highest standard of training. An official site certification report will be prepared by the certification team and forwarded to HAF/A1XO for distribution to the host MAJCOM/A1, AFIMSC and the Force Support staff at the Silver Flag site within 30 calendar days after completion of the visit. (T-1). The training site owning MAJCOM/A1 and/or AFIMSC (as appropriate) is required to coordinate on the completed certification report and address all findings (critical and non-critical) within 60 days of receipt and execute corrective actions. The host MAJCOM/A1 and/or AFIMSC will also provide a report to HAF/A1XO indicating corrective action at this time. If a Silver Flag site fails a certification, it will be reevaluated no earlier than 30 days and no later than 90 days from the completed certification report. (T-1). If the reevaluation results in a second failure, HAF/A1XO will determine the appropriate course of action.

**4.7. Selected Force Support Training.** There are 4 courses included in this subcategory, Force Support Basic Contingency Course (MFSS100 Air University Distance Learning Course), Force Support Contingency Course (MFSS275 Air University Resident Course), Deliberate and Crisis Action Planning and Execution Segments (Wing Level Operators course taught at Keesler AFB), and the Expeditionary Manpower Management Course (Manpower Readiness Course taught at Tyndall Rapid Engineer Deployable Heavy Operations Repair Squadron Engineer (RED HORSE) Site).

4.7.1. All 38Fs, E6 and above 3F0s, 3F1s assigned to the RFLX1, RFLX2, RFLX5 UTCs, Silver Flag instructors, and Unit Readiness Managers must complete the Force Support Basic Contingency Course (MFSS100). **(T-1)**. This course is computer based training on the Air Education and Training Command Course List, an Advanced Distributed Learning System (ADLS) derivative site. The Force Support Basic Contingency Course is designed to prepare both personnel assigned to unit readiness section as well as a prerequisite for personnel attending the MFSS275 course assigned to the RFLX1 and RFLX2 UTCs. It focuses on fundamentals of readiness as well as specifics for conducting bed down operations with Force Support capabilities. Force Support personnel assigned readiness planner positions such as MAJCOM/Component Numbered AF/Air Force Forces staffs must complete this course within 6 months of being assigned on the staff. **(T-1)**.

**4.8. Force Support Contingency Course (MFSS275).** Force Support Officers (38FX) in grades O-4 and O-5 assigned to lead (RFLX) UTCs, E-7 and above in AF Specialty Codes 3F0 and 3F1 tasked to deploy on the RFLX1 and RFLX2 UTCs, and Silver Flag instructors must attend the Force Support Contingency Course (MFSS275). **(T-1)**. The Force Support Contingency Course consists of objectives on general Force Support contingency operations and addresses areas of concern to leaders in contingency situations, such as force bed down and base recovery planning.

**4.9. Deliberate and Crisis Action Planning and Execution Segments.** Individuals assigned to Manpower Office, IPR, those personnel that are assigned to the UTCs that require a 295 Special Experience Identifier and those preparing to deploy in a UTC that requires Deliberate and Crisis Action Planning and Execution Segments access must attend the Deliberate and Crisis Action Planning and Execution Segments course. **(T-1)**. Upon completion of the Deliberate and Crisis Action Planning and Execution Segments course, personnel must continue their training and complete the Manpower, IPR or PERSCO Deliberate and Crisis Action Planning and Execution Segments Job Qualification Standard. **(T-1)**.

**4.10. Expeditionary Manpower Management Course.** All enlisted Manpower personnel (3F3) must complete this course every 36 months. **(T-1)** 7 KLV FRXUVH PHDVXUHV V Expeditionary Manpower Management capabilities, while preparing them for expeditionary operations.

**4.11. Sustainment/Mission Specific UTC Training.** The Force Support community organizes, WUDLQV DQG HTXLSV FDSDELQW\ WR VXSSRUW VSHFLIL requirements based on the Defense Planning Guidance and other planning guidance. **(T-1)**. In order to support these needs, the community structures capability for special missions through both posturing UTCs and coding manpower authorizations to perform these functions. **(T-1)**. Examples of this include Mortuary, Protocol, and Airman and Family Readiness, which are identified in [Attachment 3](#). HAF/AIXO manages this capability based on wartime needs with WKH 87 & V¶ ) XQFWLRQDO \$UHD 0DQDJHU IURP WKDW UHVSHF

determined by the program functional authority (i.e. Sexual Assault Response Coordinator, Manpower, or Mortuary, etc.) with HAF/A1XO determining additional readiness training required. HAF/A1XO, in coordination with Career Field Managers, determines the mandatory courses for pre-deployment training and other training for any postured UTCs in the particular AF Specialty Codes. Training for sustainment and mission specific UTCs consists of classroom and hands-on training held at AF formal schools, training sites or at other venues determined by the functional authority or as outlined by HAF/A1XO. The basic requirements for each of these UTCs are laid out below.

**4.12. Rapid Engineer Deployable Heavy Operations Repair Squadron Engineers (RED HORSE).** Force Support personnel assigned to RED HORSE UTCs will be trained for their specific requirements to support that capability. **(T-1)**. They will attend Silver Flag Training and incorporate Home Station Readiness Training into their unit readiness training plan/schedule as required. **(T-1)**. Force Support personnel assigned to RED HORSE units will work with their squadron's leadership to create realistic training scenarios developed to compliment the units mission and response time. **(T-1)**.

**4.13. Mortuary.** While personnel are assigned to Mortuary UTCs, their primary responsibility is to train and deploy for the Mortuary mission. These individuals are not required to attend Force Support Silver Flag training. They will attend training that supports the Port Mortuary Mass Fatality Plan and the Fatality Search and Recovery Plan implemented by the ANG. **(T-1)**. Personnel will train in Home Station Readiness Training to remain current on wartime tasks. **(T-1)**.

**4.14. Port Mortuary.** Personnel assigned to the Port Mortuary will attend training as outlined in the Force Support Expeditionary Readiness Training matrix posted on the AF/A1XO Readiness SharePoint® page located at: <https://cs2.eis.af.mil/sites/11603/default.aspx>. **(T-1)**. This training is determined by AF Mortuary Affairs Operations in coordination with HAF/A1XO and AF Reserve Command/A1 and supports the Mass Fatality plan to use a time-phased approach to employ capability at the Port Mortuary. Units postured with the RFSRJ and RFSRK UTCs will ensure their training plan is designed based on guidance from AF Mortuary Affairs Operations to prepare UTC capability. **(T-1)**. Port Mortuary personnel will complete initial ancillary and vehicle training as required and Port Mortuary orientation on a just-in-time basis. **(T-1)**. They must accomplish Home Station Readiness Training every 18 months to ensure they remain current on Services wartime tasks. **(T-1)**. Personnel may receive credit for training if they have accomplished a real world deployment at the Port Mortuary and it is validated by AF Mortuary Affairs Operations for records documentation. Additional information on Port Mortuary operations is available on their website at: [www.mortuary.af.mil](http://www.mortuary.af.mil).

**4.15. Fatality Search and Recovery Team.** Personnel assigned to Fatality Search and Recovery Team UTCs (ANG only) will be trained and prepared to respond to contingency situations. **(T-1)**. Personnel assigned to Fatality Search and Recovery Team UTCs are not required to attend Force Support training at Silver Flag. They will attend Fatality Search and Recovery Team training that is required to certify teams and meet designated response times. **(T-1)**. Personnel assigned to these UTCs will accomplish Home Station Readiness Training every 24 months to remain current on wartime tasks. **(T-1)**.

**4.16. Protocol.** Protocol UTCs are postured on the wing staff. Members assigned to a Protocol UTC must meet requirements outlined in the Mission Capability. **(T-1)**. The functional oversight at HAF/A1 level is HAF/A1S.

**4.17. Sexual Assault Response Coordinator.** Requirements for Sexual Assault Response Coordinator education, training and certification rests with HAF/CVS, which is the office with functional oversight for Sexual Assault Response Coordinators. HAF/A1XO, in coordination with HAF/CVS, determines deployment qualification requirements.

**4.18. Nonappropriated Fund Accounting.** Personnel assigned to Nonappropriated Fund accounting UTCs will train on appropriate items in the 3F1X1 Career Field Education and Training Plan. **(T-1)**. All 3F1s deploying on a Nonappropriated Fund accountant UTC (RFSRL) will attend a Nonappropriated Fund accounting course/orientation at the respective Air Force Forces/Component Numbered AF staff. **(T-1)**. This training will be conducted to familiarize the members with the status of the funds as well as processes and procedures for the Area of Responsibility. **(T-1)**.

**4.19. Equal Opportunity.** Requirements for Equal Opportunity education, training and certification rests with HAF/A1V which has functional oversight. HAF/A1XO, in coordination with HAF/A1V, determines deployment qualification requirements.

**4.20. Institutional Forces.** With the exception of those in the Manpower AF Specialty Code (3F3), Institutional Forces are not required to attend Force Support Readiness training. Members assigned to these positions must attend training for their specific contingency/wartime duty as required by their unit. **(T-1)**. Examples of this include responding to crisis action teams/cells as required and executing the AF Forces staff functions.

**4.21. Combatant Commander In-Place Training.** Other forces assigned outside of FSS as Combatant Commander In-Place/Other Government Agencies, such as missile chefs and personnel specialists, train for their contingency/wartime mission determined by their unit and identified on their Designed Operational Capability statement. **(T-1)**. They must participate and document the training in their AF Training Record to ensure wartime preparedness as an in-place unit. **(T-1)**.

**4.22. Installation Response Training Requirements.** Force Support personnel are part of the installation response team as outlined in AFI 10-2501. Each Force Support unit will follow their installation-specific plans and training requirements to meet this mission. **(T-2)**. Some key areas that Force Support might be involved in are: assisting families, mortuary/search and recovery, providing food support and ensuring mission continuity.

4.22.1. Proper training is required for all Force Support Readiness personnel to execute their duties. In order to meet the mission needs, Force Support Readiness personnel will receive the following training based on the position they are assigned to. **(T-1)**.

**4.23. Unit Readiness Manager (or UDM if they are fulfilling the readiness manager role).** The Unit Readiness Manager will complete the MFSS 100 Force Support Readiness Basic Contingency Course, the Unit Control Center course and the AF Emergency Management Program Course (ZZ133131) on ADLS. **(T-1)**.

**4.24. Operations Officer.** The Operations Officer will complete the MFSS 100 Force Support Readiness Basic Contingency Course and the Unit Control Center course and AF Emergency Management Program Course (ZZ133131) on ADLS. **(T-1).**

**4.25. C-MAJCOM/ Component Numbered AF Planner Air Force Forces Staff.** Those assigned as readiness planners and on staff will, within 12 months of assignment (pending class quota availability), complete the Contingency Wartime Planning Course at Maxwell, the MFSS 100 Force Support Readiness Basic Contingency Course on ADLS and the MFSS 275 Force Support Readiness Contingency course at Maxwell.

**4.26. Field Operating Agencies/Intermediate Headquarters (AFPC/AFSVA/AF Installation and Mission Support Center).** Those assigned to Field Operating Agencies/intermediate headquarters will, within 12 months of assignment (pending class quota availability), complete the MFSS 100 Force Support Readiness Basic Contingency Course on ADLS and Contingency Wartime Planning Course at Maxwell. **(T-1).**

**4.27. HAF/A1XO Readiness.** Those assigned to the HAF/A1XO Readiness office, within 12 months of assignment (pending class quota availability), will complete Contingency Wartime Planning Course at Maxwell.

4.27.1. The requirements laid out in this AFI are only the minimum established for Force Support readiness positions. Additional training required is determined by the unit based on the position to which the member is assigned.

**4.28. Scheduling Readiness Training.** Unit commanders are responsible for ensuring readiness training programs are executed at a level to bring realism to training classes and scenarios. **(T-2).** Each unit will assess the overall readiness training requirement and develop a training plan by 1 April each year. **(T-2).**

4.28.1. The training plan will cover a minimum 24 month period; this will cover 30-90 days training window prior to the unit's availability window. **(T-2).**

4.28.2. The plan will ensure Home Station Readiness Training is accomplished for all members assigned to lead UTCs as well as follow-on functional UTCs such as the current RFLX2 Lead C2 Team and RFSRB Services Follow-On every 18 months. **(T-1).** Example: If the unit is publishing the training plan for fiscal year 2020 and fiscal year 2021, it must be published by 1 Apr 19.

4.28.3. Each unit can determine the most appropriate format and layout. The training plan must contain forecasted training quotas for schools/ Force Support Silver Flag and any other training requirements, Temporary Duty (TDY) budget, equipment budget, any other budgetary needs (exercise costs, etc.) and a comprehensive training schedule based on all AF Specialty Code/ UTC requirements outlined in the Force Support Expeditionary Readiness Training matrix posted on the HAF/A1XO Readiness SharePoint® page located at: <https://cs2.eis.af.mil/sites/11603/default.aspx>. **(T-1).**

4.28.4. All members assigned to lead and follow-on UTCs will attend training in a field exercise (except Short Tour locations, which will not have a requirement) once every 18-24 months (every 36 months for AFR/ANG). **(T-1).** When assigned to a different/new UTC position, a member will have six months to accomplish core responsibility training (Air

Reserve Component members receive 12 months). (T-1). If formal courses are needed, it is understood the member may not receive training until the next course is offered.

**4.29. Budgeting for Force Support Readiness Training.** The Operations Officer is UHVSQRQVLEOH IRU HQVXULQJ XQLW¶V UHDGLQHVV WUDLQLC annual budget. (T-2). The budget should consider all aspects of the training requirements.

#### **4.30. Equipment, Supplies and Funding**

4.30.1. **Purpose.** Force Support units will plan for equipment, supplies, and funding annually to ensure program success. (T-2). The plan must address budgetary needs to maintain and acquire equipment for home station use as well as deployment requirements. (T-2). The plan will be done in conjunction with the budget for training requirements outlined in the Force Support Expeditionary Readiness Training matrix posted on the HAF/AIXO Readiness SharePoint® page located at: <https://cs2.eis.af.mil/sites/11603/default.aspx>. Force Support units will published the plan for unit compliance by 1 April for a 24 month period. (T-2).

#### **4.30.2. Deployment Equipment Requirements.**

4.30.2.1. **Equipment UTCs.** Force Support UTCs must be equipped with equipment UTCs as postured in the UTC Availability. (T-1). Equipment is built to be deployed based on the lead and follow-on concept. RFLX UTCs will deploy with appropriate equipment as required for the open/establish the base portion of the Force Module. (T-1). Other equipment UTCs, such as the RFSEK, are deployed when the mission calls for that capability. Specific line item requirements can be found in the Logistics Detail.

4.30.2.2. **Weapons.** The M-4 is the primary weapon for all Force Support enlisted personnel and they will be trained accordingly. (T-1). The M-9 is the primary weapon for all Force Support officers and they will be trained accordingly. (T-1).

4.30.2.3. **Deployment Equipment.** Force Support UTCs will prepare and deploy according to AFI 10-403, and locally defined installation deployment guidance. (T-1). Force Support units should provide input to local deployment guidance to ensure the deployment guidance meets requirements. Other base agencies/units may need to procure, store, maintain, and issue deployment equipment, for the Force Support teams to meet their deployment commitment.

**4.31. Prime Readiness in Base Services Decals.** Units are authorized to use Prime Readiness in Base Services decals for identification of supplies and equipment. The AF visual aid numbers are:

4.31.1. AF Visual Aid 10-215, Two-Inch Prime Readiness in Base Services Decal.

4.31.2. AF Visual Aid 10-216, Four-Inch Prime Readiness in Base Services Decal.

4.31.3. AF Visual Aid 10-217, Eight-Inch Prime Readiness in Base Services Decal.

**4.32. Force Support Program Funding.** Force Support programs (personnel, training, equipment, and supplies) are funded through appropriated funds.

4.32.1. **Force Support Silver Flag Funding.** Force Support training at Silver Flag will be centrally funded for Regular Air Force members. (T-1). AF Installation and Mission Support Center will consolidate all requirements annually for inclusion in the Program Objective Memorandum. (T-1). Funding requirements will be determined based on guidance outlined in

the Force Support Expeditionary Readiness Training matrix posted on the HAF/A1XO Readiness SharePoint® page located at: <https://cs2.eis.af.mil/sites/11603/default.aspx>. AFR/ANG command policies will determine their funding.

**4.32.2. Other Readiness training.** The unit readiness office is responsible for consolidating all readiness training quotas and requirements annually for submission to the Operations Officer. **(T-3)**.

**4.32.3. Basic Recreational Program Funding.** Authorized basic recreational programs while deployed, except for resale, should be funded with appropriated funds since these programs are usually provided at no cost to personnel. Additional guidance can be found in AFI 65-106, *Appropriated Fund Support of Morale, Welfare, and Recreation and Nonappropriated Fund Instrumentalities*.

**4.32.4. Funding for Nonappropriated Fund resale operations.** The Component Numbered AF/Component responsible for deployed installations will coordinate funding for Nonappropriated Fund resale operations with AFSVA/FM. **(T-1)**. This funding includes requirements for startup operations as well as sustained and enduring programs in the deployed Area of Responsibility.

**4.32.5. Equipment and Supplies.** The Operations Officer will budget annually for equipment and supplies to ensure proper resources are available for deployments and exercises. **(T-3)**.

## CHAPTER 5

### PERSONNEL ACCOUNTABILITY

#### 5.1. Purpose, Background and Scope.

**5.2. Purpose.** Provide guidance for establishing and maintaining personnel accountability. Personnel accountability provides commanders, planners, and managers with the status of the force and can be used in making force management decisions. This instruction also provides guidance for quickly obtaining personnel accountability and reporting it to comply with DoD requirements in DoDD 1100.4, Guidance for Manpower Management, DoDI 1336.07, Reporting of Personnel Tempo (PERSTEMPO) Events, and DoDI 3001.02, Personnel Accountability in Conjunction with Natural or Manmade Disasters

**5.3. Background.** The AF is required to provide the deployment information on all Temporary Duties (TDYs) performed and to provide accountability status to the Personnel Accountability and Reporting System when directed upon the occurrence of a disaster or national emergency. The objectives of personnel accountability programs are to capture and report all changes in a member's strength accounting duty status, and to ensure these changes, regardless of length, are reported immediately. Personnel accountability is the primary conduit for collecting data impacting AF personnel and operations tempo information and is often used when making force management decisions.

**5.4. Scope.** The roles and responsibilities of involved agencies are fully explained in this instruction. Understanding and accomplishing these roles and responsibilities are crucial for ensuring the accurate and timely actions necessary to establish personnel accountability. Central to accountability during a disaster event or national emergency is a commander's inherent responsibility to ensure awareness of the status of personnel under their command.

5.4.1. Specifically, this chapter applies to:

5.4.1.1. RegAF members and their Defense Enrollment Eligibility Reporting System enrolled family members.

5.4.1.2. Selected Reserve:

5.4.1.2.1. ANG, Active Duty United States Code (USC) Title 10, Active Duty Title 32, State Active Duty, Drilling Guardsmen (Traditional and ANG Technicians), and Defense Enrollment Eligibility Reporting System enrolled family members of these Guard categories.

5.4.1.2.2. Reserve on USC Title 5 and 10 AD, Drilling Reservist (Traditional and Air Reserve Technicians), Individual Mobilization Augmentees, and the Defense Enrollment Eligibility Reporting System enrolled family members of these Reserve categories.

5.4.1.3. AF members assigned to Joint or Defense organizations.

5.4.1.4. Department of AF and Non-appropriated Fund AF civilian employees.

5.4.1.5. Family members of Department AF and Non-appropriated Fund employees when those family members are receiving evacuation entitlements.

5.4.1.6. Personnel on TDY, on leave, or on a pass.

5.4.1.7. When the impacted area is outside the continental United States, all Department of the AF sponsored military, civilians, contractors to include all family members. Foreign nationals are excluded.

5.4.2. Wherever and whenever possible, personnel accountability procedures should follow the chain of command. **(T-1)**. If regular reporting channels are not viable, individuals and units must use any available means to report accountability information.

5.4.3. In the event of a disaster or national emergency (real world or exercise) and when directed by AF leadership, AFPAAS is the system used to attain and report Total Force accountability.

5.4.3.1. The AFPAAS utilizes data from the Defense Manpower Data Center's Personnel Accountability Reporting System database to identify members assigned, living, or temporarily in the affected area.

5.4.3.2. The AFPAAS provides valuable information to the AF chain of command, enabling commanders at all levels to make strategic decisions and facilitating a return to normal operations after a disaster or national emergency.

5.4.3.3. MAJCOM and installation commanders may request a real-world event in lieu of AF leadership directing local accountability events. Requests will be submitted through AFPC/DP2WR to AF/A1XO for approval.

5.4.4. The AF Strength Accounting Duty Status Program is used to depict the current status of the force and is designed to provide commanders, planners, and managers with strength-affecting information via updates in the Military Personnel Data System.

## CHAPTER 6

### IPR AND PERSCO

#### **6.1. Purpose, Background, Introduction, Scope and Concepts**

**6.2. Purpose.** PERSCO is the collection of manual and automated procedures, systems, hardware, personnel agencies, and deployable individuals or teams to accomplish Total Force accountability and reporting, casualty reporting, and personnel program advice.

**6.3. Background.** The primary missions of the personnel community are Total Force accountability, casualty reporting and personnel program support.

**6.4. Introduction.** This chapter provides personnel readiness program guidance for AF personnel agencies and commanders supporting contingency, wartime, emergency operations, and exercises.

**6.5. Scope.** The roles and responsibilities of personnel agencies at all levels involved in readiness operations are explained in this instruction. As an essential element within agile combat support, the personnel community contributes to the Air and Space Expeditionary Force by providing mission-ready personnel forces as well as providing Total Force accountability, casualty reporting, and personnel program support and advice to all levels of command involved in readiness operations. Understanding and accomplishing these roles and responsibilities are crucial for ensuring the Personnel Readiness mission is met.

**6.6. Personnel accountability.** Personnel accountability is defined as the accurate accounting for personnel at all times regardless of location.

6.6.1. Additional personnel accountability guidance can be levied by the combatant commander or the component command to include the requirement to report other Department of Defense civilians, other Department of Defense-essential contractor personnel, other Services, allied forces, coalition forces and/or other personnel. Commanders, at all levels, are ultimately responsible for maintaining accountability of their forces. PERSCO is a tool to assist commanders in obtaining and maintaining accountability. Commanders must establish procedures to account for their forces when there is no PERSCO at the deployed location. (T-1).

6.6.2. 3 H U V R Q Q H O D F F R X Q W D E L O L W \ H Q D E O H V S O D Q Q H U V D  
concept of operations by providing strength and casualty information essential for the commander to make informed decisions concerning force allocation and capabilities. At the unified command level and above, this information also assists senior leaders in making informed decisions.

6.6.3. Accounting for deployed and residual forces provides senior military and civilian leadership visibility of the human resources committed to contingency operations.

6.6.4. The historical capture of personnel accountability data (e.g., Gulf War Syndrome, follow-up treatment, medical counseling, state bonuses and entitlements) is provided by AFPC Directorate of Personnel Operations (AFPC/DP2) on a regular basis to the chain of command (who was deployed where and for how long). This allows the tracking and analysis of personnel and their association to specific military operations for future programs and initiatives.

6.6.5. Force accountability. Force accountability is accomplished with GCCS-AF Systems, Deliberate and Crisis Action Planning and Execution Segments. This system uses a series of business rules to alert users to changes in deployment requirements and the status of deployed persons. This system is also programmed to generate Military Personnel Data System transactions to inform home-station commanders of the whereabouts and status of their deployed personnel. PERSCO maintains accountability of deployed personnel using this system. **(T-1)**. The Employment Requirements Manning Document lists the requirements for a particular deployed location. PERSCO monitors these requirements and coordinates with deployed commanders and servicing Manpower office to determine if requirements are valid. **(T-1)**. There are several elements of Force accountability that must be tracked:

6.6.5.1. Strength accountability. PERSCO teams will maintain accountability over all personnel on the ground, including transients, at their deployed and designated geographically separated locations, regardless of status, in accordance with component command policies. **(T-1)**. All geographical locations serviced by PERSCO teams can be located in Deliberate and Crisis Action Planning and Execution Segments under Personnel Functions utilizing the Headquarters AF/MAJCOM routing application

6.6.5.2. Unit accountability. The deployed unit commander will maintain accountability for the unit personnel assigned and/or attached. **(T-1)**. This accountability includes knowing where assigned personnel are at any given time, where they live and where they work.

6.6.5.3. Replacement accountability. Deployed commanders will initiate replacement actions to replace a deployed individual that departs prior to completing the specified tour length. **(T-2)**. PERSCO will track the status of all incoming and/or departing personnel as well as their arrival and departure plans. **(T-1)**.

6.6.5.4. Transient accountability. Transient forces are those that spend at least one night at a location but their final duty location is elsewhere. PERSCO, in coordination with deployed services (lodging) and transportation, will track arrival and departure of transient personnel. **(T-1)**.

6.6.5.5. Tasked Wing accountability. Unit commanders and IPR Elements will maintain accountability over their deployed personnel until they have returned to home station. **(T-1)**.

## **6.7. Contingency, Exercise, and Deployment Orders**

6.7.1. **Administrative Orders.** This section establishes guidance for preparation, issuance, numbering, funding, authentication, distribution, and maintenance of Contingency, Exercise, Deployment orders. Only IPR or designated individuals on an activated Personnel Deployment Function are authorized to publish Contingency, Exercise, and Deployment orders.

6.7.1.1. Contingency, Exercise, Deployment orders published by the IPR Element are the only type of orders authorized for deployment of AF personnel assigned to AF units in support of contingency, humanitarian or disaster relief operations or Chairman of the Joint Chiefs of Staff or Command exercises that require a Time-Phased Force Deployment Data.

6.7.1.2. Use of the computer-generated Contingency, Exercise, Deployment orders in lieu of the DD Form 1610, *Request and Authorization for TDY Travel of DoD Personnel*, is authorized according to AFI 65-103, *Temporary Duty Orders*.

6.7.1.3. Ensure the information appearing on computer-generated Contingency, Exercise, and Deployment orders complies with guidelines outlined in the Joint Travel Regulations (JTR) *Uniformed Service Members and DoD Civilian Employees*. **(T-2)**.

6.7.1.4. Do not authenticate Contingency, Exercise, and Deployment orders for local exercises where movement is simulated. **(T-2)**.

6.7.1.5. Generate North Atlantic Treaty Organization orders to fulfill treaty requirements (refer to AFI 65-103). **(T-2)**.

6.7.1.6. The FSS commander will appoint an orders-issuing or approving official for Contingency, Exercise, Deployment orders in writing. **(T-2)**. This official must sign manually prepared orders; however, computer-generated orders do not need to be signed as long as adequate controls are in place to ensure proper approval before orders are authenticated (e.g., orders logs, electronic copies of orders, etc.). **(T-3)**.

6.7.1.7. Do not issue verbal orders unless absolutely necessary. **(T-2)**. Verbal orders are authorized only when time or error prevented written orders from being published in advance of travel. Confirm verbal orders (in writing) as soon as possible. Include in the written orders the date and who issued the verbal orders along with a statement on why written orders were not issued earlier. **(T-3)**.

6.7.1.8. Changes to Orders/Amendments, Rescissions, and Revocations. To amend, rescind, or revoke Contingency, Exercise, Deployment orders, use a composed amendment (Deliberate and Crisis Action Planning and Execution Segments generated) or an AF Form 973, *Request and Authorization for Change of Administrative Orders*. Publish amendments, rescissions, and revocations in the "TE" series. **(T-1)**. Do not use blanket statements such as "previous orders are rescinded" or "this order supersedes all previously published orders." **(T-3)**.

6.7.1.9. Orders shall be amended, rescinded, or revoked only by the organization publishing the original orders. **(T-2)**.

6.7.1.9.1. Publish an amendment to add, delete, or change pertinent data to read as originally intended. **(T-2)**. Correct inaccurate first or middle names and initials and other personal data when required for an individual to enter a foreign country. **(T-2)**. Add or change a travel advance payment statement or to authorize leave outside the local area prior to or after deployment. **(T-2)**.

6.7.1.9.2. Do not publish an amendment to delete an individual, to rescind or revoke in part the original orders pertaining to the person, or to change an effective date after it has passed. **(T-2)**. Revoke or rescind an expired order and publish a new order (see below for guidance on revoking versus rescinding). **(T-2)**. Do not publish an amendment to include leave taken in the local area prior to or after deployment. **(T-2)**.

6.7.1.10. Rescind an order when some action has been taken on the published order, such as issuance of airline tickets or issuance or receipt of a travel advance. **(T-2)**.

6.7.1.11. Revoke an order when no action occurs against the original order such as before it has gone into effect. **(T-2)**. If an effective date has passed and no action has occurred, revoke the original order and publish a new order. **(T-2)**. The orders approving official determines when to revoke “TE” series orders. **(T-2)**.

6.7.1.12. Retroactive amendments to increase or decrease the amount of money due to the traveler must be fully explained and justified. **(T-2)**. Written requests for such amendments must clearly show the original order was unclear, incomplete, or lacked necessary information. **(T-2)**.

6.7.1.13. Contingency, Exercise and Deployment Orders will be produced unclassified. **(T-2)**. For classified deployments, use “\*\*\*\*” to data mask information on all Contingency Exercise and Deployment Orders. **(T-2)**.

## CHAPTER 7

### EVACUATION OF US CITIZENS AND DESIGNATED ALIENS FROM THREATENED AREAS ABROAD

**7.1. Overview.** The AF will support evacuation and repatriation operations, as well as assigned safe haven locations.

**7.2. Noncombatant Evacuation Operation Mission.** Noncombatant Evacuation Operation is defined in JP 3-68, Noncombatant Evacuation Operations as an operation whereby noncombatant evacuees are evacuated from a threatened area abroad, which includes areas facing actual or potential danger from natural or manmade disaster, civil unrest, imminent or actual terrorist activities, hostilities, and similar circumstances, that is carried out with the assistance of the Department of Defense. As used by Department of State, a Noncombatant Evacuation Operation is an ordered departure from a threatened area abroad that is carried out with the assistance of DoD, as opposed to ordered departures that do not require DoD assistance, but are carried out using commercial or chartered transportation. The Department of State may declare a Noncombatant Evacuation Operation based on the nature of the threat or the lack of availability of alternative forms of transportation. Diplomatic or other considerations may make the use of the term "NEO" inadvisable and require the use of the terms for the operation instead. The U.S. Government will consider evacuating host nation and other country nationals on a case-by-case, space available/reimbursable basis. Although normally considered in connection with hostile action, evacuation may also be conducted in anticipation of, or in response to, any natural or man-made disaster. Due to the nature of Noncombatant Evacuation Operations, which may require a broad U.S. Government agency approach, interagency coordination needs to be established early in the planning of the Noncombatant Evacuation Operation, preferably before the crisis begins, between DoS, DoD, and any other U.S. Government agencies, if involved, to ensure success. Appropriate DoD, Joint Staff, and AF offices will be contacted prior to Service-level interagency coordination.

**7.3. Repatriation.** Repatriation is the procedures through which US citizens are officially processed back into the US following evacuation from overseas. Repatriation is not a part of, but subsequent to a Noncombatant Evacuation Operation. Commander, US Northern Command, and Commander, US Indo-Pacific Command are identified as offices of primary responsibility for repatriation. Commander, US Northern Command is responsible for receiving evacuees in the continental US, Alaska, and the US territories within the Caribbean during repatriation. Commander, US Indo-Pacific Command is responsible for receiving evacuees in Hawaii and US territories within the Pacific during repatriation. AF installations within these combatant commands will develop and maintain a plan for use during repatriation as necessary. **(T-1).** Installations will use the DD Form 2585, Repatriation Processing Center Processing Sheet, directed. **(T-1).** Instructions for completion are included on the form. Additionally, installations may use the needs assessment surveys in the AFPAAS to determine and track evacuee needs.

**7.4. Evacuation Planning and Processing.** In the CONUS, emphasis should be on evacuations for natural and man-made disasters. In overseas areas, include evacuation situations involving political or military conflict. Ensure accountability of personnel as they depart and arrive at the evacuation location, and develop procedures to provide this information to higher headquarters on request. **(T-0).**

7.4.1. Evacuation orders will not be used solely to create an entitlement to disaster-related benefits. **(T-1)**.

7.4.2. Evacuation benefits will be used only to pay for evacuation-related costs not covered by other sources of federal funding. **(T-0)**.

7.4.2.1. Ensure evacuees understand they are not entitled to receive payments from more than one federal source for the same disaster-related expense. **(T-0)**. For example, if an evacuee receives Federal Emergency Management Agency relocation assistance to pay for emergency lodging, that lodging assistance may be deducted from any evacuation lodging assistance provided by the AF.

7.4.3. Ensure that all requests for payment submitted by evacuated military family members and/or civilian employees contain a statement that they understand they are not entitled to dual federal payments for the same disaster-related expenses; and should they receive payments from another federal agency, such payments will be deducted from any payments made by the AF for the same expense. **(T-0)**.

**7.5. Reception Plans and Assistance in CONUS and in Temporary Safe Haven Overseas.** Commanders overseas, and those at ports of entry and other CONUS locations, must be ready to respond to requests for help from evacuees. **(T-2)**. Installations will coordinate with their MAJCOM A4/Air Component to determine their reception/repatriation role. **(T-2)**. MAJCOM A4 will coordinate with NORTHCOM/J3/5 and the appropriate Air Component to ensure installations plan for reception/repatriation. Coordination with other government agencies (such as the Department of State, Department of Health and Human Services, and applicable state offices) may be required to develop reception/repatriation procedures. Appropriate DoD, Joint Staff, and AF offices will be contacted prior to Service-level interagency coordination. **(T-2)**.

## CHAPTER 8

## DESERTION AND UNAUTHORIZED ABSENCE

**8.1. Unauthorized Absence**

**8.2. Purpose.** The AF Strength Accounting Duty Status Program exists to enhance personnel accountability and improve crisis responsiveness. Unauthorized Absences are pay-effecting DFWRQV DQG DOVR GLUHFWO\ LPS Deafness the Code, With SHUVR imperative that commanders and supervisors act promptly when a member is not present for duty. This instruction establishes guidance, assigns responsibilities, and prescribes procedures designed to reduce Unauthorized Absences of military personnel.

**8.3. Objective:** The objective of the Strength Accounting Duty Status Program is to capture and UHSRUW DOO FKDQJHV LQ D PHPEHU\ V GXW\ VWDWXV WR reported immediately. Specifically, this instruction defines procedures for the accurate and timely reporting of AF absentees and to support apprehension efforts of military and civilian law enforcement authorities.

**8.4. When Unauthorized Absences Begins and Ends.** The commander, first sergeant, and/or VXSHUYLVURU ZLOO LQYHVWLJDWH D PHPEHU\ DEVHQFH V voluntary or involuntary. **(T-2).** An Unauthorized Absence is when an Airman voluntarily absences themselves from where they are ordered or otherwise required to be present. An Unauthorized Absence ends when the absentee or deserter returns to military control. An 8QDXWKRULJHG \$EVHQFH RI KRXUV RU OHVV LNote: FODVVLIL , I WKH FRPPDQG HU GHWHUPLQHV WKH FRPPDQG HU DEVHQFH F Assistance Representative immediately for possible Duty Status Whereabouts Unknown reporting in accordance with AFI 36-3002, **Casualty Services (T-2).**

8.4.1. When to classify as AWOL. A voluntary Unauthorized Absence of more than 24 hours DQG OHVV WKDQ GD\ LV FODVVLILHG DGPLQLVWUDWL (UCMJ, Article 86). **(T-1).**

8.4.2. When to classify as a Deserter. A member who has been AWOL for more than 30 consecutive days will be classified administratively as a deserter (UCMJ, Article 85). **(T-1).** **Example:** AMN Doe has been AWOL since 1 Jan 2018. He remains AWOL through 2400 on the 30th consecutive day and his status is changed to Deserter on the 31st day (10th day during times of National Emergency or war declared by the President or Congress) with an effective date and time of 31 January 2018 at 0001. **Note:** An absentee does not have to be placed in AWOL status prior to being classified as a Deserter status if the member is absent without authority, regardless of the length of the absence, and meets any of the eligibility criteria listed below.

8.4.2.1. The commander has determined that the member remains absent from his or her unit, organization, or place of duty with no intention of returning.

8.4.2.2. Is under the duty or travel restrictions that AFMAN 16-1405, Air Force Personnel Security Program, imposes.

8.4.2.3. Has had access in the past 12 months to Top Secret information or other classified information that requires special access authority (see [paragraph 8.7.8.](#)). **Note:** Do not

classify a person who appears to be a casualty as a deserter solely because the person has had access to classified material described herein.

8.4.2.4. Has gone to, or stayed in, a foreign country and, while there, has asked for or taken any type of asylum or resident permit from that country or its governmental agencies.

8.4.2.5. Has action pending on a previous Unauthorized Absence that has not been completed.

8.4.2.6. Is an escaped prisoner.

8.4.2.7. Is under investigation for violating the UCMJ as listed in [Attachment 2](#) or against whom charges for any offense have been referred to a General Court-Martial.

8.4.2.8. Is believed likely to commit violent acts, or may harm themselves or the general public.

8.4.2.9. AFPC/DPFC has determined member is a deserter.

## **8.5. Reporting Unauthorized Absences**

**8.6. Reporting Responsibilities.** Unauthorized Absences must be reported immediately. **(T-1)**. Supervisors must promptly notify the chain of command of all Unauthorized Absences. Unit commanders have the primary responsibility to determine the cause of absence and to find and return the individual to military control.

**8.7. Duty Status Reporting.** The Case Management System is used to report all Duty Status Changes requests for AWOL and Deserter as well as when the member is returned to military control (i.e., Present for Duty, confinement, etc.). Specific processing guidelines can be found in the Personnel Service Delivery Guide – Strength Accounting Duty Status Program on the AFPC myPers webpage.

8.7.1. A new Duty Status Change request in Case Management System is required for each Duty Status Change (e.g., one Case Management System case to place the member in AWOL status; a second Case Management System case to return inactive the member Present for Duty). **(T-1)**.

8.7.2. Commanders will initiate the Duty Status Change request in Case Management System within 1 duty day of the commander's conclusion of the member's voluntary absence. **(T-1)**. The date the Case Management System case is initiated is considered the date of the commander's determination of status regardless of the effective date of the member's AWOL/Deserter status date. Only a G-series commander may sign/approve the Duty Status Change request in Case Management System. If the member's commander is unavailable to sign due to TDY, deployment, or leave, the section commander (if on G-series orders) or next level G-series commander may sign/approve in their place.

8.7.2.1. For Air Reserve Component members, commanders contact ANGSC/MPP (for ANG members), or Headquarters AFRC/A1K (for AFR members), and ask for instructions. For ANG record types AG/BG, after updating the duty status, no transaction flows from MilPDS to FSO to update the member's Master Military Pay Account.

8.7.3. Unit Commander's 72-Hour Status Report. When a member has been absent for 72-hours, the commander reports information related to the member's absence and status of investigation to local leadership and AFPC/DPFCM. **(T-3)**. The unit commander ensures a

copy of the letter is sent to AFPC/DPFCM and the installation's chief of security forces. **(T-3)**. The 72-hours begins the first day of the member's absence. (See PSD guide for detailed instructions for completing this report)

8.7.4. Next-of-Kin Letter. The unit commander writes a Next-of-Kin Letter to family members and payees of allotments (e.g. former spouse receiving alimony or child support allotments) about the Unauthorized Absence when evidence shows the absentee planned or spoke to others of a plan to leave without authorization, or the unit commander administratively declares an absentee a deserter, or when the Unauthorized Absence has lasted 10 consecutive days. **(T-3)**. (See PSD guide for detailed instructions for completing this letter.)

8.7.5. 31-and 60-Day Status Reports. On the 31st and 60th days of absence, the unit commander submits status reports, in writing, to AFPC/DPFCM. **(T-3)**. (See PSD guide for detailed instructions for completing these reports.)

8.7.5.1. On the 31st day of AWOL, the commander notifies the MPF Force Management Office or CSS (if applicable) to initiate a new Duty Status Change Request in Case Management System to change the member's status from AWOL to Deserter. **(T-2)**.

8.7.5.2. Upon receipt of the Duty Status Change Request, the commander logs into Case Management System to approve the request and refer Case Management System case to AWOL/Deserter Program Manager (AFPC/DPFCM). **(T-2)**.

8.7.6. DD Form 553, *Deserter/Absentee Wanted by the Armed Forces*. Upon determination of deserter status, the commander, with assistance from the MPF/CSS, Security Forces Squadron (SFS), and AFPC/DPFCM (if needed), immediately prepares and distributes a DD Form 553 to place member in deserter status. **(T-0)**. (See PSD guide for detailed instructions for completing this form.)

8.7.7. Action in Cases Involving Security. When an absentee is administratively classified as a deserter for a reason in [paragraph 8.4.2.3](#), the unit commander will:

8.7.7.1. Refer the case for investigation to the AF OSI unit servicing the absentee's installation. **(T-1)**.

8.7.7.2. As soon as possible, account for classified material that the absentee had access to and notifies AF OSI of any missing material. **(T-1)**.

8.7.7.3. As soon as possible, assess how much damage to national security could result from unauthorized disclosure of the information, and provides assessment to AFOSI/ICON/ICW. **(T-1)**.

8.7.7.4. Consider appointing an inquiry officer under DoDI 5200.1, *Information Security Program*, and AFI 16-1404, *Air Force Information Security Program* if the absentee had access to classified information. **(T-1)**.

8.7.8. War and Mobilization Absence without Leave (AWOL) Reporting Procedure. When Congress or the President declares a National Emergency or war, reporting procedures are accelerated to involve law enforcement agencies to assist in returning absent members to the military. If this occurs, immediately prepare and distribute DD Form 553 on the 10th day of AWOL, not the 31st day. **(T-1)**. Also due on the 10th day are the Notice to Next of Kin Letter(s) and 31-Day (10-Day) Status Report. **(T-1)**.

8.7.9. Upon determination of Deserter status, the commander notifies the FSO of the duty status change and retrieves all dependent Identification (ID) card(s) (ref: AFI 36-3026, Identification Cards for Members of the Uniformed Services, Their Eligible Family Members, and Other Eligible Personnel Table 8.3). (T-3).

8.7.10. 2Q WKH WK GD\ RI WKH PHPEHU¶V 8QDXWKRULJHG  
REWDLQV WKH PHPEHU¶V PHGLFDO DQG GHQW (D).UHFRUG  
If medical and dental records are not available, forward a memorandum to AFPC/DPFCM via the MPF explaining the reason why the records are not available. (T-2).

**8.8. After-The-Fact Reporting.** Commanders ensure timely reporting of absentees to expedite their return to military control as well as for pay-affecting transactions in MilPDS. (T-2). If circumstances result in reporting unauthorized absentees after the member has been returned to military control, the commander must submit a memorandum to AFPC/DPFCM explaining the circumstances of the absence, return to military control, and reasons for delayed reporting. (T-2). The memorandum includes (but is not limited to):

8.8.1. Circumstances of the absence. (T-2).

8.8.2. Explanation of actions taken to locate and return the absentee, including circumstances of absentees return to military control. (T-2).

8.8.3. Reason for late reporting. (T-2).

## **8.9. General Apprehension Information and Cooperation with Civil Authorities**

8.9.1. **Apprehension Procedures.** Commanders start investigating the case and begin apprehension efforts as soon as an Unauthorized Absence occurs. (T-2). These efforts not only assist return absentees to the military sooner, they also deter others from Unauthorized Absence.

### **8.9.2. Who Has Authority To Apprehend:**

8.9.2.1. Military law enforcement personnel and commissioned, warrant, petty, and non-commissioned officers may apprehend absentees and deserters. See Article 7, UCMJ, and Rules for Courts-Martial 302(b)(1) and 302(b)(2). Commanders should consult the local JA and SFS concerning apprehension authority.

8.9.2.2. Civil officers authorized to arrest offenders under federal and state laws may arrest a deserter and deliver the offender into the custody of the Armed Forces (see Article 8 of the UCMJ and the Rules for Courts-Martial 302[b][3]). These officers may also arrest absentees at the request of military or federal authorities.

8.9.3. United States authorities may arrest absentees and deserters in foreign countries only:

8.9.3.1. When an international agreement with the country authorizes it.

8.9.3.2. Under an agreement with appropriate local authorities that does not violate an existing international agreement.

8.9.3.3. In these cases, carefully consider and consult with the servicing JA about possible international implications and adverse foreign relations.

8.9.3.4. If apprehension is impossible, or in any case of unclear apprehension authority, report the facts to HAF/JAO at DSN 225-9631 or 703-695-9631 to expedite submission to the Assistant Secretary of the AF for Manpower and Reserve Affairs for resolution.

**8.10. Notice of Air Force Deserters to Civil Authorities:**

8.10.1. Within the Jurisdiction of the United States. The unit commander, working with security forces and the MPF, if needed, promptly sends DD Form 553 for a member administratively classified as a deserter to Armed Forces and civilian law enforcement agencies most likely to help apprehend the absentee. (T-1). AFPC/DPFCM sends notices to AFOSI/ICON and to the Department of State in certain cases (i.e., those in which others know or strongly suspect the absentee has gone to a foreign country). (T-1).

8.10.2. Outside the Jurisdiction of the United States. MAJCOMs act as needed, respecting the primacy of international agreements to secure cooperation in apprehending absentee and/or deserted members.

**8.11. Investigations, Apprehension, and Cooperation with Civilian Law Enforcement Authorities:**

8.11.1. Unit commanders work closely with local security forces and AF OSI field units to pursue every avenue possible to locate and ensure the apprehension of absentees. (T-1). Leads developed as to the location of absentees shall be conveyed as expeditiously as possible to appropriate civilian law enforcement authorities who shall be asked to assist in the return of such persons to military control. (T-1).

8.11.2. In cases where the member has been dropped from unit rolls, AFPC/DPFCM and AFOSI/ICON work together to resolve the case. (T-1). AFOSI/ICON and local field units establish liaison and maintain a level of coordination with civilian law enforcement agencies necessary to encourage active participation in apprehension efforts. (T-1). AFPC/DPFCM provides any leads to AFOSI/ICON for further pursuit. (T-1).

8.11.3. Absentees detained by civilian law enforcement authorities. In some cases, AFPC/DPFCM and/or AFOSI/ICON may be the first AF agencies contacted by civilian law enforcement authorities regarding the apprehension of an AF absentee. (T-1). If AFPC/DPFCM is the first agency contacted, they will notify AFOSI/ICON (if a deserter) and:

8.11.3.1. Contact the nearest AF installation SFS within 1 duty day of the apprehension to expedite the abs HQ W H H ¶ V U H W X U Q T W R P S F S O M I D A S W I R C I M U R O law enforcement as well as other military law enforcement, as necessary, to expedite the DEVH Q W H H ¶ V U H W X U Q W R W K H F O R V H V W (T-1) O L W D U \ L Q V

8.11.3.2. ) R U P H P E H U ¶ V D E V H Q W I R U O H V V W K D Q \ H D U commander within 1 duty day of the apprehension in order to coordinate with security I R U F H V W R H [ S H G L W H W K H D E V (T-1) W H H ¶ V U H W X U Q W R P I

8.11.4. Civilian law enforcement authorities arrest and hold absentees to assist military departments. (T-1). The commander of the installation nearest where the absentee is being detained is responsible for taking custody of the absentee from civilian law enforcement authorities. (T-1).

8.11.5. Do not ask civilian law enforcement authorities to hold absentees longer than necessary. (T-1). Make every attempt to pick up absentees within 48 hours after civilian law

enforcement authorities agree to their release. **(T-1)**. Consult with the JA if clarification is needed.

8.11.6. If foreign authorities hold the absentee, consult with the JA before acting. **(T-1)**.

8.11.7. Pick up all absentees, regardless of Service, from civilian law enforcement authorities in the CONUS.

8.11.7.1. Take absentees or deserters to the nearest military installation having facilities to process them. **(T-1)**.

8.11.7.2. Inter-Service agreements will be used to facilitate the transfer of custody of absentees and deserters of all Military Services. **(T-1)**.

8.11.8. If Air Force officials cannot pick up any absentees or deserters from another Service who are being held by civilian law enforcement authorities, notify the relevant Services of those individuals remaining in civilian custody before leaving the confinement facility. **(T-3)**.

## **8.12. Rewards and Reimbursements:**

8.12.1. Any authorized communication, oral or written, from a military or federal law enforcement official or agency, requesting active cooperation in apprehending or delivering to military control an absentee or deserter wanted by a military department constitutes the basis for a reward. After this communication, the AF rewards or reimburses (but not both) persons or agencies apprehending, detaining or delivering absentees, deserters, escaped military prisoners, or parole violators to military control under an AF Centrally Managed Allotment Account. If a non-AF military absentee/deserter/escapee is brought to an AF installation and a UHZDUG RU UHLPEXUVHPHQW payment is given by the military department, the base Personnel Pay Account pays, not the AF Centrally Managed Allotment.

8.12.1.1. Payment of a reward shall not exceed that named in 10 USC Section 956. Contact the base FSO for specific guidance. (Reference AFI 65-601, Volume 1, Budget Guidance and Procedures)

8.12.2. To request reward or reimbursement, persons or agencies must submit DD Form 553 to the FSO where the deserter is returned to AF control. **(T-1)**. The remarks section of DD Form 553 must include the name, address and phone number for the persons or agencies requesting reward or reimbursement. **(T-1)**.

## **8.13. Actions Taken When an Absentee Returns to Military Control**

**8.14. Notice of Return to Military Control.** The unit CSS, MPF, or commander at the AF installation taking initial control of the absentee must notify AFPC/DPFCM immediately of the apprehension. **(T-1)**. In accordance with AFI 31-105, AF Corrections System, installation commanders maintain the capability to house pretrial detainees and adjudged inmates with sentences up to 1 year, through organic confinement facilities, adjacent DoD facilities, civilian contracts, or a combination of organic, Support Agreement, or contract derived bed space.

## **8.15. Where Absentees Return to Military Control:**

8.15.1. At any military installation staffed by AD personnel, immediately transfer an individual to the nearest installation of the individual's branch of military Service that has facilities to process absentees. **(T-1)**. Military authorities will take absentees and deserters



8.17.6. For deserters requiring escort, do not release the deserter except to identify escort(s). (T-1). See **paragraph 8.18** for escort delineation.

8.17.7. For deserters who do not require escorts, the detaining security forces unit will issue a DD Form 460, **Provisional Pass** and the member will travel to their duty station. (T-1).

8.17.8. In accordance with AFI 65-601, Volume 1, **Budget Guidance and Procedures**, save, desertion, or escaped-military-prisoner status (under apprehension) the necessary transportation and meal tickets to return to their duty station or as determined in paragraph 4.4.1 through 4.4.4. (T-1). Contact the local FSO for specific guidance. The travel and expenses of the apprehended member are funded by the Military Personnel Centrally Managed Allotment account. The base FSO provides the necessary Centrally Managed Allotment. (T-1).

8.17.9. The detaining unit processes a one-way TDY order or memorandum for the deserter in accordance with AFI 65-103, **Temporary Duty Order** table 2.1 and the Joint Travel Regulation. (T-1).  
Q WKH 5HPDUNV VHFWRQ %ORFN W\SH WK  
is a deserter UHWXUQH G WR (T-1) LWDU\ FRQWURO

**8.18. Escorts.** The action unit commander coordinates with security forces to determine if absentees need escorts. (T-1). Use security forces escorts only when an armed escort is needed as determined by the installation chief, Security Forces. (T-1). Prisoners not considered being a threat to themselves or the general public can be escorted by unarmed personnel such as supervisors and first sergeants. The commander authorizes escorts for members detained outside their country of assignment only after consulting the servicing JA. (T-1).

8.18.1. Generally, use escorts if the member:

- 8.18.1.1. Escaped from prison. (T-1).
- 8.18.1.2. Has been charged with other serious offenses. (T-1).
- 8.18.1.3. Was apprehended by civil authorities. (T-1).
- 8.18.1.4. Is a repeat offender. (T-1).
- 8.18.1.5. Has a history of disciplinary infractions. (T-1).

8.18.2. 7R HQVXUH WKH DEVHQW HHHV SURPSW UHWXUQ RQ  
en-route. (T-1).  
Quality escorts must be provided on way

8.18.3. Transportation and travel expenses for AF personnel acting as guards or escorts of AF or other Military Service absentees, deserters or escaped military prisoners are provided in accordance with AFI 65-601, Volume 1, **Budget Guidance and Procedures** paragraph 12.7 and 12.8. Contact the local FSO for specific guidance.

**8.19. Actions Taken after an Absentee is returned to a Servicing Air Force Installation.** The following items are an integral SDUW RIDQ DEVHQW HHHV UHWXUQ WR WKH

8.19.1. Notification of return of absentee to the military. The unit CSS or commander with WKH DVVLVWDQFH IURP WKH 03) LPPHGLDWHO\ QRWLILHV military control. (T-2).

8.19.2. DD Form 616, **Report of Return of Absentee** applies to Deserters when a DD Form 553 was processed). The unit commander, with CSS, MPF and SFS assistance as needed,

completes and forwards the DD Form 616 (refer to myPers) to AFPC/DPFCM and all agencies in receipt of the associated DD Form 553 within 1 dut \ G D \ R I W K H P H P E H U \ V U H W X control. (T-2).

8.19.3. \$) 2 6 , , & 2 1 , & : U H P R Y H V W K H P H P E H U \ V Q D P H I U R P W K & H Q W H U X S R Q U H F H L S W R I W K H ' ' ) R U P F R Q I L U P L Q J W (T-2).

8.19.4. The unit CSS, commander or MPF immediately prepares a Duty Status Change 5 H T X H V W X V L Q J & D V H 0 D Q D J H P H Q W 6 \ V W H P U H S R U W L Q J V (T-2).

8.19.5. Deserters dropped from unit rolls (i.e., deserter for 180 days or more) are assigned to an AFPC personnel accounting symbol code. Upon notification of return to military control, AFPC/DPFCM coordinates with the MPF to determine the unit of assignment based on duration of deserter status (see [paragraph 8.17.1](#) through [8.17.3](#).) and reassign the member to the appropriate unit personnel accounting symbol code. (T-2).

8.19.5.1. Once the personnel accounting symbol code is updated in MilPDS, the unit commander, CSS, or MPF completes processing a HR Type Personnel Program Application-Duty Status Change (AWOL/Deserter) Case Management System case to \$) 3 & ' 3 ) & 0 W R X S G D W H W K H P H P E H U \ V G (X-2) \ V W D W X V L C

8.19.5.2. \$) 3 & ' 3 ) & 0 I R U Z D U G V W K H U H W X U Q H I G C H M H U W H U \ V the assigned MPF. (T-2). , I W K H P H P E H U \ V S H U V R Q Q H O U H F R U G L V Management System Office, AFPC/DPFCM will forward the Unit Personnel Record Group to the MPF. (T-2).

8.19.5.3. MPF forwards the medical and dental records to local military treatment facility for filing. (T-2).

8.19.6. Financial Service Office will coordinate with Defense Finance and Accounting 6 H U Y L F H W R K D Y H P H P E H U \ V 0 D V W H U 0 L Q I L W D U \ 3 D \ \$ F F R

**8.20. & R P P D Q Determination.** The action unit commander:

8.20.1. Takes responsibility for disposition of Unauthorized Absence. (T-1).

8.20.2. Reviews case circumstances and consults with JA to determine if the absence was avoidable or unavoidable. (T-1).

8.20.3. A commander who finds that an absence was:

8.20.3.1. Avoidable, consults with JA and takes appropriate disciplinary action as warranted. (T-1).

8.20.3.2. Unavoidable, excuses the absence. The period of absence does not count as lost time to be made good. (T-1). Charge it to leave if not authorized for another reason (ref: AFI 36-3003, Military Leave Program). A new HR type Personnel Processing Application AWOL/Deserter Case Management System case is required to revoke the Unauthorized Absence report. (T-3). Examples of excused absences not charged to leave include, but are not limited to:

8.20.3.2.1. When a member's lack of mental capacity causes the absence.

8.20.3.2.2. When civilian law enforcement authorities hold, try and acquit a member.

8.20.4. If a member dies during an Unauthorized Absence, the commander of the unit of assignment makes a new status determination. **(T-2)**. After considering all available facts, the commander determines if the member was in duty status, absent on leave, absent without leave, or a deserter. **(T-2)**.

**8.21. Erroneous Reports of Unauthorized Absence.** When a commander determines that a desertion or Unauthorized Absence was reported in error, contact AFPC/DPFCM immediately to revoke the absence and remove the associated G R F X P H Q W V I U R P W K H P H P E H U ¶ V Record. **(T-1)**.

8.21.1. If DD Forms 553 and 616 were distributed, another DD Form 616 must be accomplished. Provide a full explanation of the error in item 9, remarks section, and forwarded to AFPC/DPFCM. **(T-1)**.

8.21.2. The commander sends new letters explaining the error to the next of kin, dependents, and others notified of the Unauthorized Absence. **(T-1)**.

8.21.3. An HR type Personnel Processing Application AWOL/Deserter Case Management System case must be accomplished revoking or changing the HR type Personnel Processing Application AWOL/Deserter Case Management System case placing member into or removing Unauthorized Absence. **(T-1)**.

8.21.4. Only AFPC/DPFCM can delete or change duty status codes of 06 (Deserter) and 07 (AWOL).

8.21.5. Financial Services Office will coordinate with Defense Finance and Accounting 6 H U Y L F H W R K D Y H P H P E H U ¶ V O p D a t e / M o d i f y i n g O l - M D U \ 3 D \ \$ F F R

## **8.22. Special Requirements for ANG and AFR Members**

**8.23. General.** This section applies to ANG or AFR members ordered to extended active duty voluntarily or involuntarily per AFI 36-2110, Total Force Assignments

8.23.1. When an extended active duty order calls an Air Reserve Component (ARC) member to active duty, the active duty unit the member is temporarily assigned to processes the absentee only after coordination with the unit of assignment. **(T-1)**.

**8.24. Determining Unauthorized Absences.** An ARC member voluntarily or involuntarily called or recalled to active duty or active duty for training who fails to report is an absentee if strong evidence exists that the member received the orders (Title 10 orders).

8.24.1. Per DODI 1215.13 Reserve Component Member Participation Policy, when members of the Selected Reserve are ordered to active duty for training or transferred to the Individual Ready Reserve because of unsatisfactory participation, copies of the orders will be furnished to the Service member. **(T-1)**. Military Services will obtain acknowledgment of receipt, either written or electronic, and maintain a trackable record. **(T-1)**. Service members ordered to active duty for training who fail to report will be processed pursuant to policy and procedures established by the Secretary of the AF. **(T-1)**.

**8.25. Reporting Unauthorized Absences.** The unit to which the member is attached for active duty coordinates with the home unit before processing the AWOL/Deserter action. **(T-1)**. If Special Activities Branch (AFPC/DP3SP) or Headquarters USAF Academy, Cadet Accessions

(HAFA/A1A) ordered the member to extended active duty, contact the appropriate office immediately to determine if substantial proofs of delivery of orders exist before taking any Unauthorized Absence action. (T-1). The unit of assignment completes appropriate actions. Include the Military Personnel Division, National Guard Bureau, NGB/A1PR (for ANG members) and the Personnel Utilization Branch, AF Reserve Command, AFRC/A1KK (for AFR members) on the distribution of all reports and the DD Form 553 when classifying a member ordered to active duty for training as a deserter. If questions arise, contact AFPC/DPFCM. (T-1).

**8.26. Return to Military Control Responsibilities.** When an ARC member ordered to active duty for training returns to military control, actions in paragraphs 8.9. and 8.13. apply, except paragraph 8.17. The detaining unit:

8.26.1.1. Personnel Division, National Guard Bureau, NGB/A1XR (for ANG members); or Personnel Utilization Branch, AF Reserve Command, AFRC/A1KK (for AFR members). (T-1).

8.26.1.2. Gives the member a non-chargeable transportation request if no escort is used. (T-1).

8.26.2. Disposition Instructions:

8.26.2.1. Absentees gone for less than 180 days are returned to their unit of assignment or to another unit with court-martial jurisdiction as determined by the unit of assignment commander. (T-1).

8.26.2.2. Absentees gone for 180 days or more are no longer carried on unit rolls and are sent to the nearest AF installation with facilities for handling the case. (T-1).

8.26.2.3. In some cases, the rules outlined above may not be appropriate. Under these circumstances, contact AFPC/DPFCM for further guidance.

8.26.3. The commander of the disposition unit takes the actions outlined in paragraph 8.13. (T-1). When completing the DD Form 616, include as information addressees: the Military Personnel Division, National Guard Bureau, NGB/A1XR (for ANG members); or the Personnel Utilization Branch, AF Reserve Command, AFRC/A1KK (for AFR members). (T-1).

**8.27. Special Instructions for the United States Army, United States Navy, or United States Marine Corps Members Who Are Returned to or Surrender to An Air Force Installation**

**8.28.** Upon the return or surrender of an Army, Navy, or Marine Corps AWOL member or deserter to an AF installation, detain the member by any means available (coordinate with SFS and JA regarding the use of force). (T-1). The disposition of the member will be determined by their respective Installation Deserter Information Point will provide fund cities and take all of the necessary actions to return the member to appropriate control in the most expedient fashion. (T-1).

**8.29. United States Army:** Immediately contact the Army Deserter Information Point, Fort Knox, Kentucky (DSN 536-3711/3712/3713 or Commercial: 502-626-3711/3712/3713). (T-1).

**8.30. United States Navy:** Immediately contact the Navy Deserter Information Point, Naval Station Great Lakes, Great Lakes, Illinois (DSN: 882-2522 or Commercial: 901-874-2522 or 1-877-663-6772). **(T-1).**

**8.31. United States Marine Corps:** Immediately contact the Marine Corps Deserter Information Point, Arlington, Virginia (DSN 664-3667/0395 or Commercial: 703-604-3667/0395). **(T-1).**

**8.32. United States Air Force Deserter Information Point:** If you are unable to reach the other Service Deserter Information Point, contact AFPC/DPFCM (DSN 665-3727 or Commercial: (210) 565-3727, or 1-800-433-0048). **(T-1).**

## CHAPTER 9

### IDENTIFICATION TAGS

#### **9.1. Issuance of Identification Tags.** Issue identification tags:

9.1.1. Upon entrance into Regular AF or Air Reserve Component. **(T-2)**.

9.1.2. When information contained on identification tags are invalid or identification tags are missing. **(T-2)**.

9.1.3. Upon notification of deployment for civilian personnel. **(T-2)**.

#### **9.2. An identification tag set will be comprised of two tags, one long-length neck chain, and one short-length chain. (T-2).**

**9.3. Red Medical Alert Tags.** Home station Medical Treatment Facilities will provide deploying personnel, with a documented medical allergic condition, a Red Medical Alert ID tag. **(T-1)**.

#### **9.4. Reissuing Limitations.**

9.4.1. Reissue identification tags only to replace lost tags or to correct changed or erroneous data. **(T-2)**. Do not reissue identification tags to correct administrative errors. **(T-2)**.

#### **9.5. Wear of Identification Tags.**

9.5.1. Wear identification tags (regular or medical) around the neck, underneath the appropriate garment, unless such wear creates a valid safety problem. **(T-1)**. Identification may be carried in the pocket when safety factors preclude wear around the neck.

9.5.2. One tag is placed on the longer length necklace and one tag on the shorter chain. The shorter chain with tag is suspended from the longer length necklace with tag.

#### **9.6. Information on Identification Tags.** Each tag will consist of five lines of type:

9.6.1. First line ±Last name

9.6.2. Second line ±First name and middle initial

9.6.3. Third line ±DoD ID Number/Electronic Data Interchange Personal Identifier

9.6.4. Fourth line ±Blood type.

9.6.5. Fifth line - Religious preference.

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(Manpower and Reserve Affairs)

## Attachment 1

## GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

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***Abbreviations and Acronyms***

**AD**—Active Duty

**ADLS**—Advanced Distributed Learning System

**AEF**—Air and Space Expeditionary Force

**AEFI**—Air and Space Expeditionary Force Indicator

**AFI**—Air Force Instruction

**AFMAN**—Air Force Manual

**AFOSI**—Air Force Office of Special Investigations

**AFPC**—Air Force Personnel Center

**AFPAAS**—Air Force Personnel Accountability and Assessment System

**AFPD**—Air Force Policy Directive

**AFR**—Air Force Reserve

**AFRC**—Air Force Reserve Command

**AFSVA**—Air Force Services Activity

**ANG**—Air National Guard

**ARC**—Air Reserve Component

**AWOL**—Absent Without Leave

**CONUS**—Continental United States

**DD Form**—Department of Defense Form

**DoD**—Department of Defense

**FBI**—Federal Bureau of Investigation

**FSO**—Financial Services Office

**FSS**—Force Support Squadron

**GCCS-AF**—Global Command and Control-Air Force

**HAF**—Headquarters Air Force

**HQ**—Headquarters

**HR**—Human Resources

**ID**—Identification

**IPR**—Installation Personnel Readiness

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**JA**—Judge Advocate

**LOGFOR**—Logistics Force Packaging System

**MAJCOM**—Major Command

**MILPDS**—Military Personnel Data System

**MPF**—Military Personnel Flight

**NEO**—Noncombatant Evacuation Operation

**NGB**—National Guard Bureau

**OPR**—Office of Primary Responsibility

**PERSCO**—Personnel Support for Contingency Operations

**RED HORSE**—Rapid Engineer Deployable Heavy Operations Repair Squadron Engineers

**RegAF**—Regular Air Force

**SFS**—Security Forces Squadron

**TDY**—Temporary Duty

**UCMJ**—Uniform Code of Military Justice

**UDM**—Unit Deployment Manager

**USC**—United States Code

**UTC**—Unite Type Code

### *Terms*

**295 Special Experience Identifier**—Signifies completion of “Deliberate and Crisis Action Planning and Execution Segments Wing Level Operators Course” and updated in MilPDS.

**Abroad**—In a foreign area; outside the United States, its territories, or possessions. (DoDD 3025.14)

**Absentee**—Any member of the Armed Forces not administratively classified as a deserter who is absent without authority from the assigned unit, organization, or other place of duty where the member is required to be. This does not include confinement.

**Absent without Authority**—The status of a member absent from the assigned unit, organization, or other place of duty where the member is required to be.

**Absent Without Leave (AWOL)**—See Absent Without Authority.

**Accounted For**—Personnel are considered “accounted for” when any of the following occur: 1) The individual is physically present, 2) The individual has been contacted or has made contact (e.g. by telephone or other means) or 3) The individual is in an official status of Unauthorized Absence, desertion, deceased, or missing.

**Action Unit**—For administration of Unauthorized Absence, the unit of assignment. After the absentee returns to the military, the organization that makes disposition of the Unauthorized

Absence. The action unit for the absence is not necessarily the action unit for disposition of the Unauthorized Absence.

**Active Duty for Training**—A tour of active duty used to train members of the Air Reserve Components to provide trained units and qualified persons to fill the needs of the Armed Forces in time of war or national emergency and other times as national security requires. The member is under orders which provide for return to non-active duty status when the active duty for training is completed. It includes annual training, special tour of active duty for training, school tours, and the initial duty for training performed by no prior service enlistees.

**Air and Space Expeditionary Force (AEF)**—The United States Air Force methodology for organizing, training, equipping and sustaining rapidly responsive air and space forces to meet the defense strategy requirements. Through the Air and Space Expeditionary Force, the Air Force supports defense strategy requirements using a combination of both permanently assigned and rotational forces. The Air Force organizes Air and Space Expeditionary Task Forces to meet defense strategy requirements using both Continental United States-based and forward-stationed units. AETFs are capability based to generate desired effects and sized to meet the mission. AETFs are assigned or attached to a combatant commander through the Joint allocation scheduling process, Joint Strategic Capabilities Plan, Forces for Combatant Commanders Memorandum or Deployment Order.

**Air Force Elements**—Administrative devices designed solely to account for Air Force authorizations and personnel serving in non-Air Force activities, such as defense agencies, joint and unified commands, international activities and government agencies worldwide.

**Air Reserve Component (ARC) Members**—Members of the Air National Guard of the United States (ANG) or the United States Air Force Reserve (AFR).

**Beddown**—The provision of expedient facilities for troop support to provide a platform for the projection of force. From the Force Support perspective, beddown includes reception processing, accountability, providing meals and temporary lodging according to Combatant Commander plans and policies.

**Career Field Education and Training Plan**—Comprehensive document that identifies life-cycle education/training requirements, training support resources, and minimum wartime task requirements for the Force Support career field.

**Casualty**—Any person lost to the organization by reason of having been declared dead, duty status-whereabouts unknown, missing, ill, or injured (JP 1-02) (AFI 36-3002).

**Component Command**—One of the subordinate organizations that constitute a Joint force. Normally a Joint force is organized with a combination of Service and functional components.

**Concept of Operations**—A verbal or graphic statement, in broad outline, of a commander's assumptions or intent in regard to an operation or series of operations. The concept of operations frequently is embodied in campaign plans and operation plans, in the latter case, particularly when the plans cover a series of connected operations to be carried out simultaneously or in succession. The concept is designed to give an overall picture of the operation. It is included primarily for additional clarity of purpose; it is also called a commander's concept.

**Contingency**—An emergency involving military forces caused by natural disasters, terrorists, subversives, or by required military operations. Contingencies require plans, rapid response, and special procedures to ensure the safety and readiness of personnel, installations, and equipment.

**Contingency Operations**—Operations involving the use of US military forces to achieve US objectives, usually in response to an emerging or unexpected crisis. Contingency operations may evolve into sustained military operations.

**Defense Manpower Data Center**—Collects and maintains an archive of automated manpower, personnel, training, and financial databases; operates personnel programs and conducts research and analysis.

**Deliberate and Crisis Action Planning and Execution Segments**—The Air Force standard automated data processing subsystem of the Joint Operation Planning and Execution System, which is used by operations, logistics, manpower and personnel planners at all command levels to develop and maintain force packages and task requirements for Operation Plan Time-Phased Force Deployment Data.

**Deployment**—The relocation of forces to designated areas of operations.

**Deserter Information Point (DIP)**—A central focal point each military Service establishes to control, account for and pass on information about deserters and unauthorized absentees.

**Desertion under Aggravated Circumstances**—Desertion cases in which the individual is an officer, is wanted for offenses punishable under the UCMJ, or had access to classified defense information that, if disclosed, would jeopardize United States security.

**Designed Operational Capability**—A mission for which a measured unit has been equipped, organized, designed, tasked, and trained.

**Designed Operational Capability (DOC) Statement**—The document prepared by the parent Major Command that outlines each measured unit's DOC and contains the unit's identification, mission tasking narrative, mission specifics, and measurable resources.

**Detaining Unit**—The unit that accepts an absentee's return to the military. To return, absentees may surrender to or be apprehended by military authorities, the FBI, or other civilian authorities.

**Disposition of the Unauthorized Absence**—Administrative actions taken when an Unauthorized Absence ends. Includes selection of the action unit, decisions about the member's status during the absence, and administrative or punitive action against the member, when appropriate.

**Drilling Unit Reservists**—Unit members who participate in unit training activities on a part-time basis.

**Dropped from the Rolls (DFR) of the Organization**—An administrative procedure that removes a member from the unit of assignment and reduces the unit's strength. It does not end the member's military status.

**Duty Status-Whereabouts Unknown**—A transitory casualty status, applicable only to military personnel, that is used when the responsible commander suspects the member may be a casualty whose absence is involuntary but does not feel sufficient evidence currently exists to make a definite determination of missing or deceased.

**Employment Requirements Manning Document**—A product providing total manpower requirements to be employed at a Temporary Duty location.

**Evacuation**—Withdrawal from a threatened area. Evacuation normally consists of four phases (departure, safe haven reception, safe haven support, and return). (DoDD 3025.14)

**Failure to Go**—An Unauthorized Absence of 24 consecutive hours or less.

**Family Member**—Family members who are enrolled in Defense Enrollment Eligibility Reporting System in an active file status. For Department of Air Force and Non-appropriated Fund employees, family members should be accounted for if they are receiving evacuation entitlements.

**Force Module**—A force module is a planning and execution tool that provides a means of logically grouping records, which facilitates planning, analysis and monitoring. Force modules may include both forces and sustainment.

**Geographical Area of Interest (GAOI)**—Continental United States or overseas area of concern affected by the disaster or national emergency.

**Global Command and Control System (Air Force)**—A system providing the planning community the ability to share the workload among computer centers and rapidly query programs and data files at remote locations, update and transfer files remotely, send messages and already-formatted data, and teleconference.

**Individual Mobilization Augmentee**—An individual filling a military billet identified as augmenting the active component structure of the Department of Defense [DoD] or other departments or agencies of the U.S. Government.

**Installation Deployment Officer**—The individual acting for the installation commander in the overall direction and control of deployments from a base.

**Limiting Factor**—A factor or condition that either temporarily or permanently impedes mission accomplishment (e.g., transportation network deficiencies, lack of in-place facilities, mal traffic positioned forces or materiel, extreme climatic conditions, distance, transit or overflight rights, political conditions, etc. [Joint Pub 1-02]).

**Major Command (MAJCOM)**—A subdivision of the Air Force that is assigned a major part of the Air Force mission. Major commands report directly to HAF. Includes MAJCOM of assignment for the absentee and the MAJCOM of the servicing MPF, unless otherwise specified. For purposes of this instruction, the Air Force Office of Special Investigations (AFOSI), a field operating agency, is treated as a MAJCOM.

**Military Personnel Flight (MPF)**—The flight within the Force Support Squadron that services the action unit, unless otherwise specified.

**Mission Capability**—A short paragraph that describes the mission capabilities that planners expect of a specific UTC at execution. The statement usually contains pertinent information such as the type of base where commanders will deploy the unit, the unit's functional activities, and other augmentation requirements necessary to conduct specific missions.

**National Crime Information Center**—A computerized information system established by the FBI to serve law enforcement agencies. Using computers, data transmission over communication lines and terminal devices, it makes timely and complete information about deserters available to law enforcement agencies.

**National Emergency**—A condition declared by the President or the Congress by virtue of powers previously vested in them that authorize certain emergency actions to be undertaken in the national interest. Action to be taken may include partial, full, or total mobilization of national resources.

**Natural Disaster**—All domestic emergencies except those created as a result of enemy attack or civil disturbance.

**Noncombatant**—In accordance with (DoDD 3025.14), U.S. citizens who may be ordered to evacuate by competent authority include: Civilian employees of U.S. Government agencies and their dependents, except Civilian employees of U.S. Government agencies and their dependents, who are legal residents in the country concerned but have expressed the willingness to be evacuated. Military personnel of the U.S. Military Services specifically designated for evacuation as noncombatants. Dependents of members of the U.S. Military Services.

**US (and non—US)** -citizens who may be authorized or assisted in evacuation (but not necessarily ordered to evacuate) in accordance with (DoDD 3025.14), by competent authority include: Civilian employees of U.S. Government agencies and their dependents who are legal residents in the country concerned, but have expressed the willingness to be evacuated.

Private U.S. citizens and their dependents—(Note: Private U.S. citizens cannot be ordered to evacuate.)

Military personnel—and dependents of members of the U.S. Armed Forces outlined in **subparagraph a (3)** of DoDD 3025.14, short of an ordered evacuation.

Designated others—including dependents of civilian employees of U.S. Government agencies and their dependents, except civilian employees of U.S. Government agencies and their dependents, who are legal residents in the country concerned, but have expressed the willingness to be evacuated; military personnel of the U.S. Military Services specifically designated for evacuation as noncombatants; and dependents of members of the U.S. Military Services, as prescribed by DoS.

**Noncombatant Evacuation Operation**—Operation directed by the Department of State whereby noncombatants are evacuated from areas of danger overseas to a safe haven.

**Operation Plan**—Any plan for the conduct of military operations prepared in response to actual and potential contingencies. A complete and detailed joint plan containing a full description of the concept of operations, all annexes applicable to the plan, and a time-phased force and deployment data. (JP 5-0)

**Ordered Departure**—Mandatory departure of some or all categories of personnel and dependents (such as military dependents, nonessential DoD civilian employees and their families, families of essential DoD civilian employees, and DoDDS staff and faculty) to designated safe havens is directed by DoS, with implementation of the theater evacuation plan. Historically, DoS accomplishes most ordered evacuations using commercial transportation (scheduled or chartered), without the use of military personnel or assistance. However, DoS may request a DoD-assisted Noncombatant Evacuation Operation (using DoD organic or chartered transportation assets) based on the nature of the threat or the lack of availability of alternative forms of transportation. (JP 3-68)

**Overseas**—All locations, including Alaska and Hawaii, outside the continental United States.

**Personnel Accountability**—The accurate accounting for personnel at all times regardless of location.

**Repatriation**—Procedure whereby American citizens and their families are officially processed back into the United States subsequent to an evacuation. Evacuees are also provided various services to ensure their well-being and onward movement to their final destination. (DoDD 3025.14)

**Replacement accountability**—Tracking of replacement actions in accordance with applicable instructions when necessary to replace a deployed individual that departs prior to completing the specified tour length.

**Replacements**—Personnel required to take the place of others who depart a unit (Joint Pub 1-02).

**Return to Military Control**—End of an Unauthorized Absence.

**Safe Haven**—Designated area(s) to which noncombatants under the U.S. Government's responsibility may be evacuated during an emergency. A location within or outside the United States to which noncombatants are authorized to travel for the purpose of temporarily remaining there until they are authorized to return to the location from which evacuated, or until they are authorized to travel to their final destination. Safe havens are normally designated by DoS, in coordination with DoD. (DoDD 3025.14)

**Selected Reserve**—Those units and individuals within the Ready Reserve designated by their respective services and approved by the Joint Chiefs of Staff as so essential to initial wartime missions that they have priority over all other Reserves. All Selected Reservists are in active status. The Selected Reserve also includes persons performing initial Regular Air Force training.

**Servicing Security Forces**—The military police unit servicing the action unit, unless otherwise specified.

**Stop Movement**—DoD issues an order to stop forward movement of military members, their dependents, nonessential DoD civilian employees and their families, families of essential DoD civilian employees, and DoDDS staff and faculty. (JP 3-68)

**Strength accountability**—Accountability of all personnel on the ground, including transients, at their deployed and designated geographically separated locations, regardless of status, in accordance with component command policies.

**Supervisor**—A person, military or civilian, who oversees another's work. Unless otherwise specified, a member reports to the immediate supervisor for duty each workday.

**Supported Component Command**—The command having primary responsibility for all aspects of a task assigned by the Joint Strategic Capabilities Plan or other Joint operation planning authority. In the context of Joint operation planning, this term refers to the commander who prepares operation plans or operation orders in response to requirements of the Chairman of the Joint Chiefs of Staff. The supported command receives assistance from another commander's force or capabilities, and is responsible for ensuring that the supporting commander understands the assistance required.

**Supporting Command**—The command that provides augmentation forces or other support to a supported commander or who develops a supporting plan. Includes the designated combatant commands and Defense agencies as appropriate. The supporting command aids, protects,

complements, or sustains another commander's force, and is responsible for providing the assistance required by the supported commander.

**Tasked Wing Accountability**—Responsibility of unit commanders and IPR Elements to maintain accountability over their deployed personnel until they have returned to home station.

**Threatened Areas**—Includes areas facing actual or potential danger from natural or manmade disaster, civil unrest, imminent or actual terrorist activities, hostilities, and similar circumstances, as declared by competent authority. (DoDD 3025.14)

**Total Force**—For the purpose of this instruction, Total Force includes Regular Air Force, Air Force Reserve, Air National Guard, Department of the Air Force and Non-appropriated Fund civilians, Defense Enrollment Eligibility Reporting System enrolled family members, family members of Department of Air Force and Non-appropriated Fund employees (when receiving evacuation entitlements), and contractors and their family members when employed outside the continental United States.

**Transient Accountability**—Tracking of personnel that spend at least one night at a location but their final duty location is elsewhere.

**Transient Personnel**—Military member, Department of Defense civilian, or Department of Defense contractor who spend at least one night at a location but their final duty location is elsewhere.

**Unauthorized Absence** —See Absent Without Authority.

**Unit accountability**—Tracking of deployed assigned and/or attached unit personnel. This accountability includes knowing where assigned personnel are at any given time, where they live and work.

**Unit Commander**—An officer in command of the action unit.

**Unit of Assignment**—The organization to which a member belongs and contributes strength, or the organization to which a member once belonged to and has now been dropped from rolls (DFR).

**Unit Type Code**—A Joint Chiefs of Staff developed and assigned code, consisting of five characters that uniquely identify a "type unit." (JP 1-02). A potential capability focused upon accomplishment of a specific mission that the military Service provides. It can consist of manpower force element (MFE) only, equipment (Logistics Detail) only, or both manpower and equipment. (AFI 10-401)

**United States**—The 50 states and all territories and possessions of the United States, including all waters and airspace subject to the territorial jurisprudence of the United States.

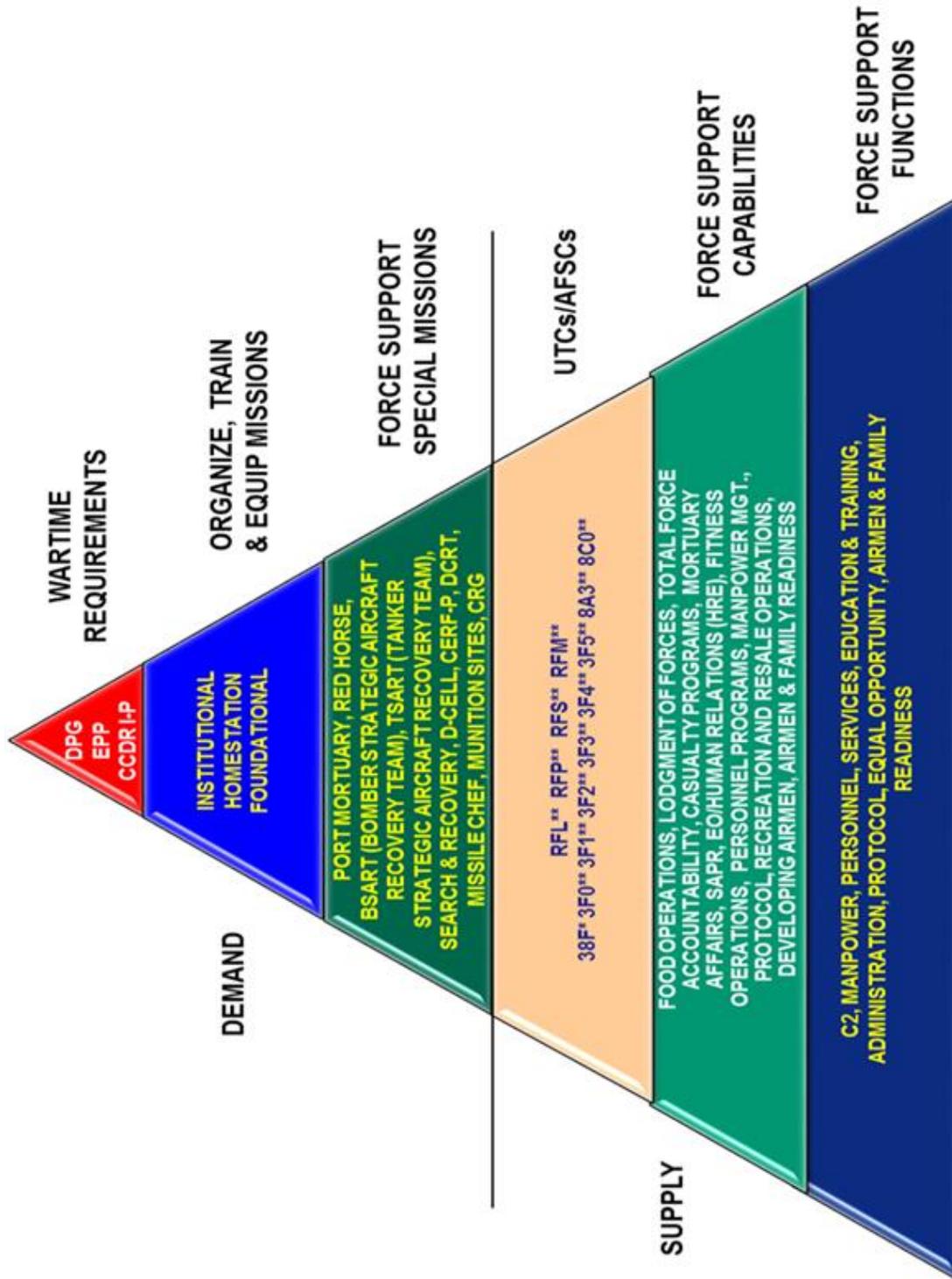
**United States Civil Authorities**—Those elected and appointed public officials and employees who constitute the governments of the 50 states, District of Columbia, Commonwealth of Puerto Rico, United States possessions and territories, and political subdivisions thereof.

**War and Mobilization Plan**—The Air Force supporting plan to the Joint Strategic Capabilities Plan. The War and Mobilization Plan provides current planning cycle policies and planning factors for the conduct and support of wartime operations. It establishes requirements for development of mobilization and production planning programs to support sustained contingency operations.

ATTACHMENT 2

FORCE SUPPORT SUPPLY AND DEMAND PYRAMID

Figure A2.1. Force Support Supply and Demand Pyramid.



**ATTACHMENT 3**

**FORCE SUPPORT FORCE MODULE (FY18-20)**

**Figure A3.1. Force Support Force Module (FY18-20).**