

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

NICHOLAS HARRISON, et al.,

Plaintiffs,

v.

LLOYD J. AUSTIN, Secretary of Defense, et al.,

Defendants.

Civil Action No. 1:18-cv-641 (LMB/IDD)

RICHARD ROE, et al.,

Plaintiffs,

v.

LLOYD J. AUSTIN, Secretary of Defense, et al.,

Defendants.

Civil Action No. 1:18-cv-1565 (LMB/IDD)

**PLAINTIFF RICHARD ROE AND MODERN MILITARY ASSOCIATION OF
AMERICA’S AMENDED AND SUPPLEMENTAL EVIDENCE IN SUPPORT OF
MOTION TO ENFORCE AND ORDER TO SHOW CAUSE**

Plaintiffs Richard Roe and Modern Military Association of America, Inc. (“MMAA”) respectfully submit this amended and supplemental evidence in support of their Motion to Enforce and Order to Show Cause (*Harrison* ECF 349; *Roe* ECF 358) (“Motion”).

After meeting and conferring with counsel for Defendants concerning certain alleged evidentiary defects and potential objections to the declarations that Plaintiffs submitted with their Motion, Plaintiffs now submit this amended and supplemental evidence in an attempt to cure those defects. Defendants have reserved the right to object to the evidence.

A summary of the amended and supplemental evidence follows. To preserve the citations in the brief, paragraph numbers and exhibit letters and numbers have been preserved.

Original Evidence	Amended and Supplemental Evidence
Ex A: Perkowski Declaration ¶¶ 1-81, Exhibits 1-20	Ex. A: Amended & Supplemental Perkowski Decl. ¶¶ 1-22: unchanged, except that discussed regulations are now attached as Exhibits 21-29 (<i>Exhibits 1-7 not resubmitted</i>) ¶¶ 23-72: largely moved to other declarations or deleted (see below) ¶¶ 73-81: unchanged
Ex. B: Richard Roe Declaration	Ex. B: Richard Roe Declaration Unchanged (<i>not resubmitted</i>)
Perkowski Decl. ¶¶ 26-37 (portions) & Exhibits 8-10	Ex. A: Amended & Supplemental Perkowski Declaration & Ex. 8b Ex. C: Decl. of A.J. (under seal) & Exs. 8a, 9, 10
Perkowski Decl. ¶¶ 45-50	Ex. D: Declaration of B.J. (under seal)
Perkowski Decl. ¶¶ 38-44 (portions) & Exhibits 11-12	Ex. A: Amended & Supplemental Perkowski Decl. Ex. E: Decl. of C.J. (under seal) & Exs. 11-12
Perkowski Decl. ¶¶ 51-56, 62-68	Ex. F: Declaration of D.J. (under seal)
Perkowski Decl. ¶¶ 69-72	Ex. G: Nick Harrison Declaration

Dated: June 2, 2023

Respectfully submitted,

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CERTIFICATE OF SERVICE

I certify that, on June 2, 2023, 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.

Respectfully submitted,

/s/ Ashley R. Phillips

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Exhibit A

Amended and Supplemental Perkowski Declaration

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AMENDED AND SUPPLEMENTAL DECLARATION OF PETER PERKOWSKI

1. My name is Peter Perkowski, counsel for Plaintiffs in these actions. 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, some of which was obtained in the course of my work on these cases.

Defendants' Response to the Court's Rulings in this Matter

2. The Court granted summary judgment in Plaintiffs' favor in April 2022 and simultaneously issued two sets of orders, which enjoined Defendants from taking certain actions with respect to service members with HIV. (The April 2022 Orders were slightly revised in May 2022, but to avoid confusion, in this declaration I will refer to them as the Court's "April 2022 Orders.") Two months later, on June 6, 2022, Defendants took the following actions:

a. Defendant Secretary of Defense Lloyd Austin III issued a Memorandum Re: Policy Regarding Human Immunodeficiency Virus-Positive Personnel Within the Armed Forces (the “HIV Memo”). The HIV Memo was directed to Senior Pentagon Leadership, Commanders of the Combatant Commands, and Defense Agency and DOD Field Activity Directors. The HIV Memo is attached to this declaration as Exhibit 1.

b. Among other things, the HIV Memo announced the revision of three Department of Defense Instructions (“DoDI”):

(i) DoDI 6130.03, Volume 1, *Medical Standards for Military Service: Appointment Enlistment, or Induction* (June 6, 2022), which is attached to this declaration as Exhibit 2A. Defendants revised and reissued DoDI 6130.03, Volume 1 again in November 2022; that version is attached as Exhibit 2B.

(ii) DoDI 6485.01, *Human Immunodeficiency Virus (HIV) in Military Service Members* (June 6, 2022), which is attached to this declaration as Exhibit 3; and

(iii) DoDI 6130.03, Volume 2, *Medical Standards for Military Service: Retention* (June 6, 2022), which is attached to this declaration as Exhibit 4.

c. Defendants also issued a communication plan regarding the new HIV policies. U.S Department of Defense, *Communication Plan: Policy Regarding HIV-Positive Personnel Within the Armed Forces* (June 7, 2022), attached to this declaration as Exhibit 5.

3. Defendants made no changes to the deployment regulation, DoDI 6490.07, *Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees* (Feb. 5, 2010). As it did before the April 2022 Orders, that regulation still requires all service members with HIV, including Airmen and Soldiers, to obtain a medical waiver to qualify for a

contingency deployment. *See* DoDI 6490.07, Encl. 3, ¶ e(2). DoDI 6490.07 is attached to this declaration as Exhibit 6.

4. Though the HIV Memo directed the Secretaries of the Military Departments and the Commanders of the Combatant Commands to revise regulations under their purview within 60 days to make them consistent with the HIV Memo, to my knowledge, no service- or combatant-command-level regulations pertaining to HIV have changed since the April 2022 Orders. Thus, Army Regulation (“AR”) 600-110, *Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus* (22 April 2014) [attached as Exhibit 21], remains unchanged; Air Force Instruction (“AFI”) 44-178, *Human Immunodeficiency Virus* (4 March 2014) [attached as Exhibit 22], remains unchanged; SECNAV Instruction (“SECVANINST”) 5300.30F, *Management of Human Immunodeficiency Virus, Hepatitis B Virus, and Hepatitis C Virus in the Navy and Marine Corps* (27 Dec. 2018) [attached as Exhibit 23], remains unchanged; and the HIV-specific sections of MOD Sixteen to USCENTCOM Individual Protection and Individual-Unit Deployment Policy (“MOD16”)—an earlier version of which, MOD13, the Court analyzed in its summary judgment opinion, remain unchanged.

5. The HIV Memo also instructed the Under Secretary of Defense for Personnel and Readiness (“USD(P&R)”) to convene a working group (“HIV Working Group”) to “develop proposed standards for conducting the case-by-case determinations” of service members with HIV. (*See* Ex. 1.) In the Memo, the Working Group was directed to “report those proposed standards to [the Secretary of Defense] within six months.” (*Id.*) If the Working Group reported those proposed standards as instructed, the report has not been made public or available to

Plaintiffs' counsel. Moreover, to my knowledge, neither the USD(P&R) nor Defendant Austin has yet taken any action on any recommendations of the HIV Working Group.

6. The HIV Memo did not charge the HIV Working Group with examining and proposing accessions standards for people living with HIV who are not yet serving and therefore not addressed in the June 2022 revised regulations. Nevertheless, as the time drew near for Defendants' responsive pleading in the new case challenging the regulations preventing all people with HIV from joining the military (*Wilkins v. Austin*, No. 1:22-cv-01272 (LMB/IDD)), the USD(P&R) issued a memo to the Chair of the HIV Working Group stating, among other things, that the HIV Working Group should be "considering whether DoD should make any changes to accessions policy for HIV-positive individuals not covered by the Secretary's June 6, 2022 memorandum." A copy of this February 10, 2023 memo is attached to this declaration as Exhibit 7. In the memo, the USD(P&R) instructed: "I hereby direct the working group to provide a recommendation to me concerning whether to amend DoD's accessions policy, as it pertains to HIV-positive individuals seeking to join the military, no later than April 1, 2023."

Experiences of HIV-Positive Service Members Since the April 2022 Orders

7. Since the April 2022 Orders, I have received numerous calls, texts, and emails from service members with HIV who are experiencing barriers or difficulties in applying for commissioning programs, being deployed, obtaining new assignments, or attempting to obtain a permanent change of station ("PCS").

8. I have communicated with these service members by telephone and other means, and I collected relevant documents, including emails, from them. Some of the facts set forth below are based on those documents and conversations.

Medical Limitation Codes and Restrictions on Service Members with HIV

9. In talking with service members with HIV, I have learned that the barriers and restrictions these service members are experiencing are embedded in the systems that the service branches use to track and limit people with chronic conditions that make them presumptively non-deployable. Directly below, I describe those systems and policies, which are applicable to all service members with HIV and are identical to the systems and policies that existed before the April 2022 Orders.

Air Force

10. In the Air Force, Airmen with duty-limiting conditions may be returned to duty with an Assignment Limitation Code (“ALC”). Broadly speaking, “[a]ssignment limitations ... are used to alert personnel managers of long term constraints on assignment or utilization of Airmen. They broadly restrict, or limit the selection of Airmen for assignment to or from certain duties or areas.” *Total Force Assignments*, Department of the Air Force Instruction (“DAFI”) 36-2110 ¶ 6.12 (15 Nov. 2021), attached as Exhibit 24.

11. With respect to Airmen newly diagnosed with HIV, “HIV-infected [sic] members who have been evaluated for continued medical service and are retained will receive an Assignment Limitations Code-C (ALC-C).” Ex. 22, AFI 44-178 ¶ A9.1.2.

12. The “C” stratification is an ALC subcategory.

Medical Assignment Limitation Code “C” Stratification. When a Physical Evaluation Board determines an Airman to remain on active duty, who may not be fully qualified for worldwide service, the Air Force carefully manages future assignments. In such cases, AFPC/DP2NP will input and manage assignment limitation code “X” for C1 stratification, “Y” for C2 stratification, or “C” for C3 stratification ... as appropriate for description, effective date and duration, and limitation on PCS [permanent change of station] selection.

Ex. 24, DAFI 36-2110 ¶ 6.12.1. While Airmen with any “C” stratification require a medical

waiver to qualify for a contingency deployment, it is my understanding that all Airmen with HIV are designated ALC-C2. Under the regulation, an ALC-C2 means that Airmen with HIV are assignable only to installations in the continental U.S. with intrinsic fixed medical treatment facilities, or outside the continental U.S. only with the approval of the Surgeon General of the “gaining” major command (or delegate). *See* Ex. 24, DAFI 36-2110, Table 3.2. Further, Airmen with HIV may not PCS outside of these limits without a waiver. *Id.*

13. Regardless of which “C” stratification an Airman with HIV receives, though—whether it is C1, C2, or C3—the code would classify them as non-deployable and assignment limited to specific installations. *Id.*

14. In addition, because there have been no changes to DoD or Air Force deployment regulations, all Airmen with HIV are still required to obtain a medical waiver to deploy.

Army

15. Like the Air Force, the Army uses codes to indicate a Soldier’s individual medical readiness and control their movement. In the Army, these codes are known as medical readiness classifications (“MRC”) or MRC codes. *See Medical Readiness*, AR 40-502 ¶ 1-6 (27 June 2019), attached as Exhibit 25. Medical readiness classifications range from 1 to 4, and “Commanders use the medical readiness information to determine if a Soldier is deployable and able to perform the unit’s core designed mission or assigned mission” *Id.* ¶ 1-6(b).

16. Soldiers who are diagnosed with HIV have their “medical profile” coded in two ways: “the V code for deployment restrictions will be added to the profile, and medical nondeployment module changed to ‘YES’ by the HIV program coordinator.” Ex. 21, AR 600-110 ¶ 4-11(d); *see also id.* ¶ 4-13. Soldiers with HIV “will be limited to duty within the United States (including Alaska, Guam, Hawaii, Puerto Rico, and the U.S. Virgin Islands), *id.*

¶ 1-16(f), and the medical profile is designed to “allow[] commanders and medical personnel to track these individuals over time and ensure their continental United States (“CONUS”) only duty status is not violated,” *id.* ¶ 4-13(b).

17. As a result of the “V” code in the medical profile, a Soldier with HIV will be assigned an MRC 3, which means “not medically ready.” *Medical Readiness Procedures*, Department of the Army Pamphlet (“DA PAM”) 40-502 ¶ 1-6(c) & Table 1-2 (27 June 2019) (MRC 3 class includes individuals with deployment-limiting conditions for longer than 30 days, and listing deployment-limiting codes that include “[p]ermanent profiles with a deployment/assignment restriction code (F, V, or X)”), attached as Exhibit 26.

18. Because there have been no changes to DoD or Army deployment regulations, all Soldiers with HIV are still required to obtain a medical waiver to deploy.

19. In addition, to my understanding, based on the MRC 3 classification, Soldiers with HIV may not even join units that *may* deploy (i.e., deployable units) unless they obtain an exception to policy (“ETP”). They are also required to obtain a waiver or ETP to change their Military Occupational Specialty (“MOS”) to one that requires the Soldier to be deployment ready.

Navy

20. Unlike the Army and the Air Force, the Navy generally does not use special codes to track people with duty-limiting conditions. Instead, the Navy screens all Sailors at the time of PCS transfer to operational duty or when traveling overseas, and any unsuitability findings are handled then in accordance with applicable regulations. Those regulations are described below.

21. *Assignment of Active Duty Personnel with Bloodborne Pathogens (BBP)*, MILPERSMAN 1300-1300 (8 Nov 2021), attached as Exhibit 27, outlines the assignment and

distribution process for active duty Sailors with a “bloodborne pathogen” (BBP), which includes HIV. *Id.* ¶ 1. The process is as follows:

- a. Upon initial diagnosis, a Sailor with HIV is placed on temporary limited duty (“TLD”) and transferred to a medical unit for treatment. *Id.* ¶ 4.c(3). Upon “reaching stability,” the Sailor then receives a medical assignment screening. *Id.* That medical screening is conducted under MILPERSMAN 1300-800, *Transfer of Personnel to Operational Duty (Operational Screening)* (14 Nov 2011), attached as Exhibit 28.
- b. Thereafter, just like any Sailor, Sailors with HIV who receive orders for operational duty or duty OCONUS, or who apply for PCS or reassignment OCONUS, undergo assignment screening. *E.g.*, Ex. 27, MILPERSMAN 1300-1300 ¶ 5; *see generally* Ex. 28, MILPERSMAN 1300-800; *Overseas/Remote Service General Information*, MILPERSMAN 1300-300 (6 Jul 2015), attached as Exhibit 29.
- c. During this screening process, Sailors with HIV are subject to additional screening, are subject to assignment limitations and restrictions, and may be found unsuitable for some orders or assignments. *E.g.*, Ex. 27, MILPERSMAN 1300-1300 ¶ 6 (describing various responsibilities for clearing service members); *id.* ¶ 6.d(5) (noting that waivers are required for Sailors with HIV who are in “special communities” such as aviation or submarine duty). For example, for OCONUS or operational orders, Sailors with HIV are screened for assignment to eight commands/bases listed in Exhibit 1 to MILPERSMAN 1300-1300. *Id.* ¶ 5 & Ex. 1.

22. Of the policies described above, all were in place before the April 2022 Orders, and for each of them the provisions applicable to service members with HIV have not been modified since that time.

Recent Experiences of Service Members with HIV

23. In accompanying declarations, service members who I am referring to with the pseudonyms SGT A.J., 1LT B.J., PO2 C.J., and SFC D.J.—as well as plaintiff Richard Roe and former plaintiff Nick Harrison—describe their experiences as service member with HIV attempting to navigate reassignment, deployment, or commissioning since the April 2022 Orders.

24. [Removed]

25. [Removed]

Army National Guard Sergeant A.J.

26. [Moved to Declaration of A.J.]

27. SGT A.J. contacted me in November 2022, after he was informed that he would not be able to deploy with his unit to Saudi Arabia. [Remainder of paragraph 27 was moved to Declaration of A.J.]

28. [Moved to Declaration of A.J.]

29. I communicated with Defendants' counsel after SGT A.J.'s waiver to deploy was denied in December 2022. According to communications from Defendants' counsel to me, Exhibit 8a (attached to SGT A.G.'s declaration) is a recommended denial signed by Colonel Janet Chenault, Chief of Health Readiness at Army Central Command ("ARCENT"). Also according to Defendants' counsel, COL Chenault's recommendation was then sent to CENTCOM, where it was then denied as reflected in the document attached to this declaration as Exhibit 8b, which was sent to me by Defendants' counsel. In the comments, the CENTCOM denial stated: "Meets USCENTCOM entry requirements for HIV, but Kuwait restricts those with HIV from entering the country. Per the US State Department on Kuwait: Some HIV/AIDS entry restrictions exist for visitors to and foreign residents of Kuwait. Residency permits require an

HIV/AIDS test and permits may be denied if applicants test positive. If HIV-related illness becomes known, the resident must leave the country or be deported.” (Ex. 8b, at 2.) [Remainder of paragraph 29 was moved to Declaration of A.J.]

30. [Moved to Declaration of A.J.]

31. The denial focused on Kuwait, not Saudi Arabia, because the waiver request had indicated that Kuwait was SGT A.J.’s destination. (*See* Ex. 8b.) During a call on December 22, 2022, I informed Defendants’ counsel that Kuwait was merely a staging area, and that SGT A.J.’s ultimate destination was Saudi Arabia. Defendants’ counsel subsequently informed me that if the ARNG re-submitted the waiver request indicating that SGT A.J.’s destination was Saudi Arabia, it likely would be granted.

32. On January 11, 2023, I received a call from ARNG commanders about SGT A.J.’s situation. The commanders were reluctant to submit the second waiver to CENTCOM because they thought it would be denied: in their words, they had reviewed the State Department’s travel guidance for Saudi Arabia and concluded that it was similar to the guidance for Kuwait, so they believed that the waiver would be denied on the same grounds. I assured the commanders that there must have been a reason why I had been assured that the waiver “likely” would be granted, and I urged them to approve and submit it. [Remainder of paragraph moved to Declaration of A.J.]

33. [Moved to Declaration of A.J.]

34. But for my direct involvement in SGT A.J.’s situation—including the engagement of Defendants’ counsel—and my advocacy for the submission and approval of his wavier request, it appears unlikely that his waiver would have been submitted, much less granted. Most service members with HIV, however, will not have the advantage of the involvement of a lawyer

or personal ombudsman to facilitate their waiver requests under Defendants' system. Those who do not have advocates helping them will likely be denied opportunities, like SGT A.J. almost was.

35. [Moved to Declaration of A.J.]

36. [Moved to Declaration of A.J.]

37. [Moved to Declaration of A.J.]

Navy Petty Officer second class C.J.

38. [Moved to Declaration of C.J.]

39. [Moved to Declaration of C.J.]

40. The current BBP Regulation—MILPERSMAN 1300-1300, discussed above—contains a list of commands eligible for overseas or operational assignment of members with bloodborne pathogens. *See* Ex. 27, MILPERSMAN 1300-1300, at Ex. 1. The list notes that the Naval Hospital in Sigonella, Italy had medical facilities capable of providing services to Sailors with BBP. So under existing regulations, Sicily was an acceptable overseas assignment for Sailors with HIV, including PO2 C.J.

41. [Moved to Declaration of C.J.]

42. [Moved to Declaration of C.J.]

43. [Moved to Declaration of C.J.]

44. [Moved to Declaration of C.J.]

45. [Moved to Declaration of B.J.]

46. [Moved to Declaration of B.J.]

47. [Moved to Declaration of B.J.]

48. [Moved to Declaration of B.J.]

- 49. [Moved to Declaration of B.J.]
- 50. [Moved to Declaration of B.J.]
- 51. [Moved to Declaration of D.J.]
- 52. [Moved to Declaration of D.J.]
- 53. [Moved to Declaration of D.J.]
- 54. [Moved to Declaration of D.J.]
- 55. [Moved to Declaration of D.J.]
- 56. [Moved to Declaration of D.J.]
- 57. [Deleted]
- 58. [Deleted]
- 59. [Deleted]
- 60. [Deleted]
- 61. [Deleted]
- 62. [Moved to Declaration of D.J.]
- 63. [Moved to Declaration of D.J.]
- 64. [Moved to Declaration of D.J.]
- 65. [Moved to Declaration of D.J.]
- 66. [Moved to Declaration of D.J.]
- 67. [Moved to Declaration of D.J.]
- 68. [Moved to Declaration of D.J.]
- 69. [Moved to Declaration of Nick Harrison]
- 70. [Moved to Declaration of Nick Harrison]
- 71. [Moved to Declaration of Nick Harrison]

72. [Moved to Declaration of Nick Harrison]

Discussions with Defendants and Meet-and-Confer on the Motion

73. Plaintiffs' counsel have been discussing the deficiencies in Defendants' response to the Court's April 2022 Orders since shortly after Defendant Austin issued the HIV Memo.

74. On July 1, 2022, Plaintiffs' counsel sent Defendants a letter highlighting how Defendants' changes to the medical standards regulations (DoDI 6130.03) and HIV regulation (DoDI 6485.01) did not comply with the Court's April 2022 Orders—even when read in light of the HIV Memo. (A copy of that letter is attached to this declaration as Exhibit 15.) That letter led to at least one telephonic discussion among counsel for the parties.

75. In the fall of 2022, I started to hear from service members with HIV who continued to be negatively affected by Defendants' HIV policies, including the service members discussed above. Learning of these problems prompted me to prepare and send a letter to Defendants' counsel on November 22, 2022, a copy of which is attached to this declaration as Exhibit 16. The letter notified Defendants of the problems that the service members above were facing and also argued that Defendants' waiver system created systemic problems for service members with HIV that caused Defendants to be out of compliance with the April 2022 Orders.

76. On December 9, 2022, counsel for the parties held a telephonic meet-and-confer to discuss the issues raised in the November letter. Defendants' counsel had no updates on the specific circumstances of the service members raised in the letter. Defendants' counsel disagreed that Defendants were implementing the Court's injunctions in a manner contrary to the April 2022 Orders. Defendants' counsel also stated that Defendants were working on broader policy guidance about how to implement the HIV Memo, claiming that there was a draft that had been circulated that was still undergoing review by relevant stakeholders. Defendants' counsel did not

have a timeline for release of that broader policy guidance but said “hopefully soon.” Over four months later, however, such guidance has not been issued.

77. On December 20, after receiving word that SGT A.J.’s first waiver had been denied, I sent another email to Defendants’ counsel informing them of the ways in which the waiver denial itself failed to comply with the April 2022 Orders. A copy of that email is attached as Exhibit 17.

78. On December 22, Defendants’ counsel responded by email. A copy of this email is attached as Exhibit 18. In the email, Defendants’ counsel admitted that “the military’s downstream implementation of the [June 6] policy memorandum [was] still ongoing,” and policies on HIV “remain in flux.” Nevertheless, counsel continued to maintain that Defendants were in compliance with the April 2022 Orders because “the military does not employ [a] categorical bar.” (Ex. 18.)

79. Counsel’s December 22 email also included a copy of a CENTCOM waiver that had been granted. A true copy of this waiver, as received from counsel, is attached as Exhibit 19. The waiver indicated Iraq as the destination, and the subject was a civilian. CENTCOM approved the waiver with the following note: “HIV/AIDS: Iraq imposed HIV/AIDS-related travel restrictions on all visitors and new residents. Travelers should verify their eligibility to travel to Iraq with the Embassy of Iraq before traveling. [¶] HIV ... meets USCENTCOM requirements, but it is unknown if individual will be allowed in country based on state department information. Given lack of concrete information on ability to enter Iraq, waiver approved.” This waiver approval shows the inconsistency of CENTCOM waiver decisions for HIV: as compared to SGT A.J.’s first waiver request (for Kuwait), the State Department

guidance for Iraq is worse. Yet CENTCOM granted the waiver anyway. For SGT A.J., CENTCOM wouldn't even allow him to travel *through* Kuwait.

80. My efforts to assist 1LT B.J. and PO2 C.J. were unsuccessful, and the circumstances were irreversible by the end of December. By mid-February, SGT A.J.'s situation resolved when he finally joined his unit in Saudi Arabia. With those individual matters no longer emergent, Plaintiffs' counsel focused on preparing the memorandum in support of the motion to which this declaration is attached. On April 5, 2023, the parties held another meet-and-confer teleconference during which Plaintiffs' counsel re-iterated their intention to bring to the Court's attention the systemic issues leading to non-compliance with the April 2022 Orders through a motion to enforce and order to show cause why Defendants should not be held in contempt.

81. On April 10, 2023, Defendants' counsel provided a formal written response, which is attached to this declaration as Exhibit 20. In it, Defendants reiterated their position that they are in full compliance with the April 2022 Orders and declined to commit to any changes to internal regulations or procedures for making decisions with respect to "whether" (not "how") service members living with HIV can be approved for deployment, commissioning, or other activities.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this 31st day of May, 2023.


Peter Perkowski

Exhibit 8b

AJ Waiver Denial

MOD 16 TAB C

CENTCOM Medical Waiver Request

Patient Name (Last, First): REDACTED DOB: REDACTED SSN(Last 4): REDACTED

Previous Deployments: 0 Destination (country): Kuwait Diagnosis (Lay term): DL7; ICD10: B20

Age: 29 Sex: M Grade: SGT/E5 Service: ARNG Home Station: REDACTED

Years of Service: UNK Active/Reserve/Guard/Civilian: ARNG MOS/Job Description: 25Q

Deployment Length: 12 months Previous Waivers (Y/N): N Currently Deployed (Y/N): N

Waiver POC Name/E-mail/Phone: REDACTED, COL, SP, REDACTED

Case Summary (To be completed by provider, including clinical information necessary to make a disposition. See most recent updated MOD 16 and accompanying MOD 16-TAB A for required information. Attach supporting medical documentation (Lack of necessary supporting documentation will result in disapproval):

SGT REDACTED has ICD10: B20 diagnosis with DL7 profile requirements. Attached are two years of office notes and labs. Attached is recent lab dated 20221004. Current medication Genvoya tab 1PO QD., Atorvastatin 10mg QD. SGT REDACTED has never been hospitalized for this diagnosis. Thank you for your review.

I have reviewed the case summary and hereby submit this request.

Signature: _____ Commander Approval: _____

CENTCOM Surgeon / Component Surgeon Response

Waiver Approval: ☐ YES ☒ NO

HALL.ANDREW.B.1140

Digitally signed by
HALL.ANDREW.B.1140477571
Date: 2022.12.05 10:59:20 -05'00'

Signature: 477571

Date: 5 Dec 2022

CENTCOM Command Surgeon
NOT APPROVED

Comments:

Meets USCENTCOM entry requirements for HIV, but Kuwait restricts those with HIV from entering the country. Per the US State Department on Kuwait: Some HIV/AIDS entry restrictions exist for visitors to and foreign residents of Kuwait. Residency permits require an HIV/AIDS test and permits may be denied if applicants test positive. If HIV-related illness becomes known, the resident must leave the country or be deported.

Perkowski Exhibit 21

(AR 600-110)

Army Regulation 600-110

Personnel-General

**Identification,
Surveillance, and
Administration of
Personnel Infected
with Human
Immunodeficiency
Virus**

Headquarters
Department of the Army
Washington, DC
22 April 2014

UNCLASSIFIED

SUMMARY of CHANGE

AR 600-110

Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus

This administrative revision, dated 27 June 2014--

- o Modifies copy of DA Form 5669 (fig 4-1).
- o Makes an administrative change to include this administrative revision (title page).

This rapid action revision, dated 22 April 2014--

- o Changes Human Immunodeficiency Virus testing time requirements for Reserve Component Selected Reserve personnel from every 5 years to every 2 years (paras 3-2k(1), 3-2k(2), 7-4a(3), 7-4a(5), 7-4b(1), and 7-4b(2)).
- o Makes administrative changes (throughout).

Headquarters
Department of the Army
Washington, DC
22 April 2014

***Army Regulation 600–110**

Effective 22 May 2014

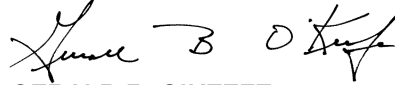
Personnel-General

Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus

By Order of the Secretary of the Army:

RAYMOND T. ODIERNO
General, United States Army
Chief of Staff

Official:



GERALD B. O'KEEFE
Administrative Assistant to the
Secretary of the Army

History. This publication is a administrative revision. The portions affected by this administrative revision are listed in the summary of change.

Summary. This regulation implements the Office of the Assistant Secretary of Defense, Health Affairs Policy Memorandum-Human Immunodeficiency Virus Interval Testing, dated March 29, 2004 and Department of Defense Instructions 6485.01 and prescribes Army policy and responsibilities on human immunodeficiency virus testing and surveillance requirements; procedures for identification, surveillance, and administration of personnel infected with human immunodeficiency virus; testing and counseling procedures for Soldiers and other military health care beneficiaries for human immunodeficiency virus infection; requirements for testing military applicants; conditions under which civilian employees may be tested; procedures for administration of human immunodeficiency virus infected Active Army, Army National Guard/Army National Guard of the United States, and U.S. Army Reserve Soldiers; guidance on the

limitations on the use of testing information; information and education requirements of the human immunodeficiency virus testing program; and guidance to law enforcement and corrections personnel in handling known or suspected human immunodeficiency virus infected personnel.

Applicability. This regulation applies to the Active Army, the Army National Guard/the Army National Guard of the United States, and the U.S. Army Reserve, unless otherwise stated. It also applies to candidates and applicants for accession; Department of the Army civilian employees; nonappropriated fund employees; and military health care beneficiaries. If the provisions of this regulation conflict with existing negotiated labor agreements, the terms of those agreements will be controlling until renegotiated. In any activity where a union has been granted exclusive recognition to represent civilian employees, no new conditions of employment should be implemented without prior discussion with the servicing civilian personnel officer regarding the obligation to negotiate. During mobilization, the proponent may modify chapters and policies contained in this regulation.

Proponent and exception authority. The proponent of this regulation is the Deputy Chief of Staff, G–1. The proponent has the authority to approve exceptions or waivers to this regulation that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field operating agency, in the grade of colonel or the civilian equivalent. Activities may request a waiver to this regulation by providing justification that includes a full analysis of

the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25–30 for specific guidance.

Army internal control process. This regulation contains internal control provisions in accordance with AR 11–2 and identifies key internal controls that must be evaluated (see appendix B).

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from Deputy Chief of Staff, G–1 (DAPE–HR–PR), 300 Army Pentagon, Washington, DC 20310–0300.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Deputy Chief of Staff, G–1 (DAPE–HR–PR), 300 Army Pentagon, Washington, DC 20310–0300.

Distribution. This publication is available in electronic media only and is intended for command levels A, B, C, D, and E for the Active Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

*This regulation supersedes AR 600–110, dated 17 August 2012.

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Glossary

Chapter 1

Introduction

Section I

General

1–1. Purpose

This regulation prescribes policy, procedures, responsibilities, and standards concerning identification, surveillance, and administration of personnel infected with human immunodeficiency virus (HIV).

1–2. References

Required and related publications and prescribed and referenced forms are listed in appendix A.

1–3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

Section II

Responsibilities

1–4. Deputy Chief of Staff, G–1

The DCS, G–1 will—

- a. Serve as lead agent for all HIV policies.
- b. Provide Army staff supervision for the HIV program.
- c. Coordinate with U.S. Military Entrance Processing Command policies pertaining to preaccession HIV testing conducted at military entrance processing stations (MEPSs).
- d. Ensure that HIV policies and programs are effectively implemented consistent with Department of Defense (DOD) guidance and current medical knowledge.

1–5. The Surgeon General

The Surgeon General will—

- a. Program and manage funds and resources for the support of laboratory, research, education, prevention strategies, and contractor activities for medical aspects of the overall HIV program.
- b. Provide up-to-date clinical and epidemiological information to the Army staff and Secretariat on HIV and Acquired Immune Deficiency Syndrome (AIDS).
- c. Develop procedures for notification and counseling of HIV infected Soldiers and other health care beneficiaries (HCBs).
- d. Through the proponent office for preventive medicine, provide oversight for the identification, surveillance, and management of HIV infected Soldiers.
- e. Ensure responsive laboratory support to the Active Army and reserve components (RC) and to other testing programs for authorized HCBs.
- f. Advise the Office of the DCS, G–1 and the Office of the Assistant Secretary of the Army (Manpower and Reserve Affairs) of Department of the Army (DA) and DOD epidemiological information and trends.
- g. Through the U.S. Army Medical Research and Materiel Command—
 - (1) Provide input concerning the medical administration of the HIV testing program for publication in this regulation.
 - (2) Provide technical oversight in support of the Army's HIV testing program, to include guidance on the most current and appropriate laboratory tests to be used for screening and confirmation.
 - (3) Prescribe the methodology to be used by the laboratories supporting HIV testing.
 - (4) Provide technical guidance for the collection and shipment of specimens.
 - (5) Plan, program, and manage epidemiology and research initiatives.
- h. Release HIV testing statistics only in response to specific queries. Such inquiries must be processed under the provisions of the Privacy Act (Title 5, United States Code, Section 552a (5 USC 552a)) and the Freedom of Information Act (FOIA) (5 USC 552) and should be handled in accordance with the procedures of AR 25–55 and AR 340–21. Generally, HIV information about specific individuals will not be released under the FOIA, but may be released under limited circumstances pursuant to the Privacy Act or DOD 6025.18–R, Chapter 7.
- i. Through the U.S. Army Public Health Command (USAPHC) formerly known as U.S. Army Center for Health Promotion and Preventive Medicine—
 - (1) Serve as the technical lead for the public health aspects of installation HIV programs. The USAPHC functions include program development, written program guidance, automated tools, technical assistance, local HIV program

capacity building and maintenance, and continuing education for HIV program directors/coordinators (Public Health Nurses (PHNs)).

(2) Provide central tracking for HIV infected Soldiers in order to ensure timely notification, medical evaluation, and verification.

(3) Develop commander's guidance to assist the commanders of Soldiers infected with HIV.

(4) Develop programs for health education and primary and secondary HIV prevention education for individual HCBs, especially those who are HIV infected, or at high risk.

(5) Develop community health education materials in collaboration with the Chief Nurse, USAPHC, and the public affairs community (see chap 10).

(6) Assist Army commands (ACOMs), Army service component commands (ASCCs), or direct reporting units (DRUs) in the development and implementation of community health education programs regarding HIV infection and AIDS.

1-6. Chief of Chaplains

The Chief of Chaplains will provide pastoral care by ensuring that chaplain counseling and religious support is available to Soldiers and Family members who are infected with HIV and the uninfected members of those Families.

1-7. Chief of Public Affairs

The Chief of Public Affairs will—

a. In coordination with The Surgeon General and DCS, G-1, support a command information program that informs audiences about current information pertaining to HIV infection and the AIDS epidemic.

b. Help publicize the Army's testing, research, and education efforts for prevention strategies related to HIV and AIDS.

1-8. Chief, National Guard Bureau

The Chief, NGB will—

a. Budget money and resources to provide administrative support for oversight of the HIV testing program in the Army National Guard (ARNG).

b. Provide and coordinate medical support for the notification and counseling of HIV infected ARNG Soldiers and their spouses.

c. Provide oversight and quality assurance for managing and centrally tracking HIV infected ARNG Soldiers.

d. Ensure ARNG units comply with the Army's HIV policy.

e. Advise the DCS, G-1 regarding the impact of HIV programs on ARNG personnel and units.

1-9. Commanding General, U.S. Army Human Resources Command

The CG, HRC will—

a. Function as liaison between testing sites.

b. Provide timely notification of initial HIV positive test results to the U.S. Army Reserve (USAR).

c. Provide and coordinate administrative support for the notification and counseling which is inclusive of verification blood tests and completion of annual medical evaluation which determines fitness for duty.

d. Serve as the technical lead for transfer of all confirmed HIV infected individual ready reserve (IRR) Soldiers to the USAR Standby Reserve Active.

e. Develop and implement education program for USAR Soldiers.

f. Provide oversight and quality assurance for centrally tracking career management activities of HIV infected Soldiers including nondeployable assignments, long-term schooling, request for reassignment orders, and exception to policy.

g. Serve as primary point of contact (POC) for active component (AC) issues and inquiries.

h. Code administrative records to restrict permanent change of station (PCS) movement of enrollees.

i. Coordinate and advise command, assignment, and branch management staff on program provisions.

j. Maintain data on current enrollees and reconcile data furnished by medical lab processing element.

1-10. Commanding General, U.S. Army Reserve Command

The CG, USARC will—

a. Submit to HRC money and other resource requirements to provide administrative support for oversight of the HIV testing program in the USAR.

b. Provide and coordinate medical support for the notification and counseling of HIV infected USAR Soldiers and their spouses.

c. Provide oversight and quality assurance for managing and centrally tracking HIV infected USAR Soldiers.

d. Develop and coordinate USAR HIV policy for specified and unified commands, ACOMs, ASCCs, and DRUs.

- e. Advise the DCS, G-1 regarding the impact of HIV programs on USAR personnel and units.

1-11. U.S. Army Medical Command commanders

The USAMEDCOM commanders will—

- a. Identify appropriate resources and locations to collect and ship specimens to the servicing laboratories.
- b. Ensure that information regarding HIV test results is appropriately safeguarded according to the policies in this regulation.
- c. Coordinate testing, notification, counseling, and education procedures with Office of the Surgeon General (OTSG). Provide medical support for these functions per guidance from OTSG.
- d. Ensure that epidemiologic assessment interviews and counseling are performed and that all medical requirements are accomplished according to the policies in this regulation, or request exceptions to policy when appropriate.
- e. Ensure that guidance published by OTSG regarding the Blood Donor and Transfusion Recipient Look Back Program is followed within their command. For more guidance see Policy on the Use of Non-U.S. Food and Drug Administration Compliant Blood Products, March 19, 2010; Blood Program Letters (BPL) 09-01, DOD Policy on Blood Donor Screening, Donor Deferral, Notification and Lookback to Include Using Licensed Nucleic Acid Tests (NAT) With Approved Mini-Pool Strategies; and BPL 10-01, Department of Defense (DOD) Policy on Blood Donor Screening, Donor Deferral, Notification and Lookback to Include Updated Multiplex HIV/HCV/HBV Nucleic Acid Testing Algorithm.
- f. Designate the medical positions outlined in chapter 2.

1-12. Army command, Army service component command, or direct reporting unit commanders

The ACOM, ASCC, or DRU commanders will—

- a. Budget money and resources to provide administrative support for oversight of the HIV testing program in their command.
- b. Designate a centralized POC in their headquarters to coordinate all administrative and medical aspects and educational preventive strategies, of the HIV testing program.
- c. Ensure compliance with all aspects of the HIV testing program outlined in this regulation at their various installations and activities.
- d. Ensure that information regarding HIV testing results is appropriately safeguarded per the policies in this regulation.
- e. Ensure that their Public Affairs Office conducts an aggressive command information program per chapter 10.

1-13. Installation and community commanders

These commanders will—

- a. Coordinate with the servicing medical department activity (MEDDAC) or medical center (MEDCEN) to accomplish scheduling, education, prevention strategies, and testing of personnel assigned to or supported by their installation or community.
- b. Assist servicing MEDDAC or MEDCEN in implementing HIV education programs for Soldiers, commanders, health care workers, civilian employees, and other HCBs, as needed.
- c. Establish a support network of professional personnel (chaplain, psychologist, psychiatrist, social worker, and a PHN) trained to provide assistance to HIV infected Soldiers and their uninfected Family members in such areas as Family support and suicide prevention.
- d. Use local assets to support command and public information efforts.
- e. Consult, as appropriate, with the servicing staff judge advocate on the limited use provisions of this policy and other restrictions on the use of HIV information.
- f. Ensure that military and civilian personnel receive training and education on HIV and Army policies. Soldier and health care worker HIV prevention training is coordinated by a PHN. Commanders should ensure that all nonsupervisory civilian employees are given sufficient training regarding HIV and/or AIDS in the workplace so that employees understand—

(1) The medical ramifications of HIV and/or AIDS as they relate to communicability, and as they affect an employee's ability to perform official duties; and workplace rights of employees who are HIV positive or have AIDS.

(2) Civilian employees may be excused from HIV or AIDS training in the workplace if they believe the training is offensive or may be emotionally or psychologically stressful to them. Managers and supervisors who excuse civilian employees from scheduled training will offer those employees an appropriate alternative to the training, such as written materials on HIV and/or AIDS in the workplace.

- g. Ensure that information regarding HIV testing results is appropriately safeguarded per the policies in this regulation.

1–14. Unit commanders

The unit commanders will—

- a. Be knowledgeable of the provisions of this regulation.
- b. Ensure that HIV information and education is included in unit training programs, with emphasis on the prevention of infection. See chapter 7 for RC personnel policy.
- c. Ensure that their assigned or attached personnel comply with the HIV testing requirements.
- d. Accompany Soldiers identified as HIV infected to the medical treatment facility (MTF) for notification of the (first) initial positive test as soon as possible after contact by preventive medicine, and no later than 4 days after contact by preventive medicine for Soldiers on leave or not on active duty (AD) status. (Unit commanders who are general officers may designate a subordinate officer to perform this function.) Upon learning of the Soldier's HIV status, commanders will not inform the Soldier nor be present in the room during the notification or the epidemiological assessment interview.
- e. Provide support and facilitate the support network for the HIV infected Soldier from the point of initial notification.
- f. Protect the confidentiality of HIV infected Soldiers from unwarranted invasions of their privacy. This responsibility includes strictly limiting knowledge of a Soldier's HIV status to individuals who have a "need to know" about the medical condition in the performance of their duties as defined by the Uniform Code of Military Justice (UCMJ). Commanders and legitimate administrative, legal, and medical authorities must ensure that the recipient of the information understands his or her obligation to protect the confidentiality of that information (see para 5–4).
- g. Consult, as appropriate, with the servicing staff judge advocate on the limited use provisions of this policy and other restrictions on the use of HIV test results and epidemiological information.
- h. Counsel HIV infected Soldiers per the policies in section III (DA Form 4856 (Developmental Counseling Form)) following formal counseling by the installation HIV program director (DA Form 5669 (Preventive Medicine Counseling Record)), with every change of command, and within 30 days of PCS and provide a copy to the HIV program coordinator (PHN).
- i. Ensure that HIV infected AD Soldiers (including Active Guard Reserve (AGR)) report, at a minimum, every 6 months for their infectious disease medical evaluation visit and comply with medical management as directed by their infectious disease physician at military MTFs that have infectious disease providers.
- j. Ensure that copies of HIV infected Soldier's PCS orders are provided to the HIV PHN to communicate to the gaining HIV PHN.

Section III Policies

1–15. General

Headquarters, Department of the Army (HQDA) medical and personnel policies on HIV reflect current knowledge of the natural progression of HIV infection, the risks to the infected individual incident to military service, the risk of transmission of the disease to non-infected personnel, the overall impact of infected personnel in Army units and on readiness posture, and the safety of military blood supplies.

1–16. Human immunodeficiency virus policies

The following are established policies on HIV:

- a. HIV infected personnel are not eligible for appointment or enlistment into the Active Army, the ARNG, or the USAR (see chap 5).
- b. All AD and RC personnel designated in chapters 3, 6, and 7 will be tested periodically for evidence of HIV infection. Frequency of testing will be jointly determined by the DCS, G–1 and OTSG based on available medical and epidemiological evidence.
- c. All procedures involving HIV testing results will comply with Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law (PL) 104–191) regulations and will be handled in a confidential manner to prevent unauthorized access to the information. Access will be strictly limited to individuals who have a legitimate medical, administrative, or legal need to know that information in the performance of their duties. Current HIPAA privacy and security training is required.
- d. Medical follow-up and evaluation will be conducted every 6 months and as directed by the infectious disease physician for all HIV infected Soldiers (see chaps 4 and 8).
- e. Except for those identified during the accession testing program (chap 5), HIV infected AD Soldiers who do not demonstrate progressive clinical illness or immunological deficiency during periodic evaluations will not be involuntarily separated solely because they are HIV infected (see chaps 3, 6, and 9).
- f. HIV infected AD Soldiers, including AGR, will be limited to duty within the United States (including Alaska, Guam, Hawaii, Puerto Rico, and the U.S. Virgin Islands). Soldiers identified as HIV positive while assigned outside the continental United States (OCONUS) will be reassigned to the United States per AR 614–30, and this regulation.

Direct coordination with Commander, U.S. Army Human Resources Command, Human Resource Center of Excellence (AHRC-SGD-H), Department 140, 1600 Spearhead Division Avenue, Fort Knox, KY 40122-5303; Commander, National Guard Personnel Center (NGB-ARP-CT), 4501 Ford Avenue, Alexandria, VA 22302-1450 (for ARNG AGR Title 10 personnel); or Commander, U.S. Army Human Resources Command, Human Resource Center of Excellence (AHRC-SGD-H), Department 140, 1600 Spearhead Division Avenue, Fort Knox, KY 40122-5303 (for USAR AGR personnel), will be made to ensure expeditious reassignment of HIV infected Soldiers (see chap 6).

(1) The duty limitation discussed above does not apply to RC personnel who reside overseas, or to AD Soldiers who are permanent residents of, and are currently stationed in Guam, the Virgin Islands, or American Samoa. It does, however, apply to all AD Soldiers not currently assigned to these locations, regardless of permanent residence.

(2) HIV infected Soldiers outside these areas who desire compassionate reassignment to these areas may apply per existing policy for compassionate reassignments. Requests will be considered on a case-by-case basis.

g. Conditions of national emergency and/or mobilization and deployment overseas may require reordering of priorities for screening and assignment of HIV infected Soldiers, but will not affect overseas assignment limitations. The Personnel Policy Guidance will contain HIV policy for particular wars, conflicts, or mobilization situations.

h. Unless modified by a combatant command (COCOM), AD Soldiers are considered available for deployment if they have a negative serum screening collected within 1 year of deployment.

i. RC Soldiers are considered deployable if they have a negative HIV test recorded within 5 years of scheduled deployment (or date of unit status report). However, upon mobilization, all Soldiers being ordered or called to AD will be tested for HIV within 24 hours of reporting to their mobilization station if there is no record of a negative HIV test within the previous 24 months.

j. Initial screening HIV test results will normally be available within 48 hours, but may be delayed due to logistical limitations. Soldiers will not be deployed until test results are known. If the test results are negative, the Soldier is considered available for deployment. If the initial test results are positive, the Soldier will be removed from further processing until independent verification tests are conducted and results are known.

k. HIV infected Soldiers who demonstrate rapidly progressive clinical illness or immunological deficiency may not meet medical retention standards under AR 40-501, and will be evaluated for physical disability processing under AR 635-40. (See paras 6-13 for officers and 6-14 for enlisted personnel.)

l. It is essential that HIV infected Soldiers provide accurate information during the epidemiological assessment process conducted confidentially by the HIV program director or coordinator (PHN). Accordingly, the mere presence of the HIV antibody or other medical evidence of HIV infection alone will not be used as the basis for adverse action against a Soldier (see chap 9).

m. Soldiers found to be HIV infected will have HIV listed on the medical problem list. As part of the commander's counseling, they will be counseled and ordered not to donate blood/blood products, sperm/semen or eggs, breast milk, tissues, or organs due to the risk of HIV transmission to recipients (see chap 4).

n. Mandatory testing of civilians (to include Family members) is not authorized, with the exception of those specific situations that may be defined and approved by DOD. Those situations will be published by HQDA (DAPE-CP or DAPE-HR) as they occur. Voluntary testing will be made available to all HCBs and civilian health care providers per chapter 8.

o. Except as stated below, civilian employees who have been diagnosed with HIV or AIDS must be permitted to continue to work so long as their performance is acceptable and they do not pose a significant risk of substantial harm to the health or safety of themselves or others that cannot be eliminated or reduced by reasonable accommodation. If serious performance or safety problems arise, managers and supervisors should address them by applying existing Federal and Army civilian personnel policies and practices. Further guidance is available in chapter 8.

p. There is no basis for civilian employees to refuse to work with fellow employees, Soldiers, or agency clients who have, or are suspected of having HIV or AIDS. The concerns of such employees will be addressed with education and counseling as appropriate. If an employee's continued refusal to work with a person with HIV or AIDS results in disruption in the workplace, appropriate disciplinary action may be taken against the employee. Further guidance is available in chapter 8.

q. Civilian employees with HIV or AIDS usually are considered "individuals with disabilities" within the meaning of the Rehabilitation Act of 1973, as amended (29 USC 701), the Americans with Disabilities Act (ADA) of 1990, as amended (42 USC 12101), and the Americans with Disabilities Act Amendments Act (ADAAA) PL 110-325), and, if otherwise qualified, are entitled to reasonable accommodation.

r. News media inquiries concerning HIV and/or AIDS policies, testing, or issues will be handled as follows:

(1) Routine news media queries on a local level will be directed to the appropriate Public Affairs Office. Media queries concerning Army HIV and/or AIDS policies should be referred to the Office of the Chief of Public Affairs, Media Relations Division.

(2) HIV testing statistics will be released only in response to specific queries. Such inquiries must be processed under the provisions of the Privacy Act (5 USC 552a) and the FOIA (5 USC 552) and should be handled in accordance with the procedures of AR 25-55 and AR 340-21. Generally, HIV information about specific individuals will not be released under the FOIA, but may be released under limited circumstances pursuant to the Privacy Act and DOD 6025.

18–R. In order to prevent accidental disclosure of HIV information that may be attributable to specific individuals, statistics may only be released for major installations or major commands.

s. Policies contained in this regulation will be reviewed as developments occur in scientific and/or medical knowledge, or issuances of revised DOD policies dictates.

Chapter 2

Installation Level Human Immunodeficiency Virus Program Management

2–1. General

a. The HIV program elements include the following:

- (1) Prevention and education.
- (2) Initial and verification HIV testing.
- (3) Patient notification.
- (4) Counseling.
- (5) Contact tracing.
- (6) Reporting.
- (7) Medical evaluation and management.
- (8) Profiling, fitness for duty evaluations, and medical boards.
- (9) Medical record keeping.
- (10) Personnel actions.
- (11) Case management.
- (12) Program oversight and quality assurance.
- (13) Training and education.

b. The MTF commanders will assign appropriately trained individuals to the roles outlined in paragraph 2–2. Because of variations in medical staffing levels and expertise at different installations, MTF commanders may organize the local program as appropriate and within the general guidelines.

2–2. Human immunodeficiency virus program medical personnel

The functions delineated below may be reallocated with concurrence of USAMEDCOM commanders specified in paragraph 1–11.

a. *Installation human immunodeficiency virus program director.* This is a preventive medicine physician or other physician designated by the deputy commander for clinical services. The installation HIV program director—

- (1) Monitors and ensures implementation of the program as outlined in this regulation.
- (2) Supervises the installation HIV PHN.
- (3) Serves as POC to the MTF laboratory for HIV testing and shall be the ordering provider for the routine HIV tests (medical readiness force testing, physical exams).
- (4) Notifies the Soldier, in a face-to-face encounter, of a positive HIV test result in the absence of the provider ordering the test for clinical reasons, obtains a (second) verification test, and initiates referral to the servicing MEDCEN infectious disease service.
- (5) Completes the initial DA Form 5669.

b. *Installation human immunodeficiency virus program coordinator (PHN or designee).* The PHN—

- (1) Receives results from the clinical laboratory manager identifying new HIV infections.
- (a) AD Soldiers are managed by the HIV program coordinator (PHN).
- (b) Reserve and Guard Soldiers are referred to the appropriate Reserve or Guard HIV POC.
- (c) AGR Soldiers are referred to the appropriate Reserve or Guard HIV POC and jointly managed with active HIV PHN.
- (d) AD Navy, Marine Corps, Coast Guard, and Air Force Servicemembers are referred to the appropriate Service HIV POC.
- (e) Retirees and Family members are referred to the servicing MEDCEN infectious disease service after a face-to-face notification of the initial and verification HIV positive test results. The notification procedures are the same as an AD Servicemember except commanders are not informed. The confidential epidemiological assessment is completed by the HIV PHN or referred to local public health officials.

(2) Informs the ordering provider of a new positive HIV test result if performed for clinical reasons, and the need for a face-to-face notification, second verification test, and referral to the servicing MEDCEN infectious disease service. If the test was performed for routine screening (medical readiness force testing, physical exam), inform the HIV program director.

- (3) Confirms the identities of the commander and the Soldier with two unique identifiers before the commander is notified of the positive test result.
- (4) Provides training on this regulation for the commander before initial commander's counseling.
- (5) Coordinates notification of the Soldier, in a face-to-face encounter, of new positive HIV test result by the ordering provider or HIV program director, and obtains a second verification test.
- (6) Coordinates the DA Form 5669 after notification of the (first) positive HIV test.
- (7) Coordinates completion of the commander's counseling (DA Form 4856) on the same day and immediately following the DA Form 5669 counseling.
- (8) Contacts installation HRC HIV POC and central AC or RC HRC HIV POC for assignment-limiting actions.
Note. For Reserve and Guard assignment-limiting actions see chap 7.
Sends memorandum with following information to central AC or RC HRC HIV POC by encrypted email or confidential fax:
 - (a) Subject: Medically Nondeployable.
 - (b) Reference: AR 40–501, Standards of Medical Fitness.
 - (c) Statement: For Official Use Only (FOUO) in accordance with the above reference, (person's rank, name, and last four digits of the social security number) is assessed as medically nondeployable effective (date of the first positive HIV test).
 - (d) Statement: Further information is available upon request. POC is (name, phone, and DOD email address of the HIV PHN).
 - (e) Signature block: HIV program director.
- (9) Coordinates appointments for the initial medical evaluation with the servicing MEDCEN infectious disease service after notification of the (first) positive test.
- (10) Coordinates a psychosocial evaluation and behavioral health appointment(s) following the initial notification or during the first infectious disease clinic medical evaluation visit and, as needed, for depression screening and suicide prevention.
- (11) Provides HIV counseling and education, including community resources.
- (12) Assesses for latent tuberculosis infection and counsels those who have opted out of latent tuberculosis infection treatment in the past to reconsider given their increased risk of active disease.
- (13) Conducts initial confidential epidemiological assessment for the period from 3 months prior to last negative HIV test or 12 months in absence of a prior test to notification of the first positive test, and completes contact interview(s) in accordance with the Centers for Disease Control and Prevention (CDC) guidelines. Additional epidemiology assessment may be needed for public health purposes.
- (14) Completes Federal, State, local, or host nation public health reporting.
- (15) Locates, notifies, and counsels all military HCBs named as contacts of the HIV infected Soldier. If named contacts reside outside the catchment area, contacts the appropriate military HIV program coordinator (PHN) or other appropriate public health officials for notification and testing of contacts.
- (16) Reviews Soldier responsibilities as reflected in the preventive medicine counseling (DA Form 5669) and commander's counseling (DA Form 4856) statements.
- (17) Completes DA Form 7303 (Donor/Recipient History Interview) during the contact interview and submits to the local Army Blood Donor Center or, if there is no donor center on the installation, submits the completed form to the MTF's laboratory manager who, in turn, will submit it to the Army Blood Program Office (see fig 2–1 for a sample of completed DA Form 7303).
- (18) Assures HIV infected Soldier's Medical Protection System (MEDPROS) documentation reflects a profile deployment restriction code (V) and medical nondeployment module "Yes" following notification of the confirmatory test from the first specimen. Coordinates periodic health assessment (PHA) at diagnosis and annually for AC, as required.
- (19) Maintains, in a locked cabinet, a registry of all known HIV infected Soldiers within the catchment area per OTSG preventive medicine policy and in accordance with HIPAA, and maintains a duplicate file that includes DA Forms 5669, 4856, and 7303, public health forms, and demographic data. DA Forms 5669 and 4856 will not be scanned into the electronic medical record. Upon PCS the duplicate file contents are sent to the gaining HIV program coordinator (PHN). Upon the expiration term of service or retirement, the duplicate file will be destroyed.
- (20) Meets with the HIV infected Soldier annually to complete a new DA Form 5669, update demographics, review safer sex counseling, and coordinate medical readiness. If the Soldier has not completed a medical evaluation every 6 months with the infectious disease physician he or she is out of compliance with this regulation, prompting commander notification.
- (21) Coordinates Soldier transfer out of catchment area within 30 days of PCS to a new duty station and sends preventive medicine and commander's counseling statements encrypted or by confidential fax to gaining HIV program coordinator (PHN).
- (22) Receives Soldier transfer into catchment area within 30 days of Soldier PCS, reviews Soldier responsibilities,

updates the preventive medicine counseling, coordinates commander's counseling, provides infectious disease clinic appointment information, coordinates medical readiness PHA, completes local health department reporting, and provides community resources.

(23) Coordinates HIV education programs for health care workers and unit-level training, as requested.

(24) Reviews HIV test results with MTF or MEDCEN laboratory HIV POC daily to weekly if not performed by the HIV program director.

c. Notifying individual. This is the ordering provider in a face-to-face appointment. For all other situations, this is a preventive medicine physician or other trained health care provider (skill level 2 or licensed independent provider). The notifying individual—

(1) Completes a psychosocial assessment and, as needed, referral to behavioral health.

(2) For Army medical and infectious disease staff, informs the MTF preventive medicine HIV director or coordinator (PHN) of AD Navy, Marine Corps, Coast Guard, and Air Force Servicemembers with a suspected or confirmed HIV infection.

d. Medical evaluation. This is completed by the regional MEDCEN infectious disease clinic after positive HIV verification. Initial appointments are scheduled by the HIV PHN. This includes—

(1) Conduction a medical reevaluation every 6 months and as directed by the infectious disease physician.

(2) Documenting safer sex education and nondeployable status in medical assessments.

(3) Ensuring HIV PHN is aware of known HIV positive Soldiers and beneficiaries, to include knowledge of impending PCS.

(4) Advising UCMJ commander of noncompliance with medical management of HIV infection pursuant to involuntary separation (see paras 6–13 and 6–14).

e. Psychosocial evaluation. This is completed by behavioral health or infectious disease clinic social work or psychiatry staff. This includes—

(1) Documenting evaluation in the electronic medical record.

(2) For communities with limited resources, pastoral care and chaplains providing support until medical evaluation appointments at the regional MEDCEN.

f. Clinical laboratory manager or blood bank officer. This function will—

(1) Coordinate obtaining unit-level and individual blood specimens for testing required by this regulation and other references.

(2) Maintain data concerning force testing and clinical screening, including the number of specimens drawn, the number submitted, results of initial testing, and results of confirmatory testing.

(3) Ensure compliance with guidelines for obtaining, processing, labeling, packaging, shipping, and storing specimens.

(4) Serve as local POC for matters pertaining to contracted laboratory support.

(5) Initiate look back investigation on any previous blood donations.

DONOR/RECIPIENT HISTORY INTERVIEW			
For use of this form, see AR 600-110; the proponent agency is the DCS, G-1.			
DATA REQUIRED BY THE PRIVACY ACT OF 1974. AUTHORITY: Title 5, United States Code (USC), Section 301; Title 44, USC, Section 3101; and Title 10 USC, Section 1071. PRINCIPAL PURPOSE: To collect information from confirmed HIV infected individuals who indicate a past history of donating or receiving blood, blood products, organ (s), tissue or sperm since 1977. ROUTINE USES: Information collected may be released to appropriate medical authorities in order to properly investigate the final disposition of any donations or recipient events recorded on this form. DISCLOSURE: Disclosure of information requested is voluntary. However, failure to provide the required information may hinder lookback procedures.			
1. NAME OF INDIVIDUAL (Last, First, Middle Initial)		2. CURRENT ADDRESS (Number, Street, City, State)	
Doe, John Q.		111 First Street Ft. Knox, KY 40121	
3. SOCIAL SECURITY NUMBER	4. TELEPHONE NUMBER (Include area code)	5. DATE OF BIRTH (Mo. Day, Yr)	6. SEX
000-00-0000	WORK: (111) 000-0000 HOME: (000) 111-1111	19890101	☐ Male ☒ Female
7. I acknowledge that it may be necessary to release information to my confirmed HIV status by representatives of the Medical Advisory Committee of <u>Any Army Community Hospital</u> to the appropriate medical authorities in order to properly investigate the final disposition of any donations or recipient events recorded below. I hereby give permission for the release of this information. <u>John Q. Doe (signed)</u> <u>20120505</u> (Signature) (Date) <u>Jane Smith</u> <u>Jane Smith (signed)</u> <u>20120505</u> WITNESS (Print/Type Name) (Signature) (Date) <u>COL John Q. Smith</u> <u>(111) 111-0000</u> <u>(111) 111-0000</u> Medical Advisory, Point of Contact: (Name) Telephone Number (DSN) (Commercial)			
8. Military Beneficiary Status (Please Check appropriate category):			
Active ☒	Dependent of Active Duty ☐	Sponsor's Name _____	
Retired ☐	Dependent of Retired ☐	Sponsor's SSAN _____	
Civilian ☐	Service Army ☐ Navy ☐		
	Air Force ☐ Marine ☐ Other ☐ (Identify) _____		
9. Have you donated any blood, blood product, organ (s), tissue or sperm since 1977? (Please check appropriate response.)		10. If the answer to question #9 is YES, please indicate below the type and number of times you have donated. (Please circle appropriate response and indicate the number of times below.)	
YES ☒ NO ☐		Blood / Blood Products Number <u>Blood/2</u> Organ (s) / Tissues Number _____ Sperm Number _____	
11. For each donation indicated above please provide that date and location below. Please note that any and all documentation pertaining to the donation events indicated above should be utilized to ensure that accurate information is provided. If exact information concerning the locations or dates is not available, then please provide the information that is available.			
Donation #1 Type <u>Blood</u> Date (Month, Day, Yr) <u>20070110</u>			
Name or Organization <u>Any Army Community Hospital</u>			
Location <u>Ft. Knox, KY 40121</u> (Street Address, City, State, Zip Code)			
Donation #2 Type <u>Blood</u> Date (Month, Day, Yr) <u>20101022</u>			
Name or Organization <u>Any Army Community Hospital</u>			
Location <u>Ft. Knox, KY 40121</u> (Street Address, City, State, Zip Code)			

DA FORM 7303, JAN 1994

APD LF v1.01

Figure 2-1. Sample of completed DA Form 7303

Donation date and location continues. <i>(Please use additional sheets, if necessary.)</i>									
Donation #3 _____	Type _____ Date (Month, Day, Yr) _____								
Name or Organization _____									
Location _____ <i>(Street Address, City, State, Zip Code)</i>									
12. Have you been the recipient of any blood, blood product, organ (s), tissue or sperm since 1977? <i>(Please check appropriate response.)</i> YES ☒ NO ☐	13. If the answer to question #12 is YES, please indicate below the type and number of times you have been a recipient. <i>(Please circle appropriate response and indicate the number of times below.)</i> <table style="width: 100%;"> <tr> <td style="width: 60%;">Blood / Blood Products</td> <td style="width: 40%;">Number <u>1</u></td> </tr> <tr> <td>Products</td> <td>Number _____</td> </tr> <tr> <td>Organ (s) / Tissues</td> <td>Number _____</td> </tr> <tr> <td>Sperm</td> <td>Number _____</td> </tr> </table>	Blood / Blood Products	Number <u>1</u>	Products	Number _____	Organ (s) / Tissues	Number _____	Sperm	Number _____
Blood / Blood Products	Number <u>1</u>								
Products	Number _____								
Organ (s) / Tissues	Number _____								
Sperm	Number _____								
14. For each receipt indicated above please provide that date and location below. Please note that any and all documentation pertaining to the donation events indicated above should be utilized to ensure that accurate information is provided. If exact information concerning the locations or dates is not available, then please provide the information that is available. <i>(Please use additional sheets, if necessary.)</i>									
Receipt #1 _____	Type <u>Blood</u> Date (Month, Day, Yr) <u>June 9, 1977</u>								
Name or Organization <u>Ft. Knox, KY 40121</u>									
Location <u>Any Army Community Hospital</u> <i>(Street Address, City, State, Zip Code)</i>									
Receipt #2 _____	Type _____ Date (Month, Day, Yr) _____								
Name or Organization _____									
Location _____ <i>(Street Address, City, State, Zip Code)</i>									
Receipt #3 _____	Type _____ Date (Month, Day, Yr) _____								
Name or Organization _____									
Location _____ <i>(Street Address, City, State, Zip Code)</i>									
15. REMARKS SAMPLE									

REVERSE OF DA FORM 7303, JAN 1994

APD LF v1.01

Figure 2-1. Sample of completed DA Form 7303-Continued

Chapter 3 Human Immunodeficiency Virus Testing

Section I Introduction

3-1. General

a. Soldiers may not refuse mandatory HIV testing of the force, and will be informed of the pending procedure and referred to the HIV PHN for current CDC written patient education and counseling, as needed.

b. A testing, counseling, and surveillance program for HIV infection is necessary to—

- (1) Assist in ensuring the continued readiness and deployability of the total force.
- (2) Preserve the health of DA personnel and their Families by identifying HIV infected HCBs and providing appropriate counseling and medical treatment.
- (3) Determine fitness for military duty.
- (4) Permit commanders to assess the readiness, security, military fitness, good order, and discipline of their commands, and to take appropriate action based upon such assessment.
- (5) Avoid potential complications of, and adverse reactions to, immunizations among HIV infected individuals, particularly new accessions to AD Army.
- (6) Develop scientifically based information on the natural history and transmission pattern of HIV.

3-2. Testing categories

HIV testing will be performed in the following situations:

- a. *Accessions testing.* See chapter 5.
- b. *Active force surveillance testing.* See chapter 6.
- c. *Army National Guard and United States Army Reserve surveillance testing.* See chapter 7.
- d. *Blood donor testing.* All military blood donors will be screened for HIV using industry standards, ensuring compliance with Food and Drug Administration (FDA) requirements. AD HIV infected Soldiers will be referred to the HIV PHN. HIV infected Soldiers (both AD and RC) identified during civilian blood drives on military installations will be reported to the HIV PHN.
- e. *Clinical indications.* All AD Soldiers with signs and/or symptoms compatible with or suggesting HIV infection, such as lymphadenopathy (enlarged lymph nodes), unexplained lymphopenia or leukopenia (depressed white cell count), thrombocytopenia (depressed platelet count), neurological disease, adult oral candidiasis (thrush), or evidence of opportunistic infections (such as pneumocystis pneumonia, candida esophagitis, or mononucleosis syndrome), will be tested in either the outpatient or inpatient setting as part of the medical evaluation.
- f. *Patients with sexually transmitted infections.* These patients are seen mainly in primary care, sexually transmitted disease (STD), obstetrics and gynecology, urology, or dermatology clinics, but also may be seen in any MTF clinic or ward. Per CDC STD treatment guidelines, HIV testing is indicated with each new infection to include chlamydia, gonorrhea, nonspecific urethritis, syphilis, chancroid, lymphogranuloma venereum, granuloma inguinale, genital herpes, hepatitis, or other sexually transmitted infections (STIs). Such procedures are necessary to detect seroconversion in latent infections. HIV testing of AD Soldiers with a new STI is mandatory, and is the responsibility of the provider who ordered the initial test or made the clinical diagnosis. Patients found to be HIV infected will be evaluated per paragraph 4-11.
- g. *Blood transfusion or blood product recipients.* The policies of the Armed Services Blood Program and guidelines of the FDA will be followed in the DA Blood Program and by civilian blood agencies collecting blood on Army installations.
 - (1) Blood or blood product donors whose donation tests positive for HIV will be notified, counseled, and evaluated, as required by this regulation.
 - (2) Recipients of blood products obtained from donors who are later determined to be HIV infected will be located, notified of the potential risk, and tested and evaluated.
 - (3) Donors of blood or blood products whose donations were transfused to recipients who were later determined to be HIV infected will be located, notified of their potential infection, and tested.
- h. *Sexual partners.*
 - (1) Soldiers and other HCBs who are, or have been, sexual partners of HIV infected individuals will be tested. Although there are no documented cases of casual nonsexual transmission of infection, Soldiers who are household members with HIV infected individuals and are not sexual partners will be offered testing if there is any anxiety over the potential for household or casual nonsexual transmission.

(2) RC medical authorities will report information pertaining to HIV infected RC Soldiers and their identified sexual partners, including spouses, through designated channels to the RC HIV PHN or designee. That information will, in turn, be provided to State or local jurisdiction public health authorities in accordance with laws or reporting requirements. Specific guidance for reporting is included in detailed implementing instructions published by the NGB or Office of the Chief, Army Reserve (OCAR).

i. *Intravenous drug use.* Soldiers known to have used drugs intravenously will be routinely screened for HIV.

j. *Voluntary screening.* Individuals who engage in high risk behavior, such as having sex with known HIV infected persons or having multiple sexual partners, will be encouraged to be tested. HIV counseling and testing is available from the preventive medicine department PHN for any Servicemember or eligible beneficiary. See chapter 7 for Army RC personnel policies and procedures.

k. *Overseas assignments.* Unless modified by a COCOM, host nation, or other policy that requires earlier testing, personnel who are awaiting a PCS overseas or are scheduled for overseas deployments or temporary duty (TDY) must be screened and receive a negative HIV test result if they have not been tested within the 6 months preceding their departure. Individuals alerted for overseas assignments will be instructed, as part of their Soldier reassignment processing requirements, to report to the appropriate physical examination clinic or laboratory for a blood sample. For routine HIV testing requirements see paragraph 6–2 for Active Army and paragraphs 7–2 and 7–5 for ARNG and USAR. The following policy applies unless COCOM or host nation’s policies require earlier testing:

(1) RC Personnel called to AD or scheduled for overseas deployments or TDY assignment require a negative HIV test within 2 years of the date they are called to AD regardless of whether the duty is overseas or in the United States (unless the host nation’s policies require testing closer in time to arrival in the host nation).

(2) RC personnel located outside the United States scheduled for training either in the United States or overseas who do not meet the testing windows stated above will be tested immediately upon arrival at the training duty station when testing prior to departure is impractical.

l. *Restricted assignments.* Soldiers on orders for assignment to one of the units or programs identified in paragraph 6–3b must be screened and test negative for HIV infection if they have not been tested within the previous 6 months in accordance with AR 614–30. Individuals alerted for these assignments will be instructed to report to the appropriate physical examination clinic or laboratory for drawing of blood. Soldiers testing positive for HIV will not be assigned to a restricted unit or program.

Section II

Human Immunodeficiency Virus Testing Procedures

3–3. General human immunodeficiency virus testing procedures

HIV testing will include screening of all personnel designated in this regulation and verification of those who test positive by initial HIV screening tests.

a. The screening and verification for HIV will be an FDA-approved test and will be in accordance with Public Health Service or CDC guidelines.

b. Testing will be as follows, but may be modified by USAMEDCOM to reflect current best practice:

(1) Initial testing (first specimen).

(a) Personnel will receive an initial screening test performed by a designated facility in accordance with paragraphs 3–4 and 5–3.

(b) If the initial screen is HIV nonreactive, the Soldier is negative for HIV.

(c) If the initial screen is HIV reactive, the specimen will be retested in duplicate to ensure accuracy.

(d) If either of the duplicate tests is reactive, the specimen will be forwarded for confirmatory testing.

(2) Confirmatory testing (first specimen).

(a) If the specimen is repeatedly reactive (two of three tests are reactive), the specimen will reflex to supplemental confirmatory testing using a comparable FDA-approved antibody or nucleic acid test.

(b) If the confirmatory test fails to detect HIV antibody, antigen, and/or nucleic acid then the specimen is considered negative.

(c) If the confirmatory test detects either HIV antibody, antigen, and/or nucleic acid, then a second independent verification specimen will be collected from the individual as soon as possible and sent for identical testing.

(d) If the confirmatory test is indeterminate (detection of antibodies significant in the detection of HIV, but not confirmatory), the sample will be reflexed to qualitative nucleic acid testing for resolution of infection status.

(3) Second independent verification specimen (second specimen).

(a) If the second independent verification specimen result is concordant with the initial positive result, the individual will be medically evaluated for HIV infection at a designated Army MEDCEN.

(b) If the second independent verification specimen result is discordant with the initial positive, then a third specimen will be collected for definitive HIV testing and coordinated through the USAMEDCOM designated laboratory.

(4) Definitive HIV testing (third specimen).

(a) The USAMEDCOM designated laboratory will use the most current, FDA-approved laboratory techniques available for detection of HIV antibody and viral nucleic acid.

(b) If positive, the individual will be medically evaluated for HIV infection at a designated Army MEDCEN.

(c) If negative, the individual is not infected.

3–4. Medical and laboratory support for testing

a. Blood drawing and initial processing of samples from AD Soldiers being tested under the force surveillance program, RC personnel upon prior arrangement, or patients participating in routine adjunct testing will be accomplished by existing medical resources, under the direction of the clinical laboratory manager or other qualified official.

(1) USAMEDCOM will provide and/or coordinate necessary resources for testing support in the United States (including Alaska and Hawaii).

(2) In Europe, the Landstuhl Army Regional Medical Center, under guidance of USAMEDCOM and OTSG, will support all Army personnel in the European Command and Central Command by coordinating collection, processing, and shipment of specimens to USAMEDCOM identified testing facilities.

(3) Army personnel stationed in Korea, Japan, and the Pacific area will be supported as in paragraph (2), above by Tripler Army Medical Center, under guidance of USAMEDCOM and OTSG.

(4) Army personnel in Central and South America will be supported by the Southern Regional Medical Command, under guidance of USAMEDCOM and OTSG.

b. Civilian contract support will be used as discussed below.

(1) Central contracting for HIV screening and verification is the responsibility of OTSG, with support from USAMEDCOM and the U.S. Army Medical Research and Materiel Command.

(2) Contract testing may be used for accession, force surveillance, and routine adjunct testing.

(3) For RC surveillance testing, contracts will require the contractor to perform transportation and testing of blood.

(4) HIV screening capability may be maintained at MTFs to meet in-house requirements for patient HIV testing in time-sensitive patient care activities. These in-house testing procedures may be used to establish suspicion of infection, but screening, verification, and follow-up testing will be performed at USAMEDCOM designated laboratories.

(5) HIV screening or verification tests by other than USAMEDCOM designated laboratory or contract sources are not acceptable to meet any testing requirement established in this regulation.

Chapter 4

Notification, Counseling, Clinical Care, and Medical Records

Section I

Introduction

4–1. General

a. Patient notification, counseling, verification, contact tracing, clinical evaluations, and personnel actions will be completed as rapidly and professionally as possible. HIV PHN will be integral to the coordination and tracking of all aspects of this process.

b. Directors of health services, MEDDAC/MEDCEN commanders, command surgeons, unit surgeons, and clinic commanders will coordinate efforts in notifying individuals, commanders, and units.

4–2. Sensitive information

Information on HIV infected Soldiers will be handled in a sensitive manner and will comply with HIPAA standards.

Section II

Notification Procedures

4–3. Laboratory and provider notification

a. At USAMEDCOM, the HIV testing contractor or USAMEDCOM designated laboratory will notify the laboratory officer or POC designated at each MTF of the identity (by two unique identifiers, one of which must be the assigned laboratory specimen number) of specimens that test positive or negative for HIV by FDA-approved test (see chap 7 for USAR policy).

b. As an adjunct to routine laboratory notification of the ordering physician, the installation HIV PHN will regularly review new HIV test results with the MTF laboratory, preferably each work day. The HIV PHN will contact the ordering provider as soon as a positive test is identified.

4-4. Notification of the Soldier's Uniform Code of Military Justice commander

a. The HIV PHN will contact the commander in person or by telephone. The identities of the commander and the Soldier will be confirmed with two unique identifiers before the commander is notified of the positive test result. This should occur as soon as possible after receiving the results from the first positive sample, but no longer than 4 days after receipt of results for Soldiers on leave or not on AD status.

b. The HIV PHN will instruct the commander not to notify the Soldier about the test result. The HIV PHN will review commander's responsibilities in paragraph 1-14.

c. The commander will accompany the Soldier to the MTF, but will not be present in the room when the Soldier is notified about the (first) initial positive test by the medical provider.

d. The commander will accompany the Soldier to the MTF, but will not be present in the room when the Soldier is notified about the (second) positive verification test by the medical provider.

e. The commander will complete DA Form 4856 immediately after completion of DA Form 5669 (fig 4-1) (completed by the HIV program director) and provide a copy to the HIV PHN and Soldier. The HIV PHN will serve as a resource for the commander.

4-5. Soldier notification

a. All Soldiers will be individually and privately notified of all positive HIV test results in a face-to-face interview with the ordering provider or HIV program director.

b. After the first positive sample—

(1) The face-to-face notification must occur as soon as possible after the commander is contacted by preventive medicine and no later than 4 days after contact by preventive medicine for Soldiers on leave or not on AD status.

(2) The Soldier will be informed that he or she has a positive western blot or other FDA-approved test, which indicates HIV infection, and that a second blood sample will be drawn and sent for second independent verification.

(3) The Soldier will be advised not to donate blood/blood products, sperm/semen or eggs, breast milk, tissues, or organs and to refrain from sex until evaluated by the MEDCEN infectious disease service. The ordering provider will ensure the Soldier is informed that continuing to have sex without CDC recommended condoms or barriers may place sexual partners at risk of infection.

(4) The Soldier will be advised to immediately notify his or her spouse and/or sexual partner(s) of his or her infection. The Soldier will be advised that the HIV program director or coordinator (PHN) will verify that the spouse was informed and offer counseling and testing services.

(5) The Soldier will be asked if he or she has ever donated blood, and a DA Form 7303 (fig 2-1) will be completed on every Soldier, regardless of donation history, by the HIV PHN and forwarded to the Army Blood Program.

(6) The Soldier will be assessed for the need of an immediate evaluation by behavioral health.

(7) The Soldier will be referred to the regional MEDCEN infectious disease service after the first positive western blot or other FDA-approved test which indicates HIV infection.

(8) The HIV program director will complete DA Form 5669 (fig 4-1) after notification of the first positive test and provide the original to the commander and copies to the Soldier and the HIV PHN.

(9) The UCMJ commander will complete DA Form 4856 after completion of DA Form 5669 and provide copies to the Soldier and the HIV PHN.

4-6. Notification of contacts of human immunodeficiency virus infected personnel

a. The HIV PHN will locate, notify, and counsel all military HCBs named as contacts to the HIV infected Soldier. The HIV PHN will verify the spouse of the newly infected Soldier was informed. If named contacts reside outside the catchment area, contact the appropriate military HIV PHN or other appropriate public health officials for notification and testing of contacts.

b. Information should be reported to civilian public health authorities, per local jurisdiction reporting requirements, when information is obtained through the epidemiological assessment interview indicating individuals who—

(1) Are not military personnel or military HCBs who are/were sexual partners of known HIV infected individuals.

(2) Were transfusion or blood product recipients from HIV infected donors.

4-7. Notification of the U.S. Army Human Resources Command

a. The Armed Forces Health Surveillance Center, designated central HIV program official, and the local HIV PHN will notify the officer and enlisted HIV POCs at HRC (AC or USAR HIV POC, as appropriate) after the first positive sample (see para 2-2b(8)).

b. HRC will place a formal nondeployable flag on the Soldier's record after the first positive sample. This will help ensure completion of the second independent verification test and will help prevent HIV infected Soldiers from deploying. The flag will be removed if the second and/or third independent verification tests are negative.

Section III Counseling Procedures

4-8. Preventive medicine counseling

After the Soldier is notified about the first HIV positive test result (see para 4-5), the HIV program director will verbally counsel the Soldier on the relationship between HIV, the blood tests, and AIDS; the risks of disease transmission to close personal contacts and Family members; methods of prevention; and the fact that HIV infected individuals are not eligible to donate blood/blood products, sperm/semen or eggs, breast milk, tissues, and organs. Verbal preventive medicine counseling will occur after the first positive HIV test. The initial counseling will be recorded using DA Form 5669 (fig 4-1). Copies will be given to the Soldier and his or her commander.

4-9. Commander's counseling

a. Commanders will formally counsel Soldiers face-to-face after notification of their (first) positive HIV test and completion of the DA Form 5669. For AD and RC personnel, command counseling will be performed after the preventive medicine counseling. Commanders will use DA Form 4856, maintain the completed counseling forms in a locked filing cabinet or other storage unit to protect the confidentiality of the information, and provide a copy to the HIV PHN.

(1) When the commander counsels the HIV exposed Soldier, the following should be entered verbatim on DA Form 4856 in part III—Summary of Counseling (see http://www.armyg1.army.mil/hr/hivdna/ref_hiv.asp for a word document of the content):

I have been advised that you were counseled by the preventive medicine personnel concerning your positive HIV test, the risk HIV infection poses to your health, and the potential for transmitting HIV to others. You were advised by the preventive medicine personnel of the necessary precautions you must take to minimize the health risk to others as a result of your HIV infection. While I have great concern for your situation, in my capacity as your commander I must also be concerned with, and ensure the health, welfare, and morale of the other Soldiers in my command. Therefore, I am imposing the following restrictions:

(a) You will verbally advise all prospective sexual partners of your HIV infection prior to engaging in any sexual activity. You are ordered to use condoms should you engage in oral, vaginal, penile, or anal sexual activity with a partner.

(b) You will not donate blood/blood products, sperm/semen or eggs, breast milk, tissues, and organs, and will report previous donations to the HIV PHN.

(c) You will notify medical, dental, and emergency health care workers of your HIV infection.

(d) You will comply with the medical management of HIV infection directed by your infectious disease physician, to include medical evaluations every 6 months and as needed.

(e) You are nondeployable and may not go TDY OCONUS.

(f) You will obtain a PHA facilitated by the HIV PHN as soon as possible and annually.

(g) You will out-process and in-process with your preventive medicine HIV PHN as part of every PCS move.

(2) The following should be entered verbatim on DA Form 4856 in part III—Plan of Action (see http://www.armyg1.army.mil/hr/hivdna/ref_hiv.asp for a word document of the content):

(a) Cooperate fully with my HIV program coordinator to confidentially reveal the identity of all persons with whom I have had sex or shared needles for the period starting 3 months prior to my last negative HIV test so contacts may receive counseling and testing to break the chain of transmission. In addition to revealing their identities, I will personally inform my contacts, including my spouse, and recommend they seek medical consultation.

(b) Understand my status is nondeployable and I may not go TDY OCONUS.

(c) Do not donate blood/blood products, sperm/semen or eggs, breast milk, tissues, or organs.

(d) Follow my UCMJ commander's order by informing all potential sexual partners of my HIV positive status before engaging in intimate sexual contact. My partner will not be under the influence of alcohol, drugs, or prescription medications that could potentially alter his or her judgment during this discussion.

(e) Practice safer sex using a condom or other barrier method recommended by the CDC with every vaginal, penile, anal, and oral sexual encounter. Safer sex practice will not only protect my partners but will also protect me from exposure to other drug-resistant HIV strains.

(f) Notify medical, dental, and emergency health care workers of my HIV infection by stating, "I am blood donor ineligible" or "I have HIV."

(g) Schedule and attend infectious disease clinic appointments every 6 months and more often, as directed by my infectious disease clinic physician.

Note.

ARNG and Reserve Soldiers, unless activated, will have annual fit for duty (FFD) medical evaluations.

(h) Complete DA Form 5669 at diagnosis and annually with my HIV PHN.

(i) Complete the DA Form 4856 at diagnosis, within 30 days of a unit change of command, and within 30 days of every PCS move.

(j) Complete a PHA at diagnosis and annually as coordinated by my HIV PHN.

(k) Contact my current HIV PHN 1 month before PCS for coordination of medical appointments and command requirements with the gaining HIV PHN and in-process with my new HIV PHN at expiration term of service or retirement.

(l) Report all previous donations of blood/blood products, sperm/semen or eggs, breast milk, tissues, or organs to my HIV Program coordinator (PHN).

(m) Understand the health risk and will avoid live attenuated viral immunizations such as intranasal influenza, chicken pox, smallpox, measles, mumps, rubella, yellow fever, and oral typhoid.

b. The commander's copies of the DA Form 5669 and the DA Form 4856 will be maintained in a locked cabinet or storage unit and designated as "Eyes Only" for the commanding officer as long as the Soldier is assigned to that unit. The commanding officer, in situations of Soldier noncompliance, may disclose this information to designated unit senior leadership on a case-by-case basis to support the Soldier toward compliance. For Soldiers PCSing, the HIV PHN will transfer DA Form 5669 and DA Form 4856 by confidential mail or scanned encrypted email to the gaining HIV PHN. The new HIV PHN will complete a new DA Form 5669 and coordinate with the new unit commander to complete DA Form 4856. For unit commanders PCSing, a commander's copy of DA Form 5669 and DA Form 4856 will be provided to the new unit commander and a new DA Form 4856 will be completed.

4-10. Psychosocial counseling

a. HIV infected Soldiers will be referred for a psychosocial assessment and counseling as part of their initial medical evaluation. The purpose of this counseling is to provide an initial assessment of the Soldier's mental state and coping skills.

b. Behavioral health resources may include MTF behavioral health department, pastoral chaplain services, Family life chaplain, Military OneSource, MEDCEN infectious disease social work, and psychiatry.

c. The behavioral health provider and/or Family life chaplain should be skilled at counseling personnel dealing with trauma, depression, and rejection. They should be specifically trained in identifying and dealing with potential suicides and personal grief.

d. HIV infected Soldiers may be referred to psychosocial counseling, as needed.

Section IV

Clinical Evaluations and Recording of Medical Information

4-11. Clinical evaluation, medical profiles, and medical readiness

a. HIV infected Soldiers will be medically evaluated by infectious disease specialists at a participating MEDCEN supporting the health service region to determine the status of their infection.

b. HIV infected RC Soldiers who wish to continue to serve in the RC must prove fitness for duty per medical retention standards of AR 40-501 and be found FFD. RC Soldiers are required to obtain the FFD medical examination from the civilian medical community at no expense to the Government. The required medical procedures will be provided to the Soldier to give to his or her physician. This examination must be repeated at least annually after the initial evaluation (see chap 7 for additional guidance regarding HIV infected RC Soldiers).

c. The CDC classification system for HIV infection will be used for medical classification purposes.

d. Soldiers determined HIV positive by confirmatory test on the first specimen will be noted in MEDPROS as follows: initial physical, upper, lower, hearing, eyes, psychiatric (PULHES) will remain the same, the V code for deployment restrictions will be added to the profile, and medical nondeployment module changed to "YES" by the HIV program coordinator (PHN).

e. Soldiers who are confirmed as HIV infected do not require a change in the PULHES on their physical profile solely because they are HIV infected. If the Soldier's physical or medical condition warrants a change in physical profile, a DA Form 3349 (Physical Profile) will be issued by the MEDDAC/MEDCEN commander or other profiling authority. Copies of the DA Form 3349 will be sent to the unit commander and the servicing personnel service center. Documents will be sealed in an envelope marked "To Be Opened By Addressee Only" and addressed, by name, to the appropriate unit commander and adjutant general or personnel officer. Procedures will be established by the appropriate medical authority to confirm that unit commanders and adjutants general or personnel officers have received proper notification of HIV infected Soldiers. If a change in physical profile is warranted, the following minimum entries will be made on the DA Form 3349:

(1) Item 1 of the DA Form 3349 will indicate the specific medical condition causing the change in physical profile. The profiling authority should avoid referring to HIV infection or retrovirus infection since these terms describe the disease process rather than the specific medical condition resulting in the profile.

(2) Item 2 will contain a V code denoting deployment restrictions and additional codes may be entered as necessary.

(3) Item 3 PULHES, will be adjusted per AR 40–501.

4–12. Blood donation

a. Preventive medicine will report confirmed HIV infected Soldiers to the Army Blood Program look back coordinator, USAMEDCOM for entry into the donor deferral registry.

b. Army blood donor centers will notify local preventive medicine officials about Soldiers who have positive HIV test results identified during blood donation. Test results will include initial reactive or repeat reactive and confirmatory test results.

4–13. Medical records and databases

Information on, and results of, HIV testing will be entered in individual medical records as follows:

a. HIV test dates from the DOD lab contractor go directly to the Armed Forces Health Surveillance Center and are then forwarded to the MEDPROS individual medical readiness.

b. Soldiers with a confirmed positive HIV test (first specimen) will be entered by the installation HIV program coordinator (PHN) until such time that a direct electronic feed is available from the confirmatory lab to MEDPROS. The entry is “initial PULHES will remain the same, the V code will be added to the profile, and medical nondeployment module changed to YES.” In the case of a verification test revealing previous erroneous positive result, the HIV coordinator (PHN) will directly coordinate with the regional medical readiness coordinator to correct the MEDPROS database. This allows commanders and medical personnel to track these individuals over time and ensure their continental United States (CONUS) only duty status is not violated.

c. Records pertaining to evaluation and reevaluation of HIV infected Soldiers will be filed per AR 40–66.

d. Soldiers with confirmed positive HIV test (first specimen) will be entered by the installation HIV program coordinator (PHN) in the Armed Services Blood Program Blood Establishment Computer System, a DOD blood management system for tracking donations, testing, and shipping of products and transfusion of blood products.

PREVENTIVE MEDICINE COUNSELING RECORD For use of this form, see AR 600-110; the proponent agency is DCS, G-1.			
DATA REQUIRED BY THE PRIVACY ACT OF 1974			
Authority: 5 USC 301, 10 USC 3012(G). Principal Purpose: To record preventive medicine counseling of Servicemembers testing positive for exposure to HIV. Routine uses: Prerequisite counseling under AR 600-110, paragraph 2-16. Disclosure: Disclosure is voluntary. However, failure to provide the information may result in incorrect identification.			
INSTRUCTIONS			
The counselor will obtain and record the administrative information required in Part I from official military records or from the Soldier's identification card. The HIV program coordinator public health nurse (PHN) will maintain this document in accordance with AR 600-110 in a locked cabinet. Upon PCS, this form will be sent to the gaining HIV program coordinator (PHN). Upon ETS or retirement, this form will be destroyed.			
PART I - PATIENT INFORMATION			
A. NAME OF PATIENT (Last, First, Mi) Smith, John Q.	B. DOB 19880101	C. GRADE E6	D. NAME OF SPONSOR Same
E. UNIT HHQ, 1st Training BDE	F. LOCATION Ft. Knox, KY		
G. DATE OF DIAGNOSIS (YYYYMMDD) 20120501	H. DATE AND TIME OF COUNSELING 20120503/1330hrs		I. LOCATION OF COUNSELING Ireland ACH, Ft. Knox, KY
J. Counselor:			
1. NAME Doe, Jane A.	2. GRADE/CORPS 04/MC	4. UNIT A Company IACH Ft. Knox, KY	
3. TITLE Chief, Preventive Medicine			
PART II - PATIENT COUNSELING ACKNOWLEDGMENT			
I have been informed of my positive HIV test result. I understand as a member of the Active Army, Reserve, or Army National Guard, I have specific responsibilities to prevent transmission of the infection to others, specifically:			
A. My confirmed positive HIV test means I have been infected with HIV. B. I understand my UCMJ commander is informed of this positive result and is my advocate in accordance with AR 600-110. I have reviewed and understand my Soldier responsibilities. C. There is no cure for HIV infection. My blood, semen, vaginal fluids, and breast milk may potentially transmit HIV infections to others. Even if my viral load is undetectable, my blood, semen, vaginal fluids, and breast milk may transmit HIV infection to others. D. I will not donate blood/blood products, sperm/semen or eggs, breast milk, tissues, or organs. E. I am nondeployable, may not go TDY OCONUS, and my career occupational specialty may be affected. My UCMJ commander will contact the HRC HIV POC for guidance. F. I realize I may have infected others with HIV before I knew I was infected. For this reason, I am obliged to confidentially reveal the identity of all persons with whom I have had sex or shared needles for the period starting 3 months prior to my last negative HIV test, so that contacts may receive counseling and testing to break the chain of transmission. In addition to revealing their identities, I will personally inform my contacts, including my spouse, and recommend they seek medical consultation. G. Intimate sexual contact includes oral, vaginal, penile, and anal sex with any partner potentially at risk of HIV transmission and infection. The use of condoms may reduce but does not eliminate the risk of HIV infection. I must follow safer sex practices using barriers such as condoms with every sexual act or insist my partners use condoms. Other barriers include female condoms and dental dams. I will not share razors or toothbrushes, and will cover wounds to prevent transmission. H. Condom use does not remove my obligation to inform partners of my HIV infection before engaging in intimate sexual contact. When discussing this, my partner must not be under the influence of any potentially mind-altering substances (alcohol, illegal drugs, prescription medications, and so forth) that could potentially impair his or her judgment. I. I understand I must notify medical, dental, and emergency health care workers potentially exposed to HIV infection through contact with my blood and/or body fluids. I understand the need to clarify which vaccines I am receiving and will avoid live attenuated viral immunizations such as intranasal flu, chicken pox, smallpox, measles, mumps, rubella, yellow fever, and oral typhoid vaccines. J. HIV can be transmitted from an HIV positive mother to her baby; therefore, Family planning issues will be discussed with my infectious disease physician. K. I will comply with the medical management of HIV infection directed by the infectious disease physician, to include attend medical evaluations every 6 months and as needed (active duty HIV-infected Soldiers only). Note: Army National Guard and Reserve Soldiers, unless activated will have annual fit for duty medical evaluations. L. I must complete a DA Form 5669 (Preventive Medicine Counseling Record) and DA Form 4856 (Developmental Counseling Form) at diagnosis and as directed by my HIV program director/coordinator (PHN). M. As a member of the Active Army, Reserve, or Army National Guard, I must complete a periodic health assessment (PHA) at diagnosis, and then annually. N. To maintain my confidentiality and military requirements, I will contact my HIV program coordinator (PHN) 1 month before PCS, planned expiration term of service, or retirement.			
I acknowledge that I, <u>John A. Smith</u> , have been counseled and understand that the preventive medicine measures listed in paragraphs A through N, above, which were explained to me, are necessary to preclude transmission of HIV infections.			
O. SIGNATURE OF PATIENT DIGITAL SIGNATURE 12345678	DATE (YYYYMMDD) 20120503	P SIGNATURE OF COUNSELOR DIGITAL SIGNATURE 12345678	DATE (YYYYMMDD) 20120503
DA FORM 5669, JUL 2012		PREVIOUS EDITIONS ARE OBSOLETE.	
APD LF v1.02ES			

Figure 4-1. Sample for DA Form 5669

Chapter 5

Accession Testing Program

5-1. General

This chapter prescribes the DA policy for accession testing and nonaccession of individuals who are confirmed HIV positive by appropriate confirmatory test.

5-2. Accessions and probationary officers

- a. For purposes of this chapter, accessions are—
 - (1) First enlistments in the AC or RC.
 - (2) Subsequent enlistments in the AC or RC other than immediate reenlistments in the same component.
 - (3) Original appointments as a commissioned or warrant officers in the AC (except for officer appointments in the AC under the provisions of AR 601-100, chap 2).
 - (4) Appointments as cadets at the United States Military Academy (USMA).
 - (5) First original appointments as commissioned or warrant officers in a RC (to include both qualifications for Federal recognition and for original appointment as a Reserve of the Army in the ARNG following Federal recognition).
 - (6) Original appointments as warrant officers in the Army of the United States.
 - (7) Peacetime orders of a member of a RC to AD, active duty for training (ADT), or full-time National Guard duty (FTNGD) for the purpose of attending initial entry training, regardless of whether the RC member is programmed at the conclusion of training for release from active duty (REFRAD), or is programmed to continue on active duty for operational support (ADOS) or FTNGD. This specifically includes the order to ADOS of Reserve commissioned officers commissioned through the Reserve Officers' Training Corps (ROTC) program where the officer's initial duty assignment is to an officer basic course.
 - (8) Enrollments as an ROTC scholarship cadet or as a nonscholarship cadet in military science III.
 - (9) Enrollments as an officer candidate (Active Army, ARNG, or USAR) in Officer Candidate School (OCS).
- b. Probationary officers are—
 - (1) AC commissioned officers on the AD list with less than 5 years active commissioned service.
 - (2) RC commissioned officers who have less than 5 years commissioned service. Both AD and non-AD commissioned service counts.
 - (3) Warrant officers who have less than 3 years service (AD or non-AD) since original appointment in their present component.
 - (4) Officers who have less than 3 years service in the Army of the United States without component.

5-3. Human immunodeficiency virus testing policies

- a. All applicants for accession (officer, warrant officer, and enlisted for AC and RC) will be screened for HIV using FDA-approved tests.
- b. HIV testing of applicants for enlistment will be accomplished during the initial physical examination at the MEPS. Blood samples will be drawn by medical personnel at the MEPS. Testing from any source except MEPS, other DOD military treatment facilities, or DOD contract facilities is not acceptable for accession testing requirements (see AR 601-270).
- c. Applicants for accession who have no military status of any kind at the time of testing and who are confirmed HIV infected will not be enlisted or appointed in any component of the Army.
- d. Individuals who test HIV positive will be provided a list of civilian treatment facilities by the chief medical officer at the MEPS. The chief medical officer will recommend the individual seek further medical evaluation at one of the listed facilities and complete local health department reporting requirements.
- e. Accession testing will be conducted within the first 29 days of AD at training centers, schools, or units (whichever provides the earliest opportunity) for all personnel who have not been previously screened at a MEPS or other authorized location, or for whom 6 months have elapsed from the initial pre-accession screening (such as personnel entering from the delayed entry program or a pre-commissioning program). For accession purposes, the pre-accession HIV test is valid until the Soldier is ordered to AD. Upon order to AD, if the pre-accession test is more than 6 months old, the Soldier will be retested within the first 29 days at the initial AD installation. Those confirmed to be HIV infected will be processed for separation for failure to meet procurement medical fitness standards.
- f. Accessions processed by other than MEPS or an initial training center will follow a similar process as outlined above at the military point of entry. Vaccination with live virus vaccines may be administered provided there is a record of a previous negative HIV test no older than 24 months.
- g. Prior service personnel required to meet accession medical fitness standards (AR 40-501) must be tested and found to be HIV negative no more than 6 months before enlistment in the Selected Reserve. Prior service applicants, who are not processed through MEPS, may conditionally enlist without an HIV test, or with a test result older than 6

months. Testing is required within the first 30 days after enlistment through the force surveillance testing program. A one-time 30-day extension may be granted by the State Adjutant General or by a commander of one of the numbered armies in CONUS. Soldiers testing HIV positive will be discharged for an existed prior to service medical condition. AD Soldiers transferring to or enlisting in a Selected Reserve unit at the end of their current contractual or statutory obligation without a break in service are required to meet retention medical fitness standards (AR 40–501). These Soldiers must have a negative HIV test no older than 24 months prior to the date of transfer or enlistment.

h. Candidates for active or reserve officer service will be tested during the pre-appointment physical examinations. This applies to any individual pending appointment as an officer in any officer procurement program, to include ROTC, direct commissioning, and OCS (ARNG, Reserve, or Active Army) programs. For accession purposes, the pre-accession HIV test is valid until the Soldier is ordered to AD. Upon order to AD, if the pre-accession test is more than 6 months old, the Soldier will be retested within the first 29 days at the initial AD installation. USMA cadets will be tested within 72 hours of reporting to the USMA on reception day.

(1) USMA cadets who are confirmed HIV positive will be separated from the academy and discharged under USMA regulations. The Superintendent, USMA, may delay separation until the end of the current academic year. If the cadet is in his or her final academic year and is otherwise qualified, the cadet may be graduated without commission and discharged. An honorable discharge will be issued if HIV infection is the sole basis for discharge.

(2) ROTC cadets who are confirmed HIV infected will be disenrolled from the program at the end of the current academic term (semester, quarter, or similar period). Cadets who are disenrolled due to HIV infection will be permitted to retain any financial support received through the end of the current academic term and such support is not subject to recoupment.

(3) Enlisted Soldiers who are officer candidates through OCS and are confirmed HIV infected will be immediately disenrolled from the program. If OCS is the Soldier's initial entry training, the Soldier will be discharged under the provisions of AR 635–200. If OCS is not the Soldier's initial entry training, the Soldier will be removed from the program under the provisions of AR 350–51, AR 140–50, or NGR 351–5, as appropriate, and will be reassigned in his or her original military occupational specialty (MOS) in accordance with assignment policies of chapters 6 or 7. Reassignment will be without regard to PCS restrictions.

5–4. Confidentiality

The provisions of chapters 3, 4, and 9, with regard to confidentiality and use of information, apply to this chapter, except that HIV infection may be used as the basis for separation under the accession testing program. Care will be taken that no one without a “need to know” in the performance of his or her duties is given any information about an applicant's HIV status. “Need to know” individuals are defined as the Soldier's commanding officer, designated laboratory, preventive medicine, behavioral health, pastoral care, pharmacy, wellness, primary care, and specialty medical personnel, Reserve and Guard HIV program directors or coordinators, and designated HRC personnel. In situations of Soldier noncompliance, the commanding officer may disclose this information to the designated unit senior leadership on a case-by-case basis to support the Soldier toward compliance. Current HIPAA privacy and security training is required for all “need to know” individuals.

Chapter 6

Active Duty Personnel Policies and Procedures

Section I

Assignment Policies and Procedures

6–1. General

- a.* The policies and procedures in this chapter apply to all AD Soldiers, including AGR personnel.
- b.* Individuals who are confirmed to be HIV infected will be treated with dignity and understanding. Guidance for dealing with the psychosocial aspects of the disease may be obtained from command medical authorities and chaplains.
- c.* Every effort will be made to ensure that, except for their assignment limitations, HIV infected personnel are treated no differently than other Soldiers. Commanders must ensure that information about the HIV infected Soldier's medical condition is provided only to those whose duties require knowledge of that information (see para 5–4).

6–2. Active force surveillance testing

- a.* All Soldiers are required to be tested for HIV at least biennially (once every 2 years). Upon confirmation of a positive HIV infection status (after verification specimen) Soldiers are exempt from this requirement.
- b.* Unit commanders are notified of all personnel requiring biennial HIV testing via MEDPROS.
- c.* Unless modified by a COCOM, host nation, or other policy that requires earlier testing, personnel who are awaiting a PCS overseas or are scheduled for overseas deployments or TDY must be screened and receive a negative HIV test result if they have not been tested within the 6 months preceding their departure date. Individuals alerted for

overseas assignments will be instructed, as part of their Soldier reassignment processing requirements, to report to the appropriate physical examination clinic or laboratory for a blood sample. For routine HIV testing requirements for RC personnel, see paragraphs 7–2 through 7–6. The following policy applies unless COCOM or host nation's policies require earlier testing (see AR 614–30).

d. In the event that prioritization of testing is required due to resource constraints, screening will be accomplished in the following priority:

(1) Soldiers and military units assigned or pending assignment to areas of the world where a moderate to high risk exists of contracting serious tropical infections, such as yellow fever, malaria, and dengue. Such areas include Central America, South America, the Caribbean, the Philippines, Southeast Asia, Thailand, Malaysia, Central Africa, East Africa, and Southwest Asia.

(2) Soldiers or units pending assignment or deployment to areas of the world where medical support will be limited. Included are assignments to remote areas where periodic evaluation of personnel and monitoring of health will be difficult, such as Korea and the Far East.

(3) Units with contingency plans to deploy on short notice to areas of the world described in paragraphs (1) and (2), above. Included are alerted forces who must be deployed in 30 days or less and all personnel scheduled to participate in overseas exercises that have not been screened within 24 months of the projected deployment date.

(4) Other military units that could be deployed overseas and OCONUS Army Forces in Europe, Korea, and Japan.

(5) All other units.

(6) All Soldiers in conjunction with routine, periodic physical examinations for any purpose, or any other scheduled medical examinations.

6–3. Assignment limitations

a. HIV infected Soldiers will not be deployed or assigned overseas. HIV infected Soldiers will not perform official duties overseas for any duration of time. Soldiers confirmed to be HIV infected while stationed overseas will be reassigned to the United States per paragraph 6–8.

b. In the United States (including Alaska, Hawaii, Guam, Puerto Rico and the U.S. Virgin Islands), HIV infected Soldiers will not be assigned to—

(1) Any table of organization and equipment or modified table of organization and equipment unit. Installation commanders may reassign any HIV infected Soldier in such units to table of distribution and allowances (TDA) units on their installation provided the Soldier has completed a normal tour in that unit (a normal tour for these purposes is 3 years from reporting date to the unit). After completion of a normal tour, reassignment to TDA units may be made provided assignment can be made according to normal personnel management and assignment criteria in AR 614–100 and AR 614–200. Reassignment must be to an authorized position for the Soldier's grade and primary MOS or secondary MOS. Installation commanders unable to make appropriate reassignments will report the names of HIV infected Soldiers to the Commander, HRC, AHRC–EPD–I (enlisted) or TAPC–OPD–M (officer).

(2) Military-sponsored educational programs, regardless of length but which would result in an additional service obligation. These programs include, but are not limited to, advanced civilian schooling, professional residency, fellowships, training with industry, and equivalent educational programs, regardless of whether the training is conducted in civilian or military organizations. HIV infected Soldiers assigned to these programs will be disenrolled at the end of the academic term in which HIV infection is confirmed and may be reassigned without regard to PCS restrictions. Any financial support received by the Soldier may be retained through the end of the current term of enrollment and will not be subject to any recoupment. In addition, any additional service obligation incurred as a result of attendance at military sponsored educational programs will be waived. Not included in this restriction are military schools required for career progression in a Soldier's MOS, branch, or functional area (such as, Noncommissioned Officer Education System schools, Captains Career Course, or intermediate level education).

(3) U.S. Army Recruiting Command, Cadet Command, U.S. Military Entrance Processing Command, ARNG full time recruiting force, or ARNG full time attrition/retention force if a Soldier's medical condition requires frequent medical follow-up (medical authorities will determine if follow-up is frequent) and the Soldier's projected duty station is geographically isolated from an Army MTF capable of providing that follow-up. These organizations will report HIV infected Soldiers who cannot be assigned per this policy to the Commander, HRC, AHRC–EPD–I (enlisted) or TAPC–OPD–M (officer), for assignment instructions (AI). For special branch officers, forward assignment requests to HQDA (DAJA–PT) for Judge Advocate General's Corps (JAGC) officers or HQDA (DACH–PEA) for chaplains. For ARNG AGR Title 10 personnel, all requests should be sent to Commander, National Guard Personnel Center (NGB–ARP–CT), 4501 Ford Avenue, Alexandria, VA 22302–1450; for ARNG FTNGD Title 32 personnel, requests should be sent to the applicable State Adjutant General. Requests for AI for USAR AGR personnel should be sent to Commander, U.S. Army Human Resources Command, Human Resource Center of Excellence (AHRC–SGD–H), Department 140, 1600 Spearhead Division Avenue, Fort Knox, KY 40122–5303.

c. Assignment preclusion from units, organizations, schools, or programs other than those listed above must be approved by HQDA (DAPE–HR).

d. Commanders may not change the assignment or utilization of HIV infected Soldiers solely because of their

infection unless required by this regulation or the Soldier's medical condition (as reflected on DA Form 3349 or other pertinent medical records). Grouping all HIV infected Soldiers within a command into the same subordinate unit, duty area, or living area is prohibited unless no other unrestricted units, positions, or accommodations are available.

e. HIV infected Servicemembers may transfer to the Active Army from another Armed Force (inter-Service transfer) if they meet medical retention standards (AR 40-501). However, Servicemembers who are HIV infected may not be transferred to the Army from another Armed Force if they are required to meet accession medical standards (AR 40-501), except as specifically permitted in chapter 5.

f. HIV infected Soldiers who demonstrate progressive clinical illness or immunological deficiency will be processed per section III of this chapter. (See the glossary for definitions of progressive clinical illness and immunological deficiency.)

6-4. Accompanied tours

a. Family members who are HIV infected may accompany their sponsor overseas. Paragraph 8-6 provides guidance for processing HIV infected Family members.

b. When a Family member is HIV infected, the sponsor may request deletion from an overseas assignment alert based on compassionate reasons, or request an "all others" tour. Deletion of the sponsor from overseas AI is not mandated solely based on a Family member's HIV status. If assigned overseas at the time the Family member is diagnosed as HIV infected, the sponsor may apply for a curtailment of foreign service tour (FST) for compassionate reasons per AR 614-30. A mandatory PCS or curtailment of FST of the sponsor will not occur solely because a Family member is determined to be HIV infected.

6-5. Military schooling

Soldiers who are HIV infected and are determined to meet retention standards are eligible for all military professional development schools (such as Noncommissioned Officer Education System, Captains Career Course, and intermediate level education). HIV infected Soldiers may also attend formal military training required to qualify them for reclassification to a new MOS or award a skill qualification identifier, additional skill identifier, or functional area.

6-6. Reenlistment

a. HIV infected enlisted Soldiers who meet medical retention standards of AR 40-501, chapter 3 are eligible to reenlist, if otherwise qualified.

b. There is no requirement to have an HIV test as part of reenlistment qualification unless the Soldier desires to reenlist for an overseas duty assignment or for an organization cited in paragraph 6-3b. Soldiers will not be permitted to reenlist for an overseas duty assignment or an organization cited in paragraph 6-3b, unless they have tested negative for HIV within the 6-month period preceding the desired date of reenlistment. If HIV infected, they may reenlist for any option in AR 601-280 except overseas or restricted units.

c. Enlisted Soldiers who enlisted or reenlisted for a unit or organization cited in paragraph 6-3b and who subsequently are confirmed as HIV infected will be processed as follows:

(1) If otherwise eligible, Soldiers will be advised of the procedures of AR 635-200, concerning requests for separation due to unfulfilled enlistment commitments.

(2) Soldiers who are not eligible for separation due to unfulfilled enlistment commitments under AR 635-200 and who are not under a suspension of favorable personnel actions may request separation for the convenience of the Government under AR 635-200, secretarial plenary authority. These procedures are outlined in paragraph 6-14.

(3) Enlistment contracts may be renegotiated where appropriate and Soldiers, if otherwise eligible, may be given other options commensurate with the established assignment limitations for HIV infected Soldiers.

6-7. Utilization

a. There is no medical reason for HIV infected Soldiers' duties to be changed solely because of their infection (except in certain instances for health care providers). In instances where a Soldier performs duties as a member of a flight crew, or other position requiring a high degree of alertness or stability (for example, explosive ordnance disposal), a case-by-case determination will be made by a medical evaluation board as to the Soldier's fitness to perform his or her duties.

b. In the case of HIV infected health care providers, their duties may be restricted when performing those duties that present a risk of transmitting HIV to their patient. This determination will be made by an expert medical review committee as designated by the deputy commander for clinical services. This committee will make recommendations on a case-by-case basis to the MEDDAC/MEDCEN/Dental Activity commander per AR 40-68 as to the restriction of duties of HIV infected health care providers. The restriction may only be to the extent that the risk is eliminated. In all other instances, HIV infected Soldiers will be utilized in their primary MOS per normal utilization criteria contained in Army personnel regulations and the assignment limitations in paragraphs 6-3b and 6-3d.

6–8. Assignment/reassignment policies and procedures

a. Overseas policies.

(1) Soldiers serving overseas who are identified as HIV infected will have their FSTs curtailed and will be expeditiously reassigned to the United States. This paragraph does not apply to Soldiers who are permanent residents of and are currently stationed in Guam, the Virgin Islands, or American Samoa. HIV infected Soldiers who are assigned outside these areas and who desire compassionate reassignment to these areas may apply per existing policies for compassionate reassignments. Requests will be considered on a case-by-case basis.

(2) Soldiers who are returned to the United States will have their FST curtailed and will be given credit for a completed tour as prescribed in AR 614–30.

(3) Overseas ACOM, ASCC, or DRU commanders are authorized to approve a second PCS in the same fiscal year for HIV infected Soldiers returning to the United States under this program. AR 614–30 prescribes authorities for approval of PCS and time on station waivers and tour curtailments.

b. Overseas procedures.

(1) Overseas adjutants general or personnel officers will, upon receipt of formal notification of Soldiers who are HIV infected, request immediate FST curtailment per AR 614–30. Curtailments of FST will be coordinated by priority message, “FOR OFFICIAL USE ONLY” with Commander, HRC, AHRC–EPD–I (enlisted) or TAPC–OPD–M (officer) for AI. For special branch-managed officers, forward assignment requests to HQDA (DAJA–PT) for JAGC officers or HQDA (DACH–PEA) for chaplains. (For ARNG AGR Title 10 personnel, all requests should be sent to Commander, National Guard Personnel Center (NGB–ARP–CT), 4501 Ford Avenue, Alexandria, VA 22302–1450; for USAR AGR personnel, all requests should be sent to Commander, U.S. Army Human Resources Command (AHRC–SG), Building 6434–6, 1600 Spearhead Division Avenue, Fort Knox, KY 40122–5303). Requests will include the following:

- (a) Name, grade, social security number, primary MOS or control branch, and unit of assignment.
- (b) Include the statement: “This curtailment request is submitted per AR 600–110, paragraph 6–8b.”
- (c) Desired report date.
- (d) Three assignment preferences in the United States (including Alaska, Hawaii, Guam, Puerto Rico and the U.S. Virgin Islands) with rationale from the Soldier as to the three choices (for example, to be near Family).
- (e) Known assignment limitations or special considerations that should be considered in making the assignment.
- (f) Tour type: accompanied, unaccompanied (Family members in the United States), unaccompanied (Family members in-country at sponsor’s personal expense).

(2) The Commander, HRC (Commander, National Guard Personnel Center (NGB–ARP–CT), for ARNG Title 10 AGR personnel, or Commander, HRC (AHRC–SGD–H), for USAR AGR personnel) will issue AI expeditiously.

(3) Soldiers overseas identified for referral into the physical disability system will be expeditiously processed per AR 635–40.

(4) Nothing in the procedures discussed above should be interpreted as prohibiting a Soldier from taking leave overseas solely because of HIV infection. Current Army and DOD policy does not restrict a Soldier from any travel in a leave status based on the results of an HIV test. However, HIV infected Soldiers must meet entrance requirements for countries they intend to visit. Countries may require evidence of HIV testing and may require negative test results as part of those entrance requirements.

c. Continental United States policies.

(1) Soldiers identified as HIV infected and who are assigned to organizations cited in paragraph 6–3b will be transferred within their current installations. If local reassignment is not possible, HIV infected Soldiers will be reported to the Commander, HRC for AI. These Soldiers are eligible for other assignments in the United States (including Alaska, Hawaii, Guam, Puerto Rico, and the U.S. Virgin Islands) according to the needs of the Army and existing PCS policies.

(2) Soldiers who receive overseas AI will require an HIV test as part of their Soldier reassignment processing requirements if they have not been tested in the 6 months prior to their port calls. Those who are HIV infected will be deleted from AI. Soldiers with Family members who are HIV infected will follow the policies and procedures in paragraphs 6–4b and 8–6.

d. Continental United States procedures. Adjutants general/personnel officers in the United States will, upon receipt of formal notification from the commander of the local MTF of Soldiers who are HIV infected, take the following actions:

(1) Soldiers who are HIV infected will be deleted from overseas AI. For enlisted personnel, requests for deletions will be submitted to the Commander, HRC (AHRC–EPD–I). Approval will be automatic and confirmed through the Enlisted Distribution and Assignment System by HRC. For officer personnel, requests for deletions will be forwarded to the Commander, HRC (TAPC–OPD–M) for officers managed by Officer Personnel Management Directorate; HQDA (DAJA–PT) for JAGC officers; or HQDA (DACH–PEA) for chaplains. For ARNG Title 10 AGR personnel, all requests for deletion will be forwarded to Commander, National Guard Personnel Center (NGB–ARP–CT), 4501 Ford Avenue, Alexandria, VA 22302–1450; for ARNG Title 32 AGR personnel, all requests for deletion will be forwarded to the State Adjutant General, Support Personnel Management Office, of the particular State/territory to which the

AGR Soldier is assigned for duty. For USAR AGR personnel, all requests for deletion will be forwarded to the Commander, U.S. Army Human Resources Command, Human Resource Center of Excellence (AHRC-SGD-H), Department 140, 1600 Spearhead Division Avenue, Fort Knox, KY 40122-5303.

(2) Other than accession testing per chapter 5, enlisted Soldiers undergoing initial entry training (to include prior service Soldiers) with AI to an overseas location and who are confirmed as HIV infected will be reported to the Commander, HRC (AHRC-EPD-I) under provisions of AR 635-200 (see separation for convenience of the Government) for separation if less than 180 days of service or for issuance of AI to an installation in the United States or Puerto Rico if over 180 days of service.

6-9. Transfer of personnel and medical records

The procedures below apply to the transfer of personnel and medical records of all Soldiers identified as HIV infected. These procedures apply to moves within the United States as well as from overseas locations to the United States, excluding those conducted through medical evacuation channels.

a. When AI on an HIV infected Soldier are received, the HIV infected Soldier will inform his or her HIV program coordinator (PHN) and out-process within 30 days of PCS. The losing HIV program coordinator (PHN) will contact the gaining HIV program coordinator (PHN) and provide the expected date of departure, the new assignment location or unit (if known), and the anticipated arrival date, and send the contents of the duplicate file, including all preventive medicine and commander's counseling statements encrypted or by confidential fax to the gaining HIV program coordinator (PHN).

b. The Soldier will in-process with the gaining HIV program coordinator (PHN) immediately upon arrival.

c. The gaining HIV program coordinator (PHN) will ensure that any immediately necessary medical care, to include medical evaluation and reevaluation, is fully coordinated.

d. The HIV program coordinator (PHN) will notify the gaining unit commander of the Soldier's medical condition as soon after his or her arrival as possible.

e. HIV infected Soldiers transferred into a unit will be provided preventive medicine counseling and commander's counseling in the same manner as that prescribed for newly identified HIV infected Soldiers (see paras 4-8 and 4-9).

f. Soldiers who are returning to the United States from overseas for initial medical evaluation at the regional infectious disease service will be ordered, as part of HRC (AHRC-SG) for USAR AGR Soldiers' AI, to report TDY en route to the regional Army MEDCEN for the new assignment location for a period not to exceed 10 days. HRC will ensure that the AI includes instructions to provide a copy of the PCS orders to the designated MEDCEN. Soldiers who will be accompanied by Family members will be counseled that housing for the Family at the TDY location will be at the Soldier's own expense and that Government transient quarters may not be available. Soldiers referred to medical or physical evaluation boards immediately following medical evaluation will be handled per normal medical or physical evaluation boards procedures and will be deleted from their original orders. The MEDCEN HIV program coordinator (PHN) will notify the gaining installation HIV program coordinator (PHN) of pertinent medical information telephonically or by encrypted email.

6-10. Monitoring patient health

a. Long-term monitoring of the HIV infected individual's health is essential. Clinical evaluation will be accomplished at least twice a year by an infectious disease specialist at a participating MEDCEN. Commanders should be advised if AD Soldiers fail to comply with treatment instructions, preventive medicine counseling, or orders given during the commander's counseling.

b. The attending physicians or medical POCs must inform the Soldier's commander when a significant change in immunological status or clinical disease status is identified. Likewise, commanders must consult the attending physician or medical POC if the Soldier's FFD becomes suspect. Soldiers thought to be unfit for duty will be processed through normal medical or physical evaluation boards for determinations.

c. When HIV infected Soldiers are attached to another unit for a period in excess of 15 days, their commanders will personally notify the gaining unit commander of the Soldier's medical condition. The gaining commander will maintain this information confidentially and will release that information only to those with an established "need to know" of the medical condition.

Section II Procedures

6-11. Overseas

a. The medical activity commander and/or division surgeon—

(1) Provides formal notification to the unit commander and the adjutant general or personnel officer having custody of an HIV infected Soldier's Army Military Human Resource Record (AMHRR).

(2) Expeditiously schedules HIV infected Soldier for a second verification HIV test, medical evaluation at the designated regional MEDCEN, and referral to the HIV program coordinator (PHN) at the gaining CONUS installation.

- b. The adjutant general or personnel officer having custody of the AMHRR of HIV infected Soldiers—
 - (1) Requests FST curtailment per AR 614–30.
 - (2) Expeditiously processes AI issued by HRC (National Guard Personnel Center for ARNG personnel or HRC for USAR AGR personnel) and issues necessary orders.
 - (3) Follows procedures prescribed in paragraph 6–8b.
- c. The CG, HRC—
 - (1) Issues AI for Soldiers identified as HIV infected.
 - (2) Directs award of tour credit in the special instructions of the AI.
- d. For ARNG AGR personnel, the Commander, National Guard Personnel Center, will use the procedures described for CG, HRC, in paragraph c, above.

6–12. Continental United States

- a. The HIV program director—
 - (1) Provides formal notification to the unit commander and the adjutant general or personnel officer having custody of the AMHRR of HIV infected Soldiers.
 - (2) Ensures that Soldiers are referred into the physical disability system in coordination with the infectious disease physician, as appropriate.
- b. Adjutants general or personnel officers having custody of the AMHRR of HIV infected Soldiers—
 - (1) Request deletion of those Soldiers who are on overseas AI.
 - (2) Reassign locally those Soldiers who are infected and are assigned to organizations cited in paragraph 6–3b. Request AI in those cases where on-post transfer cannot be accomplished to satisfy assignment policy limitations.
 - (3) Follow the procedures described in paragraph 6–8d.
- c. The CG, HRC—
 - (1) Approves deletion requests for HIV infected Soldiers who are on overseas AI.
 - (2) Upon request, issues AI for those Soldiers in organizations cited in paragraph 6–3b who cannot be reassigned locally.
- d. For AGR personnel, the following individuals will perform those procedures described for the CG, HRC, in paragraph c, above.
 - (1) The Commander, National Guard Personnel Center for ARNG personnel on NGB-controlled Title 10 tours.
 - (2) The State Adjutants General for ARNG personnel on Title 32 tours.
 - (3) The Commander, HRC (AHRC–SGD–H) for all USAR personnel.

Section III

Administrative Separations

6–13. Administrative separation of officers

- a. Officers who are HIV infected and no longer desire to remain on AD may submit an unqualified resignation under the provisions of AR 600–8–24 or request voluntary REFRAD under the provisions of AR 600–8–24, as appropriate. Probationary officers (as defined in AR 600–8–24) who have tested positive for HIV infection and who were infected prior to acceptance of appointment may request resignation under the provisions of AR 600–8–24.
- b. Officers submitting voluntary applications for resignation or REFRAD should use the formats indicated in AR 600–8–24, as appropriate. The officer will execute the following statement and include it in his or her application: “I have been counseled by a member of The Judge Advocate General’s Corps regarding the consequences of my request and I certify that this request is voluntary. I understand that if my request is accepted, I will be granted an honorable discharge (if requesting resignation) or honorable characterization of service (if requesting REFRAD).” Officers who are HIV infected but still meet medical retention standards and desire to be discharged must be counseled by a member of The Judge Advocate General’s Corps, who will explain the impact of the officer’s request. As a minimum, specific information regarding the officer’s post-discharge eligibility for medical care will be provided. A copy of the counseling statement will accompany the request for separation. The counseling statement will contain the following statement, as a minimum: “Officer was advised that disability benefits under provisions of 10 USC 61 may be available in the event that he or she remains in the Army until the U.S. Army Physical Disability Agency determines the officer is no longer fit to perform assigned military duties.”
- c. Requests for resignation or REFRAD will be submitted through command channels to the appropriate career manager indicated below:
 - (1) Maneuver, fires, and effects (formerly combat arms)—Commander, U.S. Army Human Resources Command (HRC–OPA), Department 140, 1600 Spearhead Division Avenue, Fort Knox, KY 40122–5500.
 - (2) Operation support division (formerly combat support arms)—Commander, U.S. Army Human Resources Command (HRC–OPB), Department 140, 1600 Spearhead Division Avenue, Fort Knox, KY 40122–5500.

(3) Field services division (formerly combat service support)—Commander, U.S. Army Human Resources Command (HRC–OPC), Department 140, 1600 Spearhead Division Avenue, Fort Knox, KY 40122–5500.

(4) Health services to health services division—Commander, U.S. Army Human Resources Command (HRC–OPH), Department 140, 1600 Spearhead Division Avenue, Fort Knox, KY 40122–5500.

(5) Colonels to senior leader division—Commander, Headquarters, Department of the Army (DACS–CMO), 200 Army Pentagon, Washington, DC VA 20310–0200.

(6) Chaplains—Headquarters, Department of the Army (DACH–PER), 2700 Army Pentagon, Washington, DC 20310–2700.

(7) JAGC officers—Headquarters, Department of the Army (DAJA–PT), 200 Army Pentagon, Washington, DC 20310–2200.

(8) AGR Officers—For ARNG Title 10 AGR officers, Commander, National Guard Personnel Center (NGB–ARP–CT), 4501 Ford Avenue, Alexandria, VA 22302–1450; for ARNG Title 32 AGR officers, State Adjutant General, Support Personnel Management Office; and for USAR AGR officers, Commander, U.S. Army Human Resources Command, Human Resource Center of Excellence (AHRC–SGD–H), Department 140, 1600 Spearhead Division Avenue, Fort Knox, KY 40122–5303.

d. AC commissioned and warrant probationary officers entering AD who are identified as HIV infected within 180 days of their original appointment, or USAR and ARNG commissioned and warrant probationary officers who report for initial entry training in an AD (other than ADT) status and are identified as HIV infected within 180 days of reporting to AD, will be processed for discharge under the provisions of AR 600–8–24.

e. Officers who are HIV infected and have been found not to have complied with preventive medicine counseling prescribed in paragraph 4–8 may be involuntarily discharged. Commanders may recommend that such officers be eliminated under the provisions of AR 600–8–24. Recommendations for separation must be based upon information obtained independently from interviews or surveys conducted in conjunction with the epidemiologic assessment process. Other than the fact that an officer is HIV infected and has been counseled regarding preventive medicine procedures, no other information related to the assessment process will be used to support involuntary separation. Evidence of unprotected intimate sexual behavior, drug abuse, or other violations of the preventive medicine procedures must be derived from sources not related to the assessment process.

f. Examples of independently derived evidence include, but are not limited to, urinalysis tests conducted under the Alcohol Substance Abuse Program (ASAP), noncompliance with the medical management of HIV infection as determined by an infectious disease physician, or the routine diagnosis of STIs other than HIV.

g. HIV infected officers remain subject to involuntary separation under any provision of AR 600–8–24, as appropriate. The policies described in chapter 9 apply. Officers who no longer meet medical retention standards will be processed per AR 635–40.

6–14. Administrative separation of enlisted personnel

a. Enlisted Soldiers who are HIV infected may submit a voluntary request for discharge under the provisions of AR 635–200, secretarial plenary authority. Voluntary requests for separation will be submitted through command channels to Commander, U.S. Army Human Resources Command (AHRC–EPF–M), Department 140, 1600 Spearhead Division Avenue, Fort Knox, KY 40122–5303. (For ARNG Title 10 enlisted AGR personnel, requests will be sent to Commander, National Guard Personnel Center (NGB–ARP–CT), 4501 Ford Avenue, Alexandria, VA 22302–1450. The National Guard Personnel Center will forward these requests to HRC for decision. Requests from ARNG Title 32 enlisted AGR personnel will be sent to the State Adjutant General, Support Personnel Management Office, of the particular State/territory in which the Soldier is assigned for duty. For USAR AGR enlisted personnel, requests will be sent to Commander, U.S. Army Human Resources Command, Human Resource Center of Excellence (AHRC–SGD–H), Department 140, 1600 Spearhead Division Avenue, Fort Knox, KY 40122–5303.) Requests for voluntary separation will not be accepted from Soldiers who no longer meet medical retention standards of AR 40–501. Such Soldiers will be processed for medical separation under the provisions of AR 635–40.

(1) HIV infected Soldiers who still meet medical retention standards and desire to be discharged must be counseled by a member of The Judge Advocate General’s Corps, who will explain the impact of the Soldier’s request. As a minimum, specific information regarding the Soldier’s post-discharge eligibility for medical care will be provided. A copy of the counseling statement will accompany the request for separation. The counseling statement will contain the following statement, as a minimum: “Soldier was advised that disability benefits under provisions of 10 USC 61 may be available in the event that he or she remains in the Army until the U.S. Army Physical Disability Agency determines the Soldier is no longer fit to perform assigned military duties.”

(2) Soldiers desiring discharge will complete a DA Form 4187 (Personnel Action) and execute the following statement: “I request discharge from the Army under the provisions of AR 635–200, secretarial plenary authority, for my own convenience. I have been counseled by a member of The Judge Advocate General’s Corps regarding the consequences of my request, and I certify that this request is voluntary. I understand that, if my request is accepted, I will be granted an honorable discharge.”

(3) Requests for separation must include certification that the Soldier is HIV infected but meets medical retention

standards. Commanders endorsing requests for separation under the provisions of paragraph *a*, above, will verify the Soldier's medical condition and that the Soldier still meets medical retention standards.

b. Soldiers identified as HIV infected within 180 days of initial entry on AD will be separated under the provisions of AR 635–200 for failure to meet procurement medical fitness standards.

c. HIV infected enlisted Soldiers found not to have complied with preventive medicine counseling prescribed in paragraph 4–8 may be involuntarily separated. Commanders may recommend that such enlisted Soldiers be separated under the provisions of AR 635–200, under either secretarial plenary authority, or for acts or patterns of misconduct, as the unit commander deems appropriate. The following procedures apply:

(1) If the Soldier is processed for separation under the provisions of AR 635–200, secretarial plenary authority, the notification procedure (AR 635–200) will be used to notify the Soldier that his or her discharge is being recommended. Soldiers processed for separation under the provisions of AR 635–200 for acts or patterns of misconduct, will be notified of the recommendation for discharge under administrative board procedures (AR 635–200) or the notification procedure (AR 635–200), as appropriate.

(2) Recommendations for involuntary separation must be based upon information that is not obtained through interviews or surveys conducted in conjunction with the epidemiologic assessment process. Other than the fact that a Soldier is HIV infected and has been counseled regarding preventive medicine procedures, no other information related to the assessment process will be used to support involuntary separation. Evidence of unprotected intimate sexual behavior, drug abuse, or other violations of the preventive medicine procedures must be derived from sources not related to the assessment process.

(3) Examples of independently derived evidence include, but are not limited to, urinalysis tests conducted under the ASAP, noncompliance with the medical management of HIV infection as determined by an infectious disease physician, or the routine diagnosis of STIs other than HIV.

(4) Recommendations for involuntary separation under the provisions of AR 635–200 and recommendations for involuntary separation of Soldiers with 18 or more years of service will be forwarded to Commander, HRC (AHRC–EPF–M), for processing. (For ARNG Title 10 enlisted AGR personnel, requests will be sent to Commander, National Guard Personnel Center (NGB–ARP–CT), 4501 Ford Avenue, Alexandria, VA 22302–1450; for ARNG Title 32 enlisted AGR personnel, requests will be sent to the State Adjutant General, Support Personnel Management Office, of the particular State/territory in which the Soldier is assigned for duty. For USAR enlisted AGR personnel, requests will be sent to Commander, U.S. Army Human Resources Command, Human Resource Center of Excellence (AHRC–SGD–H), Department 140, 1600 Spearhead Division Avenue, Fort Knox, KY 40122–5303.) As a minimum, recommendations for separation must include documentation of the notification process (to include the Soldier's acknowledgement of notification), statements submitted by the Soldier and/or his or her counsel, certification that the Soldier has been counseled regarding preventive medicine measures, and details/evidence of the Soldier's failure to comply with those measures.

d. HIV infected enlisted Soldiers remain subject to involuntary administrative separation under any provision of AR 635–200; however, Soldiers who no longer meet medical retention standards will not be involuntarily separated except under AR 635–200 (see misconduct; in lieu of trial by court-martial; dishonorable and bad conduct discharges; limitations on referral to the Physical Disability Evaluation System; and administrative separations).

6–15. Disability separation

a. HIV infected military personnel who demonstrate progressive clinical illness or immunological deficiency as determined by medical authorities, do not meet medical retention standards of AR 40–501 and may be processed for separation per AR 40–501 and AR 635–40.

b. While infectious disease medical evaluation will not serve as the sole criteria for determining medical fitness or a disability rating, the clinical manifestations that determine a stage of the disease's severity may, in fact, contribute to determining a Soldier's fitness for duty. All HIV infected Soldiers who show signs of immunological deficiency or a progressive illness must be referred to medical evaluation boards regardless of the clinical stage of the disease. This should result in a more expeditious status determination that will benefit both the Soldier and the Government.

Chapter 7

Reserve Components Personnel Policies and Procedures

Section I

Introduction

7–1. General

This chapter prescribes policies and procedures for HIV testing pertaining to ARNG and USAR personnel performing duty under USC Title 10 and USC Title 32, to include Active Guard and USAR (AGR refer to chap 6). These policies and procedures are intended primarily to apply to troop program units (TPUs); however, the policies and procedures

also pertain to the USAR Standby Reserve (active and inactive) and individual mobilization augmentee (IMA). Current HIPAA security and privacy training is required for “need to know” individuals (see para 5–4).

7–2. Testing requirement for National Guard and Reserve Soldiers applying for tours of active duty

a. Personnel ordered to AD for more than 30 days including travel time (for example, ADT, AGR, initial AD for training, and ADOS) must have been tested for HIV with negative results no more than 2 years prior to the report date and prior to issuance of orders. In rare situations where this requirement cannot be met, orders will include the following statement: “You will obtain a HIV test from a designated military facility en route to, or immediately upon, arrival at your duty station. If your HIV test status is not communicated through established medical channels to the orders issuing authority within the first 29 days including travel time, these orders will terminate.”

b. Under mobilization conditions (as declared by Congress or executive order and implemented by DOD), the Assistant Secretary of the Army (Manpower and Reserve Affairs) may authorize HIV infected RC Soldiers to be ordered to ADOS. If ordered to ADOS, RC Soldiers known to be HIV infected will be assigned and utilized within the United States (including Alaska, Hawaii, Guam, Puerto Rico, and the U.S. Virgin Islands). RC Soldiers identified as HIV positive during mobilization station testing will be immediately REFRAD. Specific guidance will be provided in the Personnel Policy Guidance.

c. Personnel ordered to AD with duty overseas for more than 30 days including travel time (for example, ADT, AGR, initial AD for training, and AD for special work) must have been tested for HIV antibodies with negative results 180 days prior to the report date and prior to issuance of orders. In rare situations where this requirement cannot be met, orders will include the following statement: “You will obtain a HIV test from a designated military facility en route to, or immediately upon, arrival at your duty station. If your HIV test status is not communicated through established medical channels to the orders issuing authority within the first 29 days including travel time, these orders will terminate.” Soldiers identified at power projection platform or during deployment and mobilization as HIV infected after verification test validates will be REFRAD.

Section II Policies and Procedures

7–3. General

- a. HIV testing and retention policies will be consistent with all DOD and DA policies and regulations.
- b. HIV testing should remain available for all Soldiers upon their request without inquiring as to the reason for the test. However, testing for USAR Soldiers will be at no additional cost to the Government if not event driven. Reserve Soldiers can request HIV testing at an MTF by contacting the HIV program coordinator at HRC.
- c. The HIV testing program is accomplished primarily during periodic physical examinations, physical health assessment, or periodic Soldier readiness processing.

7–4. Testing timeline requirements

- a. *General.*
 - (1) Testing of all nonprior service Soldiers will be accomplished upon appointment, enlistment, or induction.
 - (2) Testing of all AD Title 10 and Title 32 USC Soldiers will be accomplished every 2 years. Upon confirmation of HIV infection status (after verification specimen) Soldiers are exempt from this requirement.
 - (3) RC personnel not on AD are required to have current HIV test every 2 years. Upon confirmation of HIV infection status (after verification specimen) Soldiers are exempt from this requirement.
 - (4) HIV testing for ARNG personnel during State emergency duty will be accomplished in conjunction with post deployment health assessment before ARNG personnel are de-mobilized from State emergency duty.
 - (5) RC personnel performing AD Title 10 or Title 32 USC for 30 days or less are required to have a current HIV test, unless HIV infection has previously been confirmed.
 - (6) RC personnel will be screened when called to a period of AD greater than 30 days if they have not received an HIV test within the last 2 years.
 - (7) HIV infected Soldiers will not be permitted to serve in the IRR. Those in the USAR, when so identified, will be processed per paragraph 7–12. HIV infected AD Soldiers leaving AD who have a contractual or statutory obligation remaining will be transferred to the USAR control group (Standby).
 - (8) Personnel located OCONUS scheduled for training either in the United States or overseas who do not meet the testing windows stated above will be tested immediately upon arrival at the training duty station when testing prior to departure is impractical.
- b. *Transferring components.*
 - (1) HIV testing of all ARNG Soldiers transferring from one RC to another, or to the IRR, will have a HIV negative test within 2 years. This does not apply to HIV infected Soldiers exercising their option to voluntarily transfer to the Standby or Retired Reserve.

(2) HIV testing of all personnel who transfer from another Service or USAR control group into the ARNG, including members of the Inactive National Guard, will have a HIV negative test within 2 years.

7-5. Reserve component surveillance testing

- a. ARNG and USAR Selected Reserve screening will be conducted every 2 years.
- b. ARNG and USAR Soldiers will also undergo HIV screening as part of their periodic physical examinations or physical health assessment. AD Soldiers may not refuse screening, but should be informed of the pending procedure. Soldier privacy will be maintained in the same manner as required in AC MTF procedures.
- c. If prioritization of testing is necessary, screening will be accomplished in the same order as in paragraph 6-2d. RC Soldiers ordered to AD for more than 30 days will be considered priority 4 if they do not meet the criteria of priorities 1 to 3.
- d. ARNG and USAR TPU surveillance testing will normally be accomplished as part of the periodic physical examination or physical health assessment.
- e. Soldiers assigned to the IRR and IMA programs will be tested during annual training (AT) or ADT if their last HIV test is older than 2 years, and during periodic physical examinations or physical health assessment, including flight physicals. IRR and IMA Soldiers' physical examinations or physical health assessments that are performed by civilian contract will be considered "interim complete" if the Soldier has a documented HIV test no older than 2 years. Under this circumstance, an HIV test will be required within 48 hours of reporting for any AD period to ensure the physical examination is updated.
- f. IRR and IMA Soldiers not on AD who require testing or are participating in overseas deployment for training will be tested in MTF facilities or by the Reserve Health Readiness Program contracted authorized providers. Those IRR and IMA Soldiers who require periodic medical examinations or PHAs will be tested in MTF facilities or by authorized contract providers.
- g. For USAR Soldiers, HIV test results will be annotated on DD Form 2808 (Report of Medical Examination), item 49, if testing occurred as part of a physical exam. If testing occurred separately from a physical exam, results will be annotated on Standard Form (SF) 600 (Medical Record - Chronological Record of Medical Care). DD Form 2808 and SF 600 will be posted in the Soldiers' medical records. Compliance with HIV testing is in the MEDPROS individual medical readiness record.
- h. HIV test dates are electronically transferred into the MEDPROS individual medical readiness record.

7-6. Human immunodeficiency virus testing for reserve component on active duty

- a. All RC personnel ordered to AD for more than 30 days under Title 10 or Title 32 USC programs, to include AGR, will be required to have a current HIV test with negative results. Testing will occur within 2 years of a CONUS assignment or within 180 days for an OCONUS assignment. Testing must occur prior to the report date and issuance of orders, including travel time. In rare situations where this requirement cannot be met, orders will include the following statement: "You will obtain a HIV test from a designated military facility en route to, or immediately upon, arrival at your duty station. If your HIV test status is not communicated through established medical channels to the orders issuing authority within the first 29 days including travel time, these orders will terminate."
- b. According to Department of Defense Instruction (DODI) 6490.03, every deployed Soldier will have a baseline blood serum drawn and placed in the DOD Serum Repository, Armed Forces Health Surveillance Center, within 12 months before the Soldier actually deploys. The Soldier must be informed that this serum will be tested for HIV en route to the repository. This is a separate requirement from the HIV test required within 2 years before deployment (or closer to deployment if mandated by COCOM or other appropriate policies).

7-7. Priority for testing

- a. Soldiers who are scheduled for overseas PCS will be tested prior to PCS.
- b. Testing will be based on the priorities listed in paragraph 6-2d.
- c. For RC Soldiers mobilized on short notice, the guidance in paragraph 7-6 will be followed. If a Soldier does not have a negative HIV test within the required period of time prior to mobilization, then an HIV specimen will be drawn immediately upon issuance of orders. Specimens should be processed and shipped to the DOD designated laboratory overnight by the collection site for processing. Routinely, the designated laboratory will process the specimens with 24 to 48 hours of receipt and results will return to the RC usually with 7 to 10 days. If a State is mobilizing troops and needs the results back immediately, the State HIV POC can mark the shipment "PROCESS IMMEDIATELY, need for MOBILIZATION." Screening HIV test results will normally be available within 48 hours, but may be delayed due to logistical limitations. Soldiers will not be mobilized until test results are known. If the test results are negative, the Soldier is considered available for mobilization. If the initial test results are positive, the Soldier will be removed from further processing until independent verification tests are conducted and results are known. HIV positive test results generally are available within 72 hours.

7–8. Roles and responsibilities

a. The Chief, NGB; CG, HRC; and CG, USARC are responsible for implementation of HIV testing of RC Soldiers in accordance with this regulation.

b. The State Adjutants General of each ARNG State and territory and USARC will—

(1) Appoint an HIV program director/manager to develop State (HRC) testing plans for notification and counseling procedures, reporting and recording of test data, and procedures for periodic follow-up.

(2) Ensure that medical patient confidentiality is maintained per laws and regulations and specifically ensure that there are no unwarranted disclosures of information concerning an individual's medical condition.

c. The ARNG and HRC HIV program director will—

(1) Perform the duties of a contract officer technical representative for the RC centrally funded HIV testing contract. Ensure that HIV testing services and funding are appropriated in accordance with the HIV contract.

(2) Produce and distribute specific HIV testing information to the HIV program manager or deputy State surgeon for State distribution.

(3) Track and report the number of HIV infected Soldiers in the ARNG to the Chief National Guard surgeon and in the USAR to the CG, USARC on a monthly basis.

(4) Serve as designated backup at the headquarters level for the NGB in the event the State POC cannot be reached during the notification phase of a positive HIV test result from the laboratory or AC HIV program director or coordinator.

d. The State (AHRC–SG) HIV program manager will—

(1) Be responsible for coordination and notification of Soldier HIV testing results with the individual, the unit commanders, the State surgeon, regional support command, operational and functional commands, the HIV program director, and the local health department.

(2) Coordinate to obtain the second independent verification specimen to be tested for HIV in a USAMEDCOM designated laboratory. A second specimen is required through the USAMEDCOM designated laboratory even if the Servicemember self identifies after testing positive in a civilian setting.

(3) Track, update, and protect the annual FFD status of all HIV infected Soldiers in the State and USAR on a monthly basis.

(4) Ensure that all HIV testing on Soldiers assigned to the State and USAR is conducted in accordance with this regulation.

(5) Ensure maximum participation with minimal interruption of mission training. The State HIV program manager will identify testing locations by month, date, and quantities of blood samples to be submitted according to the testing contract. The minimum number of testing sites necessary to accomplish the mission will be utilized in order to reduce the overall cost of the centrally funded contract. Order, maintain, and distribute HIV testing supplies for all HIV testing requirements, in accordance with this regulation, within the State and State emergency duty locations.

(6) Maintain transmittal sheets matching names, social security numbers, and units with laboratory numbers. Ensure that the transmittal sheets will be confidentially handled as medical records.

(7) Coordinate the notification of all State and USAR HIV infected personnel in accordance with this regulation and the positive HIV test notification checklist.

(8) Order, manage, and maintain HIV testing supplies for all Soldiers and State Home Land Defense and Home Land Security missions.

e. Unit commanders will—

(1) Ensure that all personnel in their units are tested in accordance with this policy.

(2) Ensure that the HIV infection and/or AIDS information and education requirements in chapter 10 are included in unit training programs. This training will be conducted annually and will be documented in command training records. Commanders are encouraged to use TDA Army Medical Department (AMEDD) officers, mission and funds permitting. If AMEDD officers cannot be used, trainers may be members of the chain of command, assigned officers or enlisted Soldiers, or nonmilitary personnel from outside sources.

7–9. Army National Guard notification and counseling procedures

a. The results from testing will be returned by the designated HIV testing laboratory to the State designated HIV program director and/or coordinator. All positive HIV tests will be verified by a second independent blood draw. However, the Soldiers must be notified and counseled in accordance with this regulation upon the first positive HIV test.

b. ARNG Soldiers who are HIV infected will be notified and counseled in accordance with chapter 4. All HIV infected ARNG Soldiers and their spouses will be individually and privately notified of all positive HIV test results in a face-to-face interview by a designated and qualified AMEDD officer within the State, in accordance with chapter 8. All HIV infected ARNG Soldiers and their spouses will be counseled regarding the significance of a positive HIV test, current medical knowledge on HIV infections, and ways to prevent transmission of the virus. HIV infected ARNG Soldiers will be referred to civilian physicians for medical care and further counseling. The telephone number of local

civilian health authorities will be given to Soldiers if information on local physicians or facilities is requested (for notification and testing of ARNG HIV infected Soldiers' spouses see chap 8).

c. Individuals tested at MEPS for accession purposes or component transfers will be notified of HIV positive test results by the examining physician or other appointed, qualified counselor. Soldiers tested at MEPSs as part of a periodic physical examination (space available basis) will be notified of HIV positive test results through the Soldier's unit physician or chain of command.

d. The Soldier, commander, and medical corps officer will be in official status (inactive duty training, Reserve special training, ADT, AT, or ADOS) at the time of notification(s), counseling, and blood drawing.

e. ARNG positive HIV test notification checklist must include the following:

- (1) Has the State HIV program manager been notified?
- (2) Has the State HIV program manager reviewed this regulation?
- (3) Before the Soldier is contacted, has the Soldier's original HIV test sample been tested and clinically indicated using an approved FDA test?
- (4) Has the Soldier been notified in a face-to-face interview, by a physician or designated health care provider, and counseled via the DA Form 5669 and DA Form 4856 and chapter 4?
- (5) Once the Soldier has been notified about the clinical indication of a HIV positive test results, has the Soldier's blood been re-drawn for a second independent verification specimen, using an approved FDA test method?
- (6) Was a copy of the test result given to the Soldier during the face-to-face notification?
- (7) Has the State HIV program manager reported to the local public health authorities?
- (8) Has the Soldier been medically evaluated to determine the status of his or her infection and FFD?
- (9) Has the Soldier been informed that he or she must provide a valid copy of an annual FFD examination performed by a qualified physician to the State HIV program director and/or coordinator?

7-10. U.S. Army Reserve notification and counseling

a. The results from testing will be returned by the designated HIV testing laboratory to the HRC Surgeon's Directorate HIV program manager. All positive HIV tests will be verified by a second independent blood draw. However, the Soldiers must be notified and counseled in accordance with this regulation upon the first positive HIV test.

b. USAR Soldiers who are HIV positive will be notified and counseled in accordance with chapter 4, as applicable. All HIV positive USAR Soldiers and their spouses will be individually and privately notified of all positive HIV test results in a face-to-face interview by their unit commander and telephonically counseled by a qualified AMEDD officer in accordance with chapter 8. All HIV infected USAR Soldiers and their spouses will be counseled regarding the significance of a positive HIV test, current medical knowledge on HIV infections, and ways to prevent transmission of the virus. HIV infected USAR Soldiers will be referred to civilian physicians for medical care and further counseling. The telephone number of local civilian health authorities will be given to Soldiers, if information on local physicians or facilities is requested. For notification and testing of USAR HIV infected Soldiers' spouses see chapter 8.

c. All Soldiers, including IRR, whose initial HIV test is positive, will be notified of the results in a face-to-face interview, by a physician or designated health care provider and counseled via the DA Form 5669 and DA Form 4856 and chapter 4.

d. The HRC HIV program manager will coordinate with the USARC G-1 HIV program manager for a physician or designated health care provider, if necessary, to notify IRR or IMA initial HIV positive Soldiers.

e. Training and information packets will be provided by the USARC POC G-1 HIV program director. Spouses of confirmed HIV infected USAR Soldiers will be notified of the positive test results. The USAR will issue the spouse invitational orders to accompany the Soldier to notification.

f. Physicians or designated health care providers supporting notification to Soldiers with HIV positive test results will refer information provided about spouses or partners with whom the Soldier may have had at-risk contact to the HRC program manager for notification to local public health officials, as prescribed by State and local laws, for further notification and management.

g. HIV infected USAR Soldiers not on ADOS will be counseled regarding the significance of a positive HIV test, current medical knowledge on HIV infections, and ways to prevent transmission of the virus. They will be referred to civilian health care providers for medical care and further counseling. Chapter 8 provides guidance for offering HIV testing and counseling to spouses of HIV infected USAR Soldiers.

h. All of the information contained in paragraph 4-8 and on DA Form 5669 will be covered and copies of the record will be provided to the individual Soldier and commander (or designated commander's representative, if the commander is a general officer) at the time of notification. The counselor's copy will be forwarded through the HIV program POC (regional support command or operational and functional command) channels through the USARC POC to the HRC program manager. Notification to public health authorities will be per procedures published by USARC and per State and local law. All records will be forwarded in a sealed envelope marked "To Be Opened By Addressee Only" via command channels and addressed specifically to the USARC HIV program manager by name. Physicians

performing notification and Soldiers notified of an initial or subsequent positive HIV test will be in an official status (inactive duty training, rescheduled training, ADT, AT, ADOS) at the time of notification.

i. The unit commander of the initial HIV positive USAR TPU Soldier will be immediately available at the time the Soldier is notified by the physician or designated health care provider. Immediately following the preventive medicine counseling, the commander will counsel the Soldier per paragraph 4–9 and complete DA Form 4856. The counseling statement will be destroyed if the Soldier is determined to be uninfected by verification tests.

7–11. Reporting and recording of information

- a. Recording of the results of HIV testing will be per chapter 4.
- b. Collection procedures and reporting of information for inclusion in the DOD data base will be per chapter 4, section IV.
- c. Notification to commanders of results of an FDA-approved testing will be per paragraph 4–3.
- d. Notification to public health authorities will be per procedures published by NGB, USAR, and per State and local law.

7–12. Assignment and personnel actions

a. Soldiers confirmed to be HIV infected, but who manifest no evidence of progressive clinical illness or immunological deficiency, will not be separated solely on the basis of their HIV infection. HIV infected Soldiers, not AGR or ADOS may prove fitness for service. HIV infected AGR personnel will complete a medical evaluation to determine if they are FFD. ADOS Soldiers will be processed for involuntary REFRAD upon confirmation of HIV infection. During the REFRAD processing the Soldier may initiate the FFD requirement. HIV infected Soldiers will have 120 days from the date they are notified of their infection to complete a medical evaluation to determine fitness per the established DOD protocol for HIV or other guidance published by OTSG or OCAR. HIV infected Soldiers found to be medically unfit for duty will be separated per paragraph 7–13. Soldiers found fit will be permitted to serve in the Selected Reserve in a nondeployed billet, if available. Grade, MOS, and commuting constraints are applicable per existing regulations. Soldiers meeting fitness standards and placed in nondeployable billets must be re-evaluated at least annually. Initial and subsequent evaluations will be at the Soldier's expense and will be provided by the Soldier to the State or HRC HIV program manager for recording in the individual medical record. Soldiers may request transfer to the Standby Reserve, Retired Reserve (if eligible), or Honorable Discharge under the plenary authority of the Secretary of the Army in lieu of continued service. (See AR 135–175 for resignation of officers and warrant officers who do not meet the medical fitness standards at time of appointment, or AR 135–178 for voluntary separation of enlisted Soldiers on indefinite reenlistments.)

b. HIV infected Soldiers will be involuntarily transferred to the inactive Standby Reserve, following a case-by-case assessment, if they—

- (1) Fail to complete the initial or annual medical evaluation in the prescribed period.
- (2) Are found fit, but cannot be placed in a Selected Reserve nondeployable billet per grade or MOS.
- (3) Are in a Selected Reserve nondeployable billet and do not complete the annual medical evaluation for fitness for duty.

c. The mere fact of HIV infection, in and of itself, will not be used as the basis for—

- (1) Disciplinary action against the individual under the UCMJ or State code.
- (2) Adverse characterization of service.
- (3) Nonselection for a vacant nondeployable billet.

d. Unit commanders who initiate action to transfer HIV infected Soldiers to the USAR control group (Standby) will do so under the provisions of AR 140–10.

e. Assignment and retention policies for ARNG Soldiers who are AGR or on ADOS and are HIV infected will be carried out per chapter 6.

f. HIV infected RC Soldiers will not be ordered to a tour of duty for more than 30 days, nor extended on a tour of duty if the extension will cause the total length to exceed 30 days except under mobilization conditions and as authorized by the Assistant Secretary of the Army (Manpower and Reserve Affairs) (see para 7–2b).

g. HIV infected USAR Soldiers who are ordered to AD for over 30 days and identified as positive after verification will be REFRAD.

7–13. Separation procedures

a. HIV infected ARNG Soldiers who demonstrate progressive clinical illness or immunological deficiency, as determined by medical authorities, and who do not meet medical retention standards will be processed under AR 40–501 and NGR 600–200 or NGR 635–101, as appropriate.

b. HIV infected USAR Soldiers who demonstrate progressive clinical illness or immunological deficiency, as determined by medical authorities, and who do not meet medical retention standards under AR 40–501 will be processed per AR 135–178 (enlisted) or AR 135–175 (officer).

7-14. Education

a. Training. Unit commanders will ensure that the HIV and/or AIDS information and education requirements in chapter 10 are included in unit training programs. This training will be conducted annually and will be documented in command training records. Commanders are encouraged to use TDA AMEDD officers, mission, and funds permitting. If AMEDD officers cannot be used, trainers may be members of the chain of command, assigned officers or enlisted Soldiers, or nonmilitary personnel from outside sources.

b. Individuals seeking additional information may refer to the following resources:

(1) DCS, G-1 HIV policy and deoxyribonucleic acid (DNA) registration at <http://www.armyg1.army.mil/hr/hivdna/>.

(2) The USAPHC Health Promotion and Wellness Portfolio has HIV and STI prevention information resources found at <http://phc.amedd.army.mil/Pages/default.aspx>. The CDC divisions of HIV and/or AIDS prevention, National Center for HIV/AIDS, Viral Hepatitis, STI, and tuberculosis prevention Web site has information resources at <http://phc.amedd.army.mil/topics/healthyliving/rsbwh/Pages/HIVandSTDPrevention.aspx>.

Chapter 8

Family Member and Civilian Personnel Policies and Procedures

Section I

Human Immunodeficiency Virus Testing for Family Members and Other Health Care Beneficiaries

8-1. Testing of Family members and other health care beneficiaries

Family members and other HCBs may not be compelled to have an HIV test. However, an HIV test may be ordered by a physician or designated health care provider as part one of the clinically indicated laboratory tests required to adequately treat the patient. Patients should be routinely informed that the physician or designated health care provider will order any clinically indicated laboratory tests necessary to include testing for HIV infection unless the patient specifically declines such tests.

8-2. Human immunodeficiency virus testing program components

An HIV test may be clinically indicated for Family members and other nonmilitary HCBs seeking medical care under the circumstances listed below. Those who test HIV positive will be offered medical evaluation and counseling per paragraphs 4-8 and 4-10.

8-3. Consent requirements

HCBs not on AD will be verbally informed by their health care provider of clinically indicated laboratory tests, including HIV testing, required in the course of their medical evaluation. After discussion, HCBs may opt-out of HIV testing. The HCB will not be denied care as a result of refusing HIV testing. However, the HCB will be advised that an assessment of the medical condition for which care is sought may be incomplete.

Section II

Family Member and Other Health Care Beneficiaries Policies and Procedures

8-4. Notification procedures

a. All HCBs and spouses of HIV infected Soldiers will be individually and privately notified of any positive HIV test result in a face-to-face interview with their ordering physician or designated health care provider.

b. The designated physician or health care provider will notify HCBs of the initial positive HIV test. The individual will be informed that he or she has a positive HIV test, that it may mean he or she is infected by HIV and, if confirmed to be infected by a second or subsequent test, he or she will be referred for further medical evaluation. Individuals will be advised not to donate blood/blood products, sperm/semen or eggs, breast milk, tissues, or organs and to refrain from sexual relations until the results of the verification tests are available. Test results of Family members will not be reported to the sponsor's command authorities. The Family member and the sponsor will be advised of the results and counseled per paragraph 4-8 by medical personnel.

c. Notification of contacts of HIV infected personnel will be as follows:

(1) HCBs who are sexual partners of individuals who are HIV infected, or individuals who were transfusion or blood product recipients from HIV infected donors will be advised by medical authorities to seek medical evaluation as soon as possible.

(2) Information should be reported to civilian public health authorities, per local jurisdiction reporting requirements, when information is obtained through the epidemiological assessment interview indicating individuals who—

(a) Are not military personnel or military HCBs who are/were sexual partners of known HIV infected individuals.

(b) Were transfusion or blood product recipients from HIV infected donors.

d. Information pertaining to HIV infected spouses will be reported through designated channels to local public health authorities. For spouses of AD Soldiers, the HIV program coordinator (PHN) will report that information to local public health authorities per local jurisdiction reporting requirements. OTSG will publish guidance for reporting this information. For spouses of RC Soldiers, information will be provided to the State or to the numbered armies in CONUS HIV program POC. That information will, in turn, be provided to the State or local jurisdiction public health authority dealing with HIV and/or AIDS per State or local law or reporting requirements. The NGB and OCAR will publish guidance for reporting this information.

8-5. Testing of spouses of human immunodeficiency virus infected Soldiers

a. Spouses of Active Army Soldiers will be notified of their sponsor's HIV infection by the Soldier and notification confirmed by the preventive medicine HIV program coordinator (PHN). The HIV program coordinator (PHN) will recommend that the spouse be tested for HIV. However, such testing is voluntary. If the spouse chooses to be tested, the HIV program coordinator (PHN) will ensure that appropriate preventive medicine counseling is conducted. DA Form 5669 is not used for Family member counseling.

b. Spouses of RC Soldiers are normally not HCBs. However, spouses of HIV infected RC Soldiers may be designated by the Secretary of the Army as limited HCBs for purposes of receiving HIV testing and counseling, if approved. The NGB and USARC will publish procedures for informing spouses of HIV infected RC Soldiers of the sponsor's infection and for offering voluntary HIV testing and counseling. See chapter 7 for RC personnel policy.

8-6. Accompanied tours

Family members who are HIV infected are not restricted by this policy from accompanying their sponsor overseas; however, host nation rules apply. If initial diagnosis of a Family member occurs while at an overseas location, the Family member will be encouraged to undergo immediate detailed medical evaluation. Test results of Family members will not be reported to the sponsor's command authorities. The Family member concerned will be advised of the results. Notification of Family member's test results to anyone other than the Family member will be provided only in accordance with local jurisdiction reporting and notification requirements. If clinical illness is present or evaluation is desired, the Family member will be processed for medical evacuation to the Army MEDCEN designated and will ordinarily be returned to the overseas location on completion of evaluation.

8-7. Exceptional Family Member Program

When a Family member of an AD Soldier is confirmed as HIV infected or diagnosed with AIDS, either by testing through the MTF or by a civilian practitioner, the primary physician or a member of the HIV clinical staff will notify the Exceptional Family Member Program (EFMP) POC case coordinator for initiation of enrollment in the EFMP per AR 608-75. The primary physician or a member of the HIV clinical staff will counsel the Family member and the sponsor concerning the requirement for mandatory enrollment in the EFMP. The EFMP POC case coordinator, in coordination with the HIV clinical staff, will process the Family member to ensure confidentiality.

8-8. Child, Youth and School Services

a. Placement of an HIV infected child into Army-sponsored Child, Youth and School Services programs will be determined on a case-by-case basis. The goal of the placement decision is to provide the optimal setting for care based on the overall health status of the child. Factors which will be considered in the decision include neurological development, behavior, and immune system status. Consideration will also be given to special circumstances in which the protective environment of a special purpose Family child care home would be more appropriate (that is, need for stringent infection control procedures to protect an HIV infected child from communicable disease).

b. The placement decision will be made by the installation Special Needs Accommodation Program team consisting of the child's parents; PHN; Child, Youth and School Services coordinator; EFMP coordinator; and the Army Community Services director. The PHN will contact the child's physician prior to the Special Needs Accommodation Program team meeting to ensure the child's safety and medical concerns are adequately addressed and to meet the child's safety needs in the least restrictive environment. If this team is unsure of the appropriate placement decision, additional personnel at the MEDCEN servicing that installation's health service region or the installation's management agency region ACOM, ASCC, or DRU headquarters may be consulted. Confidentiality of the information regarding the child and his or her parents will be maintained by all personnel involved in the decision.

c. Knowledge of the child's HIV status will be limited to those who have a legitimate need for that confidential information per HIPAA and taking into account the following:

- (1) Specific infection control procedures needed to protect the child or the child's care givers.
- (2) Home health procedures dictated by the child's medical treatment plan.
- (3) The need for a supportive environment due to developmental, neurological, or behavioral deficiencies.

Section III

Civilian Employees Policies and Procedures

8-9. Testing of civilian employees

a. Normally, neither applicants for employment nor current employees may be required to be tested for the presence of HIV and, if no such host nation requirement exists, care should be taken to ensure that DA civilians' pre- and post-deployment serum specimens are not tested for HIV. However, pursuant to DOD guidance, HIV testing may be authorized when it is required by a host country. Determination of host nation HIV testing requirements will be the responsibility of the employer. Any such testing will be at no cost to the employee. Assignment or employment may be denied to employees who refuse to comply with this testing requirement, or who have a positive HIV test result. Prior approval to require a civilian employee to be tested for HIV must be obtained from Headquarters, Department of the Army (DAPE-CPE), 300 Army Pentagon, Washington, DC 20310-0300, when it is determined that a host country requires proof of negative HIV test results. Requests for approval to require an employee to be tested to meet host country requirements must include documentation of the testing requirement. Requests for exception to the testing policy may not be approved by DA. All requests for exceptions to the testing policy will be forwarded through command channels to Headquarters, Department of the Army (DAPE-CPE), 300 Army Pentagon, Washington, DC 20310-0300 for review and staffing. DA will forward to DOD and request approval of all justified host nation civilian testing requirements and will provide notification of the results of the request to the requesting activity.

b. DA will provide civilian employees who are overseas and authorized medical care at Army MTFs the opportunity to be tested for the presence of HIV on an elective, space-available basis. Positive HIV test results will be confidential information and will not be the basis of any adverse actions concerning the individual's employment (see para c, below). Employees and their Family members will be encouraged to obtain further diagnosis or treatment.

c. The presence of HIV and/or AIDS will not, by itself, be the basis of any adverse personnel action against an employee. Existing civilian employment policy provides guidance relating to appropriate action when employees are not physically able to carry out the duties of their job.

d. In the case of HIV infected health care providers, their duties may be restricted when performing those duties that present a risk of transmitting HIV to their patient. This determination will be made by an expert medical review committee as designated by the deputy commander for clinical services. This committee will make recommendations on a case-by-case basis to the MEDDAC/MEDCEN/Dental Activity commander, per AR 40-68, as to the restriction of duties of HIV infected health care providers. The restriction may only be to the extent that the risk is eliminated.

e. Because of the small, but important, risk of health care providers contracting blood-borne infections, such as HIV, all civilian health care workers will be encouraged to be tested periodically, particularly those employees exposed frequently to blood or body fluids from patients.

f. Civilian health care providers sustaining a laceration or needlestick injury with possible transmission of disease will be advised to be tested following injury and at periodic intervals and to be followed medically. Of particular concern are instances where blood or body fluids from an HIV infected patient may be accidentally introduced into the employee. Such employees should be immediately referred to the emergency department for HIV post-exposure prophylaxis evaluation per CDC guidelines. They should be tested at the time of the incident, at 3 months, and again at 6 months after exposure to detect seroconversion in latent infections resulting from the accidental exposure. Employees tested outside the MTF should provide follow-up test results to the MTF occupational medicine provider.

8-10. Guidelines for handling issues related to human immunodeficiency virus infection and Acquired Immune Deficiency Syndrome

a. These guidelines are intended to assist managers and supervisors of civilian employees in dealing with HIV and/or AIDS related personnel issues arising in the workplace. They provide managers and supervisors of civilian employees a basic framework on how to approach and resolve such issues. Specific technical advice and assistance should be obtained from the servicing civilian personnel advisory center (CPAC), MTF, and legal office in resolving individual cases.

b. Guidelines issued by the Public Health Service's CDC dealing with HIV and/or AIDS in the workplace state that "the kind of nonsexual person-to-person contact that generally occurs among workers and clients or consumers in the workplace does not pose a risk for transmission of HIV and/or AIDS." Therefore, employees in the workplace who have been diagnosed as, or suspected of being, HIV infected must be allowed to continue working as long as they are able to maintain acceptable performance and do not pose a risk of substantial harm to the health or safety of themselves or others that cannot be eliminated or reduced by reasonable accommodation. If serious performance or safety problems arise, supervisors and managers should address them by applying existing Federal and Army civilian personnel policies and practices.

c. There is no medical basis for employees refusing to work with fellow employees or agency clients who are, or are suspected of being, HIV infected. Nevertheless, the concerns of employees who fear working with HIV infected co-workers should be taken seriously and should be addressed with appropriate information and counseling. In addition, employees, such as health care providers, who may come into direct contact with HIV infected persons, or with their body fluids, should be provided appropriate information and equipment to minimize the risks of such contact.

d. Managers and supervisors should treat HIV infected employees in the same manner as employees who suffer from other serious illnesses. This means, for example, that employees may be granted sick leave or leave without pay when they are incapable of performing their duties or when they have medical appointments. An employee with HIV and/or AIDS-related conditions may be an “individual with a disability “ under the Rehabilitation Act of 1973, as amended, (29 USC 701), the Americans with Disabilities Act, as amended (42 USC 12101), the Americans with Disabilities Act Amendments Act (PL 110–325), and Equal Employment Opportunity Commission regulations and may be entitled to “reasonable accommodation.” Managers and supervisors are encouraged to consult with their local legal offices to determine their rights and obligations in any specific cases.

e. Consistent with DA’s concern for employees with HIV and/or AIDS infection, the following resources are available:

(1) Management and employee education and information on specific life-threatening illnesses through the activity MTF.

(2) Referral to agencies and organizations which offer support services for personnel with HIV and/or AIDS through the ASAP civilian counseling services, MTF, or the ASAP civilian services employee assistance program screening counseling and referral services.

(3) Benefits consultation from the civilian personnel office to assist employees in effectively managing health benefits, leave, insurance, and other benefits.

f. When dealing with situations involving an employee with HIV and/or AIDS, managers and supervisors should—

(1) Understand that HIV and/or AIDS will not, absent other considerations, be the basis for taking any adverse personnel action against an employee.

(2) Remember that information concerning an employee’s health is personal and confidential, and it is covered by the Privacy Act. Accordingly, such information can be released only to agency officials who have a need to know. Further, supervisors and management officials should ensure that precautions are taken to protect all information regarding an employee’s health. All information concerning an employee’s health must be kept separate from the employee’s personnel file and treated as a confidential medical record. (See AR 40–66 and AR 340–21.) Any questions concerning disclosure of such information should be directed to the local staff judge advocate.

(3) Contact the MTF HIV program coordinator (PHN) for information about a specific life-threatening illness or the contagious nature of an illness. The servicing CPAC also should be contacted regarding additional guidance in providing reasonable accommodations for an employee with HIV and/or AIDS.

(4) Contact the MTF program coordinator (PHN) if it is determined additional information should be obtained from the employee’s physician to assist in determining if the employee’s presence at work will pose any threat to the employee or co-workers.

(5) Be understanding, compassionate, and sensitive to the fact that continued employment for an employee with a life-threatening illness may sometimes be therapeutically important in the remission or recovery process, or may help to prolong the employee’s life.

(6) Encourage employees with HIV and/or AIDS to seek assistance from established community support groups for medical treatment and counseling services. Information on these services can be requested through the ASAP, HIV program coordinator (PHN), and/or employee assistance programs.

(7) Be sensitive and responsive to co-workers’ concerns, and emphasize employee education available through CPAC and MTF. Give no special consideration beyond supplying appropriate information, counseling, or training to employees who feel threatened by an HIV infected co-worker. Disciplinary action may be taken against any employee whose refusal to work with an HIV infected employee causes disruption in the workplace.

Chapter 9

Limited Use Policy

9–1. Purpose

The purpose of this chapter is to specify limitations on the use of information regarding HIV testing results and medical evaluation.

9–2. Limitations on the use of laboratory test results

a. Test results confirming that a Soldier is HIV infected may not be used against the Soldier—

(1) As the basis for any disciplinary or adverse administrative action, except for the following:

(a) Separation for physical disability. However, Soldiers who are HIV infected but are determined by medical authorities to show no sign of progressive clinical illness or immunological deficiency will not be separated for physical disability solely because of HIV infection.

(b) Separation under the accession testing program of Soldiers meeting the definition of accession (chap 5).

(c) Separation as specifically authorized by paragraphs 6–13 through 6–15.

(2) As a basis for an unfavorable entry in a personnel record (see para 9–5).

(3) To characterize service.

b. This policy does not impose any other restrictions on the use of test results within DOD. Nothing in the restrictions in paragraph a, above, precludes the use of such laboratory test results in any other manner consistent with law or regulation including—

(1) To establish the HIV infection status of a Soldier who disobeys the preventive medicine counseling, the commander's counseling, or both, in an administrative or disciplinary action based on such disobedience.

(2) To establish the HIV infection status of a Soldier as an element of any other permissible administrative or disciplinary action (for example, as an element of proof of an offense charged under the UCMJ).

(3) To establish the HIV infection status of a Soldier as a proper ancillary matter in an administrative or disciplinary action (for example, as a matter in aggravation in a court-martial in which the HIV infected Soldier is convicted of an act of rape committed after he is informed that he is HIV infected).

c. Laboratory test results will receive the same protection as any other medical information per AR 40–66. Medical authorities are required to report test results indicating that a Soldier is HIV infected to the Soldier's chain of command. Although the use of this information by commanders is not limited except as described above, commanders will treat the information with due regard for the privacy of the Soldier concerned.

9–3. Limitations on the use of certain other information

a. As part of the effort to control the spread of HIV infection and to develop medical and scientific information concerning the infection, AD Soldiers (including AGR and other Reservists who, because of their status, are entitled to military medical care) who are identified as HIV infected will be questioned by medical authorities concerning possible sources of their exposure to the virus. This medical evaluation process is called an epidemiological assessment. Information that a Soldier may provide to medical authorities during this assessment may not be used against the Soldier or other named third parties except as authorized by this paragraph. Such protected information includes, for example—

(1) Information concerning a Soldier's personal use of drugs.

(2) Information concerning consensual homosexual or heterosexual activity, even if that sexual activity is prohibited by law or regulation.

b. Information obtained during, or as a result of, an HIV epidemiological assessment may not be used against the Soldier or other named third parties—

(1) In a court-martial.

(2) In a nonjudicial punishment action (Article 15, UCMJ).

(3) In a line of duty determination.

(4) As a basis, alone or in conjunction with other information, for the involuntary separation of a Soldier, except a separation for physical disability. If the information is used in a physical disability separation procedure, the information may not be used on the issue of whether the disability was due to the Soldier's own misconduct.

(5) In an administrative or punitive reduction in grade.

(6) For denial of a promotion.

(7) In a bar to reenlistment.

(8) As the basis for an unfavorable entry in a personnel record.

(9) As a basis, in whole or in part, to characterize service or to assign a separation program designator.

(10) In any other action considered to be an adverse personnel action (for example, comment in DA Form 67–9 (Officer Evaluation Report) or DA Form 2166–8 (NCO Evaluation Report)).

9–4. Exclusions

The limitations in paragraph 9–3 on the use of information do not apply to the following:

a. The introduction of evidence for impeachment or rebuttal purposes in any proceeding in which the evidence of drug abuse or relevant sexual activity (or lack thereof) has been first introduced by the Soldier.

b. Disciplinary or other action based on independently derived evidence.

c. Nonadverse personnel actions such as—

(1) Reassignment.

(2) Disqualification (temporary or permanent) from a Personnel Reliability Program.

(3) Denial, suspension, or revocation of a security clearance.

(4) Suspension or termination of access to classified information.

(5) Removal (permanent or temporary) from flight status or other duties requiring a high degree of alertness or stability (for example, explosive ordnance disposal) or restricting the duties of HIV infected health care providers.

d. Any evidence or information derived from sources independent of an epidemiological assessment. For example,

admissions of drug abuse or sexual misconduct by an HIV infected Soldier, not made in the context of an epidemiological assessment, may be used as evidence in an administrative or disciplinary action against the Soldier.

9-5. Entries in personnel records

In the event that personnel actions are taken as a result of, or are supported by, evidence of HIV infection, or information described in paragraph 9-3, care will be taken to ensure that no unfavorable entry is placed in a personnel record in connection with the action. Recording a personnel action in a personnel record is not itself an unfavorable entry in such a record. Also, information that reflects an individual has serologic or other evidence of HIV infection is not an unfavorable entry in a personnel record.

Chapter 10

Human Immunodeficiency Virus Information and Education Plan

10-1. General

This chapter establishes—

- a. The minimum requirements for providing information and education about HIV to the Total Army Family.
- b. Responsibilities to ensure that the HIV information and education program is successful.
- c. Resources available to the Army community in carrying out this information and education plan.
- d. See chapter 7 for RC policy.

10-2. Plan components

The HIV information and education plan consists of the following five components:

- a. Prevention of HIV, STIs, and unintended pregnancies for Soldiers.
- b. Training for UCMJ commanders.
- c. Awareness training about Army HIV policies and bloodborne pathogen prevention for health care workers.
- d. Training of HIV program directors, coordinators (PHN), and staff.
- e. Army Family member education, as needed, based on resources.

10-3. U.S. Army Public Health Command

The USAPHC will develop standardized training and education programs for Soldiers, commanders, health care workers, HIV program directors/coordinators and staff, and community groups using current CDC guidelines and adult learning principles. The Chief Nurse, USAPHC is designated as the HIV and/or AIDS education program coordinator to facilitate implementation of the HIV education program.

10-4. Human immunodeficiency virus education plan for the military community

a. In collaboration with commanders, MTF staff, the public affairs officer, civilian personnel representatives, and other interested installation agencies, the HIV program coordinator (PHN) will implement the standardized training and education programs developed by USAPHC.

b. To execute the HIV education plan for the military community, the following responsibilities are assigned:

(1) The CG, U.S. Army Training and Doctrine Command will ensure that existing health awareness/education blocks of instruction in all Army schoolhouse and initial entry training courses incorporate basic HIV and/or AIDS instruction. This instruction should focus on prevention of HIV, STIs, and unintended pregnancies for Soldiers which place an individual at high risk of exposure to HIV, methods of transmission, measures to protect against exposure, and Army requirements for HIV testing.

(2) Installation commanders will ensure implementation of training for UCMJ commanders, and ensure Soldiers receive AT on prevention of HIV, STIs, and unintended pregnancy. To ensure HIV education programs reach all targeted personnel, classes will be included in the installation's master training calendar.

c. Supervisors of civilian employees will ensure that all civilian employees receive training on HIV infection and AIDS in the workplace, so that employees understand—

(1) The medical ramifications of HIV and/or AIDS as they relate to communicability, and as they affect an employee's ability to perform official duties.

(2) Workplace rights of employees who are HIV positive or have AIDS.

(3) Civilian employees may be excused from HIV and/or AIDS in the workplace training if they believe the training is offensive or may be emotionally or psychologically stressful to them. Managers and supervisors who excuse civilian employees from scheduled training will offer those employees appropriate alternatives to the training, such as written materials on HIV and/or AIDS in the workplace. (Chap 8 provides guidance for handling HIV and/or AIDS in the workplace issues.)

(a) For Family members, HIV education should include an emphasis on high risk behaviors and methods of

preventing infection, including safer sex instruction. Family member education may be accomplished in conjunction with a variety of other installation activities to include—

- (b) Community counseling centers.
- (c) Health care facilities caring for Family members.
- (d) Recreation centers.
- (e) Libraries.
- (f) Chapel or religious education activities.
- (g) Chaplain Family Life Centers.
- (h) Youth activity programs.

(4) Unit commanders will ensure that their Soldiers attend at least one HIV education class annually. They will request assistance from their servicing medical facilities, as needed, to comply with this requirement. (See chap 7 for RC policy.)

(a) Because of individual rotation and to provide flexibility in scheduling, commanders will ensure that HIV education is offered at least quarterly. The education plan will be incorporated into the unit's quarterly training schedule.

(b) RC units may conduct this training annually prior to unit testing.

(5) Commanders at all levels will make HIV education a matter of special interest within their organizational inspection programs. The goal of the review should be to assess the existence and effectiveness of installation and unit education programs.

10-5. Educating and training health care providers

OTSG is responsible for ensuring that education and training programs are implemented for health care providers. Included in this group are health educators, primary care providers, STD interviewers and counselors, drug and alcohol counselors, and occupational safety and health personnel. Education for these individuals should focus on enabling them to perform their duties following the guidelines published by the CDC and the Occupational Safety and Health Administration. Their training should also equip them to provide counseling to at-risk patients as a normal part of their duties. MTF commanders are responsible for implementing HIV education and training for health care personnel at their installations per the education plan developed by OTSG.

10-6. Resources

CDC and USAPHC have additional information on their Web sites on HIV and STD prevention.

a. CDC divisions of HIV/AIDS prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and tuberculosis prevention Web site at <http://www.cdc.gov/std/>.

b. The USAPHC Health Promotion and Wellness Portfolio has HIV and STD prevention information resources available at the following Web site <http://phc.amedd.army.mil/topics/healthyliving/rsbwh/Pages/HIVandSTDPrevention.aspx>.

Chapter 11

Law Enforcement and Corrections Policies and Procedures

Section I

Army Law Enforcement and Security Personnel

11-1. Purpose

This section provides policies and procedures for Army law enforcement and security personnel to prevent duty-related exposure to HIV infection. The information contained herein is consistent with model HIV policies published by the CDC.

11-2. Precautionary measures against duty-related exposure

As first responders, Army law enforcement and security personnel will frequently encounter situations in which they come in contact with body fluids or objects contaminated with HIV. Examples include serious traffic accidents, injuries, and crimes of violence (murder, rape, robbery, aggravated assault). In situations where exposure to body fluids is likely or possible personnel will take the following precautions:

- a. Wear impermeable gloves (rubber or latex).
- b. Wear eye protection.
- c. Exercise caution to avoid punctures or cuts.
- d. Wear protective over garments to include footwear and head gear.
- e. Use caution when searching and wear heavy-duty gloves to avoid puncture wounds.

- f. Cover and protect open wounds, cuts, and irritations from possible contamination.
- g. Use one-way airway devices when administering mouth-to-mouth resuscitation.
- h. Use sealable plastic bags to collect soiled and stained items consistent with established crime scene processing procedures (AR 195–5).
- i. Avoid or minimize direct contact with body fluid spills or potentially contaminated objects. Should contact with body fluids occur, wash exposed areas with soap and hot water as soon as possible and seek medical evaluation.

11–3. Clean-up and disinfecting procedures

- a. Personnel will follow these procedures when cleaning potentially HIV infected items and areas:
 - (1) Avoid direct contact with soiled or stained items.
 - (2) Clean spills and stains with approved solutions (1:10 bleach to water mix).
- b. In addition, the personal hygiene measures outlined below should be applied after potential exposure:
 - (1) Avoid eating, drinking, or smoking until after cleaning up.
 - (2) Shower the entire body with soap and hot water as soon as possible after exposure.
 - (3) Launder or dry clean soiled clothing before wearing them again.

11–4. Availability of equipment and supplies

- a. Installation Directors of Emergency Services and commanders must ensure that all personnel have ready access to protective and decontamination equipment and supplies including—
 - (1) Impermeable gloves (rubber or latex).
 - (2) One-way airway devices (adult and pediatric sizes).
 - (3) Sealable plastic bags.
 - (4) Suitable protective over garments.
 - (5) Heavy-duty gloves (for conducting searches).
 - (6) Decontamination solution (household bleach).
- b. The use of disposable items is recommended.

11–5. Actions following possible direct exposure

Installation Directors of Emergency Services and commanders must immediately refer potentially exposed personnel for medical examination and evaluation. They will also ensure exposed personnel comply with follow-up medical evaluations and ensure proper documentation of event and follow-up. Commanders will develop and implement a post exposure prophylaxis plan in consultation with supporting infectious disease and preventive medicine physicians.

11–6. Orientation and training

Army law enforcement and security personnel will attend awareness training on the causes, methods of transmission, and prevention of duty-related HIV infection at least annually. This requirement does not exempt military personnel from the HIV education requirements of chapter 10. Training will be developed in concert with the local MTF and must reflect the basic tenets of DA policy on HIV as outlined in this regulation. (Special attention will be directed toward ensuring law enforcement and security personnel are properly trained on the use of one-way airway devices.) This training will include realistic demonstrations and hands-on practical exercises. Newly assigned personnel will attend training prior to being utilized for operational law enforcement or security duties.

11–7. Policy implementation

Installation Directors of Emergency Services and commanders will develop and implement standard operating procedures necessary to implement the requirements of this regulation. However, in clearly life-threatening situations, the inability to comply with the foregoing policies and procedures, or the lack of prescribed equipment or supplies, is insufficient justification to either delay or deny emergency aid or assistance. First responders are expected to use sound judgment and good common sense in applying these policies.

Section II

Army Corrections System Policies and Procedures

11–8. Human immunodeficiency virus in correctional facilities

HIV has become a major policy and management issue for correctional administrators. Correctional institutions have become a focus of concern for this infection.

11–9. Purpose and applicability

The information and guidelines contained in this section have been developed for correctional staff to assist in the identification and management of prisoners infected with HIV. The policies presented are intended to provide overall guidance in preventing the transmission of HIV within the Army Corrections System as well as protecting the

confidentiality of HIV infected prisoners and reducing the anxiety and misunderstanding about the disease within the Army Corrections System.

11-10. Prisoner testing program

a. All prisoners will be tested for HIV within 24 hours of entering confinement. Prisoners at low risk for HIV infection may be placed in general population while waiting results of tests through routine DOD channels. Prisoners who are determined to be HIV negative will be retested at least annually as part of a program to monitor and detect any transmission of HIV in the facility.

b. Should incidents which could result in the transmission of HIV (for example, sexual contact, tattooing, intravenous drug use, or body fluid transfer) occur in confinement or correctional facilities within the Army Corrections System facilities, the participants will be immediately tested for HIV. If all of the participants are known to be HIV infected, testing is unnecessary. In incidents where at least one of the participants is found to be, or is known to be, HIV infected, all HIV negative prisoners involved in the incident will be retested for HIV at 3 months and 6 months from the date of the incident.

c. Any prisoner who, at any time, shows clinical signs or symptoms of HIV infection as determined by medical authorities will be tested for HIV.

d. Any prisoner who has, or acquires, an STI will be tested for HIV unless medical authority determines testing is unnecessary.

e. Except in cases where HIV testing has been done for other reasons within 90 days of their release dates, all prisoners will be retested for HIV within 30 days of their scheduled date of release from confinement.

f. HIV testing of any inmate may be considered any time the confinement or correctional facility commander, in coordination with the MEDDAC commander, deems it necessary for the safe operation of the facility or health and welfare of the personnel (prisoners and staff) in his or her command.

11-11. Confidentiality

Results of all HIV tests must be kept confidential. Personnel who have access to medical, dental, and correctional records will have current HIPAA privacy and security training. Only those personnel, designated by the facility commander, with a legitimate need to know which prisoners are HIV infected will be informed. Correctional treatment files and other correctional records will not be annotated to reflect the inmate's HIV infection. The electronic medical record will document the Soldier's HIV infection. Prisoners who are HIV infected will be discouraged from telling anyone other than medical, psychological, and dental personnel. Any statements made by prisoners in military and/or correctional records to the effect that they are HIV infected will remain in such records and will not be expunged. Normally, only medical records may contain indications that an inmate is HIV infected.

11-12. Prisoner transfers

All prisoners who are transferred from one Army or Sister Service correctional facility to another will be accompanied by a letter of transmittal from the losing facility commander to the gaining facility commander. The letter of transmittal will inform the gaining facility commander of the prisoner's medical condition. Paragraph 6-9 provides additional guidance for the facility commanders. If a prisoner is transferred with HIV test results pending, those results will be forwarded to the gaining facility commander by preventive medicine personnel as soon as possible per paragraph 4-4.

11-13. Prisoners returning to confinement

All prisoners who return to confinement after having been absent from the facility (temporary home parole, parole revocation, trial by or otherwise in the custody of civil authorities) will be considered for retesting. Factors to be considered include whether the inmate was in a geographic area with a high incidence rate of HIV infection or other high risk situation.

11-14. Prisoner requested testing

Prisoners who voluntarily request HIV testing will be medically evaluated and counseled by appropriate medical staff prior to, and after, being tested.

11-15. Medical center evaluation

a. Within 7 calendar days after receiving results that an inmate is HIV infected, the commander will schedule the prisoner for evacuation to a MEDCEN for initial medical evaluation, counseling, treatment, and other medical attention, as necessary. Immediately following such evaluation and appropriate treatment, the prisoner will be returned to the designated confinement or correctional facility.

b. All HIV infected prisoners will be reexamined and reevaluated by an infectious disease specialist from a participating MEDCEN at least twice per year, or as determined necessary by local medical authorities. The examination will be accomplished at a MEDCEN or the correctional facility, as appropriate.

11-16. Medical management in confinement

- a. All HIV infected prisoners will be evaluated and managed on a case-by-case basis per CDC guidelines.
- b. The medical condition of HIV infected prisoners will be monitored by the local MEDDAC. Frequency of medical visits will be every 4 to 6 weeks, or as deemed appropriate by medical authorities.
- c. All HIV infected prisoners will be provided emotional and psychosocial support by counselors trained in working with HIV infected individuals.
- d. Immediately prior to any HIV infected prisoner's release from confinement, military preventive medicine authorities will report applicable information to civilian public health authorities for the State into which the prisoner will be released. Reporting will be per applicable statutes of that State.

11-17. Routine confinement practices

- a. HIV infected prisoners will not be segregated from the general inmate population based solely on the fact they are HIV infected.
- b. Normally, the handling of laundry and linen of HIV infected prisoners will be no different than for other prisoners. In certain cases, determined by medical authorities, special handling of contaminated laundry or linen may be necessary.
- c. Toilet and shower facilities for HIV infected prisoners will not be separate or different from those used by other prisoners in the same custody grades.
- d. Food service sanitation provisions for HIV infected prisoners will be no different or separate from that of other prisoners, to include dishwashing and garbage handling procedures.

11-18. Work, training, restoration, parole, and clemency

- a. HIV infected prisoners will be assigned to work and training programs per AR 190-47 and this regulation.
- b. Recommendations for clemency and parole should not be made based solely upon HIV seropositivity.

11-19. Segregation of human immunodeficiency virus infected prisoners

- a. HIV infected prisoners who fear being with the general inmate population will be considered for, and may be placed in, administrative segregation. Upon their request, and as deemed necessary by the facility commander, they may be placed in protective custody.
- b. All HIV infected prisoners who are (beyond mere suspicion) sexually active, sexually aggressive, or otherwise physically aggressive, may be placed in administrative segregation in single cells. They should not be permitted to eat, work, train, or have recreation with any other inmate.

11-20. Transfer of human immunodeficiency virus infected prisoners

- a. HIV infected prisoners in the Army Corrections System will not be transferred to other confinement or correctional facilities, or centrally confined at any one facility, based solely on their HIV infection status, unless deemed necessary by medical authorities.
- b. HIV infected prisoners who medical authorities deem in need of special medical attention will be transferred to the U.S. Disciplinary Barracks. They will be maintained in administratively segregated, special quarters inside the U.S. Disciplinary Barracks. HIV infected prisoners within 90 days of release from confinement will normally not be transferred to the U.S. Disciplinary Barracks. HIV infected prisoners who medical authorities deem in need of special medical attention may be transferred to Federal Bureau of Prisons upon approval by the Office of the Provost Marshal General. HIV infected prisoners within 90 days of release from confinement will normally not be transferred to the Federal Bureau of Prisons.

11-21. Use of force against human immunodeficiency virus infected prisoners

In those circumstances requiring the application of force against an HIV infected prisoner, the force will be applied in a manner consistent with that for force applied to other prisoners.

11-22. Protection of staff

Army Corrections System facility staff should have protective clothing and equipment available to them when there is potential for exposure to the blood or body fluids of any prisoner. One-way airways should be used for all cardiopulmonary resuscitation situations. Additionally, the following protective items should be immediately accessible: impermeable disposable gloves, heavy gloves, coveralls, overshoes or plastic bags to cover shoes, sealable plastic bags, and cleaning solution (household bleach).

11-23. Counseling

- a. HIV infected prisoners will be briefed and counseled per paragraphs 4-8 and 4-9. The commander's copy of the counseling should not be kept in the correctional treatment files but, rather, in a separate file. Access to this file will be

limited to use as determined by the installation commander and will be handled per the guidance in paragraph 4–9. Any Family members of HIV infected prisoners who are HCBs will also be counseled per chapter 8.

b. Prior to release from confinement, HIV infected prisoners will again be counseled. During this session, they will be asked if there is any physician to whom a copy of their medical records can be sent to ensure appropriate continuity of health care. After discharge, the Army will honor a request for medical records when properly submitted per AR 40–66.

11–24. Training

Each Army Corrections System facility confinement or correctional facility will have a comprehensive education and training program for all prisoners and staff. This training and education will be conducted per chapter 10 and may be tailored to accommodate concerns of HIV transmission in a confinement or correctional setting.

11–25. Requests for information

Release of HIV infected prisoner population statistics for the U.S. Disciplinary Barracks and regional correctional facilities will be included in statistical data for the installation releasable under existing DOD and DA policy. However, these statistics will not be identified with the confinement or correctional facility; they will merely be included in installation totals. Any request for prisoner population data and statistics will be forwarded to Headquarters, Department of the Army (DAPM–ACC), U.S. Army Corrections Command, 150 Army Pentagon, Washington, DC 20310–0150.

Appendix A References

Section I Required Publications

AR 25–55

The Department of the Army Freedom of Information Act Program (Cited in paras 1–5*h*, 1–16*r*(2).)

AR 40–66

Medical Record Administration and Health Care Documentation (Cited in paras 4–13*c*, 8–10*f*(2), 9–2*c*, 11–23*b*.)

AR 40–68

Clinical Quality Management (Cited in paras 6–7*b*, 8–9*d*.)

AR 40–501

Standards of Medical Fitness (Cited in paras 1–16*k*, 2–2*b*(8), 4–110*b*, 4–11*e*(3), 5–3*g*, 6–3*e*, 6–6*a*, 6–14*a*, 6–15*a*, 7–13*a*, 7–13*b*.)

AR 135–175

Separation of Officers (Cited in paras 7–12*a*, 7–13*b*.)

AR 135–178

Enlisted Administrative Separations (Cited in paras 7–12*a*, 7–13*b*.)

AR 140–10

Assignments, Attachments, Details, and Transfers (Cited in para 7–12*d*.)

AR 140–50

Officer Candidate School, Army Reserve (Cited in para 5–3*h*(3).)

AR 190–47

The Army Corrections System (Cited in para 11–18*a*.)

AR 195–5

Evidence Procedures (Cited in para 11–2*h*.)

AR 340–21

The Army Privacy Program (Cited in paras 1–5*h*, 1–16*r*(2), 8–10*f*(2).)

AR 350–51

United States Army Officer Candidate School (Cited in para 5–3*h*(3).)

AR 600–8–24

Officer Transfers and Discharges (Cited in para 6–13.)

AR 601–100

Appointment of Commissioned and Warrant Officers in the Regular Army (Cited in para 5–2*a*(3).)

AR 601–270

Military Entrance Processing Station (MEPS) (Cited in para 5–3*b*.)

AR 601–280

Army Retention Program (Cited in para 6–6*b*.)

AR 608–75

Exceptional Family Member Program (Cited in para 8–7.)

AR 614–30

Overseas Service (Cited in paras 1–16*f*, 3–2*l*, 6–2*c*, 6–4*b*, 6–8*a*(2), 6–8*a*(3), 6–8*b*(1), 6–11*b*(1).)

AR 614–100

Officers Assignment Policies, Details, and Transfers (Cited in para 6–3*b*(1).)

AR 614–200

Enlisted Assignments and Utilization Management (Cited in para 6–3*b*(1).)

AR 635–40

Physical Evaluation for Retention, Retirement, or Separation (Cited in paras 1–16*k*, 6–8*b*(3), 6–13*g*, 6–14*a*, 6–15*a*.)

AR 635–200

Active Duty Enlisted Administrative Separations (Cited in paras 5–3*h*(3), 6–6*c*(1), 6–6*c*(2), 6–8*d*(2), 6–14.)

DOD 6025.18–R

DOD Health Information Privacy Regulation (Cited in paras 1–5*h*, 1–16*r*(2).)

DODI 6485.01

Human Immunodeficiency Virus (Cited in title page.)

DODI 6490.03

Deployment Health (Cited in para 7–6*b*.)

NGR 351–5

State Military Academies (Available at <http://www.ngbpdc.ngb.army.mil/pubs/ARNG%20Series/arngseries.htm>.) (Cited in para 5–3*h*(3).)

NGR 600–200

Enlisted Personnel Management (Available at <http://www.ngbpdc.ngb.army.mil/pubs/ARNG%20Series/arngseries.htm>.) (Cited in para 7–13*a*.)

NGR 635–101

Efficiency and Physical Fitness Boards (Available at <http://www.ngbpdc.ngb.army.mil/pubs/ARNG%20Series/arngseries.htm>.) (Cited in para 7–13*a*.)

Personnel Policy Guidance

Army G-1 Personnel Policy Guidance (PPG) (Cited in paras 1–16*g*, 7–2*b*.)

PL 110–325

ADA Amendments Act of 2008 (Cited in paras 1–16*q*, 8–10*d*.)

Policy Memorandum, March 29, 2004

Human Immunodeficiency Virus Interval Testing (Available at http://mhs.osd.mil/About_MHS/HA_Policies_Guidelines.aspx.)

5 USC 552

Public information; agency rules, opinions, orders, records, and proceedings (Cited in paras 1–5*h*, 1–16*r*(2).)

10 USC Chapter 61

Retirement or Separation for Physical Disability (Cited in paras 6–13*b*, 6–14*a*(1), 7–1.)

29 USC 701

Findings; purpose; policy (Cited in paras 1–16*q*, 8–10*d*.)

32 USC

National Guard (Cited in para 7–1.)

42 USC 12101

Findings and purpose (Cited in paras 1–16*q*, 8–10*d*.)

Section II

Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand this publication.

AR 5–9

Area Support Responsibilities

AR 40–5

Preventive Medicine

AR 40–400

Patient Administration

AR 135–18

The Active Guard Reserve (AGR) Program

AR 135–133

Ready Reserve Screening, Qualification Records System, and Change of Address Reports

AR 135–200

Active Duty for Missions, Projects, and Training for Reserve Component Soldiers

AR 600–8–4

Line of Duty Policy, Procedures, and Investigations

AR 600–63

Army Health Promotion

AR 600–85

Army Substance Abuse Program (ASAP)

AR 601–210

Active and Reserve Components Enlistment Program

AR 608–10

Child Development Services

DODI 6130.03

Medical Standards for Appointment, Enlistment, or Induction in the Military Service (Available at <http://www.dtic.mil/whs/directives/index.html>.)

BPL 09–01

DOD Policy on Blood Donor Screening, Donor Deferral, Notification and Lookback to Include Using Licensed Nucleic Acid Tests (NAT) With Approved Mini-Pool Strategies (Available at <http://www.militaryblood.dod.mil/Staff/bpl.aspx>.)

BPL 10–01

Department of Defense (DOD) Policy on Blood Donor Screening, Donor Deferral, Notification and Lookback to Include Updated Multiplex HIV/HCV/HBV Nucleic Acid Testing Algorithm (Available at <http://www.militaryblood.dod.mil/Staff/bpl.aspx>.)

NGR 40–3

Medical Care for Army National Guard Members (Available at <http://www.ngbpdc.ngb.army.mil/pubs/ARNG%20Series/arnngseries.htm>.)

NGR 635–100

Termination of Appointment and Withdrawal of Federal Recognition (Available at <http://www.ngbpdc.ngb.army.mil/pubs/ARNG%20Series/arnngseries.htm>.)

PL 104–191

Health Insurance Portability and Accountability Act of 1996

Policy Memorandum, March 19, 2010

Policy on the Use of Non-U.S. Food and Drug Administration Compliant Blood Products

Recommendations for Preventing Transmission of Infection with Human T-Lymphotropic Virus Type III/ Lymphadenopathy-Associated Virus in the Workplace, dated November 15, 1985

(Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00033093.htm>.)

Section III

Prescribed Forms

Unless otherwise indicated, DA forms are available on the Army Publishing Directorate (APD) Web site (<http://www.apd.army.mil>).

DA Form 5669

Preventive Medicine Counseling Record (Prescribed in paras 1–14*h*, 2–2, 4–4*e*, 4–5*b*(8) and (9), 4–8, 4–9, 7–9*e*(4), 7–10*c* and *h*, 8–5*a*, B–4*g*.)

DA Form 7303

Donor/Recipient History Interview Form (Prescribed in paras 2–2*b*(17) and (19), 4–5*b*(5), B–4*g*.)

Section IV

Referenced Forms

Unless otherwise indicated, DA forms are available on the Army Publishing Directorate (APD) Web site (<http://www.apd.army.mil>); DD forms are available on the Office of the Secretary of Defense (OSD) Web site (<http://www.dtic.mil/whs/directives/infomtg/forms/formsprogram.htm>); and Standard Forms (SF) are available on the U.S. General Services Administration (GSA) Web site (<http://www.gsa.gov>).

DA Form 11–2

Internal Control Evaluation Certification

DA Form 67–9

Officer Evaluation Report

DA Form 2028

Recommended Changes to Publications and Blank Forms

DA Form 2166–8

NCO Evaluation Report

DA Form 3349

Physical Profile

DA Form 4187

Personnel Action

DA Form 4856

Developmental Counseling Form

DD Form 2808

Report of Medical Examination

SF 600

Medical Record - Chronological Record of Medical Care

Appendix B

Internal Control Evaluation

B-1. Function

The function covered by this evaluation is the Identification, Surveillance, and Administration of Personnel Infected with HIV Program.

B-2. Purpose

The purpose of this evaluation is to assist assessable unit managers and internal control administrators in evaluating key internal controls. It is not intended to cover all controls.

B-3. Instructions

These key internal controls must be formally evaluated at least once every 5 years or whenever the internal control administrator changes. Certification that this evaluation has been conducted must be accomplished on DA Form 11-2 (Internal Control Evaluation Certification). Evaluation test questions are outlined in paragraph B-4, below, and are intended as a starting point for each applicable level of internal control evaluation. Answers must be based on the actual testing of key internal controls (for example, document analysis, direct observation, sampling, simulation, other). Answers that indicate deficiencies must be explained and corrective action indicated in supporting documentation.

B-4. Test questions

- a. Are all files kept locked in appropriate containers with access by only those with a need to know?
- b. Is there a method in place to ensure Soldiers covered by this regulation are not placed on orders for overseas (for example, TDY or PCS) assignments?
- c. Is there a policy and/or plan established and maintained to describe how key internal controls will be evaluated over a 5-year period?
- d. Is the commander informed by the HIV program coordinator if his or her Soldier is identified as HIV infected within 4 days?
- e. Is there verification of a completed epidemiological assessment or public health department referral for HCBs with a new HIV infection?
- f. Are local public health reporting requirements completed for all new diagnosed HIV infections and when a Soldier is in-processing into a new catchment area?
- g. Does the duplicate file kept by the HIV program coordinator for Soldiers contain copies of current DA Form 5669, DA Form 4856, DA Form 7303, public health report, and demographics?
- h. Is there verification that the AD Soldier is attending infectious disease medical evaluation visits every 6 months and following the medical management plan of his or her physician?
- i. Is there verification that the ARNG and Reserve Soldier has completed a FFD physical?
- j. Is the commander informed if the Soldier is out of compliance?
- k. Does MEDPROS confirm nondeployable status and is there a current PHA?
- l. Is HIPAA training current for medical, administrative, and unit staff who, in the performance of their duties, “need to know” a Soldier’s HIV positive status?
- m. Have all placement personnel been familiarized with the parameters of AR 600-110 relative to military and civilian school assignments?

B-5. Supersession

This evaluation is new and does not replace a previous evaluation.

B-6. Comments

Help to make this a better tool for evaluating internal controls. Submit comments to Deputy Chief of Staff, G-1 (DAPE-HR), 300 Army Pentagon, Washington, DC 20310-0300.

Glossary

Section I Abbreviations

AC

active component

ACOM

Army command

AD

active duty

ADOS

active duty for operational support

ADT

active duty for training

AGR

Active Guard Reserve

AI

assignment instructions

AIDS

Acquired Immune Deficiency Syndrome

AMEDD

Army Medical Department

AMHRR

Army Military Human Resource Record

AR

Army regulation

ARNG

Army National Guard

ASAP

Alcohol Substance Abuse Program

ASCC

Army service component command

AT

annual training

BPL

Blood Program Letters

CDC

Centers for Disease Control and Prevention

CG

commanding general

COCOM

combatant command

CONUS

continental United States

CPAC

civilian personnel advisory center

DA

Department of the Army

DCS

Deputy Chief of Staff

DD

Department of Defense (forms)

DOD

Department of Defense

DODD

Department of Defense directive

DODI

Department of Defense instruction

DRU

direct reporting unit

EFMP

Exceptional Family Member Program

FDA

Food and Drug Administration

FOIA

Freedom of Information Act

FOUO

for official use only

FST

foreign service tour

FTNGD

full-time National Guard duty

GSA

General Services Administration

HIPAA

Health Insurance Portability and Accountability Act

HIV

human immunodeficiency virus

HQDA

Headquarters, Department of the Army

HRC

Human Resources Command

IMA

individual mobilization augmentee

IRR

individual ready reserve

JAGC

Judge Advocate General's Corps

MEDCEN

medical center

MEDDAC

medical department activity

MEDPROS

Medical Protection System

MEPS

military entrance processing station

MOS

military occupational specialty

MTF

medical treatment facility

NGB

National Guard Bureau

NGR

National Guard regulation

OCAR

Office of the Chief, Army Reserve

OCONUS

outside the continental United States

OCS

Officer Candidate School

OTSG

Office of The Surgeon General

PCS

permanent change of station

PHA

periodic health assessment

PHN

public health nurse

PL

public law

POC

point of contact

PULHES

physical, upper, lower, hearing, eyes, psychiatric

RC

reserve component

REFRAD

release from active duty

ROTC

Reserve Officer Training Corps

SF

standard form

STD

sexually transmitted disease

TDA

table of distribution and allowances

TDY

temporary duty

TPU

troop program unit

U.S.

United States

UCMJ

Uniform Code of Military Justice

USAMEDCOM

U.S. Army Medical Command

USAPHC

U.S. Army Public Health Command

USAR

U.S. Army Reserve

USARC

U.S. Army Reserve Command

USC

United States Code

USMA

U.S. Military Academy

Section II

Terms

ADOS

The Active Duty Operational Support-Reserve Component Program is an authorized tour of active duty performed pursuant to 10 USC 12301(d) and it includes: active duty for training performed at the request of an organizational or operational commander; active duty or ADT performed as a result of reimbursable funding; funeral honors duty performed not in an inactive duty status; and active duty performed by members of the Retired Reserve not receiving regular retired pay. Most tours are only 14 days in length but can go to 2 years depending upon the position filled and additional military requirements. This term replaced extended active duty (EAD) and temporary tour of active duty

(TTAD). The term contingency ADOS (CO-ADOS) replaced voluntary active duty formerly known as contingency EAD (CO-EAD) and contingency TTAD (CO-TTAD). The term ADOS Reserve Component (ADOS-RC) replaced RC-funded, voluntary active duty formerly known as active duty for special work (ADSW).

Biennial

Every 2 years.

Catchment area

Area and population from which an MTF gets its patients/enrollees.

Enzyme linked immunosorbent assay

A commonly used screening test to detect antibodies to HIV.

Designated medical treatment facility

Servicing medical treatment facility.

Epidemiological assessment

Medical evaluation process used by medical personnel/HIV PHN to determine possible sources of exposure to HIV.

Exudative

A discharge of certain elements of the blood into the tissues.

Health care beneficiary

A person who, because of military status, employment, or by legal relationship to a person so entitled, is eligible to receive medical care in military medical treatment facilities.

Human immunodeficiency virus infected

An individual who has been confirmed to be infected with HIV by a positive HIV screening test and at least two separate confirmatory tests.

Human immunodeficiency virus negative

A screening specimen that was not reactive or, if reactive, has been determined not to have HIV antibodies or virus present after confirmatory testing.

Immunological deficiency

Persistent reduction in the level of T-helper lymphocytes below 300 cells per cubic millimeter for greater than one month without other demonstrable cause; reduced or absent delayed hypersensitivity, as measured by the standardized battery of skin tests (in association with other significant clinical findings); development of thrush; increased susceptibility to either common or uncommon infections; and more severe episodes of infection than usually seen with a given organism.

Initial test cycle

A series of HIV tests which includes an initial screening test at a minimum. If the initial test is reactive (positive), the test cycle includes duplicate initial testing and confirmatory tests necessary to determine an individual's HIV status.

Longitudinal

A study conducted from initial diagnosis through termination of the condition.

Major installation

Any installation with a military population of 5000 or more.

Overseas

Outside the 50 States of the United States, the District of Columbia, and Puerto Rico.

Progressive clinical illness

Development of neurological manifestations; Kaposi's sarcoma; other lymphoreticular malignancies; thrombocytopenia; diffuse, persistent lymphadenopathy; or unexplained weight loss, diarrhea, anorexia, fever, malaise, or fatigue.

Reflex

Testing performed when an initial test result is outside of the expected normal range (for example, result is reactive and thus a second test(s) is medically indicated). The primary or initial test result is enhanced by the second test(s) as it

provides diagnostic, prognostic, and/or therapeutic information. (This process is done automatically in order to clarify results.)

Unit commander

Company, troop, battery, or detachment commander.

Western Blot

Laboratory test that detects specific antibodies to components of a virus. Chiefly used to confirm HIV antibodies in specimens found repeatedly reactive using enzyme linked immunosorbent assay.

Section III

Special Abbreviations and Terms

DNA

deoxyribo nucleic acid

FFD

fit for duty

HBV

hepatitis B virus

HCB

health care beneficiary

HCV

hepatitis C virus

NAT

nucleic acid test

STI

sexually transmitted infection

UNCLASSIFIED

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Perkowski Exhibit 22

(AFI 44-178)

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



AIR FORCE INSTRUCTION 44-178

4 MARCH 2014

Certified Current 28 June 2016

Medical

**HUMAN IMMUNODEFICIENCY VIRUS
PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFPD 44-1, *Medical Operations*, and Department of Defense (DoD) Instruction 6485.01, *Human Immunodeficiency Virus*, June 7, 2013. It outlines the Air Force Human Immunodeficiency Virus (HIV) Program including responsibilities and procedures for identification, surveillance, and administration of Active Duty Air Force personnel. The Air National Guard (ANG) and Headquarters Air Force Reserve Command (HQ AFRC) utilize this instruction along with supplements to provide specific guidelines for the administration of Air Reserve Component (ARC) personnel infected with HIV. Headquarters Air Reserve Personnel Center (HQ ARPC) utilizes AFI 44-175 as guidance for Individual Mobilization Augmentees (IMAs), with local MTFs as the notifying agent. This instruction requires collecting and maintaining information protected by the Privacy Act of 1974. This is authorized by 10 U.S.C., Chapter 55, *Medical and Dental Care*, 10 U.S.C., Sec. 8013, *Power and Duties of the Secretary of the Air Force*, and Executive Order 9397 (SSN) as amended by Executive Order 13478, Amendments to Executive Order 9397 Relating to Federal Agency Use of Social Security Numbers, November 18, 2008. Systems Record Notices F044 AF SG E, *Electronic Medical Records System*, and R, *Reporting of Medical Conditions of Public Health and Military Significance*, apply. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW Air Force Manual (AFMAN) 33-363, Management of Records, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS).

Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through channels, to AFMSA/SG3PM. See **Attachment 1** for a glossary of

references, abbreviations, acronyms, and terms. This publication may be supplemented at any level, but all direct Supplements must be routed to the OPR of this publication for coordination prior to certification and approval. 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 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 Publication OPR for non-tiered compliance items.

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. Major changes include condensed sections describing the requirements for a positive HIV test and algorithms for determining HIV infection which reference current guidelines by the American Public Health Laboratories (APHL) and Centers for Disease Control (CDC). The location of the USAF HIV Medical Evaluation Unit was updated to San Antonio Military Medical Center (SAMMC) and the location of HIV laboratory testing was updated to the USAF School of Aerospace Medicine (USAFSAM) HIV Testing Services, Wright-Patterson Air Force Base. The clinical evaluation visit structure was modified, with HIV evaluations performed at SAMMC for initial visits, followed by a second visit in 6 months, then yearly thereafter while the patient remains on active duty (AD) status. Interim clinical visits will be performed as necessary in the local area based on recommendations from the USAF HIV Medical Evaluation Unit. The sections detailing the components of HIV clinical evaluations have been condensed with all elements of HIV clinical evaluations to be performed according to current clinical guidelines.

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Chapter 1

ROLES AND RESPONSIBILITIES

1.1. HQ USAF/SG. Provides facilities, manpower, and funds to collect HIV testing specimens of Air Force (AF) personnel, to medically evaluate all HIV positive AD members including IMAs, and to ensure spouses and contacts of HIV infected AD members are notified, counseled, and tested appropriately.

1.2. HQ AFRC/SG. Ensures reserve personnel are HIV tested and spouses and contacts of HIV infected reserve personnel are notified appropriately.

1.3. HQ ANG/SG. Ensures ANG personnel are HIV tested and spouses and contacts of HIV infected ANG personnel are notified appropriately.

1.4. HQ AFMC/SG. Provides facilities, funds, and manpower to the USAFSAM HIV Testing Services to perform HIV testing and epidemiological analysis of all HIV tests performed on ADAF personnel and their dependents. Provides support to the DoD Serum Repository.

1.5. HQ AETC/SG. Provides facilities, funds, and manpower to medically evaluate all HIV positive ADAF members.

1.6. USAF HIV MEDICAL EVALUATION UNIT. Located in the Joint Infectious Disease Service at SAMMC, medically evaluates all ADAF HIV positive members initially, at 6 months, and then every 12 months thereafter while on active duty. (T-1)

Chapter 2

HIV PROGRAM

2.1. General. The AF tests all members for human immunodeficiency virus, medically evaluates all AD infected members, and educates members on means of prevention.

2.2. Populations Tested.

2.2.1. Accessions. All applicants for enlistment or appointment to the ADAF or ARC are screened for evidence of HIV infection ([Attachment 3](#)). Applicants infected with HIV are ineligible for enlistment or appointment to the ADAF and the ARC. Waiver for HIV infection is not authorized.

2.2.2. ADAF personnel. All ADAF personnel are screened for serological evidence of HIV infection every two years, preferably as part of their Preventive Health Assessment (PHA). They are also tested for clinically indicated reasons, when newly diagnosed with active tuberculosis, during pregnancy, when diagnosed with a sexually transmitted infection (STI), upon entry to drug or alcohol treatment programs, or prior to incarceration. HIV testing is conducted IAW [Attachment 3](#). (T-1)

2.2.3. ARC personnel. Air Force Reserve personnel are screened for serological evidence of HIV infection every two years, preferably during their PHA (Preventive Health Assessment). ARC members will have a current HIV test within two years of the date on which they are called to active duty for 30 days or more. HIV testing is conducted IAW [Attachment 3](#). (T-1)

2.2.4. DoD Civilians. DoD Civilian employees are tested for serological evidence of HIV to comply with host nation requirements for screening of DoD employees ([Attachment 6](#)) and after occupationally related exposures. (T-1)

2.3. Initial Procedures for Positive Tests. All ADAF personnel testing positive are counseled by a physician regarding the significance of a positive test. They are given information on modes of transmission, appropriate precautions to mitigate transmission, and prognosis. ADAF members are administered an order to follow preventive medicine requirements as described in [Attachment 7](#). ARC members will also be administered this order. The preventive medicine requirements/order will not be delayed pending any administrative action. All eligible beneficiaries are offered counseling. Contacts of HIV-infected members are notified of potential exposure to HIV infection according to state or local law. (T-0)

2.4. Clinical Evaluation, to Include Evaluation for Continued Military Service. All ADAF members, as well as ARC members on extended active duty, who test positive for HIV are referred to SAMMC for medical evaluation. Per AFI 48-123 and AFI 41-210, HIV-positive personnel must undergo medical evaluation for the purpose of determining status for continued military service. ARC members who are not on extended active duty or who are not on full-time National Guard duty, and who show serologic evidence of HIV infection, will be referred for a medical evaluation of fitness for continued service in the same manner as service members with other chronic or progressive illnesses in accordance with DoDI 1332.38. In the case of an ANG member, it is only required if the state identifies a nonmobility, nondeployable position in which the member can be retained. All ADAF members will have an initial evaluation at SAMMC, followed by a visit at 6 months, then yearly thereafter while remaining on AD status. ARC and

ANG members whose condition is determined to meet Line of Duty requirements may have initial and/or annual HIV evaluations performed at regional military facilities. ARC and ANG members not meeting Line of Duty requirements will have an initial evaluation by a civilian HIV specialist. The medical evaluation follows the standard clinical protocol outlined in [Attachment 8](#) and utilizes procedures for evaluating T-helper cell counts described in [Attachment 12](#). ARC members not on extended active duty must obtain a medical evaluation that meets the requirements of [Attachment 8](#) from their civilian healthcare provider (in the case of the ANG, only if the state identifies a nonmobility, nondeployable position in which the member can be retained). An epidemiological assessment (including sexual contacts and history of blood transfusions or donations) is conducted to determine potential risk of HIV transmission (see [Attachment 11](#)). (T-1)

2.4.1. Outcome of Evaluation for Continued Military Service. HIV seropositivity alone is not grounds for medical separation or retirement for ADAF members. Members shall be retained or separated as outlined in [Attachment 9](#). (T-1)

2.4.2. Periodic Re-evaluation. HIV infected ADAF members retained on active duty and ARC members retained in the Selected Reserve must be medically evaluated annually at SAMMC. Such personnel must be assigned within the continental United States (CONUS). Alaska, Hawaii, and Puerto Rico are also acceptable. ARC HIV infected members may not be deployed outside of CONUS (except for Alaska, Hawaii, and Puerto Rico). HIV-infected members shall not be assigned to OCONUS mobility positions, and those on flying status must be placed on Duty Not Including Flying (DNIF) status pending medical evaluation/waiver determination. Waivers are considered using normal procedures established for chronic diseases. Aeromedical waivers are considered according to the Aerospace Medicine Waiver Guide. Members on the Personnel Reliability Program (PRP) or other security sensitive positions shall be evaluated for suspension or temporary decertification during medical evaluation, as determined by their Certifying Official/Unit Commander on the advice of a Competent Medical Authority. The Secretary of the Air Force may, on a case-by-case basis, further limit duties and assignment of members to protect the health and safety of the HIV-infected member or other members. Submit such requests to Office of the Secretary of the Air Force, Air Force Pentagon, Washington, DC 20330-1670. (T-1)

2.5. Limitations of Use of Information. Commanders and other personnel comply with limitations on the use of information obtained during the epidemiological assessment of HIV-infected members as outlined in [Attachment 10](#). (T-1)

2.6. Public Health. Provides HIV education to all ADAF members, offers education to other eligible beneficiaries, maintains a list of HIV positive personnel to be gained, reports to gaining bases departing HIV positive personnel, and educates HIV positive members and their dependents. (T-1)

2.7. USAFSAM. USAFSAM performs HIV testing (PHE) of submitted specimens and conducts epidemiological surveillance (PHR) of HIV infection in Air Force members and dependents. (T-1)

2.8. AF Blood Centers. AF Blood Centers follow policies of the Armed Services Blood Program Office, Food and Drug Administration (FDA), and the accreditation requirements of the American Association of Blood Banks (AABB). (T-0)

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2.9. Combat Zone Procedures. Routine HIV testing is suspended in declared combat zones, defined as those areas where hostile pay is authorized.

2.10. Work Restrictions. Force-wide, HIV-infected employees are allowed to continue working as long as they are able to maintain acceptable performance and do not pose a safety or health threat to themselves or others in the workplace. If performance or safety problems arise, managers and supervisors address such problems using existing personnel policies and instructions. HIV-infected healthcare workers, however, should be relieved from patient care responsibilities until an expert review panel has met to advise the healthcare worker on work restrictions. Recommendations to the panel will be made by HIV treatment experts during the individual's initial HIV evaluation at SAMMC in accordance with the most recent guidelines from the Centers for Disease Control and Society for Health Care Epidemiology of America. The panel should be encouraged to contact SAMMC for advice (via telephone conference call) to ensure organizational consistency. (T-1)

Chapter 3

HIV TESTING MEASUREMENT

3.1. HIV Testing Measurement. The AF's goal is to reduce the incidence of HIV infection in its personnel. USAFSAM tracks trends of HIV incidence in AF members. AF labs that do their own HIV testing must communicate test results and ship corresponding serum specimens to USAFSAM so they may ship samples to the DoD serum repository, and track trends. (T-1)

Chapter 4

FORMS

4.1. Forms. AF Form 1762, *HIV Log/Specimen Transmittal*, will be used for requesting HIV testing and specimen transmittal for those sites that do not have CHCS access (see [Attachment 4](#)). AF Form 3844, *HIV Testing Notification Form*, will be used to notify personnel of required HIV testing. AF Form 3845, *Preventive Medicine Counseling Record*, will be used to record counseling provided for HIV positive individuals. AF Form 74, *Communication Status Notice/Request*, is sent to MTF/CCs and Reserve Medical Unit (RMU)/CCs along with a copy of the patient's positive HIV testing screen and confirmation testing results. The MTF/CC and RMU/CC will document on AF Form 74 that the patient has been notified of the positive HIV results, then return the form to USAFSAM. Positive HIV results will not be finalized until USAFSAM/PHE receives the AF Form 74. (T-1)

THOMAS W. TRAVIS
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

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Adopted Forms.

AF Form 1762, HIV Log/Specimen Transmittal
AF Form 3844, HIV Testing Notification Form
AF Form 3845, Preventive Medicine Counseling Record
AF Form 74, Communication Status Notice/Request

Abbreviations and Acronyms.

AABB—American Association of Blood Banks
ADAF—Active Duty Air Force
AETC—Air Education and Training Command
AFMC—Air Force Materiel Command
AFMOA—Air Force Medical Operations Agency
AFMOA/SGOC—Air Force Medical Operations Agency, Surgeon General's Office of Consultants
AFPC—Air Force Personnel Center
AFPC/DPANM—Air Force Personnel Center/Medical Retention Standards Branch
AFPD—Air Force Policy Directive
AFRC—Air Force Reserve Command
AIDS—Acquired Immunodeficiency Syndrome
ANGB—Air National Guard Bureau
APHL—American Public Health Laboratories
ARC—Air Reserve Component (Air Force Reserve and Air National Guard)
ASD—Assistant Secretary of Defense
CDC—Centers for Disease Control and Prevention
CHCS—Composite Healthcare System
CHN—Community Health Nurse
CONUS—Continental United States
COT—Consecutive Overseas Tour
CPO—Civilian Personnel Office
DAF—Department of the Air Force
DBMS—Director, Base Medical Services
DoD—Department of Defense
DoDSR—Department of Defense Serum Repository

DNIF—Duty Not Including Flying

DSN—Defense Switched Network

FDA—Food and Drug Administration

FM—Flight Medicine

FM & P—Force Management and Personnel

FMP—Family Member Prefix

HBV—Hepatitis B virus

HIV—Human Immunodeficiency Virus (the virus that causes AIDS)

HQ AETC—Headquarters Air Education and Training Command

HQ AFRC/SG—Headquarters Air Force Reserve Command Surgeon

HQ ANG/SG—Headquarters Air National Guard Command Surgeon

HQ USAF—Headquarters US Air Force

ICD-9—International Classification of Diseases, Revision 9

IMA—Individual Mobilization Augmentee

I-RILO—Initial Review in Lieu of Medical Board

MAJCOM—Major Command

MEB—Medical Evaluation Board

MTF/CC—Medical Treatment Facility Commander

MPF—Military Personnel Flight

MTF—Medical Treatment Facility

NGB—National Guard Bureau

OB—Obstetrics

OI—Opportunistic Infection

OS—Overseas

OSHA—Occupational Safety and Health Association

OTS—Officer Training School

PCS—Permanent Change of Station

PE—Physical Examination

PES—Physical Examination Section

PH—Public Health

PQAM—Program Quality Assurance Monitor

PRP—Personnel Reliability Program

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ROTC—Reserve Officer Training Corps

SAF—Secretary of the Air Force

SAMMC—San Antonio Military Medical Center

SF—Standard Form

SG—Surgeon General

SHEA—Society for Healthcare Epidemiology of America

SSN—Social Security Number

STI—Sexually Transmitted Infection

TDY—Temporary Duty

USA—United States Army

USCG—United States Coast Guard

USMC—United States Marine Corps

USN—United States Navy

UCMJ—Uniform Code of Military Justice

USAFSAM—United States Air Force School of Aerospace Medicine

USUHS—Uniformed Services University of the Health Sciences

Terms.

Air Reserve Component—Air Force Reserve and Air National Guard components of the Air Force

Department of Defense Civilian Employees—Current and prospective DoD US civilian employees. Does not include members of the family of DoD civilian employees, employees of, or applicants for, positions with contractors performing work for DoD, or their families.

Enzyme Linked Immunosorbent Assay—A screening test read as ‘reactive’ if the results are above a calculated cutoff.

Epidemiological Assessment—The process by which personal and confidential information on the possible modes of transmission of HIV are obtained from an HIV-infected person. This information is used to determine if previous, present, or future contacts of the infected individual are at risk for infection with HIV and to prevent further transmission of HIV.

Host Nation—A foreign nation to which DoD US civilian employees are assigned to perform their official duties.

Human Immunodeficiency Virus—The virus that causes AIDS.

Positive—A true positive test is an indicator of a condition being present

Reactive—Reacts with the reagent antibody test to produce a visible result

Serologic Evidence of HIV Infection—A reactive result given by a FDA approved serologic test for HIV detection, such as an enzyme-linked immunosorbent assay (ELISA) or

Chemiluminescent Immunoassay (ChLIA) that is confirmed in by additional testing in a validated testing algorithm, for example by a diagnostic HIV Western Blot immunoelectrophoresis. For Western Blot tests with indeterminate results, an alternative FDA approved test can be used to resolve indeterminates such as a viral load-based assay (APTIMA).

Western Blot Test—A qualitative assay for the detection and identification of antibodies of HIV-1 contained in human serum. It is intended for use with persons of unknown risk as an additional more specific test on human serum specimens found to be repeatedly reactive using a screening procedure such as ELISA.

Attachment 2

PROCEDURES FOR SCREENING APPLICANTS

A2.1. Screen applicants to the USAF or ARC for serologic evidence of HIV infection. Test and interpret results, using the procedures in **Attachment 3**. Counsel applicants on the significance of test results and the need to seek treatment from a civilian physician. (T-1)

A2.2. Screen applicants for enlisted service at the Military Entrance Processing Stations (MEPS) or the initial point of entry to military service. Applicants who enlist under a delayed enlistment program who exhibit serologic evidence of HIV infection before entry on active duty may be discharged due to erroneous enlistment. (T-1)

A2.3. Screen applicants accepted for the Air Force Academy as part of the processing for entry into the Academy and again as part of their medical screening prior to appointment as officers. Screen other officer candidates during their preappointment or precontracting physical examination. (T-1)

A2.4. Screen applicants for ARC during the normal entry physical examinations or in the preappointment programs established for officers. Those individuals with serologic evidence of HIV infection, who must meet accession medical fitness standards to enlist or be appointed, are not eligible for service with the ARC. (T-1)

A2.5. Take the following actions on officer applicants who are ineligible for appointment due to serologic evidence of HIV infection:

A2.5.1. Disenroll enlisted members who are candidates for appointment through Officer Training School (OTS) programs immediately from the program. If OTS is the individual's initial entry training, discharge the individual. If the sole basis for discharge is serologic evidence of HIV infection, issue an honorable or entry-level discharge, as appropriate. A candidate who has completed initial entry training during the current period of service before entry into candidate status shall be administered in accordance with Service directives for enlisted personnel. (T-1)

A2.5.2. Disenroll individuals in preappointment programs, such as Reserve Officer Training Corps (ROTC) and Health Professions Scholarship Program (HPSP) participants. The head of the Military Service concerned, or the designated representative, may delay disenrollment until the end of the academic term in which serologic evidence of HIV infection is confirmed. Disenrolled participants retain any financial support through the end of the academic term in which the disenrollment takes place. Financial assistance received in these programs is not subject to recoupment, if the sole basis for dis-enrollment is serologic evidence of HIV infection. (T-1)

A2.5.3. Separate Air Force Academy cadets and personnel attending the Uniformed Services University of the Health Sciences (USUHS) from the Academy or USUHS and discharge them. The superintendent of the Academy may delay separation to the end of the current academic year. A cadet granted such a delay in the final academic year, who is otherwise qualified, may graduate without commission and then is discharged. If the sole basis for discharge is serologic evidence of HIV infection, issue an honorable discharge. (T-1)

A2.5.4. Disenroll commissioned officers in DoD-sponsored professional education programs leading to appointment in a professional military specialty (including medical, dental, chaplain, and legal or judge advocate) from the program at the end of the academic term in which serologic evidence of HIV infection is confirmed. Except when laws specifically prohibit it, waive any additional service obligation incurred by participation in such programs; do not recoup any financial assistance received in these programs. Apply the time spent by the officers in these programs towards satisfaction of any preexisting service obligation. (T-1)

A2.5.5. Counsel people disenrolled from officer programs who are to be separated; include preventive medicine counseling and advise the individual to seek treatment from a civilian physician. (T-1)

Attachment 3

AIR FORCE HIV TESTING PROCEDURES

A3.1. Responsibilities:

A3.1.1. Medical Treatment Facility Commander (MTF/CC). Is responsible for the HIV testing program. Appoints an HIV designated physician (and one or more alternates, if alternates are desired); ensures HIV positive individuals are notified and counseled as soon as possible following receipt of the positive test result; and ensures AD members are referred to SAMMC within 60 days of receipt of the HIV positive results notification from the USAFSAM HIV Testing Services to the base. Reserve medical unit commanders will immediately notify wing/unit commanders of any positive HIV test results. (T-1)

A3.1.2. Clinical Laboratory Manager. Draws, processes, and ships specimens for HIV testing. All specimens for HIV testing should be sent to USAFSAM HIV Testing Services, Epidemiology Laboratory Service, USAFSAM/PHE, 2510 Fifth Street, Bldg 20840, Wright-Patterson, OH 45433-7951 (DSN 798-4140). If, because of time considerations, local contract HIV testing is done for needlestick exposure, the laboratory manager must also ship a corresponding serum specimen, with HIV test request, to USAFSAM HIV Testing Services. If testing is done by an approved USAF laboratory, the laboratory manager must also ship corresponding serum specimen and results to USAFSAM HIV Testing Services. Upon completion of testing, USAFSAM HIV Testing Service will ship AD, Guard and Reserve samples to the Department of Defense Serum Repository (DoDSR). (T-1)

A3.1.3. Primary Care Management Team. Ensures HIV testing is accomplished in conjunction with appropriate Preventive Health Assessment or physical examinations (as described in paragraph [A3.2](#)). (T-1)

A3.1.4. Public Health (PH). Coordinates with MTF/CC's designee to ensure proper notification of the individual member. Is responsible for monitoring HIV positive ADAF members. Receives and reports to gaining public health personnel when HIV positive personnel are transferred. Informs the requesting laboratory of positive results so they can close out the test status in the computer system. The SAMMC HIV community liaison nurse performs additional case contact interviews, epidemiological follow-ups, and disease reporting procedures during SAMMC HIV evaluation visits. (T-1)

A3.1.5. HIV Testing Point of Contact. MTF shipping and receiving technician is responsible for shipping specimens; identifying supply deficiencies; maintaining results; and acting as the liaison with USAFSAM HIV Testing Services. (T-1)

A3.1.6. Civilian Personnel Office (CPO). Notifies by letter the clinical laboratory manager of any Department of the Air Force civilian employee requiring HIV testing. (T-1)

A3.1.7. Major Commands (MAJCOM). Deputy Command Surgeon (MAJCOM/SGP) or designee acts as liaison between USAFSAM HIV Testing Services and MTFs within the command.

A3.1.8. **USAFSAM**. Monitors and ensures that all active duty, guard and reserve positive HIV tests, as well as positive tests on dependants in the San Antonio area are reported to the HIV Program at SAMMC. Ensures that DoD mandated epidemiological studies are

accomplished on a periodic basis. The USAF HIV Medical Evaluation Unit Director or designee ensures that referred personnel on active orders are scheduled for evaluation within 30 days after being contacted by the referring base. (T-1)

A3.1.9. Reserve Medical Unit. Contacts the epidemiology lab to confirm positive test results before release of information, conducting counseling, or determining need for spousal or contact notification. (T-1)

A3.2. Preventive Health Assessment (PHA): Primary Care Manager ensures HIV testing is accomplished per the clinical testing requirements in the PHA for AD members or ARC members. (T-1)

A3.3. Sexually Transmitted Infection (STI) Clinic Testing:

A3.3.1. Providers counsel all STI patients regarding the need for HIV testing. Immediate HIV testing and follow-up testing IAW the most recent CDC recommendations. Informed consent laws are followed for dependents and civilians. (T-1)

A3.3.2. Providers refer all STI patients to PH for case contact interviews as soon as identified. (T-1)

A3.3.3. Test specimens IAW [A3.1.2](#) (T-1)

A3.3.4. MTF/CC or designee ensures all HIV positive individuals are properly notified and counseled, and all ADAF members are referred to the HIV Medical Evaluation Unit at SAMMC for medical evaluation. RMU/CC or designee ensures all HIV positive Reservists are properly notified and counseled, and all Reservists eligible for evaluation at the HIV Medical Evaluation Unit at SAMMC for medical evaluation are referred to the Unit for evaluation. (T-1)

A3.4. Drug and/or Alcohol Treatment Testing:

A3.4.1. The Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program Manager or designee notifies all AD members entering treatment programs of required HIV testing and provides the member with AF Form 3844. Local and state laws dictate availability of testing for family members and use of informed consent. Their testing is not mandatory. Individuals who are not DoD military health care beneficiaries (for example, civilian employees) are not HIV tested. (T-1)

A3.4.2. The treatment entrant reports to the MTF laboratory with AF Form 3844.

A3.4.3. Laboratory personnel obtain an HIV specimen and complete Part 2 of AF Form 3844.

A3.4.4. Accomplish the HIV testing IAW [A3.1.2](#) (T-1)

A3.4.5. The clinical laboratory manager forwards the completed AF Form 3844 to the ADAPT Program Manager or designee who ensures all AD members entering treatment have been HIV tested.

A3.4.6. MTF/CC or designee ensures all HIV positive individuals are properly notified and counseled, and all AD members are referred to the HIV Medical Evaluation Unit at SAMMC for medical evaluation. (T-1)

A3.5. Clinical Testing:

A3.5.1. All health care providers order HIV testing for those patients with clinical indications of HIV related diseases (e.g. active tuberculosis, incident HBV and HCV cases) and for patients with potential exposure to the virus. A confirmed positive result on a urinalysis drug test is a clinical indication for HIV testing. Providers inform patients of HIV testing for clinical indications. Local state informed consent laws are followed for family members and other beneficiaries (for example, retirees). Informed consent is not required for AD members. (T-0)

A3.5.2. Providers ordering HIV testing ensure test results are reviewed, HIV positive patients are counseled, and HIV positive AD members are referred to the HIV Medical Evaluation Unit at SAMMC for medical evaluation. Normally, the HIV designated physician in conjunction with public health personnel, provide counseling and referral services. (T-1)

A3.5.3. Providers will not routinely order HIV testing on all patients. (T-1)

A3.5.4. Clinical testing is accomplished IAW [A3.1.2](#) (T-1)

A3.6. Occupational Exposure Testing.

A3.6.1. Employees report to PH for occupational exposure testing and follow up IAW OSHA Blood-borne Pathogen Final Rule as implemented in the facility Infection Control Program/Employee Health Program. (T-0)

A3.6.2. Follow the latest CDC guidelines for blood and body fluid exposures to bloodborne pathogens as stated in the facility Infection Control Program/ Employee Health Program/Bloodborne Pathogen Program. Refer to AFI 44-108, *Infection Control Program*. (T-0)

A3.6.3. Personnel who perform exposure-prone procedures (to include, but not limited to, surgeons, pathologists, dentists, dental technicians, phlebotomists, emergency medical technicians, and physicians, nurses and technicians working in the emergency room, intensive care, surgery, and labor/ delivery) should know their HIV antibody status.

A3.6.4. Follow local state laws on HIV testing and informed consent for non-active duty individuals, including employees and patients. Informed consent is not required for active duty personnel. (T-0)

A3.6.5. Personnel testing is accomplished IAW [A3.1.2](#) (T-1)

A3.7. Prenatal Testing:

A3.7.1. Screen all AD obstetrics (OB) patients for evidence of HIV infection regardless of previous testing. (T-1)

A3.7.2. Encourage nonactive duty OB patients to be tested. Follow local state laws on informed consent for nonactive duty patients.

A3.7.3. Submit additional specimens as clinical specimens, not as OB specimens.

A3.7.4. Accomplish testing IAW **A4.1.2** (T-1)

A3.8. Results Reporting:

A3.8.1. Active Duty. The USAFSAM HIV Testing Services reports negative test results usually electronically to the submitting MTF within three workdays. First time positive notification letters are sent via FedEx Priority Overnight or by encrypted e-mail to the MTF/CC and base PH. Enclosed in each notification letter is an AF Form 74. The MTF/CC and PH officer write on their respective cards the date results were received, complete blocks (phone number, date and sign/organization/installation), document notification of the patient, and return to USAFSAM HIV Testing Services either by mail or by encrypted e-mail. Once the signed AF Form 74 is returned to the USAFSAM HIV Testing Service, the result will be certified in CHCS. Known positive patient's results are made available within 7 working days. (T-1)

A3.8.2. Air National Guard and Air Force Reserve. USAFSAM HIV Testing Services results for Air National Guard and Air Force Reserve units are reported the same as for Active Duty except that units not attached to an MTF with CHCS lab interoperability must log into the Wright-Patterson CHCS platform remotely to retrieve their results. (T-1)

A3.8.3. Clinical and Civilian Employee Samples. The USAFSAM HIV Testing Services report negative test results to the submitting MTF Laboratory Services within 3 working days. If positive, a notification letter is sent via FedEx Priority Overnight within seven workdays to PH. The letter has an AF Form 74 enclosed. The PH officer will write on AF Form 74 the date results were received, complete blocks (phone number, date and sign/organization/installation), document notification of the patient, and return to USAFSAM HIV Testing Services. (T-1)

A3.8.4. Results of HIV Testing Performed at DoD Labs Other Than Air Force. Occasionally, HIV testing will be done at Army or Navy laboratories on active duty Air Force personnel. When USAFSAM HIV Testing Services obtain first time positive results from other services, notification on AF members, USAFSAM HIV Testing Service will contact the submitting MTF's PH to ensure that notification has been performed. If notification has not been accomplished, USAFSAM HIV Testing Service will initiate notification as outlined in **A3.9.1**. (T-1)

A3.9. Blood Bank Testing. If a military member is identified as HIV positive through blood donation or other blood bank or outside laboratory testing, a specimen must be sent to USAFSAM HIV Testing Services for confirmation. (T-1)

A3.9.1. All military members with a positive HIV screening test should be referred to public health for appropriate counseling and follow-up instructions regarding further testing. (T-0)

A3.10. Problem Resolution:

A3.10.1. Inform USAFSAM HIV Testing Services of difficulties obtaining supplies or test results.

A3.10.2. The USAFSAM HIV Testing Services handles all test inquiries.

NOTE: Assess HIV risk at every preventive health assessment (PHA) and screen for serologic evidence of HIV infection during their PHA as required (minimum testing every 2 years). ARC personnel are screened during their periodic long flying physical every three years or nonflying physical every five years or as per the PHA clinical testing requirements. DoD mandated testing continues to include sexually transmitted disease (STI) clinic patients, drug and alcohol treatment entrants, prior to PCS OS assignments, prenatal patients, and host country requirements before deployment. (T-1)

Attachment 4

COMPLETION OF FORMS FOR REQUESTING HIV TESTING AND SPECIMEN TRANSMITTAL

A4.1. Composite Healthcare System.

A4.1.1. Submitting labs with Composite Healthcare System (CHCS) have the capability to create and send a list of specimens which can be sent to the receiving lab.

A4.1.1.1. Create a shipping/transmittal list in Composite Healthcare System (CHCS).

A4.1.1.2. Include a copy of the shipping/transmittal list in each specimen package sent to the receiving lab.

A4.1.1.3. Send the shipping/transmittal list electronically (if applicable) to the receiving lab through CHCS.

A4.2. AF FORM 1762 Completion (to be used ONLY by sites without CHCS access):

A4.2.1. AF Form 1762 is used to request HIV Screen Testing when CHCS is not available. The following information is mandatory: the facility/organization and address at the top of each form submitted. If not, specimens will be processed as NBI (no base identification) which will delay results until submitting activity can be ascertained. (T-1)

A4.2.2. For each request, the Full Name (last name, first name, middle initial) not nick-names, Full SSN (not last 4) with an FMP, Date of Birth (dates are to be entered as DD-MMM-YY, e.g., October 19, 1948 = 19 Oct 48), Duty Code (see [A5.3](#)) and Source Code (see [A5.4](#)). [Force Testing no longer exists. All periodic testing is done in conjunction with "P" (physicals) unless meeting one of the other source codes. See [A5.4](#) Source Codes.] (T-1)

A4.2.3. Testing will not proceed until all information is provided. Additionally, the individual being tested will not receive a test date in the master AFPC records if the name, FMP/SSN, or date of birth, do not match. (T-1)

A4.2.4. Fill out forms LEGIBLY. If entered by hand, the individual responsible for verifying the identity of personnel being screened, not the person being drawn, will print the information. Typewritten or computer generated forms are preferred. If you have computer support, call USAFSAM HIV Testing Services for available software programs to help produce a computer generated AF Form 1762. The AF Form 1762 is available through e-Publishing (<http://www.e-publishing.af.mil/shared/media/epubs/af1762.xfd>).

A4.2.5. At the bottom of the form, fill in date shipped, name of shipping person, or someone USAFSAM HIV Testing Services can contact if there are problems, and a DSN phone number or commercial number only if DSN is unavailable.

A4.2.6. MTF's that use the Composite Healthcare System (CHCS), refer to ADHOC A98 1011, Automated HIV Shipping Form, which can be downloaded from the Brooks web site: <http://www.tmssc.brooks.af.mil>.

A4.2.7. Guard and Reserve bases not utilizing CHCS can use developed software from US AFI HIV Testing Service (phone number DSN 240-8934). Guard and Reserve sites that access the Wright-Patterson CHCS remotely will use the CHCS ad hoc "ASL" (USAFSAM (Epi) Lab Referral Shipping List) function to generate their shipping list(s). This ad hoc

function is given to all Guard and Reserve users who request CHCS access through the Epidemiology Laboratory Information Systems Department.

A4.2.8. Common Errors in filing out AF Form 1762:

A4.2.8.1. Not putting Base ID/Submitting Activity at the top of each form

A4.2.8.2. Name - incomplete or not legible. Has name recently changed or is there a suffix (e.g. "Jr." or "III") after the name?

A4.2.8.3. SSN - more or less than 9 digits; not legible. Failure to include FMP with SSN.

A4.2.8.4. No Duty Code, no Source Code, or entry of unauthorized code.

A4.2.8.5. No Date or Shipping official to contact in case of problems.

A4.2.8.6. No DSN phone or commercial number if DSN unavailable.

A4.2.8.7. Failure to retain copy of AF Form 1762. A4.2.9. Forward the first two copies of the AF Form 1762 to USAFSAM HIV Testing Services along with the specimens. Keep the third copy in the laboratory for MTF record keeping purposes to track timely return of results. If test results have not been received within three days, contact USAFSAM HIV Testing Services for assistance.

A4.2.8.8. The MTF/CC reviews the reports and provides copies of positive results to the physician designated to advise and counsel HIV antibody positive individuals. (T-1)

A4.2.8.9. DoD laboratories authorized to perform HIV antibody clinical screening in-house use AF Form 1762 as a log for all HIV antibody ELISA screenings performed. All five items of information are to be completed. By the fifth working day of the month, forward all results from the previous month electronically or by floppy disc to USAFSAM HIV Testing Services. Forward specimens tested negative to USAFSAM HIV Testing Services marked "DoDSR" for placement in the DoDSR. Forward a specimen from each individual who screens positive for HIV in local testing to USAFSAM HIV Testing Services for confirmatory testing. (T-1)

A4.3. AF Form 4 is used only to request Western Blot Confirmation Testing. Do not use this form for HIV screening requests; use an AF Form 1762 as required in section [A5.1.1](#) For bases who perform local clinical testing and MTF Blood Banks that screen donors, all specimens that screen positive must be sent to the HIV Testing Services for FDA confirmation algorithm testing. Complete the form as follows: Fill out the top of the form with **all** required information. Blocks 13 and 14 must be completed with Duty Code and Source Code or testing will be delayed until information is obtained.

A4.4. Duty Codes: To obtain the most accurate information possible, submitting laboratories must use the patient category code (pat cat code) from CHCS for duty codes on the AF Form 1762 to identify the status of the individual being tested. This is an Alpha, two numeric code which is a mandatory field when registering members into CHCS. Therefore, this information should be available to download to an ADHOC report when computer generating the CHCS AF Form 1762. These codes closely emulate the DEERS codes for status of individual member being tested. For submitting activities not on CHCS, use the Pat Cat that closely defines the status of the individual. The following are the most commonly used:

PAT CATs DEFINITION.

A11 Army, Active Duty A12 Army, Reserve A13 Army, Recruits A14 Army, Academy Cadet A15 Army, National Guard

PAT CATs DEFINITION.

A21 Army, ROTC A23 Army National Guard A26 Army, Applicants-Enlistment's A31 Army, Retired A41 Army, Dependent of Active Duty A43 Army, Dependent of Retiree A45 Army, Dependent of Deceased Active Duty A47 Army, Dependent of Deceased Retiree A48 Army, Unmarried former Spouse

F11 Air Force, Active Duty F12 Air Force, Reserve F13 Air Force, Recruits F14 Air Force, Academy Cadet F15 Air Force, National Guard F21 Air Force, ROTC F23 Air Force National Guard F26 Air Force, Applicants-Enlistment's F31 Air Force, Retired F41 Air Force, Dependent of Active Duty F43 Air Force, Dependent of Retiree F45 Air Force, Dependent of Deceased Active Duty F47 Air Force, Dependent of Deceased Retiree F48 Air Force, Unmarried former Spouse M11 Marine Corps, Active Duty M12 Marine Corps, Reserve M13 Marine Corps, Recruits M14 Marine Corps, Academy-midshipmen M21 Marine Corps, ROTC M26 Marine Corps, Applicants-Enlistment's M31 Marine Corps, Retired M41 Marine Corps, Dependent of Active Duty M43 Marine Corps, Dependent of Retiree M45 Marine Corps, Dependent of Deceased Active Duty M47 Marine Corps, Dependent of Deceased Retiree M48 Marine Corps, Unmarried former Spouse

N11 Navy, Active Duty N12 Navy, Reserve N13 Navy, Recruits N14 Navy, Academy-Midshipmen N21 Navy, ROTC N26 Navy, Applicants-Enlistment's N31 Navy, Retired N41 Navy, Dependent of Active Duty N43 Navy, Dependent of Retiree N45 Navy, Dependent of Deceased Active Duty N47 Navy, Dependent of Deceased Retiree N48 Navy, Unmarried former Spouse

C11 Coast Guard, Active Duty C12 Coast Guard, Reserve

PAT CATs DEFINITION

C31 Coast Guard, Retired C41 Coast Guard, Dependent of Active Duty C43 Coast Guard, Dependent of Retiree

P11 Public Health Svs, Active Duty P12 Public Health Svs, Reserve P31 Public Health Svs, Retired P41 Public Health Svs, Dependent of Active Duty P43 Public Health Svs, Dependent of Retiree

K53 Civil Service Employee/Other Federal Agencies K57 Civilian Employee, Occupational

Health K59 Federal Government Employees, Overseas K61 VA Sharing Agreement/VA beneficiary K64 Other Federal Agency (DAF employee) K66 Federal Prisoners

Table A4.1. PAT CATs Definition.

A11	Army, Active Duty
A12	Army, Reserve
A13	Army, Recruits
A14	Army, Academy Cadet
A15	Army, National Guard
A21	Army, ROTC
A23	Army National Guard
A26	Army, Applicants-Enlistment's
A31	Army, Retired
A41	Army, Dependent of Active Duty
A43	Army, Dependent of Retiree
A45	Army, Dependent of Deceased Active Duty
A47	Army, Dependent of Deceased Retiree
A48	Army, Unmarried former Spouse

M11	Marine Corps, Active Duty
M12	Marine Corps, Reserve
M13	Marine Corps, Recruits
M14	Marine Corps, Academy -midshipmen
M15	Marine Corps, National Guard
M21	Marine Corps, ROTC
M23	Marine Corps National Guard
M26	Marine Corps, Applicants-Enlistment's
M31	Marine Corps, Retired
M41	Marine Corps, Dependent of Active Duty
M43	Marine Corps, Dependent of Retiree
M45	Marine Corps, Dependent of Deceased Active Duty
M47	Marine Corps, Dependent of Deceased Retiree
M48	Marine Corps, Unmarried former Spouse

C11	Coast Guard, Active Duty
C12	Coast Guard, Reserve
C31	Coast Guard, Retired
C41	Coast Guard, Dependent of Active Duty
C43	Coast Guard, Dependent of Retiree

P11	Public Health Svs, Active Duty
P12	Public Health Svs, Reserve
P31	Public Health Svs, Retired

F11	Air Force, Active Duty
F12	Air Force, Reserve
F13	Air Force, Recruits
F14	Air Force, Academy Cadet
F15	Air Force, National Guard
F21	Air Force, ROTC
F23	Air Force National Guard
F26	Air Force, Applicants-Enlistment's
F31	Air Force, Retired
F41	Air Force, Dependent of Active Duty
F43	Air Force, Dependent of Retiree
F45	Air Force, Dependent of Deceased Active Duty
F47	Air Force, Dependent of Deceased Retiree
F48	Air Force, Unmarried former Spouse

N11	Navy, Active Duty
N12	Navy, Reserve
N13	Navy, Recruits
N14	Navy, Academy Cadet
N15	Navy, National Guard
N21	Navy, ROTC
N23	Navy National Guard
N26	Navy, Applicants-Enlistment's
N31	Navy, Retired
N41	Navy, Dependent of Active Duty
N43	Navy, Dependent of Retiree
N45	Navy, Dependent of Deceased Active Duty
N47	Navy, Dependent of Deceased Retiree
N48	Navy, Unmarried former Spouse

K53	Civil Service Employee/Other Federal Agencies
K57	Civilian Employee, Occupational Health
K59	Federal Government Employees, Overseas
K61	VA Sharing Agreement/VA beneficiary
K64	Other Federal Agency (DAF employee)
K66	Federal Prisoners

P41	Public Health Svs, Dependent of Active Duty
P43	Public Health Svs, Dependent of Retiree

A4.5. Source Code. The only authorized codes used in the appropriate block on the AF Form 1762 are listed below. These codes identify the reason that the individual is being screened. They were adopted for use throughout DoD by the Reportable Disease Data Base (RDDB) Working Group. A single code is entered on the AF Form 1762. Multiple codes for an individual are not authorized:

Table A4.2. Source Codes.

A	Alcohol and Drug Treatment
B	Blood Donor (Authorized for use on specimens or confirmation specimens)
C	Contact Testing (Referral)
F	Force Screening (routine screening of personnel)
I	Indicated for Clinical Reasons
J	Prisoners or Detained Persons
M	Medical Admissions (Including Psychiatric)
N	Pre-deployment
O	OB Clinic/Pregnancy Related
P	Physical Examinations
R	Requested by Individual
S	Surgical Admission (Including Invasive Procedures and ER)
T	Post-deployment
V	STI Clinic Visit
X	Any Other Source (used only in extremely rare cases)

A4.6. Shipment of Specimen Requirements.

A4.6.1. Ship specimens using instructions provided by USAFSAM HIV Testing Services. It is very important that the MTFs follow these instructions. Deviation could cause rejection of a shipment and necessitate redrawing each individual.

A4.6.2. USAFSAM HIV Testing Services will only accept 12x75 mm polypropylene tubes. If the whole shipment arrives in anything other than these type tubes, the shipment will be returned to the submitting MTF at their expense to process in the correct tubes. Single specimens will have to be redrawn. Tubes and caps can be ordered from most laboratory supply catalogues (see below) or can be obtained by completing a supply order form and submitting to our Customer Service Team via email at usafsam.phe.cst@wpafb.af.mil. This order form can be found on our website at <https://kx.afms.mil/epi.calling> the Epidemiology Laboratory Services at DSN 240-8751 or 8378. If the submitting MTF's stock runs out, it will have to hold specimens until a supply of the correct tubes are received.

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Test Tubes, 12x75 mm, polypropylene, round bottom

FSN 6640-01-264-2362

Curtin-Matheseon Scientific (CMS) #289-657

S/P-Baxter T-1226-12

Plug Cap for 12x75 test tubes

FSN 6640-01-2222963

CMS #148-346

S/P-Baxter T1226-32

Tubes and caps in one order

S/P-Baxter T1226-42

Double sided Plastic Bags

Fisher Cat #01-824 Lab Safety Supply Cat #TL-23805

VWR Cat #11216-783

A4.6.3. Label tubes with a CHCS generated label. If CHCS is unavailable, write FULL NAME (Last name, first name, middle initial), and the FULL SSN with FMP, and collection date on label, then place label long-wise without covering the bottom of tube. (Pre/Post deployment specimens need draw date). Secure with a plastic plug cap. DO NOT USE PARAFILM.

A4.6.4. Place patient samples in a foam tube rack in the order listed on the shipping/transmittal list or AF Form 1762. Wrap foam tube rack containing specimens in absorbent material and place in a large plastic shipping bag. Place patient samples (amount for 1 AF Form 1762/no more than 22) with absorbent material in large portion of plastic shipping bag. Place one copy of the shipping/transmittal list or one copy and original of AF Form 1762. Place original and one copy of AF Form 1762 inside the outer pouch of the shipping bag corresponding to samples and tear off plastic strip covering the adhesive and to SEAL THE BAG. If foam tube racks are not available, place no more than 10 specimens in a small plastic shipping bag containing absorbent material. Place one copy of the shipping/transmittal list or one copy and original of AF Form 1762 in the outer pouch of the shipping bag and SEAL THE BAG. Repeat for each batch of 10 specimens. In shipping

HIVs specimens with other EPI specimens, place HIV specimens in a separate ziplock plastic shipping bag marked: "HIV"

A4.6.5. The following common errors could be avoided if a quality control program exists.

A4.6.6. Common errors in Specimen Preparation:

A4.6.6.1. Not spinning specimen down causing hemolyzed specimens

A4.6.6.2. Putting specimens in the wrong tubes; only polypropylene 12x75 mm will be accepted.

A4.6.6.3. Over-filling tubes, causing tube cap to come off when the specimen is frozen.

A4.6.6.4. Not putting tube caps on tightly.

A4.6.6.5. Tape or parafilm around the cap of the tube.

A4.6.6.6. Omitting the individual's full name/full SSN on tube

A4.6.6.7. Only last four of SSN on the transport tube.

A4.6.6.8. Name on tube does not match name on shipping/paperwork transmittal list or AF Form 1762.

A4.6.6.9. No shipping/transmittal list or AF Form 1762 accompanying the specimen tube.

A4.6.7. Common Errors in Specimen Packaging:

A4.6.7.1. Not wrapping tubes with absorbent paper material.

A4.6.7.2. Not maintaining a cold environment (use ice, cold packs, or dry ice as appropriate).

A4.6.7.3. Not separating shipping/transmittal lists or AF Forms 1762 from specimens, causing forms to get wet if leakage occurs.

A4.6.7.4. Not sealing the shipping bag completely causing specimens to be lost in transit.

A4.6.7.5. Not packing specimens in foam shipping rack or separating them into batches of ten.

Attachment 5

HIV TESTING AND INTERPRETATION OF RESULTS

A5.1. Laboratories:

A5.1.1. Use only approved MTF laboratories or the USAFSAM HIV Testing Services to perform the initial screening test on specimens collected from Service members. (T-1)

A5.1.2. All approved Air Force MTF laboratories that perform in-house HIV testing must send a serum sample for testing to USAFSAM HIV Testing Services IAW [A3.1.2](#). This sample will be forwarded to the DoD serum repository after testing by the USAF HIV Testing Service. (T-1)

A5.1.3. The USAFSAM HIV Testing Services, USAFSAM, Wright-Patterson Air Force Base, maintains specimens for seven days after testing then discarded. Specimens from Reserve and Guard units are sent to the DoD serum repository. (T-1)

A5.2. Specimen Collection and Handling:

A5.2.1. Collect blood samples with appropriate vacutainer tubes.

A5.2.2. Label tubes with a CHCS generated label. As a minimum, each sample is labeled with three unique patient identifiers such as; the individual's full name, FMP/SSN, date of birth or a laboratory assigned number. Also include the date and time of collection.

A5.2.3. Samples are centrifuged and serum separated within six hours of collection.

A5.2.4. Specimens should be refrigerated before the initial test. If the initial test is cannot be conducted within seven days, or the date at which the sample was collected is unknown, the specimen must be frozen ($\leq -20^{\circ}\text{C}$).

A5.2.5. Use cold packs to keep specimens at refrigerated temperatures ($2 - 8^{\circ}\text{C}$) or shipped on dry ice if the samples are frozen ($\leq -20^{\circ}\text{C}$) during transit between laboratories.

A5.2.6. Ship specimens according to US (or foreign) biological agent shipping requirements.

A5.3. Initial Test:

A5.3.1. Conduct the initial test using a FDA-approved screening test. Interpret results according to the manufacturer's package insert.

A5.3.2. The laboratory establishes an internal quality control program.

A5.3.3. All controls will be 100 percent correct before the entire batch results are considered acceptable.

A5.4. Supplemental/Confirmatory Tests:

A5.4.1. All HIV testing will follow an APHL/CDC-approved algorithm. (T-0)

A5.4.2. Perform a FDA-approved confirmatory test, such as a Western Blot (WB) test. For Western Blot tests with indeterminate results, an alternative FDA approved test can be used to resolve indeterminates such as a viral load-based assay (APTIMA) or other FDA approved testing platform. (T-0)

A5.4.3. The laboratory validates its procedure using a protocol that establishes accuracy, precision, and reproducibility.

Attachment 6

HIV TESTING OF DOD CIVILIAN EMPLOYEES

A6.1. Direct requests for authority to screen DoD civilian employees for HIV to the Assistant Secretary of Defense (ASD)/Force Management and Personnel (FM&P). Only requests that are based on a host nation HIV screening requirement are accepted. Requests based on other concerns, such as sensitive foreign policy or medical health care issues, are not considered under this instruction. Approvals are provided in writing by the ASD/FM&P and apply to all the DoD Components that may have activities located in the host nation. (T-0)

A6.2. Specific HIV screening requirements may apply to DoD civilian employees currently assigned to positions in the host nation and to prospective employees. When applied to prospective employees, HIV screening is considered a requirement imposed by another nation, that must be met before the final decision to select the individual for a position, or before approving temporary duty or detail to the host nation. Individuals who refuse to cooperate with HIV screening requirements or those who cooperate and are diagnosed as HIV seropositive, may not be considered further for employment in host nations with HIV screening requirements. (T-0)

A6.3. DoD civilian employees who refuse to cooperate with the screening requirements are treated, as follows:

A6.3.1. Those who volunteered for the assignment, whether permanent or temporary, are retained in their official position without further action and without prejudice to employee benefits, career progression opportunities, or other personnel actions to which those employees are entitled under applicable law or instruction.

A6.3.2. Those who are obligated to accept assignment to the host nation under the terms of an employment agreement, regularly scheduled tour of duty, or similar and/or prior obligation may be subjected to an appropriate adverse personnel action under the specific terms of the employment agreement or other authorities that may apply.

A6.3.3. Host nation screening requirements, which apply to DoD civilian employees currently located in that country, must be observed. Appropriate personnel actions may be taken, without prejudice to employee rights and privileges to comply with the requirements. (T-0)

A6.4. Individuals who are not employed in the host nation, who accept the screening, and who are evaluated as HIV seropositive shall be denied the assignment on the basis that evidence of seronegativity is required by the host nation. If denied the assignment, such DoD employees shall be retained in their current positions without prejudice. Appropriate personnel actions may be taken, without prejudice to employee rights and privileges, on DoD civilian employees currently located in the host nation. In all cases, employees shall be given proper counseling and shall retain all the rights and benefits to which they are entitled, including accommodations for the handicapped as in the applicable ASD/FM&P Memorandum, and for employees in the United States (29 U.S.C. 794). Non-DoD employees are referred to appropriate support service organizations. (T-0)

A6.5. Some host nations may not bar entry to HIV seropositive DoD civilian employees, but may require reporting of such individuals to host nation authorities. In such cases, DoD civilian employees who are evaluated as HIV seropositive shall be informed of the reporting

requirements. They shall be counseled and given the option of declining the assignment and retaining their official positions without prejudice or notification to the host nation. If assignment is accepted, the requesting authority shall release the HIV seropositive result, as required. Employees currently located in the host nation may also decline to have seropositive results released. In such cases, they may request and shall be granted early return at government expense or other appropriate personnel action without prejudice to employee rights and privileges. (T-0)

A6.6. A positive HIV screening test must be confirmed by an FDA approved confirmatory test according to an APHL/CDC approved algorithm. A civilian employee may not be identified as HIV antibody positive, unless the confirmatory test is positive. The clinical standards in this instruction shall be observed during initial and confirmatory testing. (T-0)

A6.7. Provide tests at no cost to the DoD civilian employees, including applicants. (T-0)

A6.8. Counsel DoD civilian employees infected with HIV. (T-0)

Attachment 7

GUIDELINES FOR ADMINISTERING THE ORDER TO FOLLOW PREVENTIVE MEDICINE REQUIREMENTS TO INDIVIDUALS INFECTED WITH HIV

A7.1. After the member is notified by a health care provider that he or she has tested positive for HIV infection, and the significance of such a test, the MTF/CC expeditiously notifies the member's unit commander of the positive test results. For active duty members, the member's unit commander issues an order to follow preventive medicine requirements. For unit assigned reservists, this order is issued only after their immediate commander determines the member will be retained in the Selected Reserve. When the order is given, a credentialed provider is present to answer any medical concerns of the member. Use the order at [Attachment 13](#). It is signed and dated by the commander and member. If the member refuses to sign, the commander notes that the member refused to sign in the acknowledgment section. The order is securely stored to protect the member's privacy and confidentiality. A copy of the order is provided to the member. Upon the individual's reassignment, the unit commander forwards the order in a sealed envelope to the gaining commander. The envelope is marked "To Be Opened By Addressee Only." Upon the individual's separation from the Air Force, the order is destroyed. (T-1)

A7.2. AD members testing positive for HIV infection undergo a complete medical evaluation at SAMMC. Upon arrival, all HIV positive members are counseled by a health care provider or by the HIV Community Health Nurse (CHN) assigned to the HIV Medical Evaluation Unit at SAMMC. Use AF Form 3845, **Preventive Medicine Counseling Record**, or similar form. The CHN signs the form. The member signs the counseling record acknowledging receipt of the counseling. One copy of the record is given the member and one copy filed in the records of the HIV CHN. (T-1)

A7.3. If the member is returned to duty from the HIV Medical Evaluation Unit to a different unit from which he or she came, the gaining unit commander issues an additional order to follow preventive medicine requirements to the member. A copy of this order is given to the member. Use the order at [Attachment 13](#). The commander may request the MTF/CC or other health care provider is present when the order is administered to answer any medical concerns of the member. The commander and member sign and date the order. If the member refuses to sign, the commander notes the member refused to sign in the acknowledgment section. Securely store the order to protect the member's privacy and confidentiality. (T-1)

A7.4. It is unnecessary to recall members issued orders under former procedures. HIV seropositive members, who have not been previously issued preventive medicine requirement orders, must be counseled by a health care provider assigned to the local medical facility on AF Form 3845 and issued an order ([Attachment 13](#)) by his or her unit commander. (T-1)

NOTE: DoD requested the Military Departments standardize the administration of the order to follow preventive medicine requirements to individuals infected with HIV. The guidelines above standardize and simplify procedures.

Attachment 8

STANDARD CLINICAL PROTOCOL

A8.1. Medical Evaluation:

A8.1.1. Accomplish a complete medical evaluation of AF personnel with HIV infection with an initial visit, a second visit at 6 months, and subsequent visits every 12 months at SAMMC as long as the member is retained on active duty. HIV disease will be staged according to current CDC guidelines for every clinical visit. Interim medical visits will be performed as necessary in the member's local area in accordance with current DHHS Guidelines for Management of Adult HIV Infections. For unit assigned reservists not on extended active duty, this evaluation is not accomplished until after the commander's decision to retain the member. If the member is retained, the evaluation must be accomplished and documented IAW AFI 48-123, AFI 41-210, and AFRC medical guidance on nonduty related medical conditions. (T-1)

A8.1.2. Maintain a frozen serum specimen on all HIV positive individuals at a central serum bank for at least three years at -70 degrees Celsius. (T-1)

A8.1.3. Seek psychiatric consultation if there are concerns about fitness for duty or if the screening evaluation suggests more detailed psychiatric evaluation is needed. If the patient has persistent evidence of diminished intellectual skills, personality changes, and motor impairment, more specialized studies (neurologic studies, computed tomography or magnetic resonance imaging, lumbar puncture, psychiatric examination, and neuropsychiatric testing) may be required to evaluate the possible presence of a HIV-related mental or neurological syndrome. (T-1)

A8.1.4. Perform additional testing in both initial and follow-up epidemiologic/clinical assessments as indicated to maintain compliance with changes in accepted standards of care for management of HIV infection. (T-1)

A8.2. Medical Record Coding of HIV-1 Infections. Follow current ICD CM coding guidelines for medical record coding of HIV infection.

A8.3. Disposition of Members Infected:

A8.3.1. DoD Directive 1332.18, Separation From the Military Service by Reason of Physical Disability, November 4, 1996, and AFI 41-210, Medical Evaluations Boards (MEB) and Continued Military Service, provides guidelines for fitness for duty determinations. However, MEB pre-screening will occur with an Initial Review in Lieu of an MEB (I-RILO) under the guidelines of AFI 41-210, chapter 4, section 4k. This guidance provides I-RILO screening procedures for both ADAF members Air Reserve Component members. (T-0)

A8.3.2. Refer AD members infected with HIV for I-RILO in accordance with AFI 41-210, immediately following the initial evaluation. However, while I-RILOs usually require a letter from the member's Commander indicating the impact of a member's condition upon his/her duty performance, such a letter is not required in the case of HIV seropositive members because of the risk of Privacy Act violations while routing such letters through the Commander's support staff. I-RILOs will only be submitted from the HIV Medical

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Evaluation Unit at SAMMC and individual home bases are not to submit I-RILOs or annual ALC-C RILOs for HIV infection. (T-1)

Attachment 9

RETENTION AND SEPARATION

A9.1. Retention:

A9.1.1. Members with laboratory evidence of HIV infection who are able to perform the duties of their office, grade, rank and/or rating, may not be separated solely on the basis of laboratory evidence of HIV infection. (T-0)

A9.1.2. HIV-infected members who have been evaluated for continued military service and are retained will receive an Assignment Limitation Code (ALC-C). Please refer to AFI 41-210 for ALC-C stratifications and for a list of waiver authorities for OCONUS TDY and/or assignment. (T-1)

A9.2. Separation:

A9.2.1. AFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separation*, provides guidance for separation or retirement of AD members who are determined to be unfit for further duty.

A9.2.2. AD and Reserve members with laboratory evidence of HIV infection found not to have complied with lawfully ordered preventive medicine procedures are subject to administrative and disciplinary action, which may include separation.

A9.2.3. Separation of AD members with laboratory evidence of HIV infection under the plenary authority of the Secretary of the Air Force, if requested by the member, is permitted.

A9.2.4. The immediate commander of ARC members not on extended active duty who show serologic evidence of HIV infection will determine if the member can be utilized in the Selected Reserve. If the member cannot be utilized, he/she may be transferred involuntarily to the Standby Reserve or separated. If separated, the characterization of service shall never be less than that warranted by the member's service record. (T-1)

A9.2.5. Air Force members determined to have been infected with HIV at the time of enlistment or appointment are subject to discharge for erroneous enlistment or appointment. (T-1)

Attachment 10

LIMITATIONS ON THE USE OF INFORMATION FROM EPIDEMIOLOGICAL ASSESSMENTS

A10.1. Limitations of Results:

A10.1.1. Laboratory tests results performed under this instruction may not be used as the sole basis for separation of a member. The results may be used to support a separation based on physical disability or as specifically authorized by any section in this instruction. This instruction shall not preclude use of laboratory test results in any other manner consistent with law or instruction. (T-1)

A10.1.2. Laboratory test results confirming evidence of HIV infection may not be used as an independent basis for any adverse administrative action or any disciplinary action, including punitive actions under the Uniform Code of Military Justice (UCMJ) (10 U.S.C. 47, reference [j]). (T-1) However, such results may be used for other purposes including, but not limited to, the following:

A10.1.2.1. Separation under the accession testing program.

A10.1.2.2. Voluntary separation for the convenience of the Government.

A10.1.2.3. Other administrative separation action authorized by Air Force policy.

A10.1.2.4. In conducting authorized Armed Services Blood Program Look Back activities.

A10.1.2.5. Other purposes (such as rebuttal or impeachment) consistent with law or instruction (e.g., the Federal or Military Rules of Evidence or the Rules of Evidence of a State), including to establish the HIV seropositivity of a member when the member disregards the preventive medicine counseling or the preventive medicine order or both in an administrative or disciplinary action based on such disregard or disobedience.

A10.1.3. HIV infection is an element in any permissible administrative or disciplinary action, including any criminal prosecution (e.g., as an element of proof of an offense charged under the UCMJ or under the code of a State or the United States).

A10.1.4. HIV infection is a proper ancillary matter in an administrative or disciplinary action, including any criminal prosecution (e.g., as a matter in aggravation in a court-martial in which the HIV positive member is convicted of an act of rape committed after being informed that he or she is HIV positive).

A10.2. Limitations on the Use of Information Obtained in the Epidemiological Assessment Interview:

A10.2.1. Information obtained from a member during, or as a result of, an epidemiological assessment interview may not be used against the member in the following situations:

A10.2.1.1. A court-martial.

A10.2.1.2. Line of duty determination.

A10.2.1.3. Nonjudicial punishment.

A10.2.1.4. Involuntary separation (other than for medical reasons).

A10.2.1.5. Administrative or punitive reduction-in-grade.

A10.2.1.6. Denial of promotion.

A10.2.1.7. An unfavorable entry in a personnel record.

A10.2.1.8. A denial to reenlistment.

A10.2.1.9. Any other action considered by the Secretary of the Air Force concerned to be an adverse personnel action.

A10.2.2. The limitations in paragraph [A10.2.1](#) do not apply to the introduction of evidence for appropriate impeachment or rebuttal purposes in any proceeding, such as one in which the evidence of drug abuse or relevant sexual activity (or lack thereof) has been first introduced by the member or to disciplinary or other action based on independently derived evidence.

A10.2.3. The limitations in paragraph [A10.2.1](#) do not apply to nonadverse personnel actions on a case-by-case basis, such as: A10.2.3.1. Reassignment. A10.2.3.2. Disqualification (temporary or permanent) from a personnel reliability program. A10.2.3.3. Denial, suspension, or revocation of a security clearance. A10.2.3.4. Suspension or termination of access to classified information.

A10.2.4. Removal (temporary or permanent) from flight status or other duties requiring a high degree of stability or alertness, including explosive ordnance disposal or deep-sea diving.

A10.3. Entries in Personnel Records: Except as authorized by this instruction, if any such personnel actions are taken because of, or are supported by, serologic evidence of HIV infection or information described in paragraph [A10.1.2](#), no unfavorable entry may be placed in a personnel record for such actions. Recording a personnel action is not an unfavorable entry in a personnel record. Additionally, information reflecting an individual's serologic or other evidence of infection with HIV is not grounds for an unfavorable entry in a personnel record.

Attachment 11

PERSONNEL NOTIFICATION, MEDICAL EVALUATION, AND EPIDEMIOLOGICAL INVESTIGATION

A11.1. Personnel Notification:

A11.1.1. Once a health care authority has been notified of an individual with serologic or other laboratory/clinical evidence of HIV infection, public health and or the HIV designated physician shall undertake preventive medicine intervention. The CHN and physician staff at the SAMMC HIV Medical Evaluation Unit will assist military and civilian blood bank organizations and preventive medicine authorities with blood donor look back tracing and referral and refer case-contact information to the appropriate military or civilian health authority. (T-0)

A11.1.2. All individuals with serologic evidence of HIV infection who are military healthcare beneficiaries shall be counseled by a physician or a designated healthcare provider on the significance of a positive antibody test. They shall be advised as to the mode of transmission, the appropriate precautions and personal hygiene measures required to minimize transmission through sexual activities and/ or intimate contact with blood or blood products, and of the need to advise any past or future sexual partners of their infection. Women shall be advised of the risk of perinatal transmission during past, current, and future pregnancies. The individuals shall be informed that they are ineligible to donate blood, sperm, organs or tissues and shall be placed on a permanent donor deferral list. (T-0)

A11.1.3. Service members identified to be at risk shall be counseled and tested for serologic evidence of HIV infection. Other DoD beneficiaries, such as retirees and family members, identified to be at risk, shall be informed of their risk and offered serologic testing, clinical evaluation, and counseling. The names of individuals identified to be at risk who are not eligible for military healthcare shall be referred to civilian health authorities in the local area where the index case is identified, unless prohibited by the appropriate State or host-nation civilian authority. Anonymity of the HIV index case shall be maintained, unless reporting is required by civil authorities. (T-0)

A11.1.4. Blood donors who demonstrate repeatedly reactive screening tests for HIV, but for whom confirmatory test(s) are negative or indeterminate are not eligible for blood donor pool, shall be appropriately counseled. (T-0)

A11.2. Medical Evaluation:

A11.2.1. Active duty personnel and ARC members on extended active duty who have tested positive for HIV shall be sent to the HIV Medical Evaluation Unit at SAMMC for medical evaluation. All DoD directed evaluations will be completed as an outpatient, coordinated by the HIV Evaluation Unit staff. All Active Duty HIV patients undertaking their initial evaluation will undergo mental health status screening by a SAMMC mental health provider. (T-1)

A11.2.2. Physically or mentally unstable HIV patients should have their conditions addressed and stabilized sufficiently for outpatient management prior to transport. Upon arrival, those patients exhibiting an active process requiring physician attention during non-duty hours will be admitted to the appropriate inpatient service. (T-1)

A11.2.3. SAMMC HIV Medical Evaluation Unit staff will conduct a confidential patient epidemiologic interview, repeat the contact notification process, and verify blood donation “lookback” process. The HIV Evaluation Unit CHN or designee will provide the disease education and risk reduction counseling during the patient interview, and complete two copies of the standardized medical counseling form (“Prevention Medicine Counseling Record”). One copy is given to the patient, and the other copy maintained in the HIV CHN’s confidential patient files. If the patient refuses to sign, SAMMC Directorate of Medical Law will be notified. The “Order to Follow Preventive Medicine Requirements” is issued by the unit commander of an HIV infected person prior to the patient’s initial evaluation by the HIV unit. (T-1)

A11.2.4. All HIV infected active duty and TDRL personnel arriving at SAMMC will receive medical evaluation and staging of their HIV disease by an assigned HIV unit staff physician. The physician will also provide disease specific patient education and appropriate treatment recommendations, and serve as liaison with consulting or inpatient services when necessary. The HIV unit physician will be available to the patient’s primary care provider for ongoing patient management and any issues concerning scheduled reevaluations. (T-1)

A11.3. Epidemiological Investigation:

A11.3.1. Epidemiological investigation shall attempt to determine potential contacts of patients who have serologic or other laboratory or clinical evidence of HIV infection. The patient shall be informed of the importance of case-contact notification to interrupt disease transmission and shall be informed that contacts shall be advised of their potential exposure to HIV. Individuals at risk of infection include sexual contacts (male or female); children born to infected mothers; recipients of blood, blood products, organs, tissues, or sperm; and users of contaminated intravenous drug paraphernalia. At risk individuals who are eligible for healthcare in the military medical system shall be notified. The Secretaries of the Military Departments shall designate all spouses (regardless of the Service affiliation of the HIV infected Reservist) who are notified under this provision to receive serologic testing and counseling on a voluntary basis from MTFs under the Secretaries’ of the Military Departments jurisdiction. (T-0)

A11.3.2. Communicable disease reporting procedures shall be followed consistent with this Directive through liaison between the public health authorities and the appropriate local, State, Territorial, Federal, or host-nation health jurisdiction. (T-0)

Attachment 12

PROCEDURE FOR EVALUATING T-HELPER CELL COUNT

A12.1. Analytical Procedure:

A12.1.1. Determine the percentage of CD4+ and CD3+ positive lymphocytes by immunophenotyping blood cells using flow-cytometry instrumentation per applicable CDC guidelines. Each laboratory performing T-helper cell counts maintains a current and complete standard operating procedure manual. The absolute T-helper cell count is a product of the percentage of T-helper cells (defined as CD4+ and CD3+ positive lymphocytes) and the absolute lymphocyte level.

A12.2. Internal Quality Control Program:

A12.2.1. Each laboratory maintains a comprehensive internal quality control program. Minimally, on each day of operation monitor the following flow-cytometry procedures or reagents:

A12.2.1.1. Optical focusing and alignment of all lenses and light paths for forward-angle light scatter, right-angle light scatter, red fluorescence, and green fluorescence if these functions are adjustable on the instrument.

A12.2.1.2. Standardize fluorescent intensity beads, particles, or cells with fluorescence in the range of biological samples.

A12.2.1.3. Verify fluorescent compensation beads, particles, or cells with fluorescence in the range of biological samples.

A12.2.1.4. A human blood control sample or equivalent.

A12.2.2. Each laboratory establishes tolerance limits for each of the procedures or reagents in paragraph [A12.1](#). Take corrective action and document when any quality control reagent exceeds established tolerance limits. Accomplish routine maintenance and function verification checks. The laboratory director regularly reviews corrective and quality control records.

A12.3. External Quality Control Program: The Army establishes and operates an external quality control program to evaluate the results reported by the flow-cytometry laboratories. The external quality control program includes a hematology survey to monitor the performance of the absolute lymphocyte count and a flow-cytometry survey to monitor the performance of each immunophenotyping procedure.

A12.4. Recording and Reporting Data: The laboratory director reviews and verifies the reported results. The laboratory report contains data from which absolute and relative values may be calculated for each lymphocyte subpopulation along with locally derived normal ranges inclusive of the fifth and ninety-fifth percentiles. The laboratory maintains permanent files of patient reports, internal and external quality control records, and instrument maintenance and performance verification checks.

A12.5. Personnel Qualifications:

A12.5.1. Properly train all personnel involved with the flow-cytometry instrumentation.

A12.5.2. Director of the flow-cytometry laboratory holds a doctoral degree in a biologic science or is a physician and possesses experience in immunology or cell biology.

A12.5.3. Technical supervisor holds a bachelor's degree in a biological science and has at least two years of experience in flow-cytometry.

A12.6. Safety: All laboratories comply with the CDC biosafety level 2 standards. All procedures having the potential to create infectious aerosols shall be conducted within the confines of a Class II biological safety cabinet. Although certain specimen processing procedures may inactivate infectious agents, all material is treated as infectious throughout all procedures. Decontaminate all material generated in the processing and evaluation of blood specimens and dispose of using established hazardous waste disposal policies.

Attachment 13

ORDER TO FOLLOW PREVENTIVE MEDICINE REQUIREMENTS

Because of the necessity to safeguard the overall health, welfare, safety, and reputation of this command and to ensure unit readiness and the ability of the unit to accomplish its mission, certain behavior and unsafe health procedures must be proscribed for members who are diagnosed as positive for HIV infection.

As a military member who has been diagnosed as positive for HIV infection, you are hereby ordered:

- (1) to verbally inform sexual partners that you are HIV positive prior to engaging in sexual relations. This order extends to sexual relations with other military members, military dependents, civilian employees of DoD components or any other persons;
- (2) to use proper methods to prevent the transfer of body fluids during sexual relations, including the use of condoms providing an adequate barrier for HIV (e.g. latex);
- (3) in the event that you require emergency care, to inform personnel responding to your emergency that you are HIV positive as soon as you are physically able to do so.
- (4) when seeking medical care, you may wish to inform the provider that you have HIV so that the provider can use that information to optimize your evaluation and treatment;
- (5) not to donate blood, sperm, tissues, or other organs.

Violating the terms of this order may result in adverse administrative action or punishment under the Uniform Code of Military Justice for violation of a lawful order.

Signature of Commander and Date

ACKNOWLEDGMENT

I have read and understand the terms of this order and acknowledge that I have a duty to obey this order. I understand that I must inform sexual partners, including other military members, military dependents, civilian employees of DoD components, or any other persons, that I am HIV positive prior to sexual relations; that I must use proper methods to prevent the transfer of body fluids while engaging in sexual relations, including the use of condoms providing an adequate barrier for HIV; that if I need emergency care I will inform personnel responding to my emergency that I am HIV positive as soon as I am physically able to do so; that when I seek medical or dental care I may wish to inform the provider that I have HIV in order to optimize my evaluation and treatment; and that I must not donate blood, sperm, tissues, or other organs. I understand that violations of this order may result in adverse administrative actions or punishment under the Uniform Code of Military Justice for violation of a lawful order.

Signature of Member and Date

Perkowski Exhibit 23

(SECNAVINST 5300.30F)



DEPARTMENT OF THE NAVY
OFFICE OF THE SECRETARY
1000 NAVY PENTAGON
WASHINGTON, D.C. 20350-1000

SECNAVINST 5300.30F
ASN (M&RA)
27 Dec 2018

SECNAV INSTRUCTION 5300.30F

From: Secretary of the Navy

Subj: MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS, HEPATITIS B VIRUS, AND HEPATITIS C VIRUS INFECTION IN THE NAVY AND MARINE CORPS

Ref: (a) DoD Instruction 6130.03 of 6 May 2018
(b) DoD Instruction 6025.18 of 2 December 2009
(c) DoD Directive 6490.02E of 8 February 2012
(d) DoD Instruction 1332.18 of 5 August 2014
(e) DoD Instruction 1010.10 of 28 April 2014
(f) DoD Instruction 6485.01 of 7 June 2013
(g) SECNAVINST 1850.4E
(h) SECNAVINST 5211.5E
(i) SECNAVINST 1920.6C
(j) SECNAV M-5214.1
(k) NAVMED P-117
(l) NAVPERS 15560D

Encl: (1) Responsibilities
(2) Accession Policy
(3) Testing Procedures
(4) Initial Evaluation of Human Immunodeficiency Virus, Hepatitis B Virus, and Hepatitis C Virus Positive Personnel
(5) Active Component Retention and Assignment
(6) Active Component Separation
(7) Reserve Component Policy
(8) Medical and Epidemiological Factors
(9) Information Programs
(10) Confidentiality and Disclosure
(11) Limitations on the Uses of Information
(12) Bloodborne Pathogens Counseling Statement
(13) Order to Follow Preventive Medicine Requirements
(14) Acknowledgement

1. Purpose. To revise the Department of the Navy's (DON) policy on identification, surveillance, and administration of military personnel and applicants infected with Human

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27 Dec 2018

Immunodeficiency Virus (HIV), per references (a) through (l), and to institute new policy on chronic Hepatitis B Virus (HBV) and chronic Hepatitis C Virus (HCV) infection. This instruction establishes assignment policy for HIV, chronic HBV, and chronic HCV infection, and should be reviewed in its entirety. See enclosures (1) through (14) for further guidance.

2. Cancellation. SECNAVINST 5300.30E.

3. Applicability. This instruction applies to the Office of the Secretary of the Navy (SECNAV), the Chief of Naval Operations, the Commandant of the Marine Corps, and all U.S. Navy, U.S. Marine Corps installations, commands, activities, field offices, and all other organizational entities within the DON.

4. Policy. Recognizing the similarities in the transmission and risk factors for HIV, HBV, and HCV infection, DON medical, manpower, and personnel policies are based on current knowledge of the natural history of these infections, the risks to the infected individual incident to military service, the risk of transmission of these viruses to non-infected personnel, the effect of infected personnel on commands, and the safety of military blood supplies, the following policies are established:

a. Applicants for appointment, enlistment, or pre-appointment who are HIV antibody positive are not eligible for entry into the military service. Likewise, applicants for enlistment, appointment, or pre-appointment who have evidence of active and/or chronic infection (untreated/treatment failure) for either HBV or HCV are also ineligible for entry into military service. Accessions for active or reserve programs in initial entry training who are determined to be HIV antibody positive as a result of serologic testing, or who are HBV or HCV viremic, are not eligible for military service per references (a) and (f).

b. Active Component (AC) and Reserve Component (RC) military personnel in the Navy and Marine Corps shall be screened periodically for serologic evidence of HIV and as medically indicated per U.S. Preventive Services Task Force guidelines for HBV and HCV infection per references (c) and (f).

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(1) AC personnel shall be tested for evidence of HIV infection every 24 months, or as clinically indicated per reference (f). Testing for HBV infection shall occur upon accession and individuals with undetectable HBV antibody shall be immunized with HBV vaccine. Testing for HCV shall be conducted upon accession and a one-time test should be completed for Service members born between 1945 and 1965. All testing should be tied to individual medical readiness.

(2) RC personnel shall be tested for evidence of HIV, HBV, and HCV infection upon accession. RC personnel shall be tested for HIV at the time of activation when called to active duty for more than 30 days if they have not been tested within the last 24 months.

(3) An additional one-time test for HCV shall occur for all RC personnel born between 1945 and 1965 at the time of activation, ideally in concurrence with their HIV test.

(4) individually identifiable serum sample of each laboratory specimen drawn for all HIV, HBV, and/or HCV screening tests shall be forwarded to the Armed Forces Serum Repository per reference (c).

(5) Mandatory testing of civilians for serologic evidence of HIV infection is not authorized, except pursuant to valid requirements by the host country. Testing of civilian employees shall conform to guidance in the DON Civilian Resources Manual.

c. Military personnel with serologic evidence of HIV or with evidence of chronic HBV or HCV infection shall be referred for medical evaluation regarding continued service and appropriate treatment in the same manner as personnel with other progressive illnesses per reference (g).

(1) Military personnel who do not demonstrate any evidence of unfitting medical conditions associated with HIV infection shall be retained in the Service, unless some other reason for separation exists per reference (g).

(2) Referral into the Integrated Disability Evaluation System shall be within the guidelines specified under references (d) and (g).

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(3) AC members with serologic evidence of HIV infection who are fit for continued military service shall be allowed to serve in a manner that ensures access to appropriate medical care. Navy Personnel Command for Sailors or Headquarters United States Marine Corps Manpower & Reserve Affairs for Marines may assign AC members on a case-by-case basis, in consultation with the Navy Bloodborne Infection Management Center, to select ships or to commands outside the continental United States.

d. The use of information obtained during or primarily as a result of an epidemiologic assessment interview to support any adverse personnel action against the member is prohibited per reference (f). This prohibition does not apply to the use of such information for otherwise authorized rebuttal or impeachment purposes.

e. Disease surveillance, health promotion, and education programs for military personnel shall be used to mitigate the impact of HIV, HBV, and HCV infections on the DON.

(1) Informational programs for military personnel shall be conducted to inform Service members about the prevention and risks of HIV, HBV, and HCV infection.

(2) Military personnel with laboratory evidence of HIV, or chronic HBV or HCV infection shall receive training on the prevention of disease transmission to others, and the legal consequences of exposing others to these infections.

(3) For HIV and chronic HBV and HCV infections, a standardized counseling statement shall be used to document performance of counseling at the initial visit and then annually (enclosure 11).

5. Policy Review. The policies in this instruction shall be reviewed following the next review of the policy guidance of reference (a), or as required by the SECNAV. This review shall assess developments in medical management of HBV, HCV, and HIV infection and shall assess information obtained through longitudinal epidemiologic studies of the natural history of these infections and the effects on manpower and personnel management of these policies.

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6. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned according to the records disposition schedules found on the Directives and Records Management Division (DRMD) portal page:
<https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/SitePages/Home.aspx>

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local Records Manager or the DRMD program office.

7. Reports. The reporting requirements contained in enclosures (6), (7) and (8) of this instruction are exempt from information collection control per reference (j) Part IV, paragraph 7p.

8. Forms

a. Standard Forms SF 600, Chronological Record of Medical Care, SF 601, Health Record Immunization Record, and SF 603, Medical Record Dental Continuation are available for download from the Government Services Administration Forms Library at:
www.gsa.gov/forms/.

b. SECNAV forms 5300/1, Blood Pathogens Counseling Statement and 5300/2, Order to Follow Preventive Medicine Requirements can be obtained on Navy Forms Online at
<https://navalforms.documentservices.dla.mil>.



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RESPONSIBILITIES

1. Assistant Secretary of the Navy Manpower and Reserve Affairs (ASN (M&RA)) is responsible for overall Hepatitis B Virus (HBV), Chronic Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV) policy.

2. The Chief of Naval Operations (CNO) and Commandant of the Marine Corps (CMC) are responsible for carrying out the policies in this instruction. The CNO shall ensure that medical assistance and laboratory testing are maintained to support the prescribed testing program consistent with maintaining quality control to assure the minimum achievable false positive and false negative confirmation rates and to meet the full testing requirements of the Navy and Marine Corps and their respective Reserve Component (RC).

3. Surgeon General of the Navy shall:

a. Maintain responsibility for the policy development of professional medical and epidemiological aspects of the HBV, HCV, and HIV management program.

b. Participate in tri-service development of a standardized clinical protocol for medical evaluation and treatment of HBV, HCV, and HIV infection and shall keep ASN (M&RA), the CNO, and the CMC advised of Department of the Navy (DON), and Department of Defense (DoD) epidemiological information and trends.

c. Establish and maintain a DON database for statistical purposes and detailed analysis as needed.

d. In coordination with Chief of the Navy Reserve and CMC, implement the procedures for notification of spouses of AC and RC members found to be HBV, HCV, or HIV antibody positive either by DoD health care professionals or through local public health authorities.

e. Conduct DON-wide information programs using all available and appropriate media, coordinating with the U.S. Navy Chief of Information as necessary.

4. Chief of Naval Personnel and Deputy Commandant, Manpower and Reserve Affairs is responsible for the policy development of

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manpower and personnel management aspects of the HIV management program.

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ACCESSION POLICY

1. Both prior service and non-prior service applicants for active or reserve service shall be screened for exposure to Hepatitis B Virus (HBV), Chronic Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV) prior to entrance on Active Component or affiliation in the Navy or Marine Corps Reserve. Individuals confirmed HIV antibody positive or who have evidence of chronic HBV or HCV infection (untreated/treatment failure) are not eligible for military service because:

a. The condition existed prior to appointment or enlistment. Per reference (a), history of chronic HBV or HCV is disqualifying unless successfully treated and cure is documented. A documented cure for chronic HBV is viral clearance manifested by hepatitis B surface antigen negative/hepatitis B surface antibody positive/hepatitis B core antibody positive. For history of chronic HCV, successful treatment and documentation of cure 12 weeks after completion of a full course of therapy as per reference (a).

b. Individuals with HIV may suffer potentially life-threatening reactions to some live-virus immunizations administered at basic training.

c. HIV antibody positive individuals and individuals with chronic HBV or HCV infection are not able to participate in battlefield blood donor activities or military blood donation programs.

d. The Department of the Navy shall avoid current and future medical costs associated with these infections and reduce the possibility that the individual shall be unable to complete the initial service obligation.

2. Applicants for active and reserve enlisted service normally shall be tested for HIV at Military Entrance Processing Stations (MEPS). Applicants not tested at the MEPS shall be tested as part of the physical examination conducted prior to accession. Another HIV antibody test must be conducted if more than 24 months have elapsed between the pre-accession test and entry onto active duty, or if clinically indicated. HBV and HCV shall be tested upon arrival to an accession training command. New accessions that are confirmed positive for HIV,

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(untreated/treatment failure) chronic HBV or HCV infection are not eligible for military service and shall be processed for separation under reference (g). Prior service applicants for entry into a reserve program must be tested for HIV, HBV, and HCV no more than 24 months prior to entry into the program.

3. Accessions to the United States Naval Academy (USNA), Naval Reserve Officers Training Corps (NROTC), and the Uniformed Services University of the Health Sciences shall be tested within 72 hours of arrival to the programs and denied entry if testing is positive for HIV or untreated chronic HBV or HCV infection. Individuals who are participating in or applying for any commissioned or warrant officer procurement program who are HIV positive or who have untreated chronic HBV or HCV infection are not eligible for the program or for appointment as officers. Candidates for service as officers (either regular or reserve) shall be tested both during the pre-contract physical examination required for acceptance in the particular program applied for and during the pre-appointment physical examination required prior to appointment or superseding appointment. Enlisted personnel also must be tested within 24 months prior to acceptance into the officer training program for which applying. Applicants who are ineligible for appointment due to HIV or untreated chronic HBV or HCV infection shall be processed as follows:

a. Individuals in Officer Candidate School, Officer Development School, Platoon Leader Class, Aviation Reserve Officer Candidate School and Naval Academy Preparatory School as their initial entry training shall be separated, discharged, or disenrolled as appropriate. Enlisted Service members who are candidates in these programs shall not be immediately disenrolled from the program. Regular component enlisted and reserve component enlisted on active duty, or who entered the program from active duty shall be retained on a case-by-case basis. If not retained in the officer program, a candidate who was on extended active duty prior to entry into candidate status and who is HIV positive or who has untreated chronic HBV or HCV infection shall be retained in enlisted status unless the individual is separated for disability under references (d) and (g). In either case, if the sole basis for discharge is HIV seropositivity, or chronic HBV or HCV infection, an honorable or entry-level separation, as appropriate, shall be issued.

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b. Individuals in NROTC or other programs leading to commissioning shall be disenrolled from the program at the end of the academic term, i.e., semester, quarter, or similar period, in which serologic evidence of HIV infection is detected, or in which the diagnosis of chronic HBV or HCV infection is made. Individuals with a diagnosis of chronic HCV who intend to pursue treatment may alternately be placed in a Medical Leave of Absence status while pursuing treatment. These individuals will be removed from MLOA status if cure of HCV infection is documented, or disenrolled from the program in the setting of treatment failure or non-compliance. Requests for waiver of reimbursement for educational costs expended or of obligation for enlisted active service shall be forwarded to the Secretary of the Navy (SECNAV) for final decision per Department of Defense guidance.

c. USNA midshipmen shall be processed for separation from the USNA and discharged when confirmed HIV positive, or when diagnosed with chronic HBV infection, or in the setting of chronic HCV infection which has failed to achieve cure with appropriate treatment SECNAV may elect to delay separation to the end of the current academic year. A midshipman who is otherwise qualified and granted such a delay in the final academic year may be graduated without commission and thereafter discharged. An honorable discharge shall be issued if the sole basis for discharge is HIV seropositivity or chronic HBV or HCV infection. Recoupment of educational expenses shall be processed per existing statutory requirements and Navy personnel policies.

d. Commissioned officers in professional education programs leading to appointment in a military professional specialty (including, but not limited to medical, dental, chaplain, and legal and/or judge advocate) shall not be disenrolled from the program at the end of the academic term in which HIV positive status is identified, or in which diagnosed with chronic HBV or HCV infection. Regular officers and reserve officers on active duty, or who entered the program from active duty shall be retained on a case-by-case basis in a designator or military occupational specialty determined by the Chief Naval of Operations or the Commandant of the Marine Corps, as appropriate. Reserve officers on inactive duty who are commissioned for the purpose of participation in such programs shall be discharged. Except as specifically prohibited by

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statute, any additional service obligation incurred by participation in such program shall be waived, and financial assistance received in these programs shall not be subject to recoupment. Periods spent in these programs shall be applied fully towards satisfaction of any pre-existing service obligation.

e. New accessions who are confirmed positive for HIV infection, or who demonstrate serologic evidence of untreated chronic HBV or HCV infection shall not be sent for further medical evaluation. They shall be informed of the test results and counseled on the relationship between the blood tests and the ramifications of their medical condition. They shall be provided medical, psychological, and spiritual support while awaiting separation.

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TESTING PROCEDURES

1. HIV Testing Procedures

a. Testing of military personnel for Human Immunodeficiency Virus (HIV) infection shall include a Food and Drug Administration (FDA) approved screening test such as an enzyme immunoassay (EIA) and an FDA approved confirmatory test, e.g. immunoelectrophoresis, or a rapid qualitative immunoassay such as Geenius™ HIV-1/HIV-2 differentiation. If indicated, Department of Defense (DoD)-approved supplemental tests, e.g. nucleic acid assays or qualitative molecular assays, may be used to establish the diagnosis of HIV infection. All personnel with either serologic evidence of HIV infection or positive virus identification shall be considered to have HIV infection, and shall be classified under nationally accepted standard HIV clinical protocols and guidelines.

b. Delays in obtaining results of confirmatory tests shall be minimized to reduce uncertainty and apprehension of members awaiting the outcome.

c. Military personnel not in a confined status shall not be segregated based on screening or confirmatory tests.

d. An identifiable serum sample of each laboratory specimen drawn for all HIV naval screening shall be forwarded to the Armed Forces Serum Repository per references (c) and (f).

2. HBV and HCV testing procedures

a. Hepatitis B Virus (HBV): shall include an FDA approved screening test, such as EIA, for evidence of immunity or chronic infection. If indicated, DoD-approved supplemental tests may be used to establish the diagnosis of HBV infection.

b. Hepatitis C Virus (HCV): shall include an FDA approved screening test, such as EIA, and a confirmatory test, e.g. qualitative or quantitative molecular assay. If indicated, DoD-approved supplemental tests may be used to establish the diagnosis of HCV infection.

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3. AC Testing

a. Active Component (AC) personnel shall be screened every 24 months for serologic evidence of HIV. AC personnel born between 1945 and 1965 are to receive a onetime blood test for HCV per the Centers for Disease Control and Prevention (August 17, 2012) Recommendation for the Identification of Chronic Hepatitis C. Individuals who test positive for HIV, chronic HCV or otherwise diagnosed with chronic HBV infection shall be tracked through the Navy Bloodborne Infection Management Center (NBIMC) and by Navy Personnel Command (USN) or Headquarter Marine Corps (Manpower & Reserve Affairs) (USMC).

b. AC members issued Permanent Change of Station (PCS) orders to a continental United States based, deployable command are required to be tested for HIV within above timelines prior to transfer, with results documented in the health record per reference (k).

c. AC members issued PCS orders to an overseas duty station are required to have HIV tests completed and negative results documented in the health record within 12 months prior to transfer.

d. Department of the Navy health care providers may be screened more often when prescribed by the Surgeon General of the Navy.

e. All military personnel diagnosed with a Sexually Transmitted Infection (STI) shall be tested for HIV. Testing for HBV and HCV shall be performed if clinically indicated. Additionally, all military personnel who enter drug or alcohol treatment or rehabilitation shall be tested. All military personnel presenting for prenatal care shall be tested. Upon request, voluntary testing shall be provided to beneficiaries presenting for treatment or evaluation of STI, alcohol, drug, or prenatal care.

f. All HIV, HBV, and HCV test results must be documented in the member's health record per reference (k).

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INITIAL EVALUATION OF HUMAN IMMUNODEFICIENCY VIRUS, HEPATITIS B VIRUS, AND HEPATITIS C VIRUS POSITIVE PERSONNEL

1. All Active Component (AC) personnel who initially test positive for HIV infection shall be medically evaluated at a designated HIV Evaluation and Treatment Unit (HETU) to determine the medical status of their infection. The HETUs are located at Walter Reed National Military Medical Center Bethesda, Naval Medical Center Portsmouth, and Naval Medical Center San Diego. All AC personnel who are initially diagnosed with chronic HBV or HCV infection may be evaluated at a local Naval Medical Treatment Facility (MTF) with in-house (military) expertise (Gastroenterology or Infectious Disease sub-specialists). Results of that initial and subsequent evaluation shall be forwarded to Navy Bloodborne Infection Management Center (NBIMC) for tracking. Any treatment of Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or Hepatitis C Virus (HCV) shall follow the appropriate clinical guidelines for that condition. The clinical evaluation shall be documented via a narrative summary and placed in the member's health record.
2. Personnel assigned to other than Type 1 shore duty who are found to have HIV, or chronic HBV or HCV infection shall be directed to transfer via Permanent Change of Station orders to a shore command near a HETU having cognizance for testing, education, and evaluation of the Service member's potential for further service.
3. The Navy MTF and/or Military Training Center (MTC) shall maintain positive control of the Sailor or Marine while awaiting reassignment ashore. This includes tracking the member's status from initial contact with the detailee through eventual transfer.
4. The responsible MTF should contact Naval Personnel Command (PERS-454) or HQMC (M&RA) if orders are not received within 14 days of contacting the detailee.
5. Because of the confidentiality associated with the HIV, HBV, or HCV positive designation, the MTF must closely guard the information exchanged with the servicing personnel support detachment as to the reason for the member's retention in the transient pipeline.

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6. The MTF and/or MTC shall ensure all actions required for transfer of the member are completed in an expeditious manner once orders are received.

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ACTIVE COMPONENT RETENTION AND ASSIGNMENT

1. Human Immunodeficiency Virus (HIV) or chronic Hepatitis B Virus (HBV) or Hepatitis C Virus (HCV) infected military personnel retained on Active Component shall be assigned to a location that has the ability to provide appropriate medical care. Specific assignment policy is found in reference (1).
2. Commanding officers shall ensure bloodborne pathogen infected military personnel sign and comply with orders to follow preventive medicine requirements at each duty location (See enclosure (13)).
3. Military personnel who do not demonstrate any evidence of unfitting conditions, e.g. immunologic deficiency, neurologic deficiency, progressive clinical or laboratory abnormalities, or have no evidence of an AIDS-defining condition, shall be retained in the Service unless some other reason for separation exists. On a case-by-case basis in consultation with the treating HIV Evaluation and Treatment Unit , Navy Bloodborne Infection Management Center (NBIMC), and Navy Personnel Command (NAVPERSCOM) or HQMC (M&RA) (if dealing with Marines), certain personnel who are considered to have controlled HIV disease as manifested by a reconstituted immune system; no viremia; an established history of medical compliance (not less than 1 year since initial diagnosis); and a history of professional attitude, may be considered for OCONUS or large ship platform tours. This policy is based on the following considerations:
 - a. There is no demonstrated risk of transmission of disease in normal daily activities.
 - b. An investment in training of these members has been made.
 - c. The previous policy of denying deployments has made this subset of personnel less competitive in achieving career milestones or warrior qualifications. HIV or chronic HBV or HCV infected military personnel shall not be considered for overseas Individual Augmentee (IA) tours given the austere environments where they potentially could be placed.

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4. HIV or chronic HBV or HCV antibody positive status shall not be used to deny reenlistment to members on continuous active duty.

5. The Chief of Naval Operations and Commandant of the Marine Corps may establish further limitations on assignment of such personnel to operational units or specific duties when deemed necessary to protect the health and safety of personnel with bloodborne pathogens and of other military personnel (and for no other reason).

6. Military personnel who have chronic HBV or HCV infection shall be offered treatment when medically appropriate or warranted. Members under treatment for HBV or HCV shall be placed in temporary limited duty status for the duration of treatment as per references (k) and (l).

7. Military personnel with untreated chronic HBV or HCV infection are not eligible for assignment to deployable units, overseas units or IA assignment. Members diagnosed with chronic HBV or HCV shall be evaluated and offered treatment if indicated. Members who have received treatment for chronic HBV or HCV infection, and who are found by the evaluating Medical Treatment Facility to be cured, shall have no limitations on subsequent assignments.

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ACTIVE COMPONENT SEPARATION

1. Referral into Integrated Disability Evaluation System shall be in compliance with references (d) and (g).
2. Military personnel retained on active duty under this policy, but who are found not to have complied with the directives given during preventive medicine procedures, are subject to appropriate administrative and disciplinary actions including separation. Members who repeatedly fail to keep scheduled medical appointments shall be reported to Naval Personnel Command or U.S. Marine Corps Headquarters (Manpower & Reserve Affairs), who may direct the member's command to initiate administrative separation proceedings.
3. Separation for cause or for reasons based upon evidence other than Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or Hepatitis C Virus (HCV) antibody positive status is unaffected by this instruction. Accordingly, the mere presence of antibodies to HIV, or the presence of HIV genetic material (HIV Ribonucleic Acid (RNA)) in and of itself shall not be used as a basis for disciplinary action against the individual under the Uniform Code of Military Justice (UCMJ) or a State code, or for adverse characterization of service. A Service member's positive HIV antibody status or the presence of HIV RNA may be used to prove an element of a punitive article of the UCMJ or a criminal provision of a State or the United States.

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RESERVE COMPONENT POLICY

1. Reserve personnel in the following categories shall be screened every 24 months for serologic evidence of Human Immunodeficiency Virus (HIV), one time for Hepatitis C Virus (HCV) for members born between 1945 and 1965, and otherwise for HIV, Hepatitis B Virus (HBV), and HCV as clinically indicated. Reservists with HBV who clear infection and have documented immunity (reactive surface antibody) are exempt from further testing unless clinically indicated. The list includes but may not be limited to Reserve health care providers who may be screened more often if prescribed by the Surgeon General of the Navy.

a. Reserve personnel receiving orders to active duty for 30 days or more.

b. Selected Reserve (SELRES) personnel subject to deployment on short notice to areas of the world with high risk of endemic disease or with minimal existing medical capability.

c. SELRES personnel serving in units subject to deployment overseas.

d. SELRES health care providers as appropriate.

2. Reserve members with serologic evidence of HIV infection or chronic untreated HBV and/or HCV infection are not eligible for extended active duty for a period of more than 30 days except under the conditions of mobilization and on the decision of Secretary of the Navy.

3. Testing shall occur during routine physical health assessment or medical evaluation for affiliation with, or retention in the Navy and Marine Reserves if a test has not been performed under the parameters as specified above. Reserve units are not authorized to utilize HIV, HBV, or HCV test results obtained from civilian blood collection agencies, e.g., American Red Cross. Test results obtained from civilian blood collection agencies are not subject to Department of Defense (DoD) quality control standards, and therefore do not meet DoD test requirements. Reserve units shall not contact any civilian blood collection agency requesting HIV, HBV, or HCV results for reservists who have donated blood.

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4. Members of the Reserve Component (RC) not on extended active duty of more than 30 days who are HIV antibody positive, and who can be assigned to mobilization billets in the United States which do not require immediate deployment, and do not require availability for reassignment overseas or to deployable billets shall be retained in the Ready Reserve and must have an annual Medical Retention Review (MRR) and Physical Risk Classification assignment completed. All HIV antibody positive reservists for whom such mobilization billets assignments cannot be made shall be transferred involuntarily to the Standby Reserve Inactive. Reserve members who are not on extended active duty and who show serologic evidence of HIV infection shall be transferred involuntarily to the Standby Reserve only if they cannot be utilized in the SELRES.

5. Reserve members who are diagnosed with chronic HBV or HCV shall be referred for an MRR if treatment is not indicated, or if the member's treatment does not result in a cure.

6. HIV antibody positive Reserve members not on extended active duty are ineligible for medical evaluation in Medical Treatment Facilities.

7. Reserve members applying for extended active duty for a period over 30 days or active duty for training over 30 days in any capacity must have a current negative HIV, a HBV test if clinically indicated, and a HCV test if born between 1945 and 1965. When current test results are not available and cannot be obtained prior to the required active duty, the Reserve member may be ordered to active duty and the required testing performed on blood drawn within the first 10 days of active duty. If the test is positive for chronic HBV, chronic HCV, or HIV, the active duty shall be terminated and the member shall revert to inactive status and be placed Temporarily Not Physically Qualified (TNPQ) and referred for a MRR. In addition, reserve personnel performing official duty OCONUS for any period must have a negative HIV test and, if clinically indicated, a negative HBV and HCV test, documented in the health record within 12 months prior to departure date.

8. Reserve members who are found HIV antibody positive shall be counseled by a licensed medical provider regarding the significance of a positive HIV antibody test. The Navy Operational Support Center (NOSC) shall ensure this counseling

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is complete, and ensure the member's state is notified per that particular state's communicable disease reporting requirements. These members shall be referred to their private physician for medical care and counseling, and the documentation of the counseling and private medical evaluation must be included in the member's medical record using the SF 600 Chronological Record of Medical Care, SF 601 Health Record Immunization Record, and SF 603 Medical Record Dental Continuation, and other pertinent civilian records. After initial counseling, the member shall be placed TNPQ while a MRR package, including civilian medical records, is assembled.

9. HIV antibody positive reservists who desire to continue affiliation with the Ready Reserve and for whom a billet is available for duty in the United States must obtain an evaluation from their civilian physician conforming to the protocol prescribed by the DoD for HIV evaluation and comply with annual MRR requirements. Reserve personnel presenting documented evidence from their civilian physician showing no evidence of unfitting conditions of immunologic deficiency, neurologic deficiency, progressive clinical or laboratory abnormalities associated with HIV, or the presence of an AIDS-defining condition as determined by military health care providers may be retained in the Ready Reserve. If evaluation results are not provided within 2 months of notification of being HIV antibody positive, the HIV antibody positive Reserve member shall be transferred to the Standby Reserve Inactive or processed for separation depending on the needs of the DON.

10. HIV antibody positive status shall not be used to deny continuous reenlistment of reservists in an active status. Continuous reenlistment may not be denied or delayed while awaiting test results.

11. Reserve members may apply for separation by reason of HIV antibody positive status within 90 days of their initial formal counseling by representatives of the DON. The 90-day period begins the day the reservist is formally counseled per current service regulations. Reserve members requesting separation after the 90-day period has expired shall be considered on a case-by-case basis. The Chief Naval Office (CNO) and Commandant of the Marine Corps (CMC) may approve such requests based on manpower requirements and the needs of the Service. Members who

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elect separation will not be allowed to re-enter into the Service at any future date.

a. The CNO and CMC will deny this request if the RC member has any remaining statutory service obligation.

b. Any request for separation must document the lack of pressure or coercion to separate, implied or otherwise, by the command involved.

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MEDICAL AND EPIDEMIOLOGICAL FACTORS

1. The frequency of clinical evaluations for Human Immunodeficiency Virus (HIV) infected or chronically infected Hepatitis B Virus (HBV) and/or Hepatitis C Virus (HCV) military personnel shall be determined by the member's health status and by nationally accepted guidelines. The initial HIV evaluation shall be performed at one of the HIV Evaluation and Treatment Units (HETUs) or at a comparable sister Service large Medical Treatment Facility (MTF), e.g., Brooke Army Medical Center Infectious Diseases Clinic in San Antonio, TX. On a case-by-case basis with concurrence by NBIMC, follow-up HIV evaluations may be performed at smaller naval or sister Service MTFs with the results of those appointments being reported to the cognizant HETU and Navy Bloodborne Infection Management Center (NBIMC) for tracking purposes. The HBV and/or HCV evaluations may be conducted at a location other than a HETU, provided the evaluation meets appropriate Centers for Disease Control and Prevention guidelines and the results of that appointment shall be reported to NBIMC for tracking purposes. Service members with chronic HBV or HCV infection shall be evaluated no less frequently than annually and more often as clinically indicated.

2. Epidemiological Assessment. The initial and on-going medical evaluations of each HIV antibody positive individual or chronic HBV and/or HCV infected individual shall include an epidemiological assessment of the potential for transmission of these conditions to close personal contacts and family members. This information is vital to determine appropriate preventive medicine counseling. Service members have an obligation to report this information accurately so that appropriate preventive medicine measures can be initiated.

a. Upon notification that an individual is positive for HIV, or has HBV or HCV infection, the cognizant medical staff shall undertake preventive medical action including required state communicable disease reporting, counseling of the individual and counseling others at risk of infection, such as sexual contacts who are military health care beneficiaries. Such preventive action and counseling shall include information on transmission of the virus, coordination with military and civilian blood bank organizations to trace possible exposure through blood transfusion or donation of infected blood. Referral of appropriate case-contact information shall be made

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to the cognizant military and state and/or civilian health authority (as applicable in that particular state). Any information linking individuals to their disease status is not to be released to civilian agencies or to military activities without a demonstrated need to know.

b. The assessment shall attempt to determine previous contacts of the HIV positive individual, or the contacts of those with HBV and/or HCV infection. The individuals shall be informed of the importance of case-contact notification to interrupt disease transmission and shall be informed that contacts shall be advised of their potential exposure to these viral illnesses. Individuals at risk of infection include sexual contacts (male and female); children born to infected mothers; recipients of blood or blood products, organs, tissue, or sperm; and users of contaminated intravenous drug paraphernalia. Those individuals determined to be at-risk who are identified and who are eligible for health care in the military medical system shall be notified. Active Component (AC) military members identified to be at risk shall be counseled and tested for HIV, HBV, and/or HCV infection. Other beneficiaries identified to be at risk, such as retirees and family members, shall be informed of their risk and offered serologic testing, clinical evaluation, and counseling. The contact information for individuals potentially at risk who are not eligible for military health care shall be provided to local civilian health authorities unless prohibited by the appropriate State or host nation civilian health authority. Anonymity of HIV, HBV, and/or HCV individuals shall be maintained unless reporting is required as per reference (h).

c. The Navy HETUS will report recent (last 12 months) HIV behavioral risk data and non-Personally Identifiable Information demographics for each active duty Department of the Navy (DON) patient newly diagnosed with HIV to the Navy and Marine Corps Public Health Center (NMCPHC). NMCPHC will establish and maintain the data reporting process. NMCPHC will conduct on-going analysis of behavioral risk information and outbreak clusters to inform HIV prevention efforts and to engage MTFs in outbreak investigations.

3. Database of HIV, HBV, and HCV infection. Navy Bureau of Medicine and Surgery (BUMED) shall establish and maintain a central database of DON military personnel that have serologic

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evidence of infection to HBV, HCV, and HIV. Based on the guidance in reference (b), including data required by reference (c), database information and information derived from it, including any information linking individuals to HBV, HCV, or HIV viruses, but excluding statistical data not linked to identifiable individuals, are not to be released to civilian agencies or to military activities without a highly demonstrated need to know. Within these limitations, information may be disclosed only as follows:

a. To medical and command personnel to the extent necessary to perform required duties.

b. To civilian health authorities but only in response to a valid request. All such requests shall be referred to the NBIMC. BUMED shall determine whether the civilian requirement to report HIV antibody positive status is a valid formal request for such reporting from a civilian health authority.

c. To activities outside of Department of Defense upon request, limited to aggregated testing data. All requests for such data shall be referred to the Chief of Naval Operations or Commandant of the Marine Corps as appropriate.

d. To authorized personnel for the purpose of conducting scientific research, epidemiological assessment, management audits, financial audits, or program evaluation. Personnel receiving information from the database shall not identify, directly or indirectly, any individual Service member in any report of such research, assessment, audit or evaluation, or otherwise disclose Service member identities in any manner.

e. In response to an order of the judge of a court of competent jurisdiction.

f. BUMED will provide an annual report of HBV, HCV, and HIV testing results for the AC and the Reserve Component including trend analysis and evaluations of the reported information to the Chief of Naval Operations, Commandant of the Marine Corps, and Assistant Secretary of the Navy (Manpower & Reserve Affairs) within 30 days of the end of each calendar year.

4. Safety of the Blood Supply:

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a. Armed Services Blood Program (ASBP) policies, Food and Drugs Administration guidelines, and accreditation requirements of the American Association of Blood Banks shall be followed in the DON blood program and by civilian blood agencies collecting blood on naval installations. In the event that units of blood are not screened for infectious agents prior to transfusing (contingency or battlefield situations), the ASBP, in coordination with the military department and unified or specified commands, shall provide guidance to operational units.

b. Individuals found to be HIV antibody positive or with chronic HBV or HCV infection shall be designated ineligible to donate blood or to be used as a source of emergency transfusions. Such military personnel shall be designated as blood-donor-ineligible in their health record.

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INFORMATION PROGRAMS

1. The Chief of Naval Operations and the Commandant of the Marine Corps (CMC) shall conduct an ongoing information, education, and motivation program on the prevention of Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV) infection.

2. The Chief of Naval Personnel and the CMC (Drug, Alcohol and Health Affairs) shall carry out all education and motivation programs on the prevention of HBV, HCV, and HIV infections with specific attention being directed to the following groups: commanders and supervisors; drug and alcohol counselors; emergency personnel, i.e., police, fire, security, etc.; recruits at points of entry into the Services; drug and alcohol orientation and service treatment programs; chaplains; parent and family and youth support programs; Reserve Officers Training Corps and the United States Naval Academy; and family and community service centers to include child care providers.

3. The Navy Bureau of Medicine and Surgery shall provide information, education, and motivation programs to all the Department of the Navy healthcare personnel, infected personnel, and those whose behaviors put them and others at high risk of infection. The following groups shall receive particular emphasis: personnel infected or at increased risk (including family members); patients treated for STIs; personnel seen in drug and alcohol rehabilitation programs; personnel seen in prenatal clinics, clinical laboratories, blood banks, family planning clinics, and other appropriate groups or classes; occupational health program patients (particularly at-risk occupational groups); and health care beneficiaries overseas.

4. The Chief of Information, in conjunction with the Director of Marine Corps (Public Affairs), shall develop, implement, and review, on an annual basis, an internal information plan which provides information on the prevention of HBV, HCV, and HIV infections using print and broadcast media under their control or oversight.

5. Commanders shall provide HBV, HCV, and HIV prevention training in command health promotion programs per reference (c).

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Materials and resources are available from the Sexual Health and Responsibility Program at Navy and Marine Corps Public Health Center.

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CONFIDENTIALITY AND DISCLOSURE

1. There remains a level of misinformation and unwarranted apprehension about who is or who can be a source of Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), or Human Immunodeficiency Virus (HIV) infection. Allegations and suspicions based on test results can be disruptive to unit morale and unjustly harm professional standing and acceptance in military units. Inappropriate disclosure of a person's HBV, HCV, or HIV status may result in discrimination in future employment, health and life insurance, or school attendance, and may be disruptive to unit cohesion and professional standing of the affected individual.
2. Test results must be treated with the highest degree of confidentiality and released to no one without a demonstrated need to know.
3. All command and medical personnel with access to such information must ensure careful, limited distribution of that information to combat unfounded innuendo and speculation about the meaning of the information. Strict compliance with the provisions of references (b) and (k) are required.

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LIMITATIONS ON THE USES OF INFORMATION

1. Per reference (f), information obtained from a Service member during or as a result of an epidemiologic assessment interview, counseling, or medical treatment may not be used against the Service member in a court-martial, a non-judicial punishment hearing, an involuntary separation board (for other than medical reasons), an administrative or disciplinary reduction in grade, a denial of an advancement and/or promotion, an unfavorable entry in a personnel record, to bar a reenlistment, or for any other action considered by the Secretary of the Navy to be an adverse personnel action. The term "epidemiologic assessment interview" refers to that part of the medical assessment of a Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and/or Hepatitis C Virus (HCV) positive member during which the member is questioned and provides answers for the direct purpose of obtaining epidemiologic or statistical information regarding the occurrence, source, and potential spread of the infection. The epidemiologic assessment interview shall be conducted by the interviewing health care professional during the medical evaluation, and the information obtained shall be used to determine the possible mode of transmission and the status of potential infection.

2. Results obtained from laboratory tests performed under this instruction may not be used as the sole basis for separation of the Navy member, except for a separation based upon physical disability or as specifically authorized by this instruction. Laboratory tests confirming the evidence of HBV, HCV, or HIV infection may not be used as an independent basis for any disciplinary or adverse administrative action. However, such results may be used for other purposes including:

- a. In a separation for physical disability.
- b. In a separation under the accession testing program.
- c. In any other administrative separation action authorized by DoD policy.
- d. In any other manner consistent with law or regulation, e.g., the Military Rules of Evidence, including:

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(1) To establish the HBV, HCV, or HIV positive status of a member who disregards or disobeys the preventive medicine order and counseling in an administrative or disciplinary action based on such disregard or disobedience.

(2) To establish the HBV, HCV, or HIV positive status of a member as an element of any permissible administrative or disciplinary action, e.g., as element of proof of an offense charged under the Uniform Code of Military Justice.

(3) To establish the HBV, HCV, or HIV positive status of a member as a proper ancillary matter in an administrative or disciplinary action, e.g. a matter in aggravation in a court-martial in which the HBV, HCV, or HIV positive member is convicted of an act of rape committed after having been informed of HBV, HCV, or HIV positive status.

3. The limitations in paragraph (1), enclosure (11), pertaining to use of information obtained from a member by a healthcare professional during the epidemiologic assessment interview do not apply to the following:

a. The introduction of evidence for impeachment or rebuttal purposes in any proceeding in which the evidence of drug abuse or relevant sexual activity (or lack thereof) has been first introduced by the Service member.

b. Disciplinary or other action based on independently derived evidence.

c. Non-adverse personnel actions such as reassignment, disqualification (temporary or permanent) from a personnel reliability program, denial, suspension, or revocation of a security clearance, or suspension or termination of access to classified information.

d. Duties requiring a high degree of stability or alertness such as flight status, explosive ordinance disposal, or deep-sea diving.

e. Non-adverse personnel actions that are supported by evidence of HIV infection shall be accomplished under governing

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Navy regulations, considering all relevant factors, on a case-by-case basis.

4. If any personnel actions are taken because of, or are supported by, serologic evidence of chronic HBV, HCV, or HIV infection, care shall be taken to ensure that no unfavorable entry is placed in a personnel record in connection with the actions. Recording a personnel action, including disciplinary action, is not itself an unfavorable entry in a personnel record. Additionally, information that reflects that an individual has serologic or other evidence of HBV, HCV, or HIV infection is not an unfavorable entry in a personnel record.

5. The Chief Naval of Operations and Commandant of the Marine Corps may propose to the Assistant Secretary of the Navy (Manpower & Reserve Affairs), with supporting justification, any additional actions that should be considered to be adverse as defined in paragraph (1), enclosure (11).

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BLOODBORNE PATHOGENS COUNSELING STATEMENT

I, _____, acknowledge that I have been counseled by

_____, and understand the following:

1. That I have the antibodies to Human Immunodeficiency Virus (HIV), chronic Hepatitis B Virus (HBV), and/or chronic Hepatitis C Virus (HCV) indicating infection in my body. This means that my blood and bodily fluids (semen, vaginal fluids and breast milk) can transmit this virus to others. Therefore, prior to engaging in sexual activity or any activity in which my bodily fluids may be transmitted to another person:

a. I must verbally advise any prospective sexual partner that I am HIV, HBV, and/or HCV positive and that there is a risk of infection.

b. If my partner consents to sexual relations, I shall not engage in sexual activities without the use of a condom unless I am involved in a mutually monogamous relationship, I have discussed risk reduction with my doctor (including medications to control my infection and prophylactic medications for my partner), and I have discussed the risk with my mutually monogamous sexual partner and he/she accepts the risk.

c. I must also advise my potential sexual partner that the use of a condom or prophylactic medications does not guarantee that the virus will not be transmitted.

2. Failure to inform my partners of my condition and the associated risks shall make me liable for criminal prosecution under the Uniform Code Military Justice as well as State and Federal criminal statutes and may also subject me to civil law suits.

3. When I seek medical or dental care, I must inform the health care providers that I am HIV, HBV, and/or HCV positive before treatment is initiated. I shall not donate blood, sperm, body tissue, organ, or any other body fluids.

4. I should cooperate with military and civilian preventive medicine and public health officials in notifying other people

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with whom I have had intimate contact, and may be at risk of being infected with HIV, HBV, and/or HCV.

5. It is recommended that I take precautions to prevent the transmission of HIV, HBV, and/or HCV during a pregnancy, as HIV, HBV and/or HCV may be transmitted to the baby if the mother is infected.

6. That in the event of a potential sexual exposure (the condom breaks), I shall advise my partner to seek immediate medical attention and evaluation.

Member's Name(printed):_____

Member's Signature

Date

Provider's Signature and Stamp

Date

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ORDER TO FOLLOW PREVENTIVE MEDICINE REQUIREMENTS

1. Because of the necessity to safeguard the overall health, welfare, safety, and reputation of this command and to ensure unit readiness and the ability of the unit to accomplish its mission, certain behavior and unsafe health procedures must be proscribed for members who are diagnosed as positive for bloodborne pathogen infections (Human Immunodeficiency Virus (HIV), chronic Hepatitis B Virus (HBV), or chronic Hepatitis C Virus (HCV)).

2. As a military member who has been diagnosed as positive for HIV, chronic HBV or HCV infection, you are hereby ordered to:

a. Verbally inform sexual partners that you are HIV, HBV, and/or HCV positive prior to engaging in sexual relations. This order extends to sexual relations with other military members, military dependents, civilian employees of Department of Defense components or any other persons;

b. Use proper methods according to medical counseling to prevent the transfer of body fluids during sexual relations, including the use of condoms, providing an adequate barrier (e.g., latex);

c. In the event that you require emergency care, inform personnel responding to your emergency that you are HIV, HBV, and/or HCV positive as soon as you are physically able to do so;

d. When seeking medical care, you may wish to inform the provider that you have HIV, HBV, and/or HCV so that the provider can use that information to optimize your evaluation and treatment;

e. Not donate blood, tissues, sperm, or other organs.

3. Violating the terms of this order may result in adverse administrative action or punishment under the Uniform Code of Military Justice for violation of a lawful order.

Commander's Signature

Date

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ACKNOWLEDGEMENT

I have read and understand the terms of this order and acknowledge that I have a duty to obey this order. I understand that I must inform sexual partners, including other military members, military dependents, civilian employees of Department of Defense components, or any other persons, that I am Human Immunodeficiency Virus (HIV), chronic Hepatitis B Virus (HBV) and/or Hepatitis B Virus (HCV) positive prior to sexual relations; that I must use proper methods to prevent the transfer of body fluids while engaging in sexual relations, including the use of condoms providing an adequate barrier; that if I need emergency care I shall inform personnel responding to my emergency that I am HIV, Hep B and/or Hep C positive as soon as I am physically able to do so; that when I seek medical or dental care I may wish to inform the provider that I have HIV, chronic HBV and/or HCV in order to optimize my evaluation and treatment; and that I must not donate blood, sperm, tissues, or other organs. I understand that violations of this order may result in adverse administrative actions or punishment under the Uniform Code of Military Justice for violation of a lawful order.

Member's Signature

Date

Enclosure (14)

Perkowski Exhibit 24

(DAFI 36-2110)

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

**DEPARTMENT OF THE AIR FORCE
INSTRUCTION 36-2110**



15 NOVEMBER 2021

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Personnel

TOTAL FORCE ASSIGNMENTS

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This instruction implements Air Force Policy Directive (AFPD) 36-21, *Utilization and Classification of Military Personnel*, and DAFPD 36-26, *Total Force Development and Management*, for administering the provisions of Department of Defense Instruction (DoDI) 1205.18, *Full Time Support (FTS) to the Reserve Components*, DoDI 1315.09, *Utilization of Enlisted Aides (EAs) on Personal Staffs of General and Flag Officers (G/FOs)*. Additional underlying guidance can be found under references in **Attachment 1**. This instruction applies to all Department of the Air Force civilian employees and uniformed members of the Regular Air Force (RegAF), United States Space Force (USSF), Air Force Reserve (AFR), and Air National Guard (ANG). This instruction requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by Department of Defense Instruction (DoDI) 5400.11, *DoD Privacy and Civil Liberties Programs*, and Executive Order 9397 as amended (E.O. 13478). The applicable SORN F036 AF PC C, Military Personnel Records System is available at <https://dpcl.d.defense.gov/Privacy/SORNs/>.

Ensure all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction 33-322, *Records Management and Information Governance Program*, and are disposed in accordance with the Air Force Records Disposition Schedule, which is located in the Air Force Records Information Management System. This instruction has been developed in collaboration between the Deputy Chief of Staff for Manpower, Personnel and Services (AF/A1),

Office of the Chief of Space Operations, Deputy Chief of Space Operations for Human Capital (SF/S1), the Chief of the Air Force Reserve (AF/RE), and the Director of the Air National Guard (NGB/CF). Refer recommended changes and questions about this publication to the office of primary responsibility (OPR), using DAF Form 847, *Recommendation for Change of Publication*; route DAF Forms 847 from the field through the appropriate functional chain of command. This DAFI may be supplemented at any level; all Major Command (MAJCOM) or Field Command (FLDCOM)-level supplements must be approved by the Human Resource Management Strategic Board prior to certification and approval. The authorities to waive wing, unit, or delta level requirements in this publication are identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. See Department of the Air Force Manual (DAFMAN) 90-161, *Publishing Processes and Procedures*, Table A10.1, 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 requestor’s commander for non-tiered compliance items. 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 Department of the Air Force. This instruction has been reviewed by the Per Diem, Travel and Transportation Allowance Committee in accordance with DoDI 5154.31, Volume 5, *Commercial Travel Management: the Per Diem, Travel and Transportation Allowance Committee (PDTATAC)*, as PDTATAC Case RR19008. References to the United States Air Force (USAF) in this publication will apply to the Department of the Air Force, including the United States Space Force, when appropriate. References to USAF-specific terminology, units, and positions will also apply to the equivalent in the United States Space Force (USSF), as appropriate. For example, references to RegAF will also apply to USSF members. References to Airmen will also apply to Guardians. References to MAJCOMs or Numbered Air Forces (NAF) will also apply to field commands. References to wings will also apply to deltas. Air Staff roles and responsibilities (i.e. AF/A1) will also apply to the equivalent Office of the Chief of Space Operations (Space Staff) office (i.e., SF/S1), as appropriate. Any conflict between this instruction and the Joint Travel Regulation (JTR) is resolved based on the JTR, not this instruction. Compliance with the attachments is mandatory.

SUMMARY OF CHANGES

DAFI 36-2110, *Total Force Assignments*, has been revised. Significant revisions were made to the diverse slate requirement for Key Developmental Assignments. Additionally, diverse slate policy and reporting procedures for Non-statutory Boards are now codified in this instruction. **Attachments 18** and **Attachment 19** in this instruction should be reviewed completely. Moreover, updates to Air Force Reserve roles, responsibilities, and program guidance to include SNCO position management and sanctuary has been made. Other revisions to this instruction include updates to Assignment Availability Codes and Assignment Limitation Codes reducing the use of acronyms, limiting the scope of this publication to the Department of the Air Force guidance, and lowering compliance tiers where possible. A margin bar (|) indicates newly revised material.

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Chapter 1

OVERVIEW

1.1. Overview. This instruction contains the Total Force, authority, guidance, and procedures to select personnel and directs their temporary or permanent assignment or reassignment to satisfy national security requirements. It also contains authority for administration of sanctuary in the Air Reserve Component and authority for Enlisted Aide Specialty Duty Identifier management. This instruction contains five Parts. The first four Parts provide component-specific guidance and procedures (see [Table 1.1](#)). **Part 1** includes overall guidance and procedures that apply to more than one component of the Air Force. If a paragraph only applies to a specific component, the paragraph will identify the component, i.e., RegAF only, AFR only or ANG only. **Part 5** includes guidance and procedures on special programs: Administration of sanctuary in the Air Reserve Component and Enlisted Aide Special Duty Identifier (SDI) management.

Table 1.1. Component-Specific Guidance and Procedures.

Part/Chapters	Area of Responsibility
Part 1, Chapters 2 - 4	General Guidance and Procedures (Applies to more than one or all components [RegAF, AFR, and ANG])
Part 2, Chapters 5 - 8	RegAF and Extended Active Duty (EAD)
Part 3, Chapters 9 - 12	AFR
Part 4, Chapters 13 - 16	ANG

1.2. Assignment Authority. The DoD allocates funds, delegates authority and directs policies for temporary duty (TDY) assignment and permanent change of station (PCS) assignment of RegAF, AFR, and ANG military personnel. The Air Force will assign Airmen with the necessary skills to valid manpower requirements in order to meet Air Force mission objectives. PCS may also be ordered to ensure equitable treatment of Airmen. This instruction must be cited as the assignment authority only for operational (including rotational), training (including formal education and professional military education), and force structure assignments. **(T-1)**. PCS assignment authority cannot be further delegated.

PART 1 GENERAL POLICIES AND PROCEDURES (APPLIES TO MORE THAN ONE OR ALL COMPONENTS [REGAF, AFR, AND ANG])

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. Roles and Responsibilities. This chapter describes the overall roles and responsibilities of assignment actions for the Total Force. Additional roles and responsibilities unique to the component and the assignment programs may be included and listed within the respective sections throughout this publication.

2.2. Air Force (RegAF).

2.2.1. Assistant Secretary of the Air Force for Manpower and Reserve Affairs (SAF/MR) will serve as an agent of the Secretary and provide guidance, direction and oversight for all matters pertaining to the formulation, review and execution of plans, policies, and budgets addressing assignments.

2.2.2. Deputy Chief of Staff for Manpower, Personnel and Services (AF/A1) will serve as functional authority and is responsible for policy oversight and advisory services related to the Air Force assignment program.

2.2.3. Chief of Military Force Policy Division (AF/A1PP) will provide functional management of the Air Force assignment program and:

2.2.3.1. Develop, coordinate and enforce Air Force assignment policy.

2.2.3.2. Issue departmental level program guidance to implement Air Force assignment policy.

2.2.4. Headquarters Air Force Personnel Center, Director, Personnel Programs (AFPC/DP3) and Director, Personnel Operations (AFPC/DP2) will manage the Air Force assignment program by establishing eligibility criteria, and processing requirements. This includes establishing qualitative standards and guidelines for program implementation and evaluating the quality of assignment decisions. In addition AFPC/DP3 will:

2.2.4.1. Interpret and enforce Department of the Air Force policy.

2.2.4.2. Provide guidance and implementation instructions to the Military Personnel Flight (MPF).

2.2.4.3. Provide operational oversight for standardization and evaluation of the Air Force assignment program.

2.2.4.4. Review/approve/disapprove exception to policy and waivers for assignment requests.

2.2.4.5. Act as required on behalf of the AFPC Commander (AFPC/CC), when delegated.

2.2.4.6. Serve as Designated Assignment Authority and OPR for Assignment Actions (see [Table 2.1](#)).

2.3. Air Force Reserve (AFR).

2.3.1. Director of Personnel, Office of Air Force Reserve (AF/REP) will serve as the functional authority and is responsible for policy oversight and advisory services related to the AFR assignment program and:

2.3.1.1. Develop, coordinate, and enforce assignment policies.

2.3.1.2. Issue program guidance to implement AFR assignment policy.

2.3.1.3. Serve as decision authority for all AFR assignment requests that are not addressed within this instruction.

2.3.2. Headquarters Air Force Reserve Command (AFRC), Chief, Military Personnel Division (A1K) is the OPR for Assignment of Personnel Assigned to AFR and will:

2.3.2.1. Interpret AF/A1 policy as it relates to AFR personnel.

2.3.2.2. Provide guidance and implementation instructions to the MPF for unit program.

2.3.2.3. Provide operational oversight for standardization and evaluation of the AFR assignment program.

2.3.2.4. Coordinate with Air Reserve Personnel Center (ARPC) on Active Guard and Reserve (AGR) career management matters and with Headquarters (HQ), Individual Reservist (IR) Readiness and Integration Organization (RIO) on IR matters.

2.3.3. Air Reserve Personnel Center (ARPC) will:

2.3.3.1. Be responsible for the AGR program, IR program and maintaining the Individual Ready Reserve (IRR).

2.3.3.2. Review and forward requests for assignment that are not addressed within this instruction to the appropriate approval authority for consideration.

2.3.4. Headquarters Individual Reservists Readiness and Integration Organization (HQ RIO) (IR only).

2.3.4.1. RIO and subordinate detachments will provide oversight and assistance to component commanders for retention and career counseling.

2.3.4.2. Commander will:

2.3.4.2.1. Administer the assignment program for IRs, which is inclusive of the Individual Mobilization Augmentees (IMAs) and Participating Individual Ready Reservists. (T-2).

2.3.4.2.2. Be responsible for personnel, manpower, and programming issues relating to assigned IRs. (T-2).

2.3.4.2.3. Review and forward requests for assignment that are not addressed within this instruction to the appropriate approval authority for consideration.

2.4. National Guard Bureau (NGB).

2.4.1. Director, Manpower, Personnel, Recruiting, and Services (NGB/A1) will:

2.4.1.1. Have overall responsibility for providing ANG policy and guidance.

2.4.1.2. Serve as approval authority for ANG assignment waivers and exceptions not authorized in this instruction.

2.4.1.3. Be responsible for monitoring and managing overall ANG assignment statistics and data.

2.4.2. Director, Human Resources (NGB/HR) will maintain overall responsibility for policy oversight and management of the ANG Statutory Tour Program in accordance with Air National Guard Instruction (ANGI) 36-6, *The Air National Guard Statutory Tour Program Policies and Procedures*.

2.4.3. The Adjutant General (TAG) or CG will be responsible for implementing, monitoring, and enforcing the policies and procedures within their state or territory as outlined in this instruction, and NGB Guidance Messages, as applicable.

2.4.4. The State Human Resources Office will be responsible for monitoring the assignment of AGR members and military technicians.

2.4.5. Military Personnel Management Officer will:

2.4.5.1. Ensure compliance with this directive across all ANG wings within their state/territory. **(T-2)**.

2.4.5.2. Review and forward requests for assignment that are not addressed within this instruction to the appropriate approval authority for consideration. **(T-2)**.

2.4.5.3. Coordinate policy guidance and issue resolution as a liaison between NGB/A1 and wing Force Support Squadron (FSS). Advise wing program managers on issues affecting assignment. **(T-2)**.

2.4.5.4. Process assignment appeal cases requiring TAG consideration. **(T-2)**.

2.4.5.5. Maintain oversight of ANG Wing Assignment Programs. **(T-2)**.

2.4.5.6. Be responsible for coordinating the assignment of members returned to state control upon completion of the ANG Statutory Tour Program.

2.4.5.7. Monitor assignments of officers and enlisted personnel, master sergeants and above.

2.5. Installation/Wing/Group/Unit Commanders. Commanders will:

2.5.1. **(RegAF Only)** Develop an assignment program with the MPF to ensure organizations are staffed to authorized positions based on world-wide averages as established by the Air Force Personnel Center (AFPC) and unit members are briefed on career impacting assignment issues. **(T-2)**.

2.5.2. **(RegAF Only)** Initiate (as required), review and coordinate on all requests for action and recommend approval/disapproval of assignment program actions.

2.5.2.1. Ensure requests that are not addressed within this instruction are thoroughly reviewed and considered, and in the best interest of the Department of the Air Force.

2.5.2.2. Forward their approved requests to MPF for processing and tracking. **(T-1)**.

2.5.3. **(ANG Only)** A viable personnel force management plan must be in place to meet the best interest of the ANG. **(T-3)**.

2.5.4. **(Added-AFR Only)** Manage assigned Reserve personnel in accordance with the full-time and part time support programs assignment programs IAW DAFMAN 36-2114, *Management of the Air Force Reserve Individual Reserve (IR) and Full-Time Support (FTS) Programs*, and DAFMAN 36-2032, *Military Recruiting and Accessions*.

2.5.4.1. **(Added)** All AFR personnel are accessed to fill a valid AFR vacancy or as an overgrade in accordance with the unit's approved manning plan. Thus, initial assignment actions occur at the point of accession. See DAFMAN 36-2032 and AFI 36-2008, *Voluntary Limited Period of Active Duty (VLPAD) for Air Reserve Component (ARC) Service Members and the Career Intermission Program*, for additional guidance on accessing members into the AFR.

2.5.4.2. **(Added)** In collaboration with ARPC/DPA, initiate, coordinate, and approve requests for initial and reassignment of Active Guard Reserve, Traditional Reserve, and when appropriate, Air Reserve Technicians.

2.5.4.3. **(Added)** In collaboration with HQ RIO detachments and unit reserve coordinators, initiate, coordinate, and approve requests for initial and reassignment of Individual Mobilization Augmentees.

2.6. The Force Support Squadron (FSS)/Military Personnel Flight (MPF). The FSS and MPF will:

2.6.1. Provide unit commanders with guidance and assistance in developing force management plans, ensuring all assignment actions comply with this instruction, and updating all assignment actions in the Personnel Data System (PDS) in a timely manner.

2.6.2. Act as principal advisor to commanders and Airmen on all assignment issues. **(T-3).**

2.6.3. Provide a structured assignments management program in compliance with this chapter. **(T-1).**

2.6.4. Coordinate assignment issues with applicable base agencies as situation warrants. **(T-1).**

2.6.5. Review and forward approved requests for assignment that are not addressed within this instruction to AFPC Assignment (RegAF), ARPC (AFR) or the state Military Personnel Management Office (ANG), as appropriate. **(T-1).**

2.6.6. Implement all applicable Personnel Services Delivery Memorandums relating to implementation and MPF management/responsibilities on various assignment programs. **(T-1).** See current execution guidance in the My Personnel Services (MyPers) website.

2.6.7. **(Air Reserve Component (ARC) only)** Oversee the wing assignment program. Provide reports to wing leadership (AFR) and state headquarters (ANG) as required. **(T-3).**

2.6.8. **(ANG only)** Operate assignment programs within NGB-directed guidelines. **(T-2).**

2.7. Other Assignment Authority.

2.7.1. **(RegAF)** The General Officer Management Office (AF/A1LG) manages assignments of all RegAF general officers, including O-7 selects.

2.7.2. **(AFR only)** In collaboration with HQ ARPC/DPA and HQ RIO, the DAF, Air Force Reserve Senior Leader Management Directorate (AF/REG) manages assignments of all AFR general officers, colonels, and chief master sergeants.

2.7.3. **(ANG)** The NGB, Senior Management Office (NGB-SL) manages assignments of all ANG general officers.

2.7.4. **(RegAF)** The Colonel Management Office (AF/A1LO) manages assignments of all RegAF colonels, including colonel selects, of any competitive category assignment, except judge advocates (see [paragraph 2.7.6](#)).

2.7.5. **(RegAF)** The Chief Master Sergeant Management Office (AF/A1LE) manages assignments for all RegAF E-9s, including E-9 selects.

2.7.6. **(RegAF)** The Office of the Judge Advocate General, Professional Development Directorate (AF/JAX) manages judge advocate assignments.

2.7.7. **(ARC only)** The Office of TJAG, Total Force Advisor to TJAG manages judge advocate assignments.

2.7.8. **(Added-AFR)** The Deputy Undersecretary of the Air Force for International Affairs, International Airman and Guardians Division (SAF/IAPA) manages foreign area officer (FAO) and political-military affairs strategist assignments.

Table 2.1. (RegAF only) Designated Assignment Authority and Office of Primary Responsibility (OPR) for Assignment Actions.

Line	Office and Area of Responsibility
Section A. Designated Assignment Authority	
1	General Officer Management Office (AF/A1LG) General officers, including selectees (except Judge Advocates) (see note 1)
2	Colonel Management Office (AF/A1LO) Colonels, including selectees (except Judge Advocates) (see note 1)
3	Chiefs' Group (AF/A1LE) CMSgts and CMSgt selects (see note 1)
4	The Judge Advocate General (AF/JA) Judge Advocates (see notes 1 and 2)
5	Air Force Personnel Center (AFPC) Lt Col and below (including chaplains and medical officers) and SMSgt and below (see note 2)
Section B. OPR for Assignments	
Line	Office and Area of Responsibility
6	General Officer Management Office (AF/A1LG) General officers, including selectees (except judge advocates) (see note 1)
7	Colonel Management Office (AF/A1LO) Colonels, including selectees (except judge advocates) (see note 1)
8	Chiefs' Group (AF/A1LE) CMSgts and CMSgt selects (see note 1)
9	Judge Advocate General, Professional Development Directorate (AF/JAX) judge advocates, lieutenant colonel and below (see notes 1 and 2)
10	AFPC Directorate of Personnel Operations (AFPC/DP2) Lt Col and below (except Judge Advocates) & SMSgt and below
11	Logistics and Support Airmen Career Management Division (AFPC/DP2L)
12	Acquisition Airmen Career Management Branch (AFPC/DP2LA)
13	Logistics and Maintenance Airman Career Management Branch (AFPC/DP2LL)
14	Logistics Airmen Career Management Section (AFPC/DP2LLL)
15	Maintenance Airmen Career Management Section (AFPC/DP2LLM)

Line	Office and Area of Responsibility
16	Support Airmen Career Management Branch (AFPC/DP2LS)
17	Civil Engineer Career Management Section (AFPC/DP2LSE)
18	Mission Support, Services and Public Affairs (PA) Career Management Section (AFPC/DP2LSP)
19	Security Airmen Career Management Section (AFPC/DP2LSS)
20	Military Accessions Branch (AFPC/DP2LT)
21	Assignment & Workforce Development Support Branch (AFPC/DP2LW)
22	Assignment Support Section (AFPC/DP2LWA)
23	Workforce Development Section (AFPC/DP2LWD)
24	Medical and Chaplain Career Management Division (AFPC/DP2N)
25	Dental, Medical Career Management Medical Deployment, Developmental Branch (AFPC/DP2ND)
26	Chaplain Career Management Branch (AFPC/DP2NH)
27	Nurse Medical Career Management Branch (AFPC/DP2NN)
28	Physician Career Management Branch (AFPC/DP2NP)
29	Biomedical Science and Enlisted Medical Assignments Branch (AFPC/DP2NW)
30	Operations and Special Duty Airmen Career Management Division (AFPC/DP2O)
31	Nonrated Operations Airmen Career Management Branch (AFPC/DP2OA)
32	Nonrated Operations and Command and Control Airmen Career Management Section (AFPC/DP2OAA)
33	Cyber Airmen Career Management Section (AFPC/DP2OAC)
34	Intel Operations Airmen Career Management Section (AFPC/DP2OAI)
35	Rated Operations Airmen Career Management Branch (AFPC/DP2OR)
36	Combat Air Forces Operations Airmen Career Management Section (AFPC/DP2ORC)
37	Mobility Air Forces Operations Airmen Career Management Section (AFPC/DP2ORM)
38	Operations Staff and Special Duty Career Management Branch (AFPC/DP2OS)
39	Operations Staff and Development Career Management Section (AFPC/DP2OSD)
40	Special Duty Career Management Section (AFPC/DP2OSS)
41	Special Programs Assignments Office (AFPC/DP2X) Programs managed for all Air Force Specialty Codes (AFSCs) for Lt Col and below & SMSgt and below
42	AFPC Directorate of Personnel Programs (AFPC/DP3) Policy/Procedures for Lt Col and below & SMSgt and below
43	Assignments and Aerospace Expeditionary Force (AEF) Programs Division (AFPC/DP3A)
44	Military Assignments Programs Branch (AFPC/DP3AM)
45	Exceptional Assignment Programs Branch (AFPC/DP3XAA)
Notes: 1. Assignment authorities other than AFPC must obtain appropriate level approval for assignment actions according to DoDI 1315.18, <i>Procedures for Military Personnel Assignments</i> . (T-0) . 2. Per 10 USC § 806, <i>Judge Advocates and Legal Officers</i> , the Air Force Judge Advocate General is the designated assignment authority for all judge advocates. (T-0) .	

Chapter 3

GENERAL GUIDANCE AND PROCEDURES

3.1. General Information. There are a number of policies and procedures which apply to assignment actions and programs. When necessary, in the national interests or the best interests of the AF, waivers, exceptions and/or deviations from guidance and procedures in this instruction may be authorized by proper authority.

3.2. Equal Opportunity . The Air Force manages and assigns Airmen without regard to color, race, religious preference (except chaplains), national origin, ethnic background, age, marital status (except military couples), spouse's employment, educational or volunteer service activities of a spouse, gender (except as provided for by statute or DoD policy) or sexual orientation. **(T-0).** The objective is to ensure fair, equitable, and nondiscriminatory treatment of all based on merit, fitness, capability, and potential.

3.3. General Volunteer Status and PCS Eligibility. Airmen will not be assigned to active duty on land outside the U.S. and its territories or possessions until they have completed Air Force basic training requirements. **(T-1).** In time of war or national emergency declared by Congress or the President, the period of required basic training (to include specialty training immediately following basic training) or its equivalent is not less than 12 weeks.

3.4. PCS/Permanent Change of Assignment (PCA).

3.4.1. Normally, a service member is assigned to a unit to fill a manpower position and perform duty at the same location as the unit. As a general assignment policy, Airmen are not permanently assigned (including detailed, attached, etc.) to a location unless an Air Force unit (or Air Force element for DoD organizations) has officially been established at that location. Assignment of Airmen overseas without proper establishment of an Air Force unit at the location where the service member will actually perform duty can create severe problems (i.e., if no Status of Forces Agreement exists or an existing agreement does not cover a service member and/or their dependents, the member may encounter pay discrepancies when the rate of pay and allowances is different at the actual duty station in relation to the location of the manpower authorization to which the service member may be assigned, etc.). Assignments contrary to this guidance circumvent the Air Force manpower, personnel assignment, and accountability systems, which can affect a service member's pay and allowances and have other serious consequences.

3.4.2. Other PCSs. Airmen may be ordered or authorized a PCS for which this instruction is not the authority. This includes Airmen PCSing upon accession, separation or retirement, as a patient, as a prisoner, for administrative actions or boards in connection with judicial proceedings or for reasons other than those cited in [paragraph 3.4.1](#). When this happens, the PCS authority, funding authorization, policies, and procedures to be followed should be within the instruction which requires the PCS. To assist in determining whether or not to request a PCS in accordance with this instruction or another Air Force instruction, use this general test: If the purpose of the PCS is for a service member to fill a funded vacant manpower authorization and to perform duty in their Air Force Specialty (AFS), the selection was based on individual qualifications, and the PCS eligibility policies and procedures prescribed in this instruction, then the PCS is within the authority of this instruction. When a PCS is necessary

and no Air Force instruction authorizes the move, then a request for PCS may be submitted as outlined in [paragraph 5.5](#). **Exceptions:** In one way or another, the MPF provides support for all PCSs. [Attachment 17](#) lists reasons, with applicable authorities, for PCS that are outside the authority of this instruction.

3.4.2.1. PCA with PCS. A PCA with concurrent PCS is when Airmen physically perform duty at a location which is the same as the organization to which they are assigned, and upon reassignment physically perform duty at a new location.

3.4.2.2. PCA without PCS.

3.4.2.2.1. A PCA without PCS is when a service member is permanently reassigned from one organization to another organization with no change of permanent duty station.

3.4.2.2.2. When a service member is permanently reassigned from one permanent duty station to another (that is, the duty location [codes] are different) this is normally a PCS, except when both locations are within the corporate limits of the same city or town, then both locations are considered to be within the same permanent duty station for PCS allowance purposes (reference [paragraph 6.41](#)). In such cases, notwithstanding the change of permanent duty stations, the move is still managed as a PCA without PCS. The rules for management of PCSs, such as time-on-station and retainability requirements, do not apply if it is a PCS without PCS allowances.

3.4.3. PCS without PCA. There are times when it may be necessary to direct Airmen to physically change stations, but it may not be appropriate to change the unit to which they are assigned. **Example:** a service member returning from overseas for normal retirement may be assigned PCS without PCA to a retirement processing base; the PCS of prisoners to a confinement facility or between confinement facilities; or PCS or TDY related to judicial proceedings. **Note:** In cases of PCS without PCA due to retirement from an overseas location, the time between departure from the overseas area and actual retirement date, the service member remains assigned for manning, accountability and other purposes to their last unit of assignment overseas.

3.4.3.1. **(RegAF Only)** While the term “assignments” is frequently used to describe all PCSs, the fact is there are various types of PCS moves directed by OPRs not within the AFPC/DP3 or the AFPC/DP2, which are made under the authority of another prescribing instruction. As a reminder, with the exception of patient assignments, assignment OPRs within the AFPC/DP3 or AFPC/DP2 are responsible for only operational, rotational, force structure, and training PCSs. Refer to [Attachment 17](#).

3.4.3.2. **(ARC only)** ARC Airmen at a duty location (other than their Base of Assignment) in excess of 180 days are assigned PCS without PCA unless approved by SAF/MR or designated representative. **(T-1)**.

3.5. Minimum Age for Assignment to a Hostile Fire/Imminent Danger Area. Airmen must be at least 18 years of age to be assigned (PCS or TDY) to a hostile fire or imminent danger area as stated in 22 USC § 2370c-1, *Prohibition*. **(T-0)**. (See [Table 3.2, Assignment Limitation Codes](#), line 20, for associated code.). The DoD Financial Management Regulation (DoD FMR), DoD 7000.14, Vol. 7a, *Military Pay Policy-Active Duty and Reserve Pay* lists those areas which are hostile fire or imminent danger areas.

3.6. Assignment Limitation Codes. Assignment limitations alert personnel managers of long term constraints on utilization of Airmen. These codes limit the selection of Airmen to or from certain duties or areas and may be permanent or semi-permanent. An Assignment Availability Code (2910) limits a service member's duty during an assignment or duty location, although an assignment limitation code may be used by exception. **Table 3.2** lists the various types of assignment limitations and corresponding system update codes.

3.7. Medical Deferment or Limitation. Worldwide commitments require every service member to be physically qualified for immediate global reassignment, except as indicated below.

3.7.1. Temporary Medical Deferment. A service member may be deferred from PCS or TDY when a temporary medical condition (expected to last less than 12 months) prevents worldwide service. When an authorized medical official updates a temporary medical deferment, the PDS automatically processes an AAC 31 (**Table 3.1**) if the date of availability is 30 calendar days or more from the date of the AF Form 469, *Duty Limiting Condition Report*. If the date of availability is less than 30 calendar days, an AAC 31 is not authorized. **(T-1)**. The date of availability cannot be extended beyond 12 months from the date when the underlying defect was deemed, or clearly should have been deemed, disqualifying for worldwide duty. **(T-1)**. When a service member, who is temporarily medically deferred from PCS, is scheduled for a mandatory PCS, medical officials determine if the service member may proceed on PCS and be treated at the next duty station or whether the service member should remain at the current station for continuing medical treatment. If the medical official determines the service member should remain at the current location, the MPF will reclaim the assignment (see **paragraph 6.33**) upon written notification. **(T-1)**. The assignment OPR will request assistance from the Medical Standards and Evaluations Branch to determine the appropriate assignment action based on the medical circumstances (AFPC/DP2NP (RegAF); AFRC/Chief of Aerospace Medicine (SGP) (AFR); NGB/SGP (ANG)). **(T-1)**.

3.7.2. Medical Evaluation Board and Physical Evaluation Board Deferment. Medical treatment facilities (MTFs) submit an AF Form 469 on Airmen with physical limitations not of a temporary nature, that interfere with worldwide assignability, to indicate a medical evaluation board is being processed. The automatic PDS interface updates an AAC 37. If the service member's personnel record reflects an AAC 31, Temporary Medical Deferment, the AAC is automatically removed and replaced with AAC 37, Medical Evaluation Board or Physical Evaluation Board (see **Table 3.1**). Per AFI 36-3212, *Physical Evaluation for Retention, Retirement and Separation*, a service member pending a Medical Evaluation Board or Physical Evaluation Board may not be reassigned PCS or TDY (or granted leave outside the local area, separated or retired) until the MTF determines the medical disposition.

3.7.2.1. **(RegAF)** If circumstances arise regarding the assignment status of a service member pending a medical evaluation board or physical evaluation board, the MPF will advise the assignment OPR via email and provide complete details (i.e., for a service member serving overseas, it appears the date eligible for return from overseas (DEROS) expires before a final determination is made). **(T-1)**. The MPF will provide an information copy to AFPC/DP2NP and AFPC/DP3AM. **(T-1)**. Guidance is provided as appropriate. **Note:** An AAC 31 or 37 does not preclude a service member from separating or retiring, therefore these personnel actions should be monitored by other means. The DEROS is not involuntarily extended for medical reasons. When appropriate medical authority determines a service member is not medically cleared for PCS and AAC 31 or 37 is

updated, the service member is ordered to remain in place and the DEROS is allowed to expire. When service members are medically cleared for PCS near or after their DEROS, the MPF advises the assignment OPR, with information copy to AFPC/DP2NP and AFPC/DP3AM, of the circumstances and requests assignment disposition.

3.7.2.2. **(ARC only)** Reserve component members cannot be involuntarily retained on orders; however, they may receive Medical Continuation (MEDCON) orders or receive incapacitation pay as specified in AFI 36-2910, *Line of Duty (Misconduct) Determination*. **(T-0). Note:** AGR members are not eligible for MEDCON and will (with member's consent) remain on orders until medical issue is satisfactorily resolved or final disposition of the Disability Evaluation System. Reference DoDI 1332.18, *Disability Evaluation System (DES)* and DoDI 1241.01, *Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements*.

3.8. Dependent Care. All Airmen must ensure care of their dependents when separated due to TDY or PCS. **(T-0).** Airmen who cannot or will not meet military commitments due to family needs are considered for separation or, if eligible, may be given an opportunity to apply for immediate retirement.

3.8.1. Military Couples with Dependents and Single Airmen Sponsors. Dependent care plan requirements are prescribed by DoDI 1342.19_AFI36-2908, *Family Care Plans*. When a service member has a questionable dependent care plan, commanders require the service member man to develop a workable plan. To assist, commanders may consider approving leave for the service member and, as necessary, direct the service member an to receive counseling on the criteria for humanitarian reassignment or deferment or hardship discharge depending on the duration and severity of the problem. If the service member cannot or does not develop an adequate dependent care plan, the commander will process the service member for discharge in accordance with applicable directives or, if eligible, may be given an opportunity to apply for immediate retirement. **(T-1).**

3.8.2. Service Member Adopting Children.

3.8.2.1. Service members may be authorized deferment from PCS or TDY after a child is officially placed in the home as part of the official adoption process. A single service member sponsor or one service member of a military couple may request up to a six-month deferment from assignment to an overseas location if concurrent travel is denied (regardless of the tour length) or where the unaccompanied tour length is less than 18 months and the service member is not permitted to serve the accompanied-by-dependents tour. The intent is to avoid involuntary separation of the service member and child to facilitate bonding. When a child has been in the service member's home for some time prior to the official adoption process or a bonding period is not necessary for other reasons, the service member an may decide not to request a six-month deferment. As necessary, Commanders, First Sergeants and/or Military Personnel Section personnel counsel the service member on humanitarian assignment or deferment options as outlined in [Attachment 15](#). This six-month deferment is separate from any other humanitarian deferment the service member may be granted in connection with adoption.

3.8.2.2. Airmen who qualify for and desire the six-month deferment must provide a statement from adoption authorities, endorsed by the unit commander, confirming the date the Airman initiated formal adoption proceedings and the date the child was officially

placed in the Airman's home incident to the adoption application. **(T-1)**. Commanders may request assistance from the servicing legal office if any question exists on the adequacy of the statement or eligibility of an Airman under this paragraph. Deferments are not approved in advance of placement of a child in the Airman's home as described above.

3.8.2.3. The MPF updates assignment limitation code "S," Adoption Deferment (see **Table 3.2**, Assignment Limitation Codes), upon Commander (or designated representative) approval.

3.9. High Year of Tenure (Enlisted Only) (Does not apply to ANG). Reenlistment or extension of enlistment beyond the limits established in AFI 36-3203, *Service Retirements*, are not authorized except for documented cases of hardship. **(T-1)**.

3.10. Assignment of Enlisted Aircrew. Enlisted Airmen who are career aviators are selected and reassigned in their aircrew AFSC only. Career aviators are those AFSCs that require aviation service as a mandatory specialty qualification according to the Air Force Enlisted Classification Directory (AFECD), DAFMAN 11-401, *Aviation Management*, and Air Force Manual (AFMAN) 11-402, *Aviation and Parachutist Service*. Career aviators are those aircrew Airmen who perform full-time aircrew duties in AFSCs 1AX/1UX or Special Duty Identifiers (SDI) in accordance with AFI 11-412, *Aircrew Management*. The same requirements apply for IMA members that are in non-flying 1AX/1UX assignments.

3.11. Assignment of Rated Personnel. All officers assigned to rated positions must hold the aeronautical rating required for the position to which assigned in accordance with DAFMAN 11-401. **(T-3)**.

3.12. Assignment of Chaplains. Officers assigned as chaplains must hold 52X AFSC, possess ecclesiastical endorsements listed in Department of Defense DoDI 1304.28, *The Appointment and Service of Chaplains*, published 12 May 2021, and be accepted by United States Air Force, Chief of Air Force Chaplains (AF/HC). **(T-0)**. ANG-specific chaplain assignments can be found in DAFMAN 36-2032.

3.13. (ARC Only) Assignment to Senior Master Sergeant and Chief Master Sergeant Positions.

3.13.1. Any member assigned to a SMSgt position must complete the USAF Senior Non-Commissioned Officer Academy (SNCOA) in-residence or by correspondence prior to assignment to the next higher graded position. **(T-2)**.

3.13.2. Any member assigned to a CMSgt position must have already completed the USAF SNCOA in-residence or by correspondence prior to the assignment action. **(T-2)**.

3.13.3. **(ANG Only)** Prior to the assignment action, TAG or CG must approve the assignment of a member to a SMSgt or CMSgt position who is two or more grades below that authorized. **(T-2)**.

3.14. Assignment of Family Members to Command or Supervisory Positions. All involved in the assignment of personnel should watch for perceptions of preferential treatment or loss of impartiality, thereby compromising the integrity of the command and supervisory functions. Such assignments can also have a negative impact on mission readiness.

3.14.1. **(RegAF Only)** Assignment of family members to the same duty location or unit is not prohibited, however, family members will not be assigned where one Airman holds or potentially holds a command or supervisory position over another family member. **(T-3)**. Resolve situations at base level, if possible. When both Airmen hold an AFSC requiring placement in the same unit or function, the unit commander working with the assignment OPR initiates action to reassign one Airman to another unit or function on base in an additional AFSC. If neither Airman possesses an additional AFSC, submit a request for assignment disposition as outlined below. When a question of propriety of assignment in circumstances other than those outlined herein exists, the case may be forwarded for consideration as an exception. Send the case to AFPC/DP3AM and include the following information:

3.14.1.1. Grade, name, and Social Security Number (SSN) (last 4) of Airmen involved.

3.14.1.2. Family relationship.

3.14.1.3. Circumstances that resulted in the command or supervision of one family member by another (i.e., marriage, join spouse, humanitarian/Exceptional Family Member Program (EFMP) assignment, school assignment, etc.).

3.14.1.4. Efforts to resolve the case at base level.

3.14.1.5. Recommendation of local commander.

3.14.1.6. Each Airman's PCS volunteer status and location preferences.

3.14.2. **(AFR Only)** Do not create a situation in which one family member holds a command or supervisory position over another family member. Within subordinate levels of an organization, no supervisor will have a family member in the direct chain of command/supervision. **(T-1)**. There will be no waivers to accommodate any assignment that would result in a possible conflict of command/supervision.

3.14.2.1. Unit Program. If an individual is a Numbered Air Force (NAF) commander or vice commander, no family member will be assigned to that NAF. Likewise, no family member will be assigned to a wing, group or squadron where a family member is the commander or vice/deputy commander. **(T-2)**.

3.14.2.2. When these situations occur, the Career Development Element reassigns one member to another unit or function on base in the same or a higher skill level AFSC or additional AFSC, if possible. If units are unable to resolve situations, forward requests for review through command channels to Air Force Reserve Command, Military Personnel Programs Branch (AFRC/A1KK) for final resolution.

3.14.3. **(ANG Only)** Family members must be separated by at least two levels of supervision within their unit (as defined by their Personnel Accounting Symbol (PAS)). **(T-2)**. This does not preclude family members from being assigned within a subordinate organization. **Example:** a state Command Chief Master Sergeant with a family member assigned within the state is acceptable as it meets the rule for two levels of supervision between them.

3.14.3.1. Prior to assignment, the unit commander must conclude there is neither a potential conflict of interest nor the possibility of preferential treatment on the part of either family member. **(T-2)**. One family member cannot be in another family member's rating chain as first or second level rater/reviewer. **(T-2)**. Reference DAFI 36-2406, *Officer and Enlisted Evaluations Systems*, when establishing rater/reviewer.

3.14.3.2. Commanders are considered within the first level of supervision for all members within their respective units.

3.14.3.3. Command Chief Master Sergeants and first sergeants are considered within the first level of supervision for all enlisted members within their respective units.

3.14.3.4. A first sergeant at the group level must also meet the requirement of two levels of supervision between the first sergeant and family member. **(T-3)**.

3.15. Assignment of Former Members of the Peace Corps. Former members of the Peace Corps are not assigned permanent or temporary duty in the military intelligence field for a period of four years following service with the Peace Corps. Members who later acquire an intelligence specialty are not assigned in an intelligence capacity to any foreign country in which they previously served as Peace Corps members. This limitation on the use of former Peace Corps members cannot be waived. The term "former members of the Peace Corps" includes former Peace Corps volunteers, volunteer leaders, and staff members of the Peace Corps. The term does not include persons who attended Peace Corps training but never went overseas with the Peace Corps. These persons are restricted from being assigned duties in an intelligence capacity only to foreign countries for which they received Peace Corps training. **(T-0)**. Reference **Table 3.2** for assignment limitation code.

3.16. Assignment of Airmen Who Were Previously Designated as "Missing" (Including Prisoners of War/Missing In Action). Airmen placed in a "missing" casualty status as the result of hostilities, either armed conflict or terrorist activities, are normally given an assignment limitation upon their return to U.S. control. This limitation applies only to Airmen who subsequent to being declared missing are officially categorized as Missing, Missing in Action, Captured (Prisoner of War), Beleaguered, Besieged, Detained (Hostage) or Interned as defined in DAFI 36-3002, *Casualty Services*.

3.16.1. The purpose of this provision is to limit assignment, TDY or PCS to areas where Airmen are not accessible to the same combatants, terrorists or nations sympathetic with the combatants or terrorists. This limitation is void in the event of general mobilization. Airmen may request the assignment limitation be removed; however, the limitation is not automatically removed based solely on the Airman's request. A request for removal may be disapproved and the assignment limitation continued when the limitation is considered to be in the best interest of the AF (i.e., based on security considerations). When an Airman submits a request for removal, the Department of the Air Force will staff the request to determine if removal is appropriate and advise the Airman and the Airman's commander of approval or disapproval. **(T-1)**.

3.16.1.1. RegAF staffs requests to AFPC/DP3AM.

3.16.1.2. AFR staffs requests to AFRC/A1K.

3.16.1.3. ANG staffs requests to NGB/A1.

3.16.2. **(RegAF)** The AFPC relocations office (AFPC/DP3AM), in conjunction with the AFPC Casualty Services Branch (AFPC/DPFCS) and other activities, when necessary, determines when action should be taken or continued in conjunction with this paragraph to limit future assignment. Upon Airman's return to U.S. control, AFPC/DPFCS provides AFPC/DP3AM a copy of DD Form 1300, *Report of Casualty*. In turn, AFPC/DP3AM will

issue a memorandum as a source document, with the DD Form 1300 as an attachment, to the Airman's unit commander and the Airman, directing update of assignment limitation code "7" in the PDS. **(T-1)**. The memorandum instructs the commander to contact and brief the Airman on the assignment limitation. Unless the Airman requests, in writing, to AFPC/DP3AM that the limitation be removed and the removal request is approved, then the Airman is restricted from PCS and/or TDY as stated above. Scan the correspondence in the Airman's electronic Automated Records Management System record. **(T-1)**.

3.17. (ARC only) Assignment of Members of the Retired Reserve. Members of the Retired Reserve, who have not reached maximum service may request a Drill Status Guardsman, unit, or IMA assignment. If the gaining commander can define the unusual or unique circumstances that may make the Secretary of the Air Force (or delegated authority) find the member's service in the Ready Reserve to be indispensable (10 USC § 10145, *Ready Reserve: Placement In*), and show they have no other options available to fill a particular assignment, then the commander can have the member initiate a request for assignment to the Ready Reserve to be submitted for AF/RE approval.

3.17.1. Eligibility Requirements. Members must hold and be qualified in the AFSC, and regular component retirees are required to be appointed into the ARC. **(T-2)**. Members are also not eligible for retraining, should be within five years of retiring, and members approved for assignment in the AFR will be placed initially on a two year contract with periodic reviews for continuation unless AFR dictates otherwise. **(T-2)**. Officers cannot have exceeded their Mandatory Separation Date or age restrictions, and enlisted members cannot have exceeded their High Year Tenure (HYT) date.

3.17.2. Application Process. The member applies by submitting an application package to the recruiter (AFR/ANG as applicable). An AFR recruiter will forward the application through the gaining MPF to the unit commander for unit program assignment or the Readiness and Integration Organization (RIO) Det/CC for the IMA program. **(T-2)**. The Career Development Element or RIO Det/CC will then forward the application through the NAF to Air Reserve Personnel Center Assignments Division (ARPC/DPAA). **(T-2)**. Requests to assign retired colonels to Selective Reserve (SelRes) positions must be approved by AF/REG and through RIO Det 5 for AFRC central managers for their IRs. An ANG recruiter will forward the application through the gaining FSS and on to National Guard Bureau, Force Management Branch (NGB/A1PP) after the request package has received an endorsement from The Adjutant General (TAG), Commanding General (CG) or delegated authority (no lower than the Director of Staff). **(T-2)**. NGB/A1PP will forward the application through the ANG Directorate of Manpower, Personnel and Services (NGB/A1) to NGB/CF for final determination. The application package consists of the following:

3.17.2.1. DAF Form 1288, *Application for Ready Reserve Assignment*.

3.17.2.2. Copy of the member's retirement order.

3.17.2.3. Statement from gaining commander that the member is qualified for the AFSC.

3.17.2.4. Copies of the member's last three Officer Performance Reports/Enlisted Performance Reports.

3.17.2.5. **(ANG only)** Copies of the signed letter from the gaining commander justifying the assignment with manning statistics and TAG, CG, or delegated authority's endorsement.

3.17.2.6. **(ANG only)** Record of current physical examination.

3.17.2.7. **(ANG only)** NGB Form 22, *National Guard Report of Separation and Record of Service*, and DD Form 214, *Certificate of Uniformed Service* (if applicable).

3.17.3. Removal Process Authority. ARPC/DPT is the authority for processing the removal of a member of the Retired Reserve whose request to apply for Ready Reserve assignment has been approved. See AFI 36-3203 for additional guidance. Approved requests are submitted to ARPC/DPT for execution of the member's removal from the Retired Reserve.

3.18. Exceptional Family Member Program (EFMP).

3.18.1. EFMP Reassignment/Deferment General Provisions/Guidance.

3.18.1.1. Waivers and exceptions to policy to these provisions require prior approval of AFPC/DP3XAA (RegAF), ARPC/DPA (AFR), or NGB/A1 (ANG). The Air Force is committed to meeting the needs of this unique segment of our Air Force community and must be informed of the special needs of the Airmen's families. While dependent parents/parents-in-law are not eligible for EFMP enrollment, member may request a "courtesy clearance" for Continental United States (CONUS) assignment by contacting the Special Needs Coordinator in the MTF.

3.18.1.2. All Airmen must be able to respond to any contingency wherever and whenever called upon to do so. **(T-2)**. The Air Force is also committed to equal distribution of overseas assignments. As a result, permanent or prolonged deferment from reassignment cannot be considered. If an EFMP reassignment or temporary period of deferment is approved, the Airman must thereafter revert to worldwide assignable status. **(T-2)**.

3.18.1.3. The EFMP reassignment or deferment request must be initiated by the Airman concerned. **(T-3)**. A request initiated/submitted by one person on behalf of another is not accepted. **(T-3)**.

3.18.1.4. An EFMP request is approved on its own merit, and will not be disapproved based solely on the Airman's substandard performance and (or) conduct. Airmen are only delayed from departing PCS when the Airman is required to remain for completion of investigation and trial by U.S. military or civil authorities or administrative actions under the Uniformed Code of Military Justice (UCMJ), or DAFI 36-3211, *Military Separations*. When a reassignment request has been approved and administrative separation is not deemed appropriate, the losing unit commander should formally notify the gaining unit commander, in writing, of any incomplete administrative or disciplinary actions and provide a comprehensive analysis of the Airman's job related or personal problems.

3.18.1.5. For RegAF colonels and below (except those attending initial technical training), requests must be submitted with supporting documentation via the virtual Military Personnel Flight (vMPF). **(T-2)**. For Cols (including Col selects), and CMSgts (including CMSgt selects) while requests are submitted initially to AFPC, the final approval authority is AF/A1LO and AF/A1LE, respectively. Requests will be provided to the appropriate OPR for consideration once the required medical or legal review is obtained. Concerning

RegAF, when AFPC/DP3XAA is referred to, substitute AF/A1LO for RegAF colonels or colonel selectees, and AF/A1LE for CMSgts and CMSgt selects. For AFR Airmen requests are submitted to ARPC/DPA (lieutenant colonel and below) or AF/REG (Col and above). For ANG Airmen submit requests to NGB/A1P.

3.18.1.6. RegAF Airmen desiring EFMP deferment must submit their requests through vMPF within 30 calendar days from PCS notification or nomination for reassignment. **(T-2)**. ARC Airmen desiring EFMP deferment must submit their requests to their assignment authority prior to volunteering for an assignment. **(T-3)**.

3.18.2. Considerations for the purpose of EFMP.

3.18.2.1. Exceptional Family Member: Limited to the Airman's spouse, child, or other person actually residing in the Airman's household who is dependent on the Airman for over half of their financial support, and who meets DoDI 1315.19, *The Exceptional Family Member Program*, criteria for enrollment in the EFMP.

3.18.2.2. Special Needs Coordinator (SNC): A medical officer assigned to the MTF who is appointed as the SNC by the MTF Commander.

3.18.2.3. Family Member Relocation Clearance Coordinator: A medical technician or civilian assigned to the MTF who is appointed as the Family Member Relocation Clearance Coordinator by the MTF Commander.

3.18.2.4. General Medical Services: Encompasses all types of physiological, psychological, or social conditions of a chronic nature that have been medically diagnosed and that require specialized treatment.

3.18.2.5. Special Educational Services: Specially designed instruction to meet the unique educational needs of a child with special needs or disabilities, including education provided in school, at home, in a hospital or in an institution, physical education programs, and vocational educational programs.

3.18.2.6. Early Intervention and/or Related Services: DoDI 1342.12, *Provision of Early Intervention and Special Education Services to Eligible DoD Dependents*, provides guidance for early intervention and related services. Transportation and such developmental, corrective, and other supportive services as required to assist a child, from birth to 21 years, inclusive, with a disability to benefit from special education under the child's Individualized Family Service Plan or Individualized Education Plan. Early intervention and related services can include speech-language pathology and audiology, psychological services, physical and occupational therapy, recreation including therapeutic recreation, early identification and assessment of disabilities in children, counseling services including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluative purposes. Special Education Services can also include: school health services, social work services, parent counseling and training. The sources for these services are the home or community (natural setting), school (least restrictive environment), and MTFs.

3.18.2.7. Structural Accessibility: Encompasses design modification and enhancements that permit safe access to or from military housing in accordance with the provisions of the Architectural Barriers Act of 1968 (42 USC § 4151, *Building Defined*). The immediate

non-availability of structural accessibility requirements at a projected location will not be a limiting factor for assignment purposes. **(T-3).**

3.18.2.8. Courtesy Clearance. A check of available medical services at the gaining location MTF. Availability does not guarantee access to dependent parents/parents-in-law.

3.18.3. Identifying and Reporting EFMP Conditions. Enrollment in the EFMP is mandatory and requires the identification of all family members requiring long term general medical, special educational, early intervention and related services, or modified housing. Airmen with family members who require general medical, special educational, early intervention and related services, or modified housing must contact the Special Needs Coordinator in the MTF for a complete evaluation, assessment, and possible enrollment. **(T-3).** Likewise, the Special Needs Coordinator must be advised immediately following the identification of a family member who has a long-term condition requiring general medical, special educational, early intervention and related services, or modified housing. **(T-3).** The Air Force is committed to meeting the needs of this unique segment of our Air Force community and must be informed of the special needs of the Airmen's families. While dependent parents/parents-in-law are not eligible for EFMP enrollment, member may request a "courtesy clearance" for CONUS assignment by contacting the Special Needs Coordinator in the MTF.

3.18.3.1. Should EFMP conditions arise after PCS notification or other event notification, the Airman must report them to the Special Needs Coordinator and MPF immediately. If appropriate, the Airman must submit their request within 30 calendar days of learning of the condition (or a diagnosis). **(T-3).**

3.18.3.2. If the circumstances of the situation change and the request is still pending, or a reassignment has been approved but the Airman has not departed, the Airman must notify his MPF immediately. **(T-3).** An approved EFMP reassignment is normally canceled if the situation for which granted ceases to exist before the Airman's departure. In this instance the Airman must provide information and supporting documentation to show what actions have been taken regarding the reassignment. **(T-3).** The MPF will provide this information AFPC/DP3XAA (RegAF), ARPC/DPA (AFR), or NGB/A1 (ANG) who will make the final decision and provide a response by message. **(T-2).**

3.18.3.3. An Airman must notify the MPF when the EFMP condition ceases to exist for removal from the program. Once notified the MPF deletes the AAC, assignment limitation code, and deployment availability code. **(T-3).**

3.18.4. Spirit and Intent of the EFMP. EFMP actions are designed to help an Airman who has a family member with special needs that meet DoD enrollment criteria. These problems are usually permanent or long term, and the family may need continued assistance. An Airman may need EFMP assignment consideration throughout an entire Air Force career.

3.18.4.1. The EFMP is distinct from the humanitarian program and is based on the personnel (manning) requirements of the Air Force. The two programs are not interchangeable and the EFMP should not be interpreted as a base of choice program. The intent of the EFMP assignment guidelines are to use the Airman, based on current or projected manning requirements, at locations where required medical, educational, early intervention, or related services are available either through the military medical system, through civilian resources utilizing TRICARE®, or a combination thereof and local

resources. AFPC/DP3XAA (RegAF), ARPC/DPA (AGR only), or NGB/A1 (ANG), in coordination with the AFPC Medical Staff, assignment OPR, and base level Special Needs Coordinator, determines a suitable assignment.

3.18.4.2. The EFMP provides an initial 12-month deferment for a newly diagnosed condition when the Airman's presence is essential in establishing and/or participating in the treatment program. Deferment from reassignment may also be appropriate if a treatment program is at a critical juncture and the Airman's continued presence is absolutely essential to continuing the treatment program. The EFMP also provides reassignment when an Airman is assigned to an area and a new medical, special education, related service, or early intervention need arises for which the needed services are not available within the assignment locale. Once a treatment program is established, whether formally through the EFMP or on the Airman's own initiative, the Airman is then considered worldwide assignable.

3.18.4.3. Enrolling a family member in the EFMP does not negate the Airman's responsibility to serve their share of overseas duty or in meeting deployment requirements.

3.18.5. Basic Eligibility Criteria for EFMP Reassignment/Deferment. Airmen may be provided an EFMP reassignment or deferment if (any) or (all) of the criteria are met:

3.18.5.1. The Airman has a family member with a medical or educational requirement that meets the DoD criteria for enrollment in the EFMP (assignment limitation code "Q" in the PDS).

3.18.5.2. The Special Needs Coordinator has determined that adequate facilities/resources to meet the family member's medical, educational, related service, or early intervention requirements do not exist and cannot be reasonably provided within the current assignment locale.

3.18.5.3. The Airman's presence is determined to be essential in establishing, participating in, or continuing a medical regimen or educational program in the present area of assignment. Normally, only one deferment for the continuing condition of the same family member is permitted and a TDY deferment (when determined necessary) is normally only provided during the initial assignment deferment period.

3.18.5.4. The Airman was denied family member travel by the gaining MTF based on processing the AF Form 1466, *Request for Family Member's Medical and Educational Clearance for Travel*, and other documentation. A facility determination inquiry must be completed to the gaining location and a copy of the denial document must accompany the EFMP request. **(T-1)**. Deferment is not normally granted for this situation; however, cancellation of assignment may be provided or if the Airman is in a mandatory PCS move status (reference [Attachment 15](#)), an alternate assignment provided.

3.18.6. Assignment Considerations for Airmen with Exceptional Family Members. Requests for EFMP consideration are submitted in the following circumstances:

3.18.6.1. The Airman was denied family member travel (Airmen projected to PCS Continental United States (CONUS) to CONUS or overseas to CONUS) by the gaining MTF based on processing the AF Form 1466 and other documentation. A facility determination inquiry must be completed to the gaining location and a copy of the denial

document must accompany the request. **(T-1)**. Deferment is not normally granted for this situation; however, cancellation of assignment is provided or, if the Airman is in a mandatory move status, an alternate assignment will be provided.

3.18.6.2. If serving overseas accompanied by command sponsored family members, an Airman may request reassignment within the overseas theater if an unforeseen medical or educational requirement arises after arrival at the overseas base. For an EFMP reassignment within the same overseas theater, the Airman must agree to serve the full prescribed tour length at the gaining location or a tour equal to the combined unaccompanied tour lengths, whichever is greater, prior to being reassigned from the theater. **(T-0)**. Example: if serving on a 30/18 month overseas tour and approval is received for assignment to a 36/24 month overseas tour, the Airman must serve the full prescribed tour at the gaining location (36 months), or not less than a tour equal to the combined unaccompanied tour lengths (18 plus 24, or 42 months) between the two locations before reassignment from the theater, whichever is greater. The computation resulting in the greatest combined overseas tour period being served is the required minimum. The variable is the amount of time the Airman has been assigned to the current location.

3.18.6.3. If serving overseas accompanied by command sponsored family members, an Airman may request reassignment to the CONUS before DEROS if an unforeseen medical or educational requirement arises after arrival at the overseas base and reassignment under [paragraph 3.18.6.2](#) is impractical. If the reassignment request is based on inadequate medical or educational resources, the request must include the AF Form 1466 and the document, if other than the AF Form 1466, that approved family member travel to the present location. **(T-2)**.

3.18.6.4. If selected for a long tour regardless of volunteer status, and family member travel is disapproved based on the unavailability of early intervention or related services and/or special educational services, the Airman may seek release from the assignment. To do this, the Airman must submit the appropriate vMPF (RegAF) EFMP application within 7 calendar days of receipt of the disapproval of family member travel. **(T-3)**. ARC Airmen should consult with their assignment authority in this situation. A copy of the AF Form 1466, Major Command Surgeon General (MAJCOM/SG) determination, and other supporting documentation disapproving family member travel must be included as attachments to the request for assignment cancellation. **(T-3)**. However, if a pinpointed assignment (a location with the required services) is identified by the MAJCOM/SG, and a manning requirement exists at that location, an Airman selected as the most eligible non-volunteer will be required to proceed to the pinpointed assignment. **(T-3)**.

3.18.6.5. If selected for an overseas long tour as a non-volunteer and family member travel is disapproved based on the unavailability of general medical services (see [paragraph 3.18.2](#)), an Airman may volunteer through the Total Force Service Center for an unaccompanied short tour in an effort to minimize family separation. Use the appropriate vMPF EFMP application. ARC Airmen should consult with their FSS authority in this situation. If there are no current or projected short tour requirements available, the unaccompanied long tour length must be served at the projected overseas location. **(T-2)**. After arrival overseas, the existing condition will not be considered in support of a curtailment and early return to the CONUS unless the condition significantly worsens and

the Airman's presence is considered essential as determined by the appropriate EFMP official (e.g., medical or educational personnel).

3.18.6.6. If selected as a volunteer for an overseas long tour and family member travel is disapproved for any reason, use the appropriate vMPF EFMP application. The request must include the documentation that denied family member travel. **(T-3)**. Although approval of the request is not automatic, every effort will be made and consideration given to approve such requests consistent with the needs of the Air Force. ARC Airmen should consult with their assignment authority in this situation.

3.18.6.7. If selected as a non-volunteer for an overseas short tour to an area where family members are authorized, an Airman is required to serve the unaccompanied tour length when family member overseas travel is denied, regardless of the reason.

3.18.6.8. If selected for an overseas unaccompanied short tour (15 months or less), Airmen may and are encouraged to apply for a home-basing (HB) assignment (**Attachment 3**) to effect continuation of the established EFMP. The request for HB should include trailer remarks that state the Airman is applying to effect continuation of an established EFMP. Those not selected for HB assignment may request EFMP reassignment through AFPC/DP3XAA to the same location as an overseas returnee for continuation of the established EFMP. Such a request must be submitted no earlier than the 10th month and no later than the 8th month before DEROS. **(T-3)**.

3.18.6.9. For Airmen enroute PCS, they may discuss a potential EFMP issue with the nearest MPF Chief, AFPC/DP3XXA (RegAF), ARPC/DPA (AFR), or NGB/A1 (ANG) personnel to assist in deciding whether or not to submit a request. There is no reimbursement authorized if the Airman decides to travel to the nearest base with an MPF and an Airman's status remains unchanged (example: leave) if they decide to submit a request. The Airman must comply with current reporting instructions if the Assignment authority denies suspension of movement; however, a request still can be submitted. **(T-2)**.

3.18.7. Reasons EFMP Requests are Usually Disapproved. AFPC/DP3XAA may disapprove requests for reassignment/deferment under the following circumstances:

3.18.7.1. If the Airman caused or contributed to the commission of an AF Form 1466 violation, either by falsifying or omitting information which led to the approval of family member travel. Unless the Airman's presence is absolutely essential, the family member should be returned to the CONUS and the Airman must complete the overseas tour length prescribed based on their status. **(T-3)**.

3.18.7.2. Reassignment when the Airman initially elects and proceeds on the unaccompanied overseas tour at a location where family members are allowed and then, after arrival, desires to change to an accompanied tour and the required medical or educational resources are not available to meet his family member's previously identified special needs.

3.18.7.3. Reassignment when the Airman circumvents or disregards the family member clearance process by bringing non-command sponsored family members, at personal expense, to an overseas location where the required medical resources do not exist to meet their known needs.

3.18.7.4. Reassignment in order to establish a treatment program based on the availability of a preferred or optimal program in an area other than where currently assigned when adequate facilities or services can be, or are, provided within the current locale. Also, EFMP deferments are not granted for family members to remain in a preferred or optimal program when adequate services are available within the projected assignment locale.

3.18.7.5. Reassignment for the purpose of obtaining extended family support.

3.18.7.6. Reassignment based on the availability of a free or lower cost program in an area other than where currently assigned when the current duty location can provide adequate services on base or through the local community. **Exception:** When required services are being received off base and are causing a significant financial hardship, an Airman can apply for reassignment as an exception to policy. Documentation provided with such a request must clearly document the hardship. **(T-3).** This provision does not apply to a dependent parent/parent-in-law since they are not eligible for coverage under TRICARE®.

3.18.7.7. Reassignment based on the climatic conditions or geographical area adversely affecting a family member's health, and the problem is of a recurring nature (such as asthma, allergies, eczema, etc.). **Exception:** Reassignment as an exception to policy can be requested if the continued presence of the family member in such a climate/environment is medically determined to be clearly life threatening.

3.18.7.8. The request is based on mental disorders (i.e., anxieties, compulsions, obsessions, phobias, and motor or sensory manifestations or combinations thereof) resulting from family separation incident to military assignment.

3.18.7.9. A request based on an intellectually or athletically gifted child. Intellectually or athletically gifted children do not qualify under the provisions of Public Law 95-561, *Defense Dependents' Education Act of 1978*, DoD instructions, and EFMP procedures.

3.18.7.10. The family member is in an institution, unless institution officials certify frequent and regular visits will be medically beneficial to the family member, or if admittance to or retention in the institution requires establishing, continuing, or renewing state residency.

3.18.7.11. The disability is due to a short-term illness or injury, or when the prognosis for complete recovery is satisfactory without the benefit of reassignment or deferment.

3.18.7.12. Reassignment from the CONUS to overseas for the sole purpose of establishing a treatment program.

3.18.7.13. A request for reassignment to a location with a greater capability to provide space available care in a MTF for an Airman with a dependent parent/parent-in-law when the required care is available within the current assignment locale.

3.18.7.14. A request based on the medical condition of the Airman. Assignment for this reason is initiated by local medical authorities when it is determined the situation warrants such action.

3.18.7.15. Requests for deferment will not be considered for Airmen who have not been selected and notified of reassignment or TDY in excess of 30 days. A deferment request for an officer can be considered based on the Airman's appearance on the Vulnerable

Mover List if coordination with the appropriate assignment officer confirms assignment selection is highly likely.

3.18.7.16. Deferment from reassignment when the required resources are available within the projected assignment locale.

3.18.8. Processing EFMP Requests. Requests are submitted via vMPF in accordance with the execution guidance in the MyPers website, Voluntary Assignments: EFMP Reassignment. **(T-3).**

3.18.8.1. Airmen should attach required documentation based on their reason for request.

3.18.8.2. Recommendation by commander to include additional information or evidence of material value. If the commander recommends disapproval, complete justification must be provided. If the request is based on a spouse's inability to manage the household in the Airman's absence due to unique family situations (as defined in DoDI 1342.19_AFI 36-2908), the commander's endorsement must include information about the existence (or lack thereof) of the documented family care plan required by DoDI 1342.19_AFI 36-2908. **(T-3).**

3.18.8.3. Requests for reassignment from Airmen serving accompanied overseas assignments that are based on a lack of the medical, educational, related services, or early intervention services required by the family member must include a copy of the AF Form 1466 and the document approving/disapproving family member travel. **(T-3).**

3.18.8.4. Both members of a military couple must submit a request if the same assignment consideration is desired. When both apply, respective commander endorsements are required. **(T-3).**

3.18.8.5. The local Special Needs Coordinator must review and provide input on all EFMP requests. Input must address the availability of required resources within the current assignment locale. **(T-3).**

3.18.8.6. The final approval/disapproval authority is AFPC/DP3XAA (RegAF), ARPC/DPA (AGR only), or NGB/A1 (ANG). **(T-2).**

3.18.9. Available Options When a Request is Disapproved. When a request is disapproved, the MPF must counsel the Airman on the following options: Airmen may apply (if eligible) for retirement, retirement under hardship conditions, hardship discharge, or (for officers) resignation or release from active duty. For those who are pending reassignment, an EFMP request must be submitted within 7 calendar days following receipt of the correspondence disapproving the deferment or reassignment request. **(T-3).**

3.18.10. Withdrawing a Request. If an Airman wants to withdraw their request before a final decision or departure on reassignment, the request must be submitted in writing to either the MPF or AFPC/DP3XAA (RegAF), ARPC/DPA (AGR only), or NGB/A1 (ANG) immediately. Once an Airman has departed on an EFMP reassignment, the request can no longer be withdrawn. **(T-2).** A request to withdraw an approved EFMP reassignment that was provided based on either a lack of required medical resources within the current locale or on environmental factors that were having a life threatening effect on a family member will not be favorably considered unless the situation has significantly changed since initial approval.

For this type withdrawal request, input from the senior non-commissioned officer/Chief of Medical Staff is required along with the Airman's request.

3.18.11. EFMP Assignment/TDY Restrictions. If an Airman is granted a reassignment or deferment under the EFMP (AAC 34, **Table 3.1**), the Airman will not PCS during deferment period for a maximum of 12 months from their Date Arrived Station, or date of approval not to exceed 12 months.

3.18.11.1. TDY restriction does not automatically apply to EFMP requests unless specifically addressed in approval correspondence from AFPC/DP3XAA (RegAF), ARPC/DPA (AGR only), or NGB/A1 (ANG). An Airman subject to TDY and requesting a restriction must obtain a statement from the attending medical or therapy provider. The statement must specify the need for the Airman's presence and the duration of the requirement. This statement must be submitted at the time of the request. A TDY restriction request is normally approved only on an initial EFMP request. When a TDY restriction is requested and approved, the MPF will place the Airman in deployment availability code "44" as directed by AFPC/DP3XAA (RegAF), ARPC/DPA (AGR only), or NGB/A1PP (ANG). **(T-2)**.

3.18.11.2. If an Airman's parent organization is relocated or deactivated before expiration of the assignment restriction, the Airman is considered for intra-command reassignment to another organization on the same base. If no authorization for their specialty exists on base, or if the base is being deactivated, reassignment instructions will be provided by AFPC/DP3XAA (RegAF), ARPC/DPA (AGR only), or NGB/A1 (ANG).

3.18.12. AF Form 1466. All Airmen who have a family member enrolled in the EFMP must complete an AF Form 1466 within 30 calendar days of assignment notification for any PCS to a location family members are allowed. **(T-3)**. The AF Form 1466 and other required documentation will be forwarded by the Special Needs Coordinator or Family Member Relocation Clearance Coordinator at the Airman's current duty location to the Special Needs Coordinator/Family Member Relocation Clearance Coordinator at the projected assignment location to determine if adequate facilities will be available for the Airman's exceptional family members. If family member travel is denied, see [paragraph 3.18.6.1](#).

3.18.12.1. As mandated by Public Law (Free Appropriate Public Education – FAPE), public schools and early intervention services are required to provide appropriate educational services. While mandated by FAPE, the Air Force requires an Airman to process the AF Form 1466 for a CONUS assignment even though the only need may be for special educational, early intervention, or related services. A non-recommendation for family member travel from the gaining location's Chief of Medical Staff will not result in cancellation of the assignment unless requested by the Airman. However, if the Airman elects to continue with a CONUS assignment in this situation, the Airman may not later request EFMP reassignment based on a lack of services (unless the request is based on a newly identified need).

3.18.12.2. All requests for reassignment or tour curtailment will normally be disapproved when it is determined the Airman caused or contributed to the commission of an AF Form 1466 violation, either by falsifying or omitting information. Unless the Airman's presence is deemed essential, their family members should be returned to the CONUS and the

Airman will be required to complete the remainder of the overseas tour established by the original tour election.

3.18.12.3. If it was determined that an Airman falsified an AF Form 1466, the investigation results will be provided to the losing and gaining commanders by message for possible disciplinary action against an Airman who caused or contributed to the commission of an AF Form 1466 violation.

3.19. Expedited Transfer.

3.19.1. Expedited Transfer General Provisions/Guidance.

3.19.1.1. The Air Force offers expedited transfers to eligible Airmen who file an unrestricted report for sexual assault, stalking, or other sexual misconduct with the Sexual Assault Prevention and Response Office or the Family Advocacy Program. Airmen may request an expedited transfer with assistance from the Sexual Assault Prevention and Response Office, the Victim and Witness Assistance Program in the installation's Legal Office, or their commander. Additional guidance is available in DoDI 6495.02, Volume 1, *Sexual Assault Prevention and Response (SAPR) Program Procedures*, and DAFI 90-6001, *Sexual Assault Prevention and Response (SAPR) Program*. An expedited transfer request initiated on behalf of another will not be accepted.

3.19.1.2. The Air Force offers expedited transfers to Airmen who are victims of stalking or other sexual misconduct (i.e., indecent viewing, visual recording, or broadcasting; forcible pandering; indecent exposure) and make a report to law enforcement. Airmen may request an expedited transfer with assistance from the Sexual Assault Prevention and Response Office, the Victim and Witness Assistance Program in the installation's Legal Office, or their commander. An expedited transfer request initiated on behalf of another will not be accepted.

3.19.1.3. The Air Force offers expedited transfers to Airmen whose adult military dependent makes an allegation of non-domestic abuse sexual assault with the Sexual Assault Prevention and Response Office if the victim has filed an unrestricted report and the alleged sexual assault offender is a Service member or if the alleged offender or alleged sexual assault has a military nexus (e.g., adult military dependent, works for DoD as a civilian employee (appropriated and non-appropriated fund employees, or is a government contractor)), or the alleged sexual assault occurred on a DoD installation or facility. Airmen may request an expedited transfer with assistance from the Sexual Assault Prevention and Response Office, the Victim and Witness Assistance Program in the installation's Legal Office, or their commander. Additional guidance is available in DoDI 6495.02, Under Secretary of Defense (USD) (Personnel and Readiness (P&R)) Memorandum, *Revisions to the Sexual Assault Prevention and Response Program's Expedited Transfer Policy*, and DAFI 90-6001. An expedited transfer request initiated on behalf of another will not be accepted.

3.19.1.4. The Air Force offers expedited transfers to eligible Airmen who are victims of physical domestic violence committed by the spouse or intimate partner of the victim. Airmen may request an expedited transfer with assistance from the installation Family Advocacy Program Office, Sexual Assault Prevention and Response Office, the Victim and Witness Assistance Program in the installation's Legal Office, or their commander.

Additional guidance is available in Section 536 of Public Law 115-232, *National Defense Authorization Act for Fiscal Year 2019*; DoDI 6495.02; and DAFI 90-6001. An expedited transfer request initiated on behalf of another will not be accepted.

3.19.1.5. Waivers and exceptions to policy to these provisions require prior approval of the assignment authority (RegAF: AFPC/DP3XAA, ANG: NGB/A1PP, AFR: ARPC/DPA (AGR), HQ RIO (IMA), AFRC/A1K (Traditional Reserve [TR])). **(T-1)**.

3.19.1.6. Airmen who were sexually assaulted and request transfer following threats of bodily harm or death, should be encouraged to immediately report the threat to their commander, law enforcement authorities, Sexual Assault Prevention and Response Coordinator, Victim Advocate or Special Victims' Counsel. The office receiving a request for transfer based on threats of bodily harm or death must also immediately report the threat to the Airman's commander and law enforcement authorities. **(T-0)**. Requests to transfer under these circumstances for RegAF will be handled in accordance with [paragraph 6.54](#), Threatened Person Assignment Program.

3.19.1.7. If the sexual assault of a civilian dependent occurred within the family or with an intimate partner, reassignment requests will be considered under the Humanitarian Assignments program ([Attachment 15](#)) when it is essential in establishing or operating an effective Family Advocacy program according to DAFI 40-301, *Family Advocacy Program*, DoDI 6400.01, *Family Advocacy Program (FAP)*, and DoDI 6400.06, *DoD Coordinated Community Response to Domestic Abuse Involving DoD Military and Certain Affiliated Personnel*. **(T-0)**. The Family Advocacy Program covers adult military dependent sexual assault victims who are assaulted by a spouse or intimate partner and military dependent sexual assault victims who are 17 years of age and younger. The installation Family Advocacy Program and domestic violence intervention and prevention staff shall direct coordination when a sexual assault occurs within a domestic relationship or involves child abuse.

Note: Reassignment requests by RegAF Airmen who are sexually assaulted by a family member or intimate partner, will be processed as an expedited transfer pursuant to DAFI 40-301. **Note:** An Airman's commander can request assignment or assignment cancellation via humanitarian deferment if the Airman needs to continue or obtain treatment for family advocacy issues or when the Airman does not desire assignment or assignment cancellation, whichever applies. The request must be fully documented and endorsed by the local Family Advocacy Officer (see [paragraph 7.5.9.2](#) for personnel assigned overseas). **(T-3)**.

3.19.1.8. Ordinarily only one expedited transfer may be approved for each qualifying report. Subsequent expedited transfer requests will only be considered when the alleged offender is later assigned to the same duty location as the Airman who filed the qualifying report or when the victim is being retaliated against at the new duty station. **(T-1)**.

3.19.2. Expedited transfer for Airmen in RegAF.

3.19.2.1. Requests are submitted and processed in accordance to DAFI 90-6001; see execution guidance on Voluntary Assignments: Humanitarian Reassignment and Deferment Program/Expedited Transfer Application in MyPers. Airmen are required to meet normal assignment eligibility requirements as defined in this instruction.

3.19.2.2. AFPC/DP3XAA will evaluate the Airman's location preferences listed on the installation or host wing commander's memo and facilitate the reassignment. **(T-2)**. If preferences cannot be met based on Air Force requirements, manpower utilization, an exceptional family member's needs, or Airman's retainability per [paragraph 6.28.3](#), AFPC/DP3XAA will coordinate with the installation or host wing commander on viable alternatives to prevent negative impact on the Airman's career and an exceptional family member, if applicable. **(T-2)**. If the installation or host Wing commander, Sexual Assault Response Coordinator, Victim Witness Assistance Program or Family Advocacy Program are aware the requester has a Special Victims' Counsel, they will notify the Special Victims' Counsel of the Expedited Transfer decision and duty assignment. **(T-2)**. If location resolution cannot be obtained, the discussion will be resolved between Air Force, Sexual Assault Prevention and Response (AF/CSV) and AFPC/CC. **(T-1)**. For colonels (including selectees), and CMSgts (including CMSgt selects) while requests are submitted initially to AFPC, the final authority in determining reassignment location is AF/A1LO and AF/A1LE, respectively.

3.19.2.3. Reassignment from CONUS to an overseas location, or between/within overseas theaters, should not be considered unless it has been documented that family members or other identified support network reside in the overseas area and the requester has expressed a preference for transfer to the overseas location. Family members can be defined as mother, father, siblings, and *in loco parentis*. Requests to relocate to locations where family members other than those defined reside will be considered on a case-by-case basis. If a request for assignment is to a dependent-restricted area and the Airman's foreign-born spouse will be traveling to the native country, such information must be included in the expedited transfer request. If reassignment can be facilitated, a request for a designated location move to the native country must be processed per AFI 36-3012, *Military Entitlements*. **(T-3)**.

3.19.2.4. When an Airman is married to another Airman and desires join spouse consideration, a join spouse intent letter must accompany the Airman's application in order for the military spouse to also be considered for assignment action.

3.19.2.5. An Airman desiring expedited transfer who has a spouse or children enrolled in the EFMP must include appropriate medical or educational documentation concerning the EFMP situation with the expedited transfer request (i.e., DD Form 2792, *Family Member Medical Summary*, plus addendums, DD Form 2792-1, *Early Intervention/Special Education Summary* individualized education program (IEP), AF Form 1466, AF Form 1466D, *Dental Health Summary*, etc.). An expedited transfer reassignment cannot be approved unless the projected assignment location can meet the needs of the exceptional family member in accordance with [paragraph 3.18](#). **(T-3)**.

3.19.2.6. An Airman will generally only be delayed from departing PCS when the Airman is required to remain for completion of a criminal or disciplinary investigation or action in which the Airman is the subject, including investigation and trial by U.S. military or civil authorities or administrative actions under the Uniform Code of Military Justice or DAFI 36-3211. If an Airman who has been approved for an expedited transfer has also undergone past disciplinary action, but the commander does not deem a separation appropriate, the losing unit commander must formally notify the gaining unit commander, in writing, of any incomplete administrative or disciplinary actions and provide a comprehensive

analysis of the Airman's duty related or personal problems related to the administrative or disciplinary action. **(T-3)**.

3.19.2.7. If an Airman's parent organization is relocated or deactivated after an Airman is reassigned there due to an expedited transfer request, the Airman should be considered for intra-command reassignment to another organization on the same base. If no authorization for their specialty exists on base, or if the base is being deactivated, reassignment instructions will be provided by AFPC/DP3XAA.

3.19.2.8. Retraining or crossflow actions will be considered on a case-by-case basis as a last resort, but the goal is timely reassignment actions with minimal disruption to an Airman's career. All retraining actions will be coordinated through the AFPC Transitions, Retention and Skills Management Branch (AFPC/DP3ST). As a general rule, reassignment into a special duty position is not considered since the selection process is under a nominative process and requires additional training. Additionally, when an Airman requires reclassification prior to expedited transfer assignment, AFPC/DP3XAA will coordinate with Air Force Accession and Training Division (AF/A1PT). **(T-3)**.

3.19.2.9. If an Airman submits a request for reassignment and the circumstances change prior to a final decision or the Airman's departure on assignment, the Airman must immediately inform either the MPF or AFPC/DP3XAA. A message reply will be provided with final disposition instructions. Once an Airman has departed on an expedited transfer reassignment, the request can no longer be withdrawn. **(T-3)**.

3.19.3. Expedited transfer for AFR and ANG.

3.19.3.1. The victim will forward the vice wing commander's (or equivalent) memo (the RegAF vice wing commander for IR), along with the expedited transfer application and all documents related to the expedited transfer (to include the EFMP and other applicable PCS documentation) to their unit commander or RIO Det/CC. **(T-3)**. Upon receipt of an expedited transfer request from the victim whose qualifying event occurred in the line of duty, the member's current unit commander will assist in fulfilling the Airman's reassignment request. **(T-3)**. Reassignments within the ANG are subject to provisions of Chief National Guard Manual CNGBM 1300.04, *National Guard Expedited Transfer Program for Members with Unrestricted Reports of Sexual Assault*. ARC members assigned on temporary active duty orders away from home station who desire expedited transfer from their temporary duty location will submit their request to the commander of the unit to which they are providing support. **(T-3)**.

3.19.3.2. Depending on the type of reassignment requested, in addition to the losing unit commander, other parties involved in the reassignment process may include gaining commander, recruiter, Wing AGR Program Manager, RIO Det CCs, AFPC, ARPC, Host Aviation Resource Management, Functional Area Manager (FAM)/Career Functional Manager (CFM), Senior Officer and Special Programs Support Branch, TAG etc. For Guard general officers or colonels assigned to general officer positions, expedited transfer reassignment location will be determined by NGB-SL and for Reserve general officers or colonels assigned to general officer positions, expedited transfer reassignment location will be determined by AF/REG.

3.19.3.3. Unit Commanders, or RIO Det/CC, will assist Airmen electing reassignment with the following options:

3.19.3.3.1. Reassignment of the Airman by USAF to another location if the qualifying event occurred while the victim was performing Active Duty Other than for Training. **(T-3)**. The Airman may also be returned to the home unit of assignment with the Airman's consent.

3.19.3.3.2. Rescheduling or Excusal from Training. A unit commander may approve rescheduling or excusal from training, allow training with a different unit in the home duty location, or consider allowing temporarily or permanently separate training on different weekends or times (where possible) from the alleged offender if the wing is capable to support and provide training with proper staffing, i.e., fulltime AGR or technician assigned within the work center.

3.19.3.3.3. Reassignment within the Airman's unit. Unit Commander may approve reassignment action. Assignment outside of an awarded AFSC will require entry into retraining. Excess or overgrade assignment is authorized for up to 24 months. **(T-3)**.

3.19.3.3.4. Reassignment within assigned wing. Reassignment of a member between units serviced by the same FSS must have the concurrence of both gaining and losing unit commanders. **(T-3)**. Airman's Commander contacts the Wing Recruiting office for assistance in locating available positions. Gaining commander initiates reassignment documentation in accordance with FSS requirements. Excess or overgrade assignment is authorized for up to 24 months. **(T-3)**.

3.19.3.3.5. Reassignment within Current State (ANG only). Reassignment of a member between units located within the same State must have the concurrence of both gaining and losing unit commanders. Unit Commander will contact the Wing Recruiter for assistance. **(T-3)**. Wing Recruiter will locate an available position and coordinate reassignment actions with the gaining Wing's Recruiter. **(T-3)**.

3.19.3.3.6. Reassignment to Another State (ANG only). Unit Commander will contact the Wing Recruiting office for assistance. **(T-3)**. Wing Recruiter will locate an available position and assist in coordinating reassignment actions between the losing and gaining organizations. **(T-3)**. For ANG, State-to-State transfers are subject to the provisions of AFI 36-2606, *Reenlistment and Extension of Enlistment in the United States Air Force*.

3.19.3.3.7. Reassignment for military technicians and AGRs must be assigned as position incumbents to unit manning document (UMD) positions compatible with their full-time positions. **(T-3)**.

3.19.3.3.7.1. Reassignment for AGR must also be coordinated with the Wing AGR Program Manager. **(T-3)**.

3.19.3.3.7.2. Reassignment of Military Technicians should not be attempted without guidance from the Airmen's Wing Civilian Human Resources Office. Military reassignment action may impact the member's civil service status to include involuntary termination.

3.19.3.3.8. NGB Statutory Tour Reassignment. All Airmen in the ANG assigned to the statutory program are subject to the provisions of ANGI 36-6 regardless of duty location. Contact Human Resources (NGB/HR) for assistance with reassignment or voluntary tour curtailment actions.

3.19.4. Expedited Transfer for an Alleged Offender.

3.19.4.1. To enhance protection for the sexual assault victim, potential reassignment of the alleged offender shall be considered by the vice wing commander (or equivalent), balancing interests of the sexual assault victim and the alleged offender. **(T-2)**. The Vice Wing Commander (or equivalent) is required to consult with the servicing Staff Judge Advocate and Military Criminal Investigative Organization in making this decision when there is an open investigation. **(T-2)**. Reassignment options include a temporary or PCA or PCS to a location determined by Air Force needs and if applicable, the EFMP requirements of the alleged offender's spouse or children.

3.19.4.2. The Vice Wing Commander (or equivalent) will notify an alleged offender who has been selected for expedited transfer. **(T-2)**. The alleged offender will then have an opportunity to submit through their unit commander, location preferences for inclusion in the Vice Wing Commander's (or equivalent) memorandum. **(T-3)**. The alleged offender will also have the opportunity to submit documentation of family member's enrollment in the EFMP, as well as any other circumstances relating to the reassignment that the alleged offender desires to bring to the Vice Wing Commander's (or equivalent) consideration. **(T-3)**. The alleged offender shall be notified that they have the right to consult with an Area Defense Counsel prior to submitting these matters. **(T-3)**.

3.19.4.3. The alleged offender's unit commander will complete the vMPF expedited transfer application on behalf of the alleged offender and will submit it and all documents related to the expedited transfer (to include Vice Wing Commander's (or equivalent) memo of approved Expedited Transfer decision, EFMP documentation and other applicable PCS documentation) to the Total Force Service Center, for RegAF, or to the appropriate parties involved in the reassignment process, for ARC. **(T-3)**. For RegAF, upon receipt of a Vice Wing Commander's (or equivalent) Expedited Transfer from the alleged offender's commander through vMPF, the Total Force Service Center will forward to AFPC/DP3XAA for execution of reassignment location. **(T-3)**. For ARC, parties involved in the reassignment process will execute reassignment. **(T-3)**.

3.19.4.3.1. **(RegAF only)** AFPC/DP3XAA will evaluate the Airman's location preferences listed on the Vice Wing Commander's (or equivalent) memo and facilitate the reassignment. **(T-2)**.

3.19.4.3.1.1. If preferences cannot be met based upon Air Force requirements, manpower utilization, or an exceptional family member's needs, AFPC will coordinate with the Vice Wing Commander (or equivalent) on viable alternatives to prevent negative impact on the Airman's career and exceptional family member if applicable. **(T-2)**.

3.19.4.3.1.2. If the Vice Wing Commander (or equivalent) is aware that the requester has an Area Defense Counsel, they will also notify the Area Defense Counsel. If location resolution cannot be obtained, AFPC/DP3XAA is the final

authority in determining location of reassignment. **(T-3).**

3.19.4.3.1.3. When an Airman is married to another Airman and desires joint spouse consideration, a joint spouse intent letter must accompany the Airman's application in order for the military spouse to also be considered for assignment action. **(T-2).**

3.19.4.3.2. **(ARC only)** Parties involved in the reassignment process will execute reassignment. **(T-3).**

3.19.4.4. An alleged offender who has a spouse or children enrolled in the EFMP shall provide appropriate medical or educational documentation concerning the EFMP situation upon notification that their Vice Wing Commander (or equivalent) has selected them for an expedited transfer (ET) (i.e., DD Form 2792, plus addendums, DD Form 2792-1, IEP, AF Form 1466, AF Form 1466D, etc.). An ET reassignment cannot be approved unless the projected assignment location can meet the needs of the exceptional family member in accordance with **paragraph 3.18.**

3.19.4.5. Reassignment from a CONUS to overseas location, or within/between overseas theaters, should not be considered unless it has been documented that family members or other identified support network reside in the overseas area and the requester has expressed a preference for transfer to the overseas location. Family members can be defined as mother, father, siblings, and *in loco parentis*. Requests to relocate to locations where family members other than those defined reside will be considered on a case-by-case basis. If a request for assignment is to a dependent-restricted area and the Airman's foreign-born spouse will be traveling to the native country, such information must be included in the expedited transfer request. If reassignment can be facilitated, a request for a designated location move to the native country must be processed per AFI 36-3012. **(T-3).**

3.19.4.6. If an Airman's parent organization is relocated or deactivated after an Airman is reassigned there due to an expedited transfer request, the Airman should be considered for intra-command reassignment to another organization on the same base. If no authorization for their specialty exists on base, or if the base is being deactivated, reassignment instructions will be provided by AFPC/DP3XAA for RegAF.

3.19.4.7. AAC, assignment limitation code and medical limitation codes must also be addressed prior to reassignment. **(T-3).** The goal for transferring the alleged offender is a timely reassignment with minimal disruption to an Airman's career and family.

3.20. (RegAF only) Court-Ordered Child Custody Assignment (CCCA) or Deferment (CCCD) Consideration Program.

3.20.1. General Guidance. Assignment authorities will attempt to facilitate the assignment or deferment of Airmen with a court-ordered child custody decree regarding their biological or adopted children to the geographic location of the children where they reside more than 50% of designated parenting time with the primary custodial parent. The geographic location is the region that allows an Airman to co-parent within a reasonable traveling distance.

3.20.1.1. Provided the criteria is met, Airmen may be considered for an assignment where they can reside close to their children who reside more than 50% of designated parenting time with the primary custodial parent named in the divorce decree (if the Airman was

married to the co-parent) and the court-ordered child custody decree; or the court-ordered child custody decree (if the Airman was not married to the co-parent).

3.20.1.2. Airmen are still required to fulfill obligations inherent to all Airmen and they are considered for assignments to fill valid manning requirements and perform duties, which require the skills in which they are trained subject to PCS eligibility.

3.20.1.3. Airmen should not make decisions on future service, career development, or family planning based on the assumption they can always be assigned to the location where their children reside. All Airmen should expect periods of separation during their careers. When a court-ordered child custody assignment or deferment is not in the best interest of the AF, then, regardless of the provisions in this attachment, the assignment is not made.

3.20.2. Eligibility for CCCA or CCCD Consideration. General Information. Airmen who are named as a parent, either biological or adopted, in a court-ordered child custody agreement and the children do not reside with the Airman more than 50% of designated parenting time, may request enrollment in the CCCA/CCCD program only; CCCA consideration for CONUS assignment or diversion of assignment to a CONUS location (CONUS to CONUS PCS, OS to CONUS PCS, diversion of assignment to a CONUS location; or CCCD consideration for in-place 12-month deferment or assignment cancellation with an in-place 12-month deferment to remain at their current CONUS location for those Airmen not serving a CONUS Maximum Stabilized Tour.

3.20.2.1. Preferences will be reviewed and considered in the exact order listed; however, preferences that are not in the geographical location of the children are counter to the program therefore they will not be considered.

3.20.2.2. Manning must support at the gaining location without overmanning the location. Losing manning is not factored in the application review. The location must have a valid, funded position in the Airman's grade and skill-level. The assignment teams will take into consideration the grade, skill-level and overall manning of the listed preferences. Manning determination will be conducted by the assignment teams at the time of application.

3.20.2.3. Airmen must meet all PCS eligibility requirements.

3.20.2.4. Airmen who are not named the primary custodial parent in a finalized divorce and court-ordered child custody decree (if an Airman was married to and is divorced from the co-parent); or the finalized court-ordered child custody decree (if Airman was not married to the co-parent), are identified in the program. These Airmen will have an Assignment Limitation Code (ALC) of "F" updated to their file and the expiration date established as the first day of the month of the youngest child's 18th birthday named in the decree. This ALC does not defer an Airman from assignments; instead, it provides a data point of identifying Airmen in the program. After the 18th birthday of the youngest child, the ALC will automatically drop from the Airman's records.

3.20.3. Eligibility Criteria for CCCA. The following Airmen are eligible for CCCA: Airmen named as a parent in a finalized court-ordered divorce decree and court-ordered child custody decree (if Airman was married to the co-parent), who shares joint custody of either biological or adopted children, but are not designated as the primary custodial parent and, the children do not reside with the Airman, and the custodial residence reflects the co-parent in the divorce decree and child custody decree. Airmen named as a parent in a finalized court-ordered child

custody decree (if Airman was not married to the co-parent), who shares joint custody of either biological or adopted children, but are not designated as the primary custodial parent, and the children do not reside with the Airman, and the custodial residence reflects the co-parent in the divorce decree and child custody decree. The following general eligibility criteria apply to all Airmen.

3.20.3.1. CONUS to CONUS CCCA: Airmen must have 41 months time-on-station (TOS) prior to applying for CONUS to CONUS assignment consideration and may not PCS until having at least 48 months TOS as of the Projected Departure Date (PDD); or meet TOS requirements in accordance with [Table 6.1](#).

3.20.3.1.1. DELETED.

3.20.3.1.2. CONUS to CONUS Maximum Stabilized Tour: An Airman can apply for CONUS to CONUS CCCA no earlier than 12 months and no later than 9 months before tour completion (expiration of Assignment Availability Code (AAC) 50). These Airmen are mandatory movers therefore the TOS requirement is met once the Airman has completed the entire tour. Maximum stabilized tours will not be curtailed in accordance with [paragraph 6.11](#). If approved, the projected departure date will be established as the same month and year of the AAC 50 expiration. If disapproved, the Airman will compete during their overseas returnee/CONUS Mandatory Mover (CMM) enlisted quarterly assignment listing (EQUAL) cycle.

3.20.3.2. Overseas to CONUS CCCA: An Airman can apply for OS to CONUS CCCA during their DEROS forecast cycle during their DEROS election window in accordance with [paragraph 7.5.3](#). Airmen are obligated to serve their entire Department of Defense (DoD) prescribed tour. If approved, the projected departure date will be established as the same month and year of their DEROS. If disapproved, the Airman will compete during their overseas returnee/CONUS Mandatory Mover (CMM) enlisted quarterly assignment listing (EQUAL) cycle.

3.20.3.3. **(Enlisted Only)** Enlisted Airman has not been selected for PCS; and the Airman does not have an assignment selection date. See [paragraph 6.23](#) and [Table 6.7](#) to determine assignment selection dates.

3.20.3.4. **(Enlisted Only)** Enlisted Airmen with an assignment on file who were selected as a volunteer may request cancellation in accordance with [paragraph 6.10](#) in conjunction with their CCCA/CCCD application.

3.20.3.5. **(Enlisted Only)** Enlisted Airmen overseas or serving a CONUS Maximum stabilized tour, AAC 50, who have an Assignment Selection Date based on the overseas returnee/CMM cycle may request CCCA or CCCD as an exception to policy no later than the day before the overseas returnee/CMM EQUAL is advertised. Application for CCCA must be submitted in CMS prior to the date EQUAL is posted on the Assignment Management System (AMS). Applications submitted on or after the day EQUAL is posted on AMS will be reviewed for program eligibility only.

3.20.3.6. **(Officer Only)** Officer has not been selected for PCS but does have an assignment selection date as placed on the final vulnerable to move list (VML). Officers placed on the final VML will have AAC VM on their record and will have received an

automated email advising of the AAC VM update. See [paragraph 6.23](#) and [Table 6.7](#) to determine assignment selection dates.

3.20.3.7. **(Officer Only)** Officers with an assignment on file who were selected as a volunteer may request cancellation in accordance with [paragraph 6.10](#) in conjunction with their CCCA/CCCD application.

3.20.3.8. Airman does not have the following AACs on their record: AAC 05, 08, 09, 10, 12, 13, 15, 16, 17, 19, 21, 25, 27, 31, or 37 as listed in [Table 3.1](#) or assignment limitation code 02, 08, or L as listed in [Table 3.2](#). Airmen with the following AACs on their record: AAC 36, 41, 42, 43, 44, 45, 46, 47, 51, 54, 55, 56, or 57 as listed in [Table 3.1](#), may apply no earlier than 12 months from the expiration date. Departure will be no earlier than completion of the minimum CONUS stabilized tour or deferment period in accordance with [paragraph 6.11](#).

3.20.3.9. Airman has, or is eligible to obtain, the required retainability in accordance with [paragraph 6.28](#) and [Table 6.4](#). Retainability will not be waived.

3.20.3.10. Airman is not an overseas volunteer; and the Airman does not have any other voluntary applications pending (e.g., Base of Preference, High School Senior Assignment Deferment, Voluntary Stabilized Base Assignment Program (VSBAP), HB, Follow-On, and Join Spouse). This also includes Humanitarian, EFMP, or ET assignment applications. The CCCA application cannot be submitted until the other application is finalized.

3.20.3.11. Airmen vulnerable for CONUS or overseas PCS selection may apply; however, vulnerability is a factor in approval or disapproval. PCS vulnerability is the relative standing of an Airman among their peers for PCS selection in comparison to projected personnel requirements in a particular period of time (usually the next 24 months). PCS vulnerability changes after each assignment cycle, therefore vulnerability is only known and reviewed by the assignment teams at the time of the application.

3.20.3.12. Airmen may ask for assignment in an awarded AFSC other than Control Air Force Specialty Code (CAFSC) provided they meet the AFSC qualifications; however, approval is based on the needs of the Air Force. A request for this consideration should specifically be stated in the Airman's CCCA memorandum.

3.20.3.13. Airmen has submitted child custody documentation to AFPC and have ALC "F" updated in MilPDS to signify they meet program criteria. Documentation and update of ALC "F" may be submitted separately or with a request for CCCA consideration.

3.20.4. Eligibility Criteria for CCCD. The following Airmen are eligible for CCCD: Airmen named as a parent in a finalized court-ordered divorce decree and court-ordered child custody decree (if Airman was married to the co-parent), who shares joint custody of either biological or adopted children, but are not designated as the primary custodial parent and, the children do not reside with the Airman more than 50% of designated parenting time and the custodial residence reflects the co-parent in the divorce decree and child custody decree. Airmen named as a parent in a finalized court-ordered child custody decree (if Airman was not married to the co-parent), who shares joint custody of either biological or adopted children, but are not designated as the primary custodial parent, and the children do not reside with the Airman, and the custodial residence reflects the co-parent in the divorce decree and child custody decree. The following general eligibility criteria apply to all Airmen.

3.20.4.1. Airmen are assigned in the CONUS and not currently serving a CONUS Maximum Stabilized Tour (AAC 50). There is no time-on-station minimum to apply for in-place deferment.

3.20.4.2. Overseas Airmen are not eligible for CCCD. Airmen must request DEROS extension during the DEROS forecast window in accordance with [paragraph 7.5.3](#) and [paragraph 7.5.4](#) and [Attachment 9](#) and [Attachment 13](#).

3.20.4.3. CMM Airmen are not eligible for CCCD. Airmen must request extension of Maximum Stabilized Tour no earlier than 12 months and no later than 9 months before completing the stabilized tour in accordance with [paragraph 6.11.3](#).

3.20.4.4. **(Enlisted Only)** Enlisted Airmen who do not have an assignment on file are eligible to request an in-place deferment.

3.20.4.5. **(Enlisted Only)** Enlisted Airmen with an assignment on file and who were selected as a volunteer may request cancellation as an exception to policy in accordance [paragraph 6.10](#) in conjunction with their CCCD application. If cancellation is disapproved, they must proceed on the assignment.

3.20.4.6. **(Officer Only)** Officer has not been selected for PCS but does have an assignment selection date as placed on the final VML.

3.20.4.7. Officers placed on the final VML will have AAC VM on their record and will have received an automated email advising of the AAC VM update. See [paragraph 6.23](#) and [Table 6.7](#) to determine assignment selection dates.

3.20.4.8. **(Officer Only)** Officers with an assignment on file and who were selected as a volunteer may request cancellation as an exception to policy in accordance with [paragraph 6.10](#) in conjunction with their CCCD application. If cancellation is disapproved, they must proceed on the assignment.

3.20.4.9. Airman has, or is eligible to obtain, the required retainability. If approved for a 12 month CCCD, Airmen are required to obtain retainability for the deferment.

3.20.4.10. Airman is not an overseas volunteer. Airman does not have any other voluntary applications pending (Base of Preference, High School Senior Assignment Deferment, VSBAP, HB, Follow-On (FO), and Join Spouse). This also includes Humanitarian, EFMP, or ET assignment applications. The CCCD application cannot be submitted until the other application is finalized

3.20.4.11. Airmen vulnerable for CONUS or OS PCS selection may apply; however, vulnerability is a factor in approval or disapproval. PCS vulnerability is the relative standing of an Airman among their peers for PCS selection in comparison to projected personnel requirements in a particular period of time (usually the next 24 months). PCS vulnerability changes after each assignment cycle, therefore vulnerability is only known and reviewed by the assignment teams at the time of the application.

3.20.4.12. Airmen has submitted child custody documentation to AFPC and have ALC "F" updated in MilPDS to signify they meet program criteria. Documentation and update of ALC "F" may be submitted separately or with a request for CCCD consideration.

3.20.5. Military Couples with a Military Co-Parent. This section only applies to military members currently married to another military member who either one or both share custody of a biological or adopted child with another military member. A military couple with a military co-parent is defined as a current military married to military couple who one of the members of this marriage was previously married or never married to the other military member whom they have children with. A military couple is defined as both are RegAF Service members in the United States Air Force, United States Space Force, United States Army, United States Navy, United States Marine Corps, or United States Coast Guard. One or both Airmen of a dual married military couple named in a court ordered decree may request CCCA/CCCD consideration in their own right when eligible; however, they both must be PCS eligible and have join spouse intent code “A” or “B”. (Join Spouse intent codes are updated for the married military couple only). **(T-1)**. If only one Airman is submitting then manning must support a join spouse assignment for their current military spouse in order for the assignment to be approved. **(T-1)**.

3.20.5.1. The join spouse intent code is a factor when considering the request. If the intent code is “A” or “B” and only one Airman of the military couple is submitting a CCCA/CCCD application, then the spouse will automatically be considered for join spouse assignment or deferment in conjunction with their spouse’s CCCA/CCCD request. If manning supports and the request is approved, the eligible Airman will receive a CCCA assignment (assignment action reason CC) and their spouse will receive a join spouse assignment (assignment action reason A4 [join spouse]). If manning does not support the CCCA or join spouse assignment, the CCCA request is disapproved.

3.20.5.2. Airmen can only request CCCA/CCCD for themselves if they are the noncustodial co-parent and the children do not reside with them more than 50% of designated parenting time. If a request is disapproved, it would be incumbent upon the other military parent for which child-custody applies to apply in their own right.

3.20.5.3. If one Airman of a military couple is currently serving a CONUS maximum tour (AAC 50) and meets the eligibility criteria to apply, then they submit their CCCA/CCCD request during their eligibility window and their spouse (who does not meet CCCA/CCCD eligibility criteria) is considered for a join spouse assignment or deferment.

3.20.5.4. When both Airmen are eligible for CCCA consideration, both Airmen of this military couple have a child or children with a different co-parent, and submit simultaneous applications, the assignment preferences must match in the same order. **(T-1)**. When both applications are approved, then both Airmen are moved under the CCCA program (assignment action reason CC). This identifies both assignments were made to support both military member of this military couple for CCCA.

3.20.5.5. When one Airman of a military couple requests a CCCA/CCCD and the join spouse intent code is “H” the request will be considered for only that Airman. **(T-1)**. Refer to [Attachment 8, paragraph A8.3.5.1](#) and [paragraph A8.5.4.3](#) for information on how join spouse intent code “H” will affect future join spouse assignment consideration.

3.20.6. Who is Not Eligible for CCCA or CCCD Consideration.

3.20.6.1. Airmen who are not a named party on a court-ordered child custody decree for joint custody of their biological or adopted child. Airmen who are designated on a divorce

decree and/or a court-ordered child custody decree as the primary custodial parent or primary conservator parent and the child(ren) reside in their household.

3.20.6.2. Airmen who are still legally married to the co-parent of their biological or adopted children.

3.20.6.3. Airmen whose youngest child, subject to the custody order, will be age 17 or older at the time of the application.

3.20.6.4. **(Enlisted Only)** Enlisted Airman has been selected for PCS. Enlisted Airmen with an assignment on file, refer to [paragraph 6.23](#) and [Table 6.7](#).

3.20.6.5. **(Officer Only)** Officer has not been selected for PCS but does have an assignment selection date as placed on the final VML. Officers with an assignment on file, refer to [paragraph 6.23](#) and [Table 6.7](#).

3.20.6.6. Airmen requesting a CONUS to Overseas, Overseas to Overseas, or in-place deferment at overseas locations. These assignments are made in accordance with Air Force Officer Assignment System (AFOAS) (officers) or EQUAL (enlisted) overseas cycles and during the DEROS forecast cycle. **Note:** Airmen with an extreme personal hardship whose child(ren) reside in an overseas location must submit via the Humanitarian Reassignment process in accordance with [paragraph A15.8.9](#), which is the only process to request an exception to policy for overseas assignment consideration.

3.20.6.7. Consecutive CCCA or CCCD in any combination are not authorized. There must be an intervening PCS. **(T-1)**.

3.20.6.8. Airmen who do not have ALC “F”, unless submitting their initial application.

3.20.6.9. Airmen who have any of the following AACs on their record: AAC 05, 08, 09, 10, 12, 13, 15, 16, 17, 19, 21, 25, 27, 31, or 37 as listed in [Table 3.1](#) of this regulation or Assignment Limitation Code (ALC) 02, 08, or L as listed in [Table 3.2](#).

3.20.6.10. Airmen who have any of the following AACs on their record and expiration is greater than 12 months: 36, 41, 42, 43, 44, 45, 46, 47, 51, 54, 55, 56, or 57 as listed in [Table 3.1](#) of this publication.

3.20.6.11. Airmen who have overseas preferences on file.

3.20.6.12. Airmen who have another voluntary assignment pending (Base of Preference (BOP), High School Senior Assignment Deferment (HSSAD), VSBAP, Home-Basing, Follow-On, Join Spouse, Humanitarian, EFMP, or ET).

3.20.7. Documentation Required for Update of AAC “CC” for CCCA or CCCD. The following documentation must be provided. This information is used to verify eligibility and update ALC “F” to an Airman’s record. Airmen must have ALC “F” on their record to be eligible to request CCCA or CCCD consideration; however, Airmen can submit eligibility documentation at the same time they request for CCCA or CCCD consideration. Applications are processed by the assignment authority in accordance with the schedule in Personnel Services Delivery (PSD) Guide: CCCA/CCCD Consideration Program.

3.20.7.1. Certified birth certificate(s) naming the Airman as the biological or adopted parent or *adoption decree, decrees must not contain redactions*.

3.20.7.2. *Certified Divorce Decree between the Airman and the co-parent. Airman must be a named party for joint custody and the co-parent (not the Airman) must be named the primary custodial parent or primary conservator parent. Highlight the portion stating which parent is declared the conservator, primary custodial parent, and/or primary custody residence parent (Airmen who were never married to the co-parent will not have a divorce decree.), decrees must not contain redactions.*

3.20.7.3. *Certified and most current Court-ordered Child Custody Decree. Airman must be a named party for joint custody and the co-parent (not the Airman) must be named the primary custodial parent or primary conservator parent. Highlight the portion stating which parent is declared the conservator, primary custodial parent, and/or primary custody residence parent, decrees must not contain redactions.*

3.20.7.4. A standard AF official memo signed by the Airman and the other party to the custody order stating there is nothing precluding reassignment to or near the children's location (restraining order, domestic violence) with final recommendation by the Airman's Commander. If the co-parent refuses to sign the memo, insert "co-parent refused to sign" above the signature block of the co-parent. The Commander must include a statement in their recommendation attesting they have read all the documents and to the best of their knowledge there is nothing precluding reassignment to or near the children's location. If the co-parent is military, provide the branch of service and duty location in the signature block of the co-parent.

3.20.7.5. DD Form 1172-2, *Application for Identification Card/DEERS Enrollment*. Form must be provided by and signed by the Airman's servicing MPF and reflect the current physical address of the child(ren).

3.20.7.6. DELETED.

3.20.8. Application Procedures/Responsibilities. Airmen submit their CCCA/CCCD application through their Commander's Support Staff (CSS). Procedures and responsibilities for the Airman, Commander, MPF, and AFPC are outlined in the PSD Guide, Voluntary Assignments: CCCA/CCCD.

3.20.9. Approval/Disapproval Guidance: The following are final approval or disapproval authorities for CCCA/CCCD requests:

3.20.9.1. General Officer Management Office, AF/A1LG: O-7 through O-10. AF/A1 is the final disapproval authority.

3.20.9.2. Colonel Management Office, AF/A1LO: O-6 and O-6 selects. AF/A1 is the final disapproval authority.

3.20.9.3. CMSgt Management Office, AF/A1LE: E-9 and E-9 selects. AF/A1 is the final disapproval authority.

3.20.9.4. AF Judge Advocate General, AF/JAX: Judge Advocates (51J). AF/JA is the final disapproval authority.

3.20.9.5. AFPC/DP2 Assignment Teams: O-5 and below and E-8 and below. AFPC/CC is the final disapproval authority. Assignment teams determine if manning supports the request, update approved requests via PDS and close the application. Assignment teams will update assignment, assignment diversion, assignment cancellation, ALC "F" with

expiration to equal the 1st day of the month of the youngest child's 18th birthday and AAC "CC" with expiration 12-months from the report no later than date (CCCA) or 12-months from the date of approval (CCCD). Airmen will receive assignment notification through their Commander in accordance with **paragraph 6.24. (T-1)**.

3.20.9.5.1. If Airman's request is approved, the MPF will ensure the enlisted Airman obtains the required service retainability in accordance with **paragraph 6.28** and **Table 6.4** within 30 days of assignment notification. **(T-1)**. Airmen may only request a delay in obtaining retainability as authorized in **paragraph 6.28** and **Table 6.5**. The MPF notifies AF/A1LE or AFPC/DP2 assignment teams when Airmen have not obtained the retainability within 30 days for assignment cancellation.

3.20.9.5.2. When an Airman's request is disapproved, the Airman may resubmit six months from the date of disapproval. There is no limit on the number of times an Airman may apply, provided the Airman is eligible.

3.20.10. Withdrawal/Cancellation Guidance. Cancellation of an approved CCCA/CCCD (PCS or in-place) due to Airman declining retainability, failing to obtain retainability, becoming ineligible for assignment, or when requested by the Airman constitutes usage of CCCA/CCCD. No further consideration is given. Voluntary withdrawal of an application (PCS or in-place) prior to final decision by the assignment team does not constitute usage of CCCA/CCCD.

Table 3.1. Assignment Availability Codes.

R U L E	A	B	C	D	E	F	G
	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
1	02	Air Force Educational Leave of Absence (AFELA) Program	X	X	Approved or enrolled in AFELA Program according to DAFI 36-2670, <i>Total Force Development</i> .	Graduation date, verified by Education services memorandum See note 2 .	MPF
2	05	Application for program leading to a		X	Applied for commission through a service academy, preparatory	Date of application plus: 9 months for AECP; 12 months for service	MPF

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R U L E	A	B	C	D	E	F	G
	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
		commissi on			school, Air Force Reserve Officer Training Corps (AFROTC) or Airman Education and Commissionin g Program (AECF). Also see DAFMAN 36-2032 for application ineligibility criteria.	academy, preparatory school, AFROTC and Officer Training School (OTS). Enlisted selected for PCS are ineligible for deferment. See note 3 .	
3	08	Controlle d Duty Assignm ent Retainabi lity Declinati on		X	Declines to reenlist or extend current enlistment to acquire Controlled Duty Assignment retainability; or, elects to retire in lieu of attending training for Controlled Duty Assignment. See paragraph 6.52.	Date service member signs DAF Form 964, <i>PCS</i> , <i>TDY</i> , <i>Deployments</i> , <i>or Training Declination Statement</i> , or date of application for retirement, until date of separation. See note 3 and note 5 .	MPF

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	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
4	09	Declined or failed to obtain required retainability for PCS, TDY, deployment, or training; or elected retirement in lieu of PCS. See note 3.		X	service member declines or fails to reenlist or extend current enlistment to acquire retainability and a DAF Form 964 is executed; or, elects for retirement in lieu of PCS via vMPF (including when retirement is in lieu of change of end assignment prior to PCS departure) See paragraph 6.28.	Date service member or MPF signs the DAF Form 964 or date of application for retirement; duration is until date of separation. See note 3.	MPF
5	10	Not selected for reenlistment		X	service member considered but not selected for reenlistment under the Selective Reenlistment	Enter date of non-selection; duration is until date of separation. Source document is the AF Form 418, <i>Selective Reenlistment</i>	MPF

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R U L E	A	B	C	D	E	F	G
	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
					Program. See AFI 36-2606.	<i>Program (SRP) Consideration for Service members. See note 3.</i>	
6	12	Article 15	X	X	Service members who are serving Article 15, UCMJ punishment. See paragraph 6.20.	Effective date of punishment plus period of punishment or suspension. (Only update if punishment is in excess of 30 days). Source document is Article 15. Verify service member has Unfavorable Information File (UIF) code “3” in PDS. See note 3.	MPF
7	13	International Hold	X	X	service member placed on hold according to AFI 51-402, <i>International Law.</i>	Documentation from Staff Judge Advocate required before update. (T-1) See note 3, note 6, note 7, note 8 and note 10.	MPF
8	14	Material Witness	X	X	service member	Documentation from Staff	MPF (AFPC/

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	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
					identified by Staff Judge Advocate as a material witness for a court-martial, trial in a foreign country (criminal or civil) or certain non-criminal trials in US, state or federal courts.	Judge Advocate required before update. Date identified by Staff Judge Advocate plus estimated period needed to complete trial proceedings (not to exceed 6 months without AFPC/DP3AM approval). (T-1). See note 9.	DP3AM if greater than 6 months)
9	15	Court-Martial, or Civilian Criminal Court	X	X	Service member under criminal charges and/or awaiting trial by military court-martial; or, under charges and/or awaiting trial by civilian criminal court for an offense for which the maximum	Documentation from Staff Judge Advocate required before update. Date charges preferred plus 6 months (not to exceed 6 months without prior approval from AFPC/DP3AM). (T-1). See note 3.	MPF (AFPC/DP3AM if greater than 6 months)

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	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
					punishment for the same or closely related offense under the Manual for Courts-Martial is confinement for 1 year or more.		
10	16	Control Roster	X	X	Service member undergoing special period of observation according to DAFI 36-2907, <i>Adverse Administrative Actions</i> .	Date placed on control roster plus period of observation. Verify Service member has UIF code "2" updated in PDS. (T-1) . See note 3 .	MPF
11	17	Under Security Forces or AFOSI	X	X	Includes investigation by the Base Security Forces, or Air Force Office of Special Investigations (AFOSI) (excludes normal security clearance investigations conducted	Documentation from Security Forces or AFOSI required before update. Date investigation is directed plus estimated period of completion (not to exceed 6 months without prior approval from	MPF (AFPC/DP3AM if greater than 6 months)

R U L E	A	B	C	D	E	F	G
	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
					according to DoDM 5200.02_AF MAN 16-1405, <i>Air Force Personnel Security Program</i>).	AFPC/DP3AM) (T-1). See note 3 and note 8 .	
12	18	Sponsored Military Medical Training	X		Service member in sponsored military medical training.	Date entered training until completion of training.	MPF
13	19	Referral Officer Performance Report/Enlisted Performance Report	X	X	Service member whose most recent performance results in a referral Officer Performance Report/Enlisted Performance Report according to DAFI 36-2406.	Officer Performance Report/Enlisted Performance Report closeout date plus 12 months. Source document is the Officer Performance Report/Enlisted Performance Report. See paragraph 6.20.3 for assignment ineligibility criteria. (T-1).	MPF

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R U L E	A C O D E	B Title	C Applies to Officers	D Applies to Enlisted	E Description	F Deferment Period or Effective Date; Source Document (see note 1)	G Update Authority
						See note 3 and note 18 .	
*14	21	Comman der Directed Hold	X		Commander's option to retain a service member to complete actions under DAFI 36-3211, DAFI 36-3802, <i>Force Support Readiness Programs</i> , Chapter 8; O-1s non-recommended for promotion to O-2. Requests for other reasons than those listed above, see paragraph 6.20 .	Date service member officially notified in writing of action plus estimated period for completion of action not to exceed 4 months without prior approval from AFPC/DP3AM, except for DAFI 36-3211 cases which may not exceed 12 months. (T-1) . See note 3 and note 10 .	MPF (AFPC/DP3AM if greater than 4 months)
*15				X	Service member placed on hold for completion of action under DAFI 36-3211 or 36-3802. Requests for	Date service member officially notified in writing of action plus estimated period for completion of	MPF (AFPC/DP3AM if greater than 4 months)

R U L E	A	B	C	D	E	F	G
	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
					other reasons than those listed above, see paragraph 6.20.	action, not to exceed 4 months without prior approval from AFPC/DP3AM , except for Service members processed for dual action or lengthy service separation (DAFI 36-3211) which may not exceed 12 months. (T-1). See note 3 and note 10.	
16	22	Senior Military Faculty	X		Service member holding Tenure Faculty Appointment at the USAF Academy.	For Senior Military Faculty members: Date the appointment is approved, in 3 year increments up to the point of mandatory retirement, or other mutually agreed periods.	MPF

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	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
17	24	Applied or Nominated for Assignment or Training School	X		Service member applied or nominated for assignment or training school and prescribing directive states ineligibility for other assignment actions until released or selected.	Date anticipated entry into class, or date Service member will move if selected for assignment. See note 3 .	AFPC Assignment t OPR
18	25	Selected for Special Duty Assignment or Formal Training		X	Service member selected for Special Duty Assignment or a formal school and there is not a firm reporting date.	Assignment selection date plus 6 months. See note 3 .	AFPC Assignment t OPR
19	27	Nominated for a Special Duty Assignment or MAJCOM assignment		X	Service member nominated to HQ USAF or MAJCOM controlled assignment.	Date of nomination not to exceed 6 months. (T-1) . See note 3 .	AFPC Assignment t OPR

R U L E	A	B	C	D	E	F	G
	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
20	28	Base of Preferenc e		X	Approved Base of Preference (see Attachment 2).	Compute date according to Attachment 2 . See note 4 .	MPF
21	29	Retrainee (does not apply to retraining into SDI 8F000/Fi rst Sergeant, see AAC 50 and FS)		X	Approved retraining according to AFMAN 36- 2100, <i>Military Utilization and Classification</i> , or non- commissioned officers (NCOs) approved for retraining under Fiscal Year (FY) service member Retraining programs (may be through On- the-job- training or formal training).	24 months from the date entered into retraining, or date completed formal school training, or date arrived station when PCS is in conjunction with retraining, or until upgraded to AFSC commensurate with grade, or retraining into CONUS/overs eas (OS) imbalanced skills; whichever is earlier, but not to exceed 24 months. See note 4 and note 12 .	MPF
22	30	Humanita rian	X	X	Service member PCS	If service member	MPF (for PCS)

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	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
		Reassign ment or Deferme nt			or deferred for humanitarian reasons in accordance with Attachment 15.	PCS's, 12 months from date arrived station. If deferred at current location, 12 months from date of approval. AFPC/DP3XAA may extend, see note 11.	AFPC/ DP3XAA (for deferment)
23	31	Medical Deferme nt	X	X	Temporary disqualification for worldwide duty, including PCS (non-mobility profile). See DAFMAN 36-2114, <i>Management of the Air Force Reserve Individual Reserve (IR) and Full-Time Support (FTS) Programs</i> and paragraph 6.12 of this AFI.	Date of Availability on AF Form 469, section IV (not to exceed 12 months from date medical problem incurred), or expiration of medical hold imposed by AFPC/DP2NP; AFRC/SGP for AFR; NGB/SGP for ANG. (T-1). See note 7 and note 8.	MPF or, AFPC/ DP2NP AFRC/SGP (for AFR) NGB/SGP (for ANG)

R U L E	A	B	C	D	E	F	G
	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
24	32	Join-Spouse Assignment	X	X	Military couple assigned jointly in PCS status. See Attachment 8 .	Defer both service members for 24 months from date arrived station of last arriving service member. Remove upon update of intent code "H." See note 2 .	MPF
25	34	EFMP Reassignment or Deferment	X	X	Service members reassigned or deferred for EFMP reasons in accordance with paragraph 3.18 .	If service member PCS's, 12 months from date arrived station. If deferred at current location, 12 months from date of approval. AFPC/DP3XAA may extend, see note 11 .	MPF (for PCS) AFPC/DP3XAA (for deferment)
26	36	AFPC Controlled, Force Structure Action	X	X	service member deferred from assignment until Date of Availability,	Entry date plus period established by AFPC/DP2LWA. (T-1) .	AFPC/DP2LWA

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	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
		(Mandatory Move)			then reassignment (PCA or PCS) is mandatory.		
27	37	Medical Evaluation Board or Physical Evaluation Board	X	X	Service member deferred from PCS reassignment pending results of Medical Evaluation Board or Physical Evaluation Board. See DAFMAN 36-2114 and paragraph 6.12.	Regardless of date of availability on AF Form 469, no assignment action should be taken until service member is returned to duty through AFPC/DP2NP (RegAF)/ AFRC/SGP (AFR)/ NGB/SGP (ANG) and code “37” is removed as service member may be unfit for retention. (T-1) See note 3.	MTF (based on update in medical system which auto updates AAC 37) AFPC/DP2 NP
28	38	Recalled Retiree		X	Service member is a RegAF retiree voluntarily recalled to active duty according to 10 USC §	Date of entry on extended active duty plus period of active duty.	AFPC Assignmen t OPR

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	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
					688, <i>Retired Members: Authority to Order Return to Active Duty</i> . Do not reassign without approval of assignment OPR and service member is ineligible for Overseas PCS, except as a volunteer.		
29	39	Operational Continuity	X		When assigned to a different position on the same base (following PCA w/o PCS only) for operational continuity; or Following a 365-day extended deployment; contingency deployment in accordance	As directed by the assignment OPR, not to exceed 18 months. (T-1) . See note 4 and note 11 . For 365-day extended deployment/ contingency deployment: 24 months from return date. For 365-day extended	AFPC Assignment OPR

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	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
					with Attachment 7 or for 365-day extended deployment where a severe mission impact reclama has been approved by the MAJCOM Deputy Commander (MAJCOM/C D) (see paragraph 8.8.2.2.1.1.)	deployment Approved Reclama: 6 months from required delivery date of reclama'd requirement.	
30				X	Authorized deferment for operational continuity; or Following a 365-day extended deployment; contingency deployment in accordance with Attachment 7 , approved Assignment	As directed by the assignment OPR on an individual basis, not to exceed 3 years. (T-1). For 365-day extended deployment, contingency deployment: 24 months from return date. or	AFPC Assignmen t OPR

R U L E	A	B	C	D	E	F	G
	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
					Deferment (AD) or For 365-day extended deployment where a severe mission impact reclama has been approved by the MAJCOM/C D (see paragraph 8.8.2.2.1.1.)	For 365-day extended deployment Approved Reclama: 6 months from required delivery date of reclama'd requirement.	
31	40	Involuntary Consecutive Overseas Tour	X	X	Service member directed to serve an Involuntary Consecutive Overseas Tour and is ineligible for involuntary PCS selection for 24 months except mandatory PCSs.	24 months from date arrived station in CONUS after completion of Involuntary Consecutive Overseas Tour. See note 11.	MPF
32	41	VSBAP		X	Service member has either an	4 or 5 years from date of approval or	MPF

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	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
					approved application to remain at present VSBAP base or is reassigned under VSBAP (see Attachment 11).	date arrived station (as appropriate – see Attachment 11). See note 4 and note 11 .	
*33	42	5-Year Stabilized Tour		X	Service member assigned to certain units or functions approved for minimum stabilized tour (see paragraph 6.11)	Date assigned to unit or function for 5 years when approved and authorized on the Stabilized Tour Guide or date authorized by AFPC/DP3AM . (T-1). See note 4 .	MPF AFPC/DP3AM
*34	43	4-Year Stabilized Tour	X	X	Service member assigned to certain units or functions approved for minimum stabilized tour (see paragraph 6.11)	Date assigned to unit or function for 4 years when approved and authorized on the Stabilized Tour Guide or date authorized by AFPC/DP3AM	MPF AFPC/DP3AM

R U L E	A	B	C	D	E	F	G
	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
						. (T-1). See note 4.	
*35	44	3-Year Stabilize d Tour	X	X	Service member assigned to certain units or functions approved for minimum stabilized tour (see paragraph 6.11)	Date assigned to unit or function for 3 years when approved and authorized on the Stabilized Tour Guide or date authorized by AFPC/DP3AM . (T-1). See note 4.	MPF AFPC/DP3 AM
*36	45	2-Year Stabilize d Tour		X	Service member assigned to certain units or functions and AFPC/DP3A M approves the temporary deferment (see paragraph 6.11)	Date of assignment to unit or function plus 2 years or other time period as determined by AFPC/DP3AM . (T-1) . See note 4.	MPF AFPC/DP3 AM
37				X	Completes weapon system training in AFSC 1A1X3 or 1A2X3.	24 months from date enlisted service member completes weapon system training.	

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	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
*38	46	Joint duty assignment Position, Maximum Stabilized Tour	X		Assigned to a designated joint duty assignment position (CONUS or OS) (see paragraph 6.56).	Date determined by AFPC/DP2LWA. (T-1) . See note 13 .	AFPC/ DP2LWA
*39	47	HQ USAF and related Activities		X	Service member assigned to Air Staff, Air Staff Support (Pentagon), Air Force Elements (AFELM) approved for minimum stabilized tour (see paragraph 6.11)	Date assigned to unit or function plus number of years approved and authorized on the Stabilized Tour Guide or date authorized by AFPC/DP3AM . (T-1) . See note 4 .	MPF AFPC/DP3 AM
*40	48	School Assignment	X		Assignments controlled by AFPC.	Entry date plus course length. Date determined by AFPC Assignment Team	AFPC Assignment t OPR
*41	50	CONUS Maximum Stabilized Tours	x	x	Tours controlled by HQ USAF and AFPC. To preclude	Date assigned to unit or function for 4 years when approved and	MPF AFPC/DP3 AM

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	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
					prolonged assignment outside of AFSC (SDI, RI, Instructor) (see paragraph 6.11)	authorized on the Stabilized Tour Guide or date authorized by AFPC/DP3AM . (For CONUS Isolated Tour, 24 months for accompanied/15 months for unaccompanied (see paragraph 6.11). (T-1). See note 4 .	
*42		First Sergeant (Initial Tour)		X	Assigned as an 8F000 First Sergeant (see paragraph 6.11) .	Date graduated First Sergeant Academy plus 4 years. (T-1) . See note 4 , note 12 , and note 16 .	AFPC/ DP2OSS
*43	51	CONUS Minimum Stabilized Tours	X		Tour controlled by MAJCOM and AFPC approved for minimum stabilized tour (see paragraph 6.11) .	Date assigned plus number of years authorized per the Stabilized Tour Guide. (T-1)	MPF AFPC/DP3AM
*44	51	Operational		X	Assigned to units or functions	Date authorized by AFPC	AFPC assignment OPR

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	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
		Deferment			whose temporary deferment has been approved on a by-name basis in accordance with paragraph 6.11.	assignment OPR. (T-1)	
*45	52	Voluntary Education Program	X	X	Enrolled in off-duty education program as shown in paragraph 6.11 and DAFI 36-2670.	Period authorized by the specific program as shown in paragraph 6.11 and DAFI 36-2670. See note 2 and note 4.	MPF
*46	54	AFPC Controlled Force Structure Actions (Reassignment is not mandatory.)		X	Service member assigned to a deactivating or activating base/unit, or weapon system change.	Date of approval by AFPC/DP2LWA plus period of deferment. (T-1)	AFPC/ DP2LWA
*47	55	CONUS Minimum Stabilized Tours	X		Tour controlled by HQ USAF and AFPC approved for minimum	Date assigned to unit or function plus number of years approved and authorized	MPF AFPC/DP3 AM

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	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
					stabilized tour (see paragraph 6.11).	on the Stabilized Tour Guide or date authorized by AFPC/DP3AM . (T-1). See note 4.	
*48	56	Secretary of the Air Force (SecAF) Personnel Control List	X	X	Service member deferred on individual basis (by- name) by the Office of the SecAF. List managed by AFPC/DP2X.	As determined by AFPC/ DP2X. (T-1)	AFPC/DP2 X
*49	57	CONUS Minimu m Stabilize d Tour, President ial Support Duties only	X		Officers assigned to Presidential Support Duties.	Date assigned plus number of years authorized or as determined by the assignment OPR. (T-1)	AFPC assignment OPR
*50	58	Operatio nal Deferme nt	X		Officer assigned to critical skill program or officer considered essential to a specific project or	As directed by the assignment OPR. (T- 1). See note 11.	AFPC assignment OPR

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	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
					program as shown in paragraph 6.11.		
*51	59	Critical Acquisiti on Position Tenure (CAP)	X		Officer is assigned to a critical acquisition position; AFPC/DP2L A reviews all assignments to critical acquisition positions per AFI 20-101 63-101, <i>Integrated Life Cycle Management.</i>	Date of assignment to unit plus number of years as determined by the assignment authority. The majority of critical acquisition positions require 3 years, but some require 4 years. For officers assigned to overseas locations the overseas tour length takes precedence over the Critical Acquisition Position tenure. See note 2.	AFPC assignment OPR
*52	65	Assignm ent Incentive Pay at	X	X	Service members awarded	Date equal to DEROS or date approved as determined	MPF

R U L E	A	B	C	D	E	F	G
	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
		Overseas Duty Locations			monetary incentive.	by the Assignment Incentive Pay approved programs; the Assignment Incentive Pay Execution Guidance; and the service member's written agreement. See note 15 .	
*53	67	Aviation Service Under Review	X		Continued utilization in aviation service is under review according to AFMAN 11- 402.	Date action initiated plus 3 months; (continued in 3-month increments until The Chief, Operational Training Division (AF/A3O-AT) advises AFPC to remove). See note 11 .	AFPC assignment OPR
*54	69	Reported as Bypass Specialist or Trainee Applicati		X	Basic military trainee reported by MAJCOM or AFPC as bypass specialist or	Basic Military Training graduation date for bypass. Completion date of Technical	MPF

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	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
		on to Join Spouse			basic military trainee who has made application to join spouse.	Training for Join Spouse.	
*55	70	AFPC or Air Education and Training Command (AETC) Basic Military Trainee Hold		X	Basic military trainee identified by 737th Training Support Squadron who has unique clearance problems that prohibit classification and reassignment.	Basic Military Training graduation date or date determined by AETC or AFPC OPR. (T-1).	AETC Special Duty Assignmen ts (AETC/A1 KA) AFPC/ DP2LWA
*56	71	Guarante AFSC Program		X	Basic military trainee who enlisted under the Guarantee AFSC Program.	Basic Military Training graduation date.	Basic Military Training Student Processing Section
*57	72	Waiver of Mandator y Classifica tion Prerequis ites		X	Basic military trainee who applied for a waiver of the mandatory Enlisted Classification Directory prerequisites.	1 day before the normal classification date of the week group the trainee is in.	Basic Military Training Student Processing Section
*58	73	Basic Military		X	Basic military trainee	Date of recommendatio	Basic Military

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	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
		Trainee Recomm ended for Separatio n			recommended for separation under DAFI 36-3211.	n plus 6 months.	Training Student Processing Section
*59	77	OS Tour Extensio n Incentive Program (OTEIP)		X	Enlisted who extended overseas tour under the OTEIP (see Attachment 12).	Automatic update when DEROS change reason is Y1, Y2 or Y3. Date of Availability is 12 months from DEROS PREV, or 12 months from Date of Availability of prior AAC 77. (T-1) . See note 14 .	MPF (when not automatic)
*60	81	Medical	X	X	Temporary medical deferment from worldwide duty, including PCS (non-mobility profile).	12 weeks beyond deferment period shown in medical authority statement.	MPF (when not automatic) (MPF will only make update with concurrenc e from local medical authority to include current AF Form 469)

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*61	85	High School Senior Assignment Deferment	X	X	Deferment of assignment during eligible dependent child's senior year in High School (see paragraph 6.11.8).	Date equal to the 1st day of the 2nd month after eligible child graduates.	AFPC assignment OPR
*62	87	Vulnerable mover list deferment	X		Deferment of placement on the vulnerable mover list.	Date established by assignment OPR not to exceed 1 year	AFPC assignment OPR
*63	AP	Assignment Incentive Pay at CONUS Duty Locations	X	X	Awarded to service members selected for difficult-to-fill or less desirable assignments as designated by SecAF.	Date equal to date arrived station or date approved as determined by the Assignment Incentive Pay approval date; the Assignment Incentive Pay Execution Guidance; and the service member's written agreement. See note 15 .	MPF Commander's Support Staff AFPC/DP3 AM

R U L E	A C O D E	B Title	C Applies to Officers	D Applies to Enlisted	E Description	F Deferment Period or Effective Date; Source Document (see note 1)	G Update Authority
*64	CS	Critical Skills Retention Bonus Reenlistment/Obligated Service		X	To control assignments for service members in 1C2XX and 1T2XX AFSCs that have a Critical Skills Retention bonus to reenlist or extend.	Date of enlistment or extension.	MPF
*65	ET	365-day Extended deployment	X	X	Service member selected for or currently deployed on a 365-day Extended deployment.	Required Delivery Date plus 365 days.	AFPC/ DP2LWA
*66	FS	First Sergeant (Second or Consecutive tours)		X	Service member approved for second or consecutive tour beyond the initial 3-year tour coordinated with the 8F000 Career Field Manager, AFPC/DP2OSS, and service	Date of approval of second or consecutive tour plus length of approved tour by AFPC/DP2OSS. See note 4, note 16, and note 17.	AFPC/ DP2OSS

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	C O D E	Title	Applies to Officers	Applies to Enlisted	Description	Deferment Period or Effective Date; Source Document (see note 1)	Update Authority
					member's Primary Air Force Specialty Code (PAFSC) assignment team. (See paragraph 6.11).		
*67	VM	Vulnerab le Mover List (Final)	X		Officer placed on the Final Vulnerable Mover List by AFPC assignment OPR.	Date equal to last day of the RNLTD months during the Air Force Officer Assignment System Cycle. Note: Effective date of the VML reflected in remarks and will equal the date the Final Vulnerable Mover List is posted on Air Force Officer Assignment System.	AFPC assignment OPR

R U L E	A C O D E	B Title	C Applies to Officers	D Applies to Enlisted	E Description	F Deferment Period or Effective Date; Source Document (see note 1)	G Update Authority
*68	CC	Court-Ordered Child Custody	X	X	Service member approved for 12-month deferment	Date equal to 12-months from approved deferment; or date equal to 12 months from RNLTD of approved assignment.	Assignment OPR

Note:

1. Use this table in conjunction with **paragraph 6.11**.
 - a. See the Stabilized Tour Guide for a list of organizations authorized stabilized tours (organizational deferment), the length of the tour (deferment), and if it is a minimum or maximum tour.
 - b. An AAC does not preclude a mandatory PCS (see **Attachment 1** for definition of mandatory PCS), unless note 8 is indicated for that code.
2. Do not update for service members assigned overseas.
3. Service member is not eligible to apply for any self-initiated assignment programs until the deferment has expired. A service member who had an action approved under one of these programs before being placed in a code making them ineligible may retain the previously approved action if expiration of the ineligibility condition is before the departure date/DEROS. An RNLTD cannot be changed for the sole purpose of allowing a service member's deferment to expire before the departure date/DEROS (Includes when additional retainability is required due to change in PCS, TDY, or training requirement).
4. Does not apply to E-9s, O-6s and O-6 selects; do not update unless specifically authorized by AF/A1LE or AF/A1LO.
5. If the enlisted service member refuses to obtain retainability to fulfill the Controlled Duty Assignment commitment or Active Duty Service Commitment (ADSC) for directed training with a PCS, then the MPF will reclaim the assignment.
6. As determined by AFI 51-402.
7. Do not involuntarily extend service member's DEROS. Retain service member in place, but allow DEROS to expire (unless a voluntary DEROS extension is requested and approved).
8. Includes mandatory PCS.

Table 3.2. Assignment Limitation Codes.

LINE	A Code	B Title	C Description (Applies to both officers and enlisted unless indicated otherwise)	D Effective Date and Duration	E Limitation on PCS Selection
1	A	Medical Assignment Deferment	Only applies to service members with an AAC 81. Temporary disqualification for worldwide duty, including PCS (non-mobility profile).	Expiration of deferment period shown in medical authority statement plus 12 months	Eligible; establish RNLTD consistent with expiration of limitation. (T-1) .
2	B	Sensitive Compartmented Information (SCI) Access Position	Service member not qualified for assignment requiring SCI access.	Date of disqualification plus 5 years.	Eligible; except to position requiring SCI access, or when RNLTD is after expiration of limitation.
3	C	Medical Assignment Limitation	C3 Stratification: Assignment limited to specific installations based on medical need and availability of care.	Date authorized by AFPC/DP2NP. See paragraph 3.7 and 6.12 .	Service member may not PCS outside the limits set by their stratification unless waived by the authority specified in AFMAN 41-210, TRICARE® <i>Operations and Patient Administration</i> . (T-1) . See note 6 .
4	D	Permissive Action Link Duties	Previously assigned Permissive Action Link duties.	Completion of Permissive Action Link tour plus 2 years.	Ineligible for intracommand assignment or consecutive overseas tour assignment to unit level in same theater. (T-1) .
5	E	Congressional Medal of Honor	Service member recommended for or awarded Medal of Honor	Date of award or recommendation; indefinite. See paragraph 7.9 .	Not eligible for involuntary assignment to duties requiring participation in

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					combat or assignment to a hostile fire or imminent danger area. (T-1) .
6	F	Court-Ordered Child Custody	Service member meets criteria for enrollment. See paragraph 3.20 .	Service member approved for placement in the CCCA/CCCD program. Update by assignment teams only.	Eligible for all assignments.
7	G	Department of Energy Sigma 14.	Service members granted Department of Energy Sigma 14 access.	Date of signature by Department of Energy official on Department of Energy Form 5631.20, <i>Request for Visit or Access Approval</i> ; indefinitely (see note 8).	Prohibited from being part of a two-person concept team that may afford access to a nuclear weapon. (T-0) .
8	H	Driver Qualification	Service member cannot qualify to drive a Government vehicle.	Date of disqualification; indefinite.	Eligible.
9	J	Sole Surviving Son or Daughter	Service member is sole surviving son or daughter. See Attachment 5 .	Date of approved application; indefinite (officers); date of separation (enlisted); until service member waives (officers or enlisted).	Eligible; except for assignment to an area designated as a hostile fire area or any other assignment that would subject service member to actual combat with an enemy. (T-1) .
*10	K	Conscientious Objector	Pending separation as a Conscientious Objector, DAFI 36-3211.	Date of application not to exceed 3 months. AFPC/DP3AM may approve extensions.	Ineligible for assignment to combatant duties pending separation. (T-1) .
11	L (also see assig	First-Term service member Declined to	First-Term service member selected for assignment declines or refuses to obtain	Date of separation of first enlistment.	Eligible for assignment for which the service member has

	nm t limita tion code 8)	Obtain PCS Retainability CONUS-to-CONUS, CONUS-to-overseas	required retainability.		retainability or when retainability is waived. (T-1) . See note 2 .
12	M	Unauthorized Launch Studies Restrictions	Do not assign to missile launch-related positions according to AFI 91-106, <i>Unauthorized Launch, Threat Mitigation and Launch Action Studies</i> .	Date of identification; indefinite.	Eligible except for assignment to missile launch-related duty as outlined in AFI 91-106. (T-1) .
13	N	Enlisted service member Not Medically Qualified for Airborne Support Aircrew Duty ("X" Prefix position)	Not medically qualified for such flying status before placement on flying status (but qualified to remain on active duty for duty in AFSC, etc.)	Date enlisted service member is found not medically qualified through period specified, but not more than 2 years. Repeat as required.	Eligible except for "X" prefix flying duty. (T-1) .
14	O	Enlisted service member has Approved Reenlistment Bonus (see note 3)	Reenlists or extends and receives a reenlistment bonus.	Date of reenlistment or date entered qualified extension for which bonus was paid plus term of years bonus is paid.	Eligible for any assignment in the bonus AFSC unless waived by AFPC.
15	P	Defense Courier Service	Enlisted service member served previous tour in Courier Service and is therefore ineligible for another courier assignment.	Date tour completed; indefinite.	Eligible except for assignment to Defense Courier Service duty. (T-1) .
16	Q	EFMP	Service member has a family member with a special need that meets DoD	Date of identification; indefinite. May be deleted when	The base Special Needs Coordinator must review

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			criteria for enrollment in the EFMP. See paragraph 3.18.	the special need no longer exists. See note 4.	CONUS or overseas assignment. (T-1).
17	R	Peace Corps	Former member of Peace Corps. See paragraph 3.15.	Date of confirmation; indefinite.	Eligible except to duties in an intelligence capacity in any foreign country the service member served in the Peace Corps. (T-1).
18	S	Adoption Deferment	Service member (member of a military couple or single service member sponsor) adoption deferment	Date child placed in service member's home as part of official adoption process plus 6 months.	Eligible. Establish RNLTD consistent with expiration of limitation. (T-1). See paragraph 3.8. See note 1.
19	T	Firearms/ Ammunition Disqualification	Service member not qualified to ship, transport, possess, or receive firearms or ammunition.	Date of confirmation; indefinite.	Eligible except for assignment to duties/locations requiring weapons/ammunition possession or qualification. (T-1).
20	U	Under Age 18	Enlisted Service members under the age of 18 are not eligible to PCS to an overseas location.	Date graduated from technical training until service member reaches 18 years of age.	Ineligible to PCS to overseas locations, preventing service member from inadvertently being assigned to a hostile fire/imminent danger pay zone in accordance with DoD child soldier guidance. (T-0).
21	V	Disqualified for Postal Duties	Enlisted service member not qualified for assignment to postal duties.	Date of disqualification. Indefinite.	Eligible except for assignment to postal position. (T-1).
22	W	Limited Assignment Status	Service members retained on active duty by direction of	Date of determination for an indefinite period of time.	Eligible for PCS, but only in limited cases (contact

			the Disability Evaluation System		AFPC/DP3AM). (T-1).
23	X	Medical Assignment Limitation	C1 Stratification: assignable to global DoD fixed installations with intrinsic MTFs. Assignable to non-permanent installations or installations without intrinsic MTF with approval of gaining installation Chief of Aerospace Medicine (SGP) or Chief of Medical Staff (SGH) or MAJCOM equivalent if none at installation	Date authorized by MTF/SG, MAJCOM/SG, or AFPC/DP2NP. See paragraph 3.7 and Chapter 13 .	Service member may not PCS outside the limits set by their stratification unless waived by the authority specified in AFMAN 41-210. See note 6 .
24	Y	Medical Assignment Limitation	C2 Stratification: Assignable to CONUS installations with intrinsic fixed MTFs (TRICARE® network availability assumed). Assignable OCONUS installations with approval of gaining MAJCOM/SG (or delegate)	Date authorized by MAJCOM/SG, or AFPC/DP2NP. See paragraph 3.7 and 6.12 .	Service member may not PCS outside the limits set by their stratification unless waived by the authority specified in AFMAN 41-210. (T-1). See note 7 .
25	2	First Term service member Declined to Obtain Retainability for Training	First Term service member selected for training declines or refuses to obtain required retainability	Date of separation of first enlistment.	Eligible for assignment for which service member has retainability or if retainability is waived. See note 2 .
26	4	Officers Awaiting PCS	Lt accessed and assigned to a duty		Eligible. Updated by AFPC/DP2

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		Training Program	station prior to initial skill training.		assignment team only.
27	5	Prisoner of War, Southeast Asia	Service member is a former Prisoner of War in Southeast Asia. See paragraph 3.16	Date of confirmation; indefinite.	Eligible except for assignment to an area that would subject service member to capture by the same combatants or by nations sympathetic with their former captor. (T-1) .
28	6	Family Member Restriction (hostile fire area)	Deferred from involuntary assignment to a hostile fire area or imminent danger area. See Attachment 4 .	Date of death of family member or date family member is determined disabled; indefinite.	Not eligible for involuntary assignment to a hostile fire area. (T-1) .
29	7	Prisoner of War, other than Southeast Asia	Service member is former Prisoner of War, or detainee, other than during WWII, Korea or Southeast Asia. See paragraph 3.16 .	Date of confirmation; indefinite.	Eligible except to an area that would subject service member to capture by the same combatants or by nations sympathetic with their former captor. (T-1) .
30	8	First-Term service member with insufficient service retainability to complete the full required overseas tour	First-Term service member who arrives overseas with insufficient service retainability to complete the required overseas tour (including an extended long tour), who refuses, declines or is ineligible to obtain full retainability.	Date ineligibility determined, or date service member declines; expiration date is the projected tour completion date for the full prescribed overseas tour. See note 5 .	Ineligible for PCS selection, except when current overseas tour is a short tour and service member has 7 months or more retainability after declination, then is eligible for PCS to return to CONUS. (T-1) . See note 2 and note 5 .
31		First-Term service member	First-Term service member declines, refuses or fails to	Date enlisted service member signs the DAF	

		declines, refuses or fails to obtain retainability for PCS	obtain retainability for PCS (overseas to CONUS or overseas to overseas). Also see assignment limitation code “L” and note 5 .	Form 964 declining to obtain PCS retainability; expiration date is date of separation or reenlistment.	

Note:

1. For adoption, see **paragraph 3.8** and **Table 3.2**, assignment limitation code “S.”
2. Service member is not eligible to apply for self-initiated assignment programs until the deferment has expired. A service member who had an action approved under one of these programs before being placed in a code making them ineligible may retain the previously approved action if expiration of the ineligibility condition is before the departure date/DEROS. An RNLTD will not be changed for the sole purpose of allowing a service member’s deferment to expire before the departure date/DEROS. (Includes when additional retainability is required due to change in PCS, TDY, or training requirement).
3. Includes Enlistment Bonus, Broken Service Selective Reenlistment Bonus, or Selective Reenlistment Bonus.
4. MPF update assignment limitation code “Q” only when instructed to do so by AFPC/DP3XAA or upon written confirmation from the base Special Needs Coordinator that a service member has a family member who meets DoD enrollment criteria for the EFMP. Delete the “Q” code only when instructed to do so by AFPC/DP3XAA or upon written confirmation from the base Special Needs Coordinator that the special needs no longer exist.
5. A first-term service member, selected as a volunteer for an extended long overseas tour can delay obtaining retainability for a portion of the extended overseas tour until after arrival overseas. See **Table 6.5** and **Table 7.11**. The Total Force Service Center will input assignment limitation code “8” for approved delays with expiration date of the projected tour completion date for the full extended tour. **(T-1)**. The gaining overseas MPF will verify the projected tour completion date and correct as necessary. Upon reenlistment, the DEROS automatically changes to reflect completion of the full prescribed extended overseas tour length. **(T-1)**.
6. Requests to defer PCS reassignment for medical cause will initiate the review in lieu of Medical Evaluation Board. If there is evidence that there has been a change in the service member’s medical condition since the last Medical Evaluation Board, then the board will determine fitness for continued service. If no clinical findings support a change in the service member’s condition, the service member will PCS as directed. Generally approved for conditions that are static and found as a result of medical records review and not incident to medical care. Temporary or mild conditions requiring follow-up but clinically quiescent.
7. Generally approved for temporary or mild conditions requiring follow-up but clinically quiescent and managed without frequent visits or unique medication regimens or prescriptions.
8. Contact Air Force Strategic Deterrence and Nuclear Integration (AF/A10) for waiver authority.

3.21. (Added) Diverse Slates For Key Developmental Assignments and Non-Statutory Boards. The Department of the Air Force (DAF) must work toward providing Key Developmental Assignments and Non-Statutory selection boards with diverse pools of qualified candidates. Selection and hiring officials must promote greater opportunity and consideration among qualified candidates, who offer diverse perspectives and represent diverse backgrounds and experience.

3.21.1. **(Added)** Key Developmental Assignments and Non-Statutory Boards will, to the extent practicable, be composed of diverse slates and panel members under the DAF definition of diversity per AFI 36-7001, *Diversity & Inclusion*.

3.21.2. **(Added)** Key Developmental Assignments will have a diverse slate of at least one candidate from an underrepresented group. For Non-Statutory Boards, a minimum of 30% of the slate should be comprised of members from underrepresented groups.

3.21.3. **(Added)** Hiring and selection officials will follow procedures as outlined in Attachments [18](#) and [19](#), respectively.

Chapter 4

TEMPORARY DUTY (TDY) ASSIGNMENT

4.1. Purpose of TDY. In accordance with 37 USC § 474, *Travel and Transportation Allowances: General*, and the JTR, this instruction authorizes Airmen to be temporarily assigned to perform duty at a location other than their current permanent duty station for the following reasons: at a location other than their current permanent duty station in support of requirements for their next PCS assignment, for administrative reasons, and manning assistance.

4.1.1. This instruction prescribes policies, procedures, restrictions, and guidance for selection and effective management of Airmen TDY for these reasons only:

4.1.1.1. TDY (as related to a PCS assignment action) which is not authorized by this instruction or some other Air Force instruction may be submitted for consideration as an exception according to [paragraph 5.5](#). Exceptions are requested and the TDY authorized in advance. Authorization of TDY as an exception does not include funding. The availability of funding may not be the sole basis for authorization of TDY. TDY authorized as an exception is on the basis that TDY serves the best interests of the Air Force. TDY in accordance with this instruction, including as an exception, cannot be authorized solely for personal reasons.

4.1.1.2. Administrative TDY is used only for official military reasons to advise or participate in such activities as briefings, lectures, staff assistance, meetings, conferences, or to attend a course of instruction of less than 20 weeks. Before directing TDY, officials should be convinced TDY is essential and the results pay back the Air Force for the cost of the TDY. Further, the cost in terms of unit, Airman, and family turbulence associated with TDY is considered and the TDY deemed essential to satisfy the needs of the Air Force.

4.1.1.3. Manning assistance TDY may be used to satisfy one-time operational manning requirements of short duration or to satisfy long-term operational manning requirements on a temporary basis while PCS arrangements are completed.

4.1.2. TDY for other reasons, such as, AEF deployments, exercises, to appear as a witness, for medical evaluation, permissive temporary duty, and so on, is not authorized under the authority of this instruction. The authority for that type TDY, funding authorization, criteria for selection of Airmen (if applicable), and so on, should be addressed in the instruction which authorizes TDY for those purposes. Permissive Temporary Duty is authorized and approved according to the criteria in AFI 36-3003, *Military Leave Program*. Air Expeditionary Force contingency deployment and exercise TDYs are authorized and approved according to the criteria in DAFI 10-401, *Operations Planning and Execution*, AFI 10-403, *Deployment Planning and Execution* and DAFI 36-3802.

4.2. Delegation of Temporary Duty (TDY) Assignment Authority. TDY assignment authority is decentralized for administrative TDY and is hereby delegated to MAJCOMs, or equivalent. As used here, the term equivalent includes the headquarters of Field Operating Agencies, direct reporting units, and the headquarters level of those other functions which have been assigned a MAJCOM Identity Code as shown in the USAF PAS Directory. A MAJCOM (or equivalent) may further delegate TDY authority down to and including squadron level. A MAJCOM (or

equivalent) may limit TDY authority it delegates. Example: a MAJCOM may limit locally originated TDY to within the CONUS only.

4.3. TDY Allowances and Orders. The Air Force is obligated to pay TDY allowances as prescribed by the JTR to Airmen who are ordered to perform temporary duties away from their home station (regardless of distance). If necessary, the Financial Services Office (FSO) should determine what, if any, TDY allowances accrue according to the JTR. TDY orders are issued according to AFI 65-103, *Temporary Duty/Special Orders*. Permissive Temporary Duty is authorized and approved according to the criteria in AFI 36-3003.

4.4. When to Request PCS or Authorize TDY. When a MAJCOM (or equivalent) has an operational mission which exists at a specific location for more than 180 consecutive days, consideration should be given to establishing a permanent Air Force unit at that location, allocation of manpower authorizations and accomplishment of the mission by assignment of Airmen in PCS status. For assignment planning purposes, the 179 day guideline should be used in determining which missions can be accomplished with a TDY and which should be accomplished with a PCS. Determining the exact length of time needed to accomplish a mission or PCS assignment to a specific location may not be feasible; therefore, long-term TDY, in compliance with [paragraph 4.6.1](#), may be necessary. **Note:** When the prerequisites for PCS of Airmen have been completed, then a MAJCOM (or equivalent) may request the assignment OPR assign Airmen on a PCS basis (see paragraphs [4.2](#), [5.5.3](#), and [7.5](#)).

4.5. Determining TDY or PCS to Attend a Course of Instruction. The JTR, par. 032201, establishes that when an Airman is to attend a course (or courses) of instruction of less than 20 calendar weeks, then attendance is in TDY status (use the duration of the course(s) as shown in Air Force Education and Training Course Announcements (ETCA) (https://cs2.eis.af.mil/sites/app10-etca/SitePages/ETCACourseList_AETC.aspx?OrgID=AETC) at any one location, or total duration of courses when attending two or more courses at the same location). **Exception:** Assign enlisted Airmen graduating from basic training to school in PCS status if assigning them directly to a technical school regardless of the course length. The length of TDY cannot exceed the number of calendar days from the course reporting date to the final graduation date as shown in the quota allocation, plus all allowable travel time. Conversely, when an Airman attends a course (or courses) at one location and the official length of the course(s) is 20 weeks or more, then the Airman attends in PCS status. When an Airman's attendance status is TDY, but the Airman remains at a location for 20 weeks or more (example: if an Airman is ordered to repeat a block of training), the original attendance status of TDY based on the course length is not changed from TDY to PCS. Similarly, when an Airman's attendance status is PCS based on the course length and the Airman completes the course (or is eliminated) in less than 20 weeks, the original attendance status of PCS is not changed to TDY. Upon determining attendance is in a TDY status, then see paragraphs [4.6](#) and [6.31.5](#), [Table 4.1](#), and [paragraph 7.6](#).

4.6. TDY Restrictions. A number of the TDY assignment policies and procedures outlined in this instruction have been established to specifically comply with, or to comply with the intent of, Comptroller General Decisions or the JTR. Erroneous payments to Airmen (regardless of how the error occurred) are normally recouped as soon as the error is discovered. Further, it is not always possible to correct errors administratively when they involve allowances. Accordingly, commanders at all levels and officials responsible for directing and/or approving TDY should be

familiar with and comply with the restrictions established below. Airmen also have a personal responsibility to confirm their allowances through official sources such as their supporting FSO.

4.6.1. Restriction on Consecutive Number of Days TDY to Any One Location (Other Than for Training or Operational/Contingency Deployments). JTR, para 010206, Table 1-6, state a TDY assignment at one location may not exceed 180 consecutive days, except when authorized through the secretarial process, see [paragraph 4.6.2](#) for waiver requests. Airmen authorized to perform a TDY under this provision are authorized per diem entitlements.

4.6.2. Requests for Waivers. The office of the Deputy Assistant Secretary, Force Management Integration, Air Force Principal to Per Diem, Travel and Transportation Allowance Committee (PDTATAC), is the Secretariat level approval authority in matters under the JTR and is the authority for TDYs. For waivers of [paragraph 4.6.1](#), the RegAF unit commander will initiate a waiver request and send it to AFPC/DP3AM, for Lt Cols and below and SMSgts and below, to AF/A1LO for Cols (including selectees), to AF/A1LG for General officers, or to AF/A1LE for CMSgts and CMSgt selects. **(T-1)**. The Air Force Principal processes the requests to the Per Diem, Travel and Transportation Allowance Committee. For ARC, any assignment over 180 days at one location is a PCS unless the waiver to pay per diem is authorized prior to departure (JTR, par. 030302-B). For the ARC, requests involving Military Personnel Appropriations (MPA) days, members will use the Manpower Military Personnel Appropriations Man-day Management System to process the per diem waiver. **(T-1)**. For ARC requests involving Reserve Personnel Appropriation days, Airmen will use the following manual process to submit the per diem waiver. **(T-1)**. The manual process includes a letter with justification signed by the unit commander or authorized representative processed through the appropriate chain of command to the Chief of Air Force Reserve, Directorate of Personnel Policy Division (AF/REPP) or National Guard Bureau, A1 Customer Support Policy Branch (NGB/A1PS) for processing to SAF/MR. TDYs requiring the Air Force Principal to Per Diem, Travel and Transportation Allowance Committee waiver must be submitted no later than 30 days in advance of the 181st day of duty. **(T-1)**. Waivers are considered when mission objectives or unusual circumstances develop requiring an Airman to be TDY for longer than 180 consecutive days. The Airman's home station unit commander or TDY location commander will initiate the request, sends to AFPC/DP3AM (or AF/A1LO or AF/A1LE as appropriate) for processing to the Air Force Principal to Per Diem, Travel and Transportation Allowance Committee. **(T-0)**. All TDYs, except for operational and contingency, that are projected to exceed 365 consecutive days require MAJCOM/CD or staff equivalent endorsement prior to submission to AFPC/DP3AM. Justification letters will include:

- 4.6.2.1. Date TDY began and date current TDY period ends (including any prior waivers).
- 4.6.2.2. Justification for the TDY or additional TDY term.
- 4.6.2.3. Number of additional days required and new TDY completion date.
- 4.6.2.4. Volunteer status of Airman and commander's recommendation.
- 4.6.2.5. A statement regarding any hardship the Airman may incur.

4.6.3. Restrictions on TDY In Conjunction With PCS. Comptroller General Decisions and the JTR place some special restrictions on TDY of Airmen who have also been selected for PCS. Accordingly, the Air Force has established a number of personnel management policies

as outlined below to avoid TDY which could conflict with restrictions imposed. Assignment OPR must approve requests and verify authority for funding of TDY enroute PCS. **(T-1)**.

4.6.3.1. TDY Enroute at Current or New Duty Station. TDY at an Airman's current duty station (after signing out PCS), TDY at an Airman's new duty station (before signing in PCS), or TDY to a location in proximity to either the old or new duty station, is not authorized as TDY enroute PCS. There are no TDY allowances when a TDY location is the same as an Airman's (old or new) permanent duty station and only minimal TDY allowances authorized for duty at a location in proximity of an Airman's duty station (old or new). Therefore, the remarks section of the PCS orders may make mention of a TDY required in connection with an Airman's PCS which is to be performed at, or in the vicinity of, the old or new duty station, but the TDY cannot be ordered as TDY enroute PCS. TDY of this nature is performed before an Airman departs the current permanent duty station on PCS, or after arrival PCS at the Airman's new permanent duty station.

4.6.3.2. PCS to the Same Location as TDY, or TDY to the Same Location as PCS. Whenever possible, the Air Force should avoid multiple allowances for TDY when an Airman has also been selected for PCS to the same location. An Airman can be "selected for PCS to the same location" in two ways as explained below.

4.6.3.2.1. PCS to the Same Location as TDY. An Airman who while at a TDY station receives a PCS authorization/order or information indicating that the Airman will be transferred to the TDY station on a specified future date, is authorized payment of otherwise proper TDY allowances for the TDY involved and return travel to the old permanent duty station. An Airman who receives a PCS authorization/order while at a TDY station designating that TDY station as the new permanent duty station effective immediately, is not authorized per diem beginning on the date the Airman receives that authorization/order. An Airman who receives a PCS authorization/order while on TDY, and returns to the old permanent duty station, is paid PCS allowances from the TDY station to the old permanent duty station, and then to the new permanent duty station via any TDY station(s). This includes an Airman who receives a PCS authorization/order while at a TDY station designating it as the new permanent duty station effective immediately (see JTR, par. 020315-Q).

4.6.3.2.2. Selected for PCS, then Selected for TDY to the Same Location. When an Airman previously selected for PCS (regardless of the reporting date) is ordered to the same location in a TDY status, then upon arrival TDY allowances terminate and the Airman's status becomes PCS if the duties while TDY are the same as they would have been upon PCS completion. To preclude this from happening inadvertently, as a general rule, an Airman selected for PCS may not be issued TDY orders to the new permanent duty station when duties while TDY are the same as those when PCS is completed. Alternatives include accelerating the Airman's PCS RNLTD or selecting someone else for the TDY. Exceptions may be requested per [paragraph 5.5](#).

4.6.3.3. TDY of Airmen Deferred For Humanitarian/EFMP Reasons. See [Attachment 15](#) and [paragraph 3.18](#) for guidance on selection of Airmen for TDY who have approved humanitarian (AAC "30") or EFMP deferments (AAC "34" or assignment limitation code "Q").

4.6.4. TDY Not in Direct Support of a PCS. Normally, only TDY which directly supports a PCS is authorized enroute, regardless of the availability of funding. Authorizing TDY enroute PCS for other reasons such as operational manning assistance, to participate in an exercise, and so on, can create unforeseen problems and hardships on Airmen with regard to pay and allowances, housing, arrangements for dependents, Household Goods shipment and storage, Status of Forces Agreements, and so on. Exceptions can be considered according to [paragraph 5.5](#).

4.6.5. Restrictions on Selection of Airmen for TDY and PCS While TDY. This instruction prescribes a framework of restrictions and policies applicable to selection of Airmen for TDY. When more than one Airman assigned is qualified and eligible, this instruction does not specify an order in which to select Airmen for a specific kind or length of TDY. Commanders need a reasonable degree of flexibility to balance satisfying the needs of the Air Force with the impact TDY has on assigned Airmen and their families. Commanders may establish additional criteria to ensure TDY selection of Airmen they command is as fair and equitable as possible, all factors considered.

4.6.5.1. Qualifications to Perform TDY. The primary consideration in selecting Airmen for TDY is an Airman's qualifications to perform the TDY mission. For TDY to attend a course of instruction, selection is in accordance with guidance furnished for the specific training and to the degree practical, the guidance in this instruction. However, as in selection for PCS, there are a number of very important factors to be considered when selecting Airmen for TDY. To the degree possible, involuntary TDY should be distributed equitably among Airmen similarly qualified.

4.6.5.2. Airmen Who Recently Completed a PCS or Pending PCS, Separation or Retirement. [Table 4.2](#) establishes a minimum time-on-station for selection for TDY (as prescribed in this chapter), after PCS and before PCS and before separation (including retirement). Normally, Airmen who have recently completed a PCS and those pending PCS or separation/retirement should not be sent TDY or permitted to remain on TDY, when the departure date or completion date is less than the minimums shown in [Table 4.2](#). It is recognized that the minimums in [Table 4.2](#) may not be adequate in all circumstances for all Airmen. However, generally the minimums established provide enough time for most Airmen and most base agencies to take care of essential processing or other requirements. In some instances, essential processing or other actions may need to be completed via a power of attorney, by mail or message, or rescheduled on a priority basis due to Airman's absence on TDY. Authority to waive the established time-on-station minimums is delegated to the unit commander provided waiver does not interfere with the Airman meeting the RNLTD for a projected PCS, or separation/retirement on the scheduled date. Airmen should be given the opportunity to state if a hardship would be created as a result of a waiver and commanders should confirm that all required PCS, separation or retirement actions can be accomplished. Example: an Airman who has no dependents and resides on-base in unaccompanied housing may not require 30 days on station immediately preceding separation; or, an Airman scheduled to take 30 days leave in conjunction with PCS may agree to reduce the number of days leave in order to remain on TDY for an additional period of time negating the requirement for TDY replacement; or, if necessary, a commander may disapprove delay enroute in conjunction with an Airman's PCS in order to complete the TDY and still comply with the RNLTD for a projected PCS.

4.6.6. Retainability. Normally, Airmen who either possess sufficient service retainability or who are eligible to obtain retainability to complete the full period of TDY are selected. (**Note:** Officers with an indefinite date of separation are viewed as having indefinite service retainability. Expiration of an officer's ADSC is not an established date of separation or established retirement date.). Selection of Airmen who have or can obtain retainability for the full period of TDY precludes having to replace Airmen and reduces mission and family turbulence. However, when necessary, commanders may direct Airmen to perform TDY within the amount of retainability they have. This includes officers who established a date of separation under 7-day option provisions when notified of TDY selection, officers and enlisted Airmen who established a retirement date under 7-day option provisions, and enlisted Airmen who declined to obtain retainability for the full TDY period.

4.6.7. TDY Deferment. If an Airmen has an approved TDY deferment (i.e., 12-month period after the birth child to an Airmen, Medical/Dental Hold, etc.) and requests approval to waive the deferment, a communication process between the member and their chain of command should occur to help the Airmen in exploring all factors prior to the approving official making a determination. Factors include but are not limited to: impact on Airman and family, virtual training options, reschedule/defer training, etc.

4.7. TDY Cost Chargeable to Military Personnel (MILPERS) PCS Account.

4.7.1. A TDY charged to the MILPERS PCS Account performed enroute PCS (not TDY and return) cannot exceed 15 days (including travel time) and can be authorized only for the reasons listed in paragraphs 4.7.1.1 through 4.7.1.4. **Note:** These reasons apply only to Airmen, not family members or civilian DoD employees. For TDY which meets the criteria in this paragraph, AFPC/DP3AM/DP3DW (Military Classification) must review all requests for TDY enroute PCS when the TDY is to be charged to the MILPERS PCS Account. (**T-1**).

4.7.1.1. Weapons training.

4.7.1.2. Medical examination.

4.7.1.3. Obtaining passports (to pick up completed passport only, not for processing passports).

4.7.1.4. In-processing or out-processing at the host base only when required by host/tenant agreement or Status of Forces Agreement. There are no PCS-related Air Force military personnel actions which require an Airman to perform TDY enroute.

4.7.2. Requests for TDY for other reasons (such as briefings, debriefing, orientation, etc.) will be funded by the requiring command's Operation and Maintenance funds.

4.7.3. Requests for waivers or exceptions must be submitted by the MAJCOM (or equivalent) directly to SAF/P&FC, and include as information addressees the assignment OPR and AFPC/DP3AM/DP3DW.

4.8. TDY Orders. Commanders ensure TDY orders are issued as shown in AFI 65-103. Per **paragraph 4.3**, orders are required per the JTR when Airmen accrue TDY allowances. For personnel accounting purposes, Airmen must provide a copy of the TDY orders to their MPF. (**T-3**). Unless firm departure and reporting dates to the TDY location are directed, commanders determine these dates. Airmen cannot arrive prior to the date they are needed consistent with availability of transportation. For TDY to training courses, Airmen are normally ordered not to

arrive more than one day prior to the class start date. When the course ends, the Airman departs per their orders or as determined by the school commander.

4.9. TDY to HQ USAF. Airmen may be placed on TDY to HQ USAF agencies after approval is granted by the interested staff office. Approval by the appropriate staff office will provide the name and location of the office to which the Airman is to report. **(T-1)**. The address symbol and location is shown in TDY orders.

4.10. Country Clearance for Overseas TDY. Official TDY visits to locations in foreign countries OCONUS are cleared in advance with United States authorities who have jurisdiction in the area. Usually this clearance is requested 30 calendar days in advance of the proposed departure date. DoDD 4500.54E, *DoD Foreign Clearance Program (FCP)*, shows the clearance requirements and controls on travel OCONUS. Airmen who perform TDY should read the applicable portions of the guide or be briefed on its content by personnel processing Airmen for TDY.

4.11. Variation in Itinerary. An authorization for variation in itinerary permits the omission of travel to any place stated in the travel order, allows travel to destinations not named in the order and grants changes in the order of places shown as necessary to accomplish the mission. Usually the purpose of a trip and places of TDY are known at the time a travel order is published. The authorization for variation in itinerary does not take the place of good planning. This authority is not to be read as granting blanket travel authorization.

4.12. Funding of TDY. The guidelines for funding of manning assistance TDY (not in conjunction with PCS) are contained in DAFMAN 65-605, Volume 1, *Budget Guidance and Technical Procedures*. For funding of TDY for training, see the Air Force Education and Training Course Announcement or the training instructions. For funding of TDY enroute in conjunction with a PCS, see [paragraph 4.7](#) For intracommand and inter-command manning assistance TDY, funding is furnished by the requesting MAJCOM.

4.13. TDY “Hold” for Airmen Enroute PCS. Airmen enroute between permanent duty stations may be placed on official TDY (often referred to as TDY “hold”) when they are directed for official reasons by the assignment OPR to discontinue travel pending further orders. Commanders or other officials who desire to place Airmen enroute PCS in official TDY status must obtain advance approval from AFPC/DP3AM. **(T-1)**. This does not mean that AFPC/DP3AM has approval authority in all cases, but rather this office will determine if TDY or some other action is appropriate and then request approval from the appropriate authority depending on the circumstances. **(T-1)**. Normally, this kind of TDY is intended for use when, based on change in manning requirements, change in required qualifications or similar assignment related reasons, Airmen should neither return to their former permanent duty station nor proceed to the new permanent duty station. In such cases a decision on the Airman’s assignment can usually be made by the assignment OPR within several days. When the reason to place an Airman on official TDY enroute PCS is other than assignment related (example: based on a natural disaster, political unrest, or other reasons), TDY is requested and approved as an exception and a funding determination obtained (see [paragraph 4.7](#)).

4.13.1. When appropriate authority requests an Airman who is enroute PCS not be allowed to continue travel as planned to the new permanent duty station nor should the Airman return to the former permanent duty station, or in other circumstances as an exception, the official or

their designated representative must submit a request by the most expeditious means to AFPC/DP3AM for consideration. **(T-1)**. The request includes the following:

4.13.1.1. Airman's name, grade, SSN (last 4) and projected Duty Air Force Specialty Code (DAFSC).

4.13.1.2. Previous unit of assignment and location.

4.13.1.3. Projected unit of assignment, location, port call (if applicable), and RNLTLD.

4.13.1.4. Reason the requesting official requests the Airman should not return to previous duty station and reason Airman should not be allowed to proceed to new duty station. Include all pertinent details.

4.13.1.5. Current location of Airman to include address, contact phone number.

4.13.1.6. Location of dependents, status of household goods/private owned vehicle, etc.

4.13.1.7. Remarks. Include any additional information having a bearing on the case such as, if action is pending, state the kind of action and the approximate date a decision is going to be made.

4.13.1.8. Grade, name, duty title, organization, Defense Switched Network (DSN), and email address of official initiating the request. When a request is submitted by a point of contact (POC) on behalf of the initiating official, include the above information for both persons.

4.13.2. Upon receipt of a request, AFPC/DP3AM takes action as appropriate. Before an approval or disapproval decision can be made, sometimes additional coordination may be necessary, a request for approval of funding may be required, or forwarding of the request for consideration by a higher authority may be necessary. When a request is approved, the approval message contains the specific instructions for amendment of PCS orders, funding instructions and designate what Air Force installation is responsible for the Airman while TDY. Whenever practical, Airmen placed on TDY are attached for administration purposes to the nearest Air Force installation.

4.14. Manning Assistance TDY. The intent of manning assistance is to provide short term manpower to AF units or AF positions within Joint units (with additional TDY resources) in the performance of its home base mission. Example: backfilling a critical one-deep position due to incumbent being hospitalized or a unit instituting an AF special project (temporary work-load surge). AFPC/DP3AM is responsible for overall management of the program. Manning assistance TDY will not be used to assist units when absences are due to administrative TDY, AEF contingency deployment, or exercises, unless waived by AFPC/DP3AM. **(T-1)**. Terminal leave, routine leave or compensatory time scheduled for requested AFSC(s) from the tasking unit during the manning assistance period is not authorized.

4.14.1. Requesting Manning Assistance TDY Support. Manning assistance requests are initiated at the squadron commander level and then routed through the appropriate group commander for validation and recommendation. Requests are submitted at least 60 days prior to the desired reporting date. Short notice requests require substantial justification, specifically identifying what events occurred that were unforeseen by unit leadership. Manning assistance should not be requested to backfill Air Expeditionary Force contingency deployments as a means to alleviate organizational manning shortfalls. If an organization

foresees local mission impact due to an Air Expeditionary Force contingency tasking, the Air Expeditionary Force reclama process should be exercised before requesting manning assistance. Follow the below steps to request a TDY manning assistance:

4.14.1.1. Squadron commander identifies manning shortfalls within the unit and submits manning request. See execution guidance in MyPers website, Manning Assistance TDY. The request is forwarded to the group commander for validation. The group commander reviews request and considers installation resources before forwarding manning assistance request. Recommend consultation with the FSS Commander/Director and/or the MPF Chief. If validated, forwards the request to AFPC/DP3AM Assignment Procedures organizational email in-box, afpc.dp3am.workflow@us.af.mil. **Exception:** Medical requirements (4X) are submitted to AFPC/DP2ND Workflow organizational email in-box, afpc.dp2nd.workflow@us.af.mil. If the request is not validated, the group commander has disapproval authority and the request is returned with no further action.

4.14.1.2. AFPC manning assistance manager (DP3AM or DP2ND) reviews the request upon receipt to ensure all pertinent information is included. The manning assistant manager will coordinate with unit on any errors or missing information. The complete request is forwarded to the functional assignment manager(s), assignment officer(s), or medical functional consultant(s) for final validation.

4.14.1.3. The functional assignment manager(s), assignment officer(s), or medical functional consultant(s) then verifies authorized manning levels/requirements at the requesting and supporting unit(s) for the AFSC requested. The functional assignment manager is highly encouraged to consult with the MAJCOM functional managers to determine which base-level organizations can support the request (taking into consideration Air Expeditionary Force taskings and MAJCOM unique mission requirements). If the request is valid and will be supported, the functional assignment manager(s), assignment officer(s), or medical functional consultant(s) will identify the base(s) tasked to provide support. **(T-1)**.

4.14.1.4. AFPC manning assistance manager will send a tasking message to the tasked base/Airman's squadron commander and group commander, the requesting base squadron commander and group commander with a courtesy copy to the functional assignment manager, tasked Airman (if applicable), and other interested parties. **(T-1)**.

4.14.1.5. If the tasked base cannot support the tasking, the group and/or squadron commander will submit a reclama as directed in **paragraph 4.14.2. (T-1)**. AFPC manning assistance manager consults with the functional assignment manager(s), assignment officer(s), or medical functional consultant(s) for validation. If the base is relieved of the tasking, another base is tasked (not necessarily within in the same MAJCOM) if there are resources available.

4.14.2. Requesting Release/Reclama from Tasking. Requests for release from tasking are submitted via email to the AFPC manning assistance manager or respective organizational email box within suspense provided on tasking message. Include mission impact statement and reason tasked Airman is not available. Include Airmen not available within the tasked AFSC such as number currently deployed, medically disqualified, etc.

Table 4.1. (RegAF Only) TDY To Attend Courses of Instruction in Conjunction With PCS.

R U L E	A	B	C
	If Airman is	And will	Then attendance is (see notes 1 through 5)
1	Assigned PCS from CONUS to overseas	Attend courses at one location	TDY and return to current base before PCS; or, TDY enroute (see note 6).
2		Attend two or more courses and time between courses is less than 7 calendar days	TDY (continuously from course to course) and return to current base before PCS; or, TDY enroute (continuously from course to course) (see note 6 and note 7).
3		Attend two or more courses and time between courses is 7 or more calendar days plus travel time	TDY and return to current base between courses before PCS (see note 7); or, TDY enroute (continuously from course to course) with leave authorized between courses (see note 6 and note 7).
4	Assigned PCS within the CONUS (see note 8)	Attend courses at one location	TDY and return to current base before PCS; or, TDY enroute; or, after PCS with TDY and return to new base (see note 9).
5		Attend two or more courses and time between courses is less than 7 calendar days	TDY (continuously from course to course) and return to current base before PCS (see note 7); or, TDY enroute (continuously from course to course (see note 7)); or after PCS with TDY (continuously from course to course) and return to new base (see note 7 and note 9).
6		Attend two or more courses and time between courses is 7 or more calendar days plus travel time	TDY and return to current base between courses before PCS (see note 7 and note 9); or, TDY (continuously from course to course) with leave authorized between courses and return to current base before PCS (see note 7); or, after PCS and TDY and return to new base between courses (see note 7 and note 9); or, after PCS with TDY (continuously from course to course) with leave authorized between courses (see note 7 and note 9).
7	Assigned PCS from overseas to CONUS (see note 8)	Attend courses at one location	TDY enroute; or, after PCS with TDY and return to new base (see note 9).
8		Attend two or more courses and time between courses is less than 7 calendar days	TDY enroute (continuously from course to course) (see note 7); or, after PCS with TDY (continuously from course to course) and return to new base (see note 7 and note 9).

R U L E	A	B	C
	If Airman is	And will	Then attendance is (see notes 1 through 5)
9		Attend two or more courses and time between courses is 7 or more calendar days plus travel time	TDY enroute (continuously from base to base) with leave authorized between courses (see note 7); or after PCS with TDY and return to new base between courses (see note 7 and note 9).
10	Assigned PCS from overseas to overseas (see note 3)	Attend one or more courses	as authorized in note 3 , and total period of TDY will not exceed the total length of the course or courses including travel time between courses (see note 6 and note 7).

Notes:

1. If upon being advised of the requirement for training in conjunction with a PCS, an Airman alleges attendance creates a personal hardship, the MPF will immediately advise the gaining MAJCOM of the specifics of the hardship with an information copy to the assignment OPR. **(T-1)**. The gaining MAJCOM evaluates the circumstances and direct action with information copy to the assignment OPR, or request action by the assignment OPR, as appropriate.
2. For courses of 20 weeks or more, Airmen will attend in PCS status. **(T-1)**. **Exception:** Airmen graduating from basic training who are assigned directly to technical school are assigned in PCS status, regardless of the course length.
3. Additional restrictions to travel mode are:
 - a. Do not direct travel TDY and return to the new base after PCS if assigning Airman overseas.
 - b. Do not direct travel TDY and return to the current overseas base before PCS for those returning from overseas to a CONUS assignment.
 - c. Do not direct TDY enroute PCS when Airman has a continuous overseas tour within the same theater and training in the CONUS.
 - d. Direct TDY enroute PCS when an Airman has a continuous overseas tour to a different overseas theater and training in the CONUS.
 - e. Do not direct TDY enroute PCS for Airmen whose TDY location is within commuting distance of either their losing or gaining base.
4. When more than one TDY option exists the assignment OPR or MPF computes the options and directs the least costly option. There are times when the directed travel mode may cause an Airman a personal, financial or dependent hardship. If the Airman requests deviation from the least expensive mode based on hardship, they will submit a request substantiating the details of hardship to the TDY funding authority (example: Air Education and Training Command Financial Management and Comptroller (AETC/FM) for AETC related courses) for final approval/disapproval. **(T-2)**. Do not approve deviations solely for personal convenience.
5. For Airmen performing TDY enroute, the PCS also begins upon departure from their current station, therefore, Airmen must meet all PCS eligibility requirements, (example: time-on-station, second PCS in same FY, etc.) as of their departure date unless the appropriate authority approves the required waiver (see **paragraph 6.31**). **(T-1)**. Determine if minimum

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R U L E	A	B	C
	If Airman is	And will	Then attendance is (see notes 1 through 5)
time-on-station is met per paragraph 6.5 and the FY for dislocation allowance (see paragraph 6.44) based on the date the Airman departs on PCS. 6. When assigning Airmen overseas who attend a course or courses in TDY enroute status <u>do not</u> include in special orders that the Airman is to depart the training location the day after graduation from the last course. The number of days of leave an Airman desires (if any) between course graduation and their port reporting date is managed by controlling the departure date from the last training location. Travel arrangements and the Airman's arrival at the port must be in compliance with their port reporting instructions. (T-1). Airmen who arrive at the port earlier than their directed reporting instructions will be charged with leave and could incur additional expenses while waiting for their scheduled transportation. (T-1). 7. The FSS will include in the special orders a "report not earlier than date (RNETD)" for each scheduled course. (T-1). The RNETDs are one day prior to the announced class start dates. Also, special orders should contain remarks directing the Airman to depart no later than one day after the respective course's graduation date. The number of days leave an Airman desires (if any) between a course graduation and the start of a second or subsequent course is the difference between the authorized travel time and subsequent course RNETD. Example: if the Airman is traveling via commercial air then the authorized travel time is one day. Therefore, if the first course graduates on the 1st of February and the subsequent course starts on the 15th of February, the Airman is charged 11 days leave. The 2nd of February is the mandatory travel day, leave begins on the 3rd of February and continues through the 13th of February, and leave stops when the Airman arrives on the next RNETD (14 February—one day prior to the subsequent course start date). 8. Officers selected to attend missile training with subsequent assignment to a missile unit will proceed directly from Air Education Training Center training to operation readiness training, then to unit of assignment using authorized travel time only. (T-1). The Airman must take leave enroute, if desired, before entry into Air Education Training Center training. (T-1). 9. If satisfactory completion of training is a prerequisite for the next assignment, then Airman is not permitted to make the PCS to the new duty station first and then attend training via TDY and return to the new base. (T-1).			

Table 4.2. Time-on-Station, PCS, and Date of Separation Minimums for Selecting Airmen for TDY.

R U L E	A	B	C	D	E	F	G
	If an Airman is (see note 1 and 2)	And has time-on-station of		And TDY return date is (see note 3)		Then, select for the TDY as shown below:	
		Equal to or more than	Less than	Equal to or more than 30 calendar days before date of separation or PCA	Less than 30 calendar days before date of separation or PCS	Yes	No
1	Assigned in the CONUS, or assigned overseas on a long tour	45 calendar days		X		X	
2					X		X (see note 4)
3			45 calendar days	X			
4					X		
5	Assigned overseas on a short tour	15 calendar days		X		X	
6					X		X (see note 4)
7			15 calendar days	X			
8					X		
9	Assigned in the CONUS or overseas, and was assigned from an unaccompanied/dependent-restricted short tour (either receiving or not receiving imminent danger or hostile fire pay), OR unaccompanied CONUS-isolated tour	6 months		X		X	
10					X		X (see note 4)
11			6 months	X			
12					X		

Notes:

1. This table is to be used only for TDYs prescribed in this chapter.
2. Use the more restrictive rule if Airman meets two conditions.
3. When the TDY return date is after the Airmen's date of separation or projected departure date (for PCS) and when necessary to fill short notice TDY, commanders can still select the Airman for the TDY providing the TDY orders or amendments reflect the shortened TDY duration and the Airman returns according to the times in this table.

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R U L E	A	B	C	D	E	F	G
	If an Airman is (see note 1 and 2)	And has time-on-station of		And TDY return date is (see note 3)		Then, select for the TDY as shown below:	
		Equal to or more than	Less than	Equal to or more than 30 calendar days before date of separation or PCA	Less than 30 calendar days before date of separation or PCS	Yes	No
4. Severe problems can occur if an Airman's date of separation expires while TDY. Commanders may waive date of separation/PCS (Columns D and E) selection minimums; however, review all other options before committing assigned Airmen to a TDY who are PCSing, retiring, or separating. When waiving minimums, the TDY completion date cannot interfere with out-processing or departure date for PCS, retirement, or separation.							

PART 2 REGAF AND EXTENDED ACTIVE DUTY (EAD)

Chapter 5

ASSIGNMENT AUTHORITY

5.1. General Information. There are a number of policies and procedures which apply to assignment actions and programs. However, additional policies and procedures for specific actions, assignments, or programs are contained in a paragraph, a table, an attachment, in other referenced directives or instructions, or in guidance provided by the designated assignment authority or assignment OPR shown in **Table 2.1**. Assignments are influenced by all of these requirements collectively. When necessary, in the national interests or the best interests of the AF, waivers, exceptions and/or deviations from policies and procedures in this instruction may be authorized by proper authority. **Example:** AF/A1LG (for assignment of general officers, including brigadier general selects), AF/A1LO (for assignment of colonels, including selects), and AF/A1LE (for assignment of CMSgts and CMSgt selects), may request or approve waivers (when authorized), grant exceptions, or deviate from this instruction when necessary.

5.2. Assignment Requests. The Director of Personnel Operations (AFPC/DP2) (or equivalent), in coordination with MAJCOMs, field operation agency, and direct reporting unit, is authorized to initiate assignments for Airmen currently assigned to MAJCOM/field operating agency/direct reporting unit to fill valid vacant manpower authorizations. This does not preclude certain actions authorized to be initiated below MAJCOM/field operating agency/direct reporting unit level which flow directly to the assignment OPR for approval/disapproval.

5.2.1. Below are assignments initiated on behalf of the MAJCOM/field operating agency/direct reporting unit by the assignment OPR:

5.2.1.1. PCS assignments prescribed by this instruction, intra-command or inter-command, with or without PCA.

5.2.1.2. Any inter-command PCA (between units of different commands) action prescribed by this instruction (with or without PCS).

5.2.1.3. **(Officers only)** Any intra-command PCA w/o PCS where officer changes senior rater (Example: wing to MAJCOM, MAJCOM to NAF, etc.).

5.2.1.4. Any change of position involving a colonel (including selects) into or out of a Defense Acquisition Workforce Improvement Act, 10 USC § 1701, et Seq, *Management Policies*, controlled position, joint duty controlled position, or position of command at the group level, requires prior approval by the Air Force Colonel Management Office, AF/A1LO, whether the position change is a PCA or PCS.

5.2.1.5. Assignment of an officer with the grade Lt Col or below to an authorized colonel position can only be done with advanced approval by AF/A1LO (with the exception of judge advocates).

5.2.1.6. Any change of an officer's duty AFSC (DAFSC), excluding:

5.2.1.6.1. Upgrade to the fully qualified level.

5.2.1.6.2. Change directed by the assignment OPR.

5.2.1.6.3. Change resulting from completion of formal education and training courses.

- 5.2.1.6.4. Changes as the result of AFSC conversions or AFSC management actions.
- 5.2.2. Requests for utilization or assignment (TDY or PCS) other than in accordance with the above paragraphs may be submitted for consideration according to **paragraph 5.5**.
- 5.2.3. Submit requests containing the information and using the method prescribed by applicable instructions, manuals and/or guidance as follows:
 - 5.2.3.1. For general officers (including brigadier general selects), as instructed by AF/A1LG.
 - 5.2.3.2. For colonels (including selects), out of system, at least 90 days before the required RNLTD, as instructed by AF/A1LO.
 - 5.2.3.3. For judge advocates, as instructed by AF/JAX.
 - 5.2.3.4. For officers, Lt Col and below (including Medical Service and Chaplains), at least 240 days before the required RNLTD, unless otherwise agreed to by the assignment OPR.
 - 5.2.3.5. For Airmen with the grade of CMSgt and CMSgt selects, as instructed by AF/A1LE.
 - 5.2.3.6. For Airmen with the grade of SMSgt and below, as instructed by AFPC/DP2 and AFPC/DP3.

5.3. Distribution of Personnel. Personnel are distributed to meet the overall needs of the Air Force as follows:

- 5.3.1. According to DoDI 1315.18 and this instruction.
- 5.3.2. As equitably as possible between CONUS MAJCOMs (or equivalent) within a specialty and grade. Additionally, for enlisted Airmen, according to Manning Unit Group, the plug table and the manning priority plan when submitted by the Air Staff functional area OPRs, MAJCOM/A1K (or equivalent) to AFPC/DP0SW. **Note:** Overseas units are not manned over 100 percent.
- 5.3.3. Considerations:
 - 5.3.3.1. MAJCOM/A1s provide input to the AFPC/DP2 enlisted allocation programs. MAJCOM/A1s have an advisory role and provide oversight to allocations for overseas cycles, overseas returnee cycles, CONUS mandatory moves, and technical training graduate (TTG) moves. AFPC/DP2 routes all allocations to the MAJCOM/A1s for validation. MAJCOM/A1s also have an advisory role to assist with manning priorities and changes to manning and allocation plug table. The plug table can be used to insert values for Special Experience Identifier (SEI), Personnel Processing Code (PPC), security access requirements, and other variables in the allocation for specified end assignment or AFSCs. The manning plug can be used to specify the desired manning level for an end assignment or AFSC in terms of a specific percentage, a maximum percentage, a minimum percentage, or a given percentage above the MAJCOM average. MAJCOM/A1Ks closely monitor both tables and submit changes via standard template located in the MAJCOM assignment toolbox.
 - 5.3.3.2. CFMs and MAJCOM Functional Managers provide information to the AFPC/DP2 (or equivalent) regarding functional issues impacting positions. The CFMs should provide

assignment priority listings to help the AFPC Functional Area Manager (FAM) determine which fills are completed first based on career field strength and vacancies. However, CFMs and MAJCOM Functional Managers are not responsible for managing assignments in the specialties they manage.

5.3.3.3. Any Written Memorandum of Agreement for Special Circumstances. A Memorandum of Agreement may be terminated by the designated assignment authority shown in [Table 2.1](#) when it no longer serves the best interests of the AF.

5.3.3.4. As determined by the designated assignment authority shown in [Table 2.1](#).

5.4. Waivers. A formal waiver process is established when a need exists often enough to deviate from a provision established by this instruction (e.g., a standard, a requirement, a limit, etc.). Use this paragraph as the basic guidance for processing a waiver, except when a paragraph, table or attachment contains specific waiver instructions. There is no mandatory format, unless a paragraph, table or attachment prescribes the waiver content and/or format, but all requests require justification submitted as a memorandum (word document) addressed to the AFPC waiver authority and documentation to substantiate the waiver. Also see [paragraph 5.5](#), to determine when a request for an exception may be appropriate instead of a request for waiver.

5.4.1. Justification. Justification for a waiver should show how approval is in the best interests of the Air Force from the standpoint of operational necessity. Waiver requests are not approved based solely on personal desires or for personal reasons but may coincidentally satisfy an Airman's personal desires or needs. Situations which are not based on operational necessity might be considered as an exception, see [paragraph 5.5](#). Requests which do not meet the justification criteria for either a waiver or an exception should not be submitted.

5.4.2. Originator Level. DoD or this instruction requires certain waivers "originate" no lower than a minimum level; however, requests are often "initiated" at a lower level (such as unit or group commander). Requests initiated at a lower level, but endorsed at the minimum originator level are acceptable. Waivers may be initiated in one of the following two ways:

5.4.2.1. An Airman may initiate a waiver request on their own behalf only when specifically authorized in a paragraph, table, or attachment. In all other instances, requests by Airmen which require waiver(s) are submitted as an exception according to [paragraph 5.5](#).

5.4.2.2. An official responsible for a mission which cannot be effectively accomplished except by waiver of a provision established by this instruction may initiate a waiver request. At times, no person below a specified level may initiate a waiver in order to limit the number of waivers and restrict requests to those which are operationally essential for mission accomplishment. An official at the minimum originator level may endorse waiver requests from Airmen. Regardless of the originating level, all requests should meet the justification criteria for approval.

5.4.3. Commander Actions. All waiver requests are routed through the unit commander, except those originated above the unit level which should be coordinated with the unit commander (for colonels (including selects), coordinate at least one level below the level of origination). A unit or higher level commander may disapprove a waiver request if it is not justified and advises the requester of the reasons for disapproval. Commanders may address the impact approval might have on their local mission in their forwarding endorsement. When

a unit commander recommends approval or concurs, the commander forwards the request to the MPF for a recommendation and, if necessary, forwarding to the minimum originator level, unless the request is being processed through command channels. Waiver requests not initiated by an Airman indicate whether or not the Airman has been advised and include volunteer status, if determined.

5.4.4. MPF Actions. The MPF assists Airmen and commanders in ensuring that the requirements established by this instruction are met. MPF should advise the Airman, the unit commander or minimum originator level, as appropriate, when a waiver request does not appear to be justified or some other requirement is not met. Submission of a waiver request is not the basis for delay in PCS processing or delay in complying with other actions within the time frames prescribed, except as follows. When the MPF receives a waiver request of an urgent nature which might have a bearing on an Airman's pending PCS, the MPF contacts the appropriate assignment OPR for guidance without delay. Advise Airmen that submission of a waiver request does not change their duty status (example: it does not change them from a leave status to a present for duty or TDY status). Submission of a waiver request is not the basis for failure of an Airman to meet a port call or RNLT, and does not delay the requirement that the Airman make a decision under the 7-day option, or negate any other requirement. In urgent situations, the MPF may send a request to the assignment OPR or other OPRs for consideration/resolution.

5.4.5. Assignment OPR and Approval Authority Actions. The MPF forwards assignment waiver requests to the assignment OPR, unless instructed otherwise. The assignment OPR may approve or disapprove a request when authorized, or make a recommendation and forward the request to the approval authority.

5.5. Exceptions. Exceptions to policies, procedures, or other provisions of this instruction may be considered when an action is prohibited; is not addressed; a criterion is not met and there are no waiver provisions established; or, there are waiver provisions but that criteria is not met. Use this paragraph as the basic guidance for processing a request for exception, unless a paragraph, table, or attachment contains specific instructions for exceptions. There is no mandatory format, but all requests require detailed justification submitted as a memorandum (word document) addressed to AFPC/DP3AM and documentation to substantiate the exception.

5.5.1. Justification. A request for an exception must be justified:

5.5.1.1. Based upon operational necessity (significant manning degradation, allow sufficient time to out-process due to recent/current deployment, awaiting security or Personnel Reliability Program clearance, or to complete training requirements); or

5.5.1.2. When compliance with a requirement would result in an injustice, a severe inequity, or a personal hardship significantly greater than what other Airmen encounter in similar circumstances (i.e., incurred due to delay of dependent(s) assignment clearance requirements, such as awaiting return of AF Form 1466 from gaining location; delay of No-Fee Passport and/or Visa from the State Department or Consulate, provided the Airman initiated application to the MPF Passport Agent no later than 15 days after initial relocation briefing; or pregnant civilian spouse is unable to travel during third trimester). An Airman's medical treatment or medical conditions, marital problems, divorce, civil matters, selling a house, moving children during the school year, and spouse's employment

are situations incurred by many Airmen therefore a request based on these reasons will not be approved; or

5.5.1.3. When it is shown an exception serves the overall best interests of the Air Force (Airman is awaiting results of medical tests, Airman is completing rehabilitation from recent surgery, or pregnant Airman is unable to travel during third trimester).

5.5.2. Requester or Originator Level. Unless a paragraph on a subject specifies a minimum level, there is no minimum originator or requester level for a request for exception (including a request which might require waivers). A request for exception may be submitted by an official responsible for a mission (that is, unit or group commander, etc.), or Airman may submit a request on themselves. Exception requests from Airmen may be endorsed by senior level officials at their discretion. However, requests from Airmen are still evaluated based on the justification. Disapproval of an Airman's request which has been endorsed by a senior official is not to be construed as disapproval of a request originated by a senior official. All requests cite what exception is requested. Requests initiated by Airmen can only be submitted through their unit commander. **(Note:** When an exception request warrants approval but requires a waiver, the assignment authority serves as the minimum originator level and submits a waiver request to the waiver approval authority. Refer to paragraph 6.5 or 7.5 to ensure compliance with appropriate requestor levels for time-on-station or curtailment waivers.)

5.5.3. Commander Actions. Unit commanders must review requests by Airmen and determine if the required justification exists. **(T-1).** A unit commander, or higher level commander, may disapprove an Airman's request if it is not justified and advises the Airman of the reasons for disapproval. Commanders may address the impact approval may have on their local mission in their forwarding recommendation. When a commander recommends approval, the commander must forward the request to the MPF unless the request is being processed through command channels. **(T-1).** Exception to policy requests submitted by other than the Airman indicate whether or not the Airman has been advised and include volunteer status, if determined.

5.5.4. MPF Actions. The MPF assists Airmen and commanders in ensuring the requirements established by this instruction are met. MPF should advise an Airman, the unit commander, or other requester when a request does not appear to be justified or fails to meet some other requirement. Submission of an exception request cannot be the basis for delay in PCS processing or delay in complying with other actions within the time frames prescribed, except as follows. When the MPF receives a request of an urgent nature which might have a bearing on an Airman's pending PCS, the MPF contacts the appropriate assignment OPR for guidance without delay. Advise Airmen that submission of an exception request does not change their duty status (example: it does not change them from a leave status to a present for duty status or TDY status). Submission of an exception request is not the basis for failure of an Airman to meet a port call or RNLTD, and does not delay the requirement that the Airman make a decision under the 7-day option, or negate any other requirement.

5.5.5. Assignment OPR and Approval Authority Actions. Requests for exceptions to policy, procedures, or other provisions are addressed to the office shown below for Airmen as indicated. These offices, with input from the assignment OPR when necessary, may disapprove a request, approve it, or make a recommendation for consideration by the appropriate approval level. When the authority to approve a request is within the office shown

below, the approved exception is forwarded to the assignment OPR for appropriate action. When an exception (or a waiver in conjunction with an exception) requires approval at a higher level, then the approval authority prepares a request for assignment, curtailment, or other action, and submits it to the appropriate approval level and include the exception approval, or recommendation for approval, from the office listed below.

5.5.5.1. AF/A1LG for all general officers, including brigadier general selects.

5.5.5.2. AF/A1LO for colonels, including colonel selects, of any competitive category (except judge advocates).

5.5.5.3. AF/A1LE for CMSgt, including CMSgt selects.

5.5.5.4. AF/JAX for judge advocates.

5.5.5.5. AFPC/DP3AM for officers in the grade of lieutenant colonel and below and enlisted in the grade of SMSgt and below.

5.6. Permanent Change of Station (PCS) Budget Authority. The DoD allocates funds, delegates authority, and directs policies for PCS assignment of Air Force military personnel. This section lists the offices responsible for establishing PCS requirements and directing the publication of orders and accompanying obligation and disbursement of funds for PCS movements made to satisfy national security requirements. Agencies listed below are responsible for developing and maintaining an annual internal management control plan and annual budget closeout procedures to ensure expenditures remain within budget constraints. Agencies must also develop training programs to ensure personnel are aware of their responsibilities.

5.6.1. The Personnel Budget Review Committee oversees the Active Air Force Military Personnel (MILPERS) appropriation and advises the Air Force Board and the Air Force Council on all issues related to the personnel program, budgeting, and execution. The Personnel Budget Review Committee has the following objectives:

5.6.1.1. Ensure that to the extent prescribed by law, directive, and regulation there will be no obligation incurred or expenditures made in excess of the amount made available under the military personnel appropriation. **(T-0)**.

5.6.1.2. Ensure accurate budget submissions that reflect approved Air Force programs and provide functional managers sufficient military personnel funding required to execute their missions.

5.6.2. The Deputy Assistant Secretary for Budget (SAF/FMB) is responsible for the overall budget management of the military personnel PCS program and chairs the Personnel Budget Review Committee. The Personnel Budget Review Committee reviews the PCS budget and management plans, evaluates risk mitigation, and assesses the impact of execution strategies on out-year programs and budgets.

5.6.2.1. SAF/FMB military personnel roles and responsibilities are described in AFI 65-601 V1, and AFI 65-601 V2, *Budget Management for Operations*.

5.6.2.2. SAF/FMB delegates PCS budgeting responsibilities to the Military Personnel Appropriation Branch (SAF/FMBOP). SAF/FMBOP has the following duties:

- 5.6.2.2.1. Develops and implements the PCS obligation plan, provides oversight during budget execution review, and analyzes financial and program accomplishments and projections.
- 5.6.2.2.2. Maintains funds control by establishing administrative limitations and provides funding authorization letters detailing military personnel PCS budget for AF/A1P, AF/A1M, and AFPC.
- 5.6.2.2.3. Formulates budget and cost estimates to support PCS movement categories and provides them to AF/A1 and AFPC as their basis for calculating obligation costs.
- 5.6.2.2.4. Ensures compliance with all legal and regulatory controls regarding the obligation and expenditure of PCS funds. **(T-0).**
- 5.6.3. The Deputy Chief of Staff, Manpower, Personnel, and Services (AF/A1) is responsible for the overall administration of the military personnel PCS program and will sign a Financial Responsibility Letter for the funds provided.
- 5.6.4. The Directorate of Force Management Policy (AF/A1P) is responsible for policy development and program oversight. AF/A1P is a core member of the Personnel Budget Review Committee and will sign a Financial Responsibility Letter for the funds provided. The Program Element Monitor for PCS funds will:
 - 5.6.4.1. Sign a Financial Responsibility Letter for the funds provided. **(T-2).**
 - 5.6.4.2. Plan and program for the entire personnel life cycle (from accession to separation or retirement) by consolidating inputs from AF/A1M and AFPC.
 - 5.6.4.3. Provide data to SAF/FMBOP to support budget/cost estimates.
 - 5.6.4.4. Manage personnel, accession, and separation programs during budget execution.
 - 5.6.4.5. Determine impact of budgetary policies and practices as developed and interpreted by SAF/FMB.
 - 5.6.4.6. Prepare and coordinate responses to the Air Force Group and Air Force Board, and answer questions from organizations outside of AF/A1, such as SAF/FM, Office of the Secretary of Defense (OSD), and Congress.
- 5.6.5. The Directorate of Manpower, Organization and Resources (AF/A1M) is responsible for the planning and programming of all accession and separations of Air Force personnel. AF/A1M is a core member of the Personnel Budget Review Committee and will sign a Financial Responsibility letter for the funds provided. In addition, AF/A1M:
 - 5.6.5.1. Plans and programs for the accession and separation movement of Air Force personnel.
 - 5.6.5.2. Interprets mission impacts caused by force reductions or budgetary changes to the PCS program concerning accession and separation movements.
 - 5.6.5.3. Submits end-of-month, end-of-year closeout, and final end-of-year reports of separation/retirement obligations to AF/A1PP and SAF/FMBOP.
 - 5.6.5.4. Manages personnel, accession, and separation programs during budget execution.

5.6.5.5. Determines impact of budgetary policies and practices developed and interpreted by SAF/FM.

5.6.5.6. Analyzes and coordinates on alternative methods of financing having impact on personnel programs before they are presented to the Air Force board structure.

5.6.6. General Officer Management Office (AF/A1LG) is responsible for all assignments of general officers (and selects); however, AFPC is responsible for overall financial management of all operational, rotational, unit, and training PCS assignments.

5.6.7. Colonel Management Office (AF/A1LO) is responsible for all Col assignments (and selects); however, AFPC is responsible for overall financial management of all operational, rotational, unit, and training PCS assignments.

5.6.8. Chief Master Sergeant Management Office (AF/A1LE) is responsible for all CMSgt assignments (and selects); however, AFPC is responsible for overall financial management of all operational, rotational, unit, and training PCS assignments.

5.6.9. The Judge Advocate General (AF/JA) is responsible for all assignments of judge advocate colonel and below officers; however, AFPC is responsible for overall financial management of all operational, rotational, unit, and training PCS assignments.

5.6.10. The Air Force Personnel Center (AFPC) is responsible for overall management of all operational, rotational, unit, and training PCS assignments and internally tracks estimated military personnel PCS obligations to ensure moves do not exceed SAF/FMBOP allocated funding constraints. The AFPC:

5.6.10.1. Commander (AFPC/CC) is a core member of the Personnel Budget Review Committee (PBRC) and will sign a Financial Responsibility Letter for the funds provided for the obligation of operational, rotational, unit, and training movements.

5.6.10.2. Provides end-of-month, end-of-year closeout, and final end-of-year data on operational, rotational, unit, and training PCS orders (AF Form 899, *Request and Authorization for Permanent Change of Station - Military*) by officer/enlisted and move type to AF/A1PP and SAF/FMBOP and separation/retirement orders (DAF Form 100, *Request and Authorization for Separation*) to AF/A1M to ensure the appropriate official obligation of military personnel PCS funds for the movements associated with those assignments.

5.6.10.3. Is responsible for all operational, rotational, unit, and training officer and enlisted assignments in the grade of lieutenant colonel and below and SMSgt and below (excluding judge advocate officers).

5.6.10.3.1. Plans and programs for all operational, rotational, unit, and training PCS movements of Air Force personnel.

5.6.10.3.2. Interprets mission impacts caused by reductions or budgetary impact changes to the PCS program.

5.6.10.3.3. Manages PCS operational, rotational, unit, and training move authorizations during budget execution.

- 5.6.10.3.4. Creates estimated projections of final obligations periodically through the fiscal year and submits recommendations/requests to SAF/FMBOP for additions to or releases of funding within the execution year.
- 5.6.10.3.5. Participates in Midyear Review of PCS program conducted by SAF/FMBOP.
- 5.6.10.4. Manages the Air Force separations program with the exception of planning, programming, and supervising the financial obligation of retirements and separations which is supervised by AF/A1M.
- 5.6.10.5. Develops and maintains software used by the Orders Processing Application to create and publish operational, rotational, unit, and training PCS orders (AF Form 899) and separation orders (DAF Form 100) and to restrict orders publication to only AFPC as deemed necessary by the AFPC/CC.
- 5.6.10.6. Ensures PCS orders are published with lines of accounting as described in DAFMAN 65-604, *Appropriation Symbols and Budget Codes (Fiscal Year 2023)*.
- 5.6.10.7. Ensures PCS orders are issued to obligate funds against current appropriation in accordance with AFI 65-601 V1.
- 5.6.11. Base Level FSS prepare and publish orders in accordance with direction issued by AFPC and instructions associated with assignment guidance and orders preparation. FSSs may publish manual orders when the Orders Processing Application is unavailable and time constraints and circumstances demand orders publication. FSSs must report all manual orders produced by the 15th of each month to AFPC/DP3DW. **(T-1)**.

Chapter 6

POLICIES, PROCEDURES, AND PROGRAMS

6.1. Primary PCS Selection Factor. The primary factor in selection of an Airman for PCS is the Airman's qualifications to fill a valid manpower requirement and perform productively in the position for which being considered. PCS eligibility factors such as time-on-station and so on, although important, are secondary. When Airmen with the required qualifications are identified, then PCS eligibility criteria and other factors are considered. Volunteer status, assignment preferences, humanitarian or special circumstances may be considered to the extent these factors are consistent with operational manning requirements. PCS is not authorized based solely on the fact an Airman can be used or prefers assignment elsewhere.

6.1.1. Special Experience Identifier (SEI). This chapter implements guidance and prescribes procedures for SEI establishment and management. The SEI compliments the assignment process and is used in conjunction with the grade, AFSC (or Chief Enlisted Manager code), AFSC prefixes and suffixes, SDI, Reporting Identifier, PPC, and professional specialty course codes. The SEI system may be used when experience or training is critical to the job/person assignment match, and no other means is appropriate or available. SEIs can be used when it is essential to rapidly identify Airmen to meet unique circumstances, contingency requirements, or other critical needs. Manpower positions are coded with an appropriate SEI to identify positions that require unique experience/qualification.

6.1.1.1. Assignment OPRs must approve requests in advance to match assignments using the SEI because of the potential to subordinate other important assignment considerations. **(T-3).** Further, after selections have been made, the assignment OPR reviews them to ensure the impact in relation to other factors is justified.

6.1.1.2. Requests for exceptions to match by SEI without manpower positions being coded require approval of the AFPC assignment branch chief.

6.1.2. Security Access Requirement. Manpower positions often require Airmen assigned have access to a specified level of classified information. When the urgency to fill a position does not allow selection of an Airman using PCS eligibility criteria and subsequent processing (and/or investigation), selection may be necessary from among Airmen who currently have access or can be granted access immediately. The assignment OPR must approve, in advance, assignment selection based upon an Airman's security status. **(T-3).** Further, after such selections have been made, the assignment OPR reviews them to ensure the impact in relation to other factors is justified.

6.1.3. PCS Costs. Assignments of qualified, eligible Airmen are ordered as economically as possible, when other considerations are not overriding. PCS cost projections are based on the average cost for a particular kind of move and whether the person moving is an officer or enlisted Airman.

6.1.4. Contingency Deployment and Assignment Procedures. The Air Force assignment process is managed to coincide with the AEF battle rhythm to the maximum extent possible. In general, the deployment of Air Force Airmen in support of a Combatant Commander's requirement takes precedence over an Air Force assignment. **Table 6.9** assists in the decision-making process when an Airman is selected for assignment and the commander is considering

them to fill a tasked Unit Tasking Code requirement, or the Airman is tasked to deploy, or already deployed.

6.1.4.1. While **Table 6.9** provides commanders a tool to make decisions regarding their Airmen, close attention should be paid to proper deployment processing and Duty Status updates. Commanders must ensure that Airmen are processing through the MPF prior to deployment. **(T-1)**. The duty status of Airmen who deploy (e.g., they have been issued contingency orders by the MPF) is changed in the PDS. The MPF is responsible for updating deployment duty status code 20, 21 and 25 (see DAFI 36-3802). **(T-1)**. Timely updating of duty status codes ensures the assignment system does not select an Airman for a non-volunteer overseas assignment while the Airman is deployed.

6.1.4.2. Commanders are encouraged to address officer assignment and deployment conflicts during the Vulnerable Mover List reclama process with the AFPC assignment team. Commanders who need to deconflict assignments and deployments outside the Vulnerable Mover List reclama process, send requests via email to afpc.dp3am.workflow@us.af.mil. Commanders will also send all matters regarding enlisted assignments via email to afpc.dp3am.workflow@us.af.mil. Requests include Name, SSN (last 4), AFSC (Core ID, Rated Distribution and Training Management, Comp Cat, Specialty Shred/Suffix), CAFSC, Assigned PAS, Projected Assignment, RNLTDT, type of request (cancellation, extension of RNLTDT, extension of DEROS, etc.) with proposed dates, justification, and AEF Indicator.

6.1.5. Involuntary overseas PCS Selection While TDY. While performing TDY under the circumstances described herein, to include AEF contingency deployments, either TDY in the CONUS or overseas, Airmen should not normally be selected for involuntary overseas PCS. In addition, following these kinds of TDY, Airmen should not normally be selected for involuntary overseas PCS selection with an RNLTDT less than 120 days after TDY completion date. These provisions apply to Airmen TDY overseas and reflected in the PDS in duty status code "20," "21" and "25," and Airmen TDY in the CONUS participating in a contingency, rotational or exercise TDY and reflected in the PDS in duty status code "20". They do not apply to Airmen selected for a voluntary assignment (CONUS or overseas), involuntary CONUS PCS, or TDY for reasons (duty status codes) other than those listed. MPF will reclama PCS selection and/or a reporting date contrary to these provisions (see **paragraph 6.1.4.2** for what to include in the reclama). **(T-1)**. When necessary in the best interests of the Air Force, AFPC/DP2 may waive these provisions. Any PCS selection (voluntary or involuntary) while TDY can at times impose a hardship on Airmen. Airmen who are TDY who have a hardship as a result of PCS selection may request a change of RNLTDT or assignment cancellation through MyPers or vMPF through their commander to the Total Force Service Center. The Total Force Service Center forwards the request to AFPC/DP3AM. The request includes the specific details of the hardship, date notified of PCS selection, the reason for TDY and duty status code, location (if unclassified), and whether or not the duty status code was updated in the PDS at the time of PCS selection. AFPC/DP3AM evaluates the request and takes action as appropriate. Approval of Airman's request is not automatic. AFPC/DP3AM may approve, disapprove or take action other than that requested by the Airman depending on the circumstances.

6.2. Grade, AFSC and Skill Level Relationship for Assignments.

6.2.1. Officers. Officers are eligible for assignment in any AFSC they possess or are qualified to be awarded. Officers are normally assigned to manpower authorizations associated with their current grade; however, the needs of the Air Force may require assignment otherwise. Also see [paragraph 6.14](#) for assignment of officers not selected for promotion. Promotions through the grade of lieutenant colonel may not be the sole basis for PCS. Lieutenant colonels may not be assigned to colonel positions without the advance approval of AF/A1LO.

6.2.2. Enlisted. Assignments are ordered by the assignment OPR in [Table 2.1](#) Assignment OPR may deviate when in the best interests of the AF.

6.2.2.1. Enlisted Airmen are selected to fill manpower requirement with the following grade/skill combinations:

6.2.2.1.1. CMSgts (E-9) for Chief Enlisted Manager code positions.

6.2.2.1.2. SMSgts (E-8) for 9-level positions.

6.2.2.1.3. MSgt (E-7) and TSgt (E-6) for 7-level positions.

6.2.2.1.4. SSgt (E-5) and Senior Airman (SrA) for 5-level positions.

6.2.2.1.5. Airman First Class (A1C), Airman (Amn) and Airman Basic (AB) for 3-level positions.

6.2.2.2. CMSgts (including CMSgt selects) may be assigned in any AFSC or Chief Enlisted Manager code they possess or are qualified to be awarded.

6.2.2.3. Normally, Airmen in the grade of SMSgt and below are selected for assignment in their Control AFSC (CAFSC), except when serving in a SDI or Reporting Identifier (RI). Airmen serving in a SDI/RI are normally selected based on their PAFSC.

6.2.2.3.1. Enlisted Airmen in a retraining/reclassification status (incompatible grade and CAFSC skill level) are selected for assignment and allocated against requirements commensurate with their grade, regardless of the skill level of their CAFSC. See [Table 3.1](#), AAC 29.

6.2.2.3.2. Overseas Imbalanced AFSCs (Enlisted only). Enlisted Airmen who have two or more awarded AFSCs, one of which is an imbalanced AFSC, are selected and perform duty overseas only in the imbalanced AFSC. This applies to Airmen who attend enroute training for award of the imbalanced AFSC and those who are already qualified (reference the AFECD.) Annually, AFPC/DP3STR obtains a validated list of overseas imbalanced AFSCs from AFPC/DP2 assignment teams and identifies them on the retraining advisory.

6.2.2.4. Enlisted Airmen are selected for assignment in their current grade (not one up or one down, example: a SSgt will be assigned to advertised SSgt assignments). Enlisted Airmen projected for promotion to the next higher grade are considered for assignment based on their projected grade. Promotion, up to the grade of MSgt, may not be the sole basis for PCS. The needs of the Air Force may require assignment other than as shown below.

6.2.2.5. Enlisted Airmen selected for promotion with an approved separation or retirement date and choose to accept the promotion in accordance with DAFI 36-2502, *Enlisted Airman Promotion and Demotion Programs* remain administratively assigned to their last permanent duty station. If an Airman has departed their last permanent duty station to their home of record or home of selection when notified of promotion selection, the Airman normally returns to their previous permanent duty station. Utilization at their previous permanent duty station or a new permanent duty station is determined on a case-by-case basis and the overall best interests of the Air Force. If Airmen incur a hardship by returning to their previous permanent duty station, they submit an exception to policy in accordance with [paragraph 5.5](#).

6.2.2.6. Enlisted re-trainees may be assigned to overseas long tour areas on their initial assignment as volunteers; however, they are not normally assigned to short tour areas (as a volunteer or non-volunteer).

6.3. Manpower Authorization Changes. Normally, assignments are not made nor manning entitlements adjusted in response to increases in functional category “A” military manpower authorizations when approved and made effective within the current or two succeeding fiscal quarters. This timeline (a minimum of 6 months) allows the assignment process to react to the increase and provide Airmen acceptable minimum assignment selection notice. A MAJCOM/field operating agency/direct reporting unit (or equivalent) may request fill actions earlier than the above minimums with specific justification. The assignment OPR evaluates and approves/disapproves such requests. Assignment of Airmen incident to decreases in authorizations resulting in a surplus are managed according to guidance in [paragraph 6.45](#).

6.4. Position Numbers Bypass Routine. A bypass position number enables MPF to report assignment data such as Aircrew Position Identifier, program element code, functional account code, and so forth, when there is no valid manpower authorization in the unit to which assigned for the officer’s DAFSC. When assigned to a valid position, most duty information is automatically updated from the manpower position number. A bypass position number cannot be used to circumvent assignment/utilization policies. Its intended use is to report duty assignment data for an Airman who will fill an approved manpower authorization but the authorization has not yet been updated through the manpower data system, or to record the temporary duty assignment at the same duty station of an Airman.

6.4.1. If a manpower position number exists for an Airman’s DAFSC in the unit to which assigned, regardless of where in the unit the Airman may be physically performing duty, the Airman is assigned against a valid position as an alternate to the primary person assigned.

6.4.2. The assignment OPR may use the bypass position number to effect essential duty change actions or to project an assignment when the specific position number has not been determined or the assignment should occur despite the lack of an authorization.

6.4.3. Colonels (including selects) will not be assigned to bypass position numbers without the advance approval of AF/A1LO or AF/REG for AFR personnel. **(T-1)**.

6.4.4. Rated officers assigned a rated duty AFSC and required to perform operational flying duty should be reported in Aircrew Position Indicator 1, 2, 6, or 8. Rated officers assigned to a rated duty AFSC but not required to perform operational flying duty should report in Aircrew Position Indicator 3 or 4.

6.5. Time-on-Station Requirements. The purpose of a minimum time-on-station requirement is to enhance operational readiness by stabilizing Airmen at their current location, to reduce PCS costs, and to improve the quality of life of Airmen and their dependents by reducing personal and family turbulence. **Table 6.1** reflects the minimum time-on-station requirements for PCS and certain in-place actions. See **paragraph 6.31** for guidance on projected departure date. Reference DAFMAN 36-2114, Chapter 6 for AFR TOS requirements.

6.5.1. Time-on-station is computed on a month-to-month basis; not on the number of days. Compute time-on-station by adding the required period to the month and year of date arrived station. Example: If date arrived station is any day of the month in January 2010 and the time-on-station minimum is 4 years, then an Airman meets time-on-station requirements in January 2014. For all PCS moves, the time-on-station requirement is met by the departure date, unless a waiver or an exception has been approved. When an Airman has TDY enroute in conjunction with a PCS, the minimum time-on-station requirement is met prior to departure on TDY. **Exception:** For officer joint duty assignments, the minimum time-on-station to receive full joint duty assignment tour credit is computed differently than normal time-on-station (joint duty assignment time is computed to the exact day). Example: if date arrived station is 15 January 2010 and the time-on-station minimum is 3 years, then officer meets the minimum on 14 January 2013.

6.5.2. For CONUS to CONUS PCS, when multiple Airmen meet required assignment qualifications, the Airman with the longest time-on-station should be selected when there are no other overriding considerations. An example of an overriding consideration would be the goal to equitably distribute overseas assignments. When an Airman who has the longest time-on-station is also vulnerable for involuntary overseas assignment, then overseas vulnerability would override the fact the Airman also has the longest time-on-station. When an Airman assigned in the CONUS is in a mandatory move PCS status and is vulnerable for overseas PCS selection within 24 months, the overseas selection priorities are as shown in **Table 6.2** and **Table 6.3**. Also see paragraphs **3.3** and **6.8**.

6.5.3. Waivers may be requested on a case-by-case basis as prescribed in **paragraph 5.4**. A time-on-station waiver can only be requested by a general or flag officer or equivalent Federal civilian grade (including officers of the Foreign Service of the Department of State), or a colonel in a wing commander position, or equivalent. (Equivalent is defined as a person, military or civilian, designated as a senior rater and serving in the grade of colonel or higher, or Air Base Group Commander (ABG/CC) at non-AF led joint bases, or equivalent civilian grade.) Requesters can only be serving in the prescribed military grade or civilian grade (example: the requester cannot be a lieutenant colonel selected for colonel). Requests for exceptions, including those which require a waiver, may be submitted on a case-by-case basis as prescribed in **paragraph 5.5**. For colonel/colonel selects, time-on-station requirement waivers are managed by AF/A1LO.

6.6. Soliciting an Assignment. Airmen should not solicit reassignment, other than via voluntary PCS applications and requests authorized by this instruction or other Air Force instructions; such as an Airman's assignment preference statement; or response to a request for volunteers for a specific requirement. This does not preclude an Airman's leadership chain from inquiring about their assignment status through authorized inquiry channels. Although a status may be provided, an Airman's relative standing as a volunteer or non-volunteer among others is not given since it changes daily.

6.7. Assignment Recommendations. Requirements for recommendations for assignments or selection boards higher than officer's senior rater or an Airman's wing commander, or ABG/CC at non-AF led Joint Bases, (or equivalent) cannot be established.

6.8. Volunteer Status and PCS Eligibility. Qualified volunteers should be considered for all assignments. Within a group of qualified Airmen, volunteers meeting minimum eligibility criteria for PCS selection are selected ahead of non-volunteers. Volunteers who have not met time-on-station requirements may be considered before qualified non-volunteers who have met time-on-station requirements, but shall require a time-on-station waiver. Example: using the PCS eligibility criterion of time-on-station for a CONUS to CONUS PCS, qualified volunteers who meet the minimum time-on-station requirements are considered first in order of longest time-on-station, then qualified volunteers who do not meet the minimum time-on-station requirements and require a waiver are considered second in order of longest time-on-station, and finally qualified non-volunteers who meet the minimum time-on-station are considered last in order of longest time-on-station.

6.8.1. Distribution of overseas duty is as equitable as possible considering both desirable and undesirable locations among Airmen similarly qualified. As an example, if by using only the criteria of grade, AFSC, previous overseas duty history, date arrived station, etc., two Airmen might be prioritized on a non-volunteer overseas short or long eligibility roster as numbers 18 and 34. However, when some other qualification is mandatory and these Airmen are the first two on the eligibility roster who possess that qualification, then they would be prioritized as 1 and 2. Airmen are considered by the assignment OPR separately for overseas short tour locations and long tour locations. (See [Attachment 1](#) for definition of short and long overseas tour). Selection of Airmen for overseas is based on the unaccompanied tour length. The overseas duty selection date (ODSD) and the short tour return date, along with the number of short tours and other information shown in [Table 6.2](#) and [Table 6.3](#) on specific subjects (such as time-on-station, retainability, quality control, etc.) should also be referenced in conjunction with overseas PCS selection. Guidance pertains to both volunteers and non-volunteers unless stated otherwise.

6.8.2. Within the overseas selection priorities in [Table 6.2](#) and [Table 6.3](#) for non-volunteers, ties are broken by arranging eligible members in the order shown in [Table 7.11, note 2](#), with the senior non-volunteer selected last. Ties for volunteers are broken using the same criteria and arrangement except the senior volunteer is selected first. Airmen who have not been credited with completion of an overseas tour are selected before those who have been credited with completion of an overseas tour (whether credit was the result of PCS or TDY).

6.9. Volunteers Replacing Non-volunteers Selected for PCS. Airmen who volunteer (or desire to volunteer) for a specific assignment are not permitted to replace non-volunteers already selected for an assignment. If such replacements were permitted, the non-volunteer, in most instances, would be reselected based on original eligibility. Airmen volunteering for an assignment are selected, in turn, when they become the most eligible volunteer.

6.10. Change of Volunteer Status/Request for Assignment Cancellation after PCS Selection. Airmen may change their volunteer status by withdrawing a pending voluntary assignment application in vMPF or MyPers. See execution guidance in MyPers under Assignments: Withdrawal of Voluntary Assignment Application or Cancellation of Voluntary Assignment Program. Airmen selected as a volunteer for an assignment may request assignment

cancellation as an exception to policy in accordance with [paragraph 5.5](#). The exception to policy must be based on hardship that is greater than that experienced by other Airmen or in the best interest of the Air Force. When an Airman cannot access vMPF, cannot access MyPers or was selected as a non-volunteer, the Airman must submit a request in memorandum format, endorsed by the Airman's Commander to MPF. MPF will send requests to the appropriate approval authority in accordance with [paragraph 5.5](#). **Note:** A request under this paragraph is different than an Airman requesting cancellation of an assignment based on denial of dependent travel due to a lack of general medical services (see [paragraph 3.18](#)) or other reasons.

6.10.1. The assignment OPR considers the following: justification of hardship or best interest of the Air Force provided by the Airman; commander's recommendation, whether there are other qualified, eligible volunteers from which to select; the amount of lead time to select and notify another Airman to meet the same RNLTD (at least 90 days); training scheduled or completed; and any other variables associated with the particular assignment.

6.10.2. When a request is disapproved, the Airman remains on assignment as a volunteer. The Airman's status is not changed to reflect "non-volunteer." If a PCS cancellation request submitted under this paragraph is disapproved, the Airman cannot request separation or retirement under 7-day option provisions (unless the Airman is still within 7 days of official notification).

6.11. Assignment Deferment and Availability. Reasons to defer Airman for PCS reassignment vary. The most common reasons for deferment are identified by AACs shown in [Table 3.1](#). An AAC usually applies only to an Airman's current assignment.

6.11.1. Deferments may be based on a specific action applicable to only one Airman (such as placement on the control roster, or operational deferment), or circumstances that apply to all Airmen in a unit (such as assignment to a stabilized tour). Deferment or stabilized tour assignment notwithstanding, all Airmen are subject to temporary or permanent assignment to meet worldwide Air Force requirements. Generally, when an Airman may be vulnerable for PCS selection during the period of a proposed deferment or stabilized tour, then a request for PCS or deferment should not be approved.

6.11.1.1. To preclude assignment inequities or granting a deferment and subsequently having to waive it, the Air Force carefully limits both the number of organizations/functions authorized stabilized tour deferments and individual deferments. When a previously granted deferment causes significant assignment inequities, then waiver of the deferment may be considered depending on the reason deferred.

6.11.1.2. When a previously authorized deferment no longer serves the overall best interest of the Air Force (example: the Airman is required to fill a higher priority manning need or assignment overseas is necessary to ensure equitable distribution of overseas assignments), a deferment may be terminated (waived/curtailed) by either AFPC/DP3AM or the assignment OPR in [Table 2.1](#). The deferment of a group (which applies to all Airmen in a unit) may be removed or modified by the authority which granted the original deferment.

6.11.1.3. Deferments may be authorized for the following reasons:

6.11.1.3.1. To provide stability in certain organizations or functions when it maintains an equitable assignment system for all Airmen (i.e., stabilized tour, operational continuity).

- 6.11.1.3.2. To preclude an Airman's PCS while suitability to remain on active duty is evaluated or during a period of observation or rehabilitation (i.e., medical evaluation, Article 15).
- 6.11.1.3.3. To process or complete an action, recognize a temporary PCS ineligibility condition, or other circumstance of a temporary nature (i.e., medical condition, control roster, commander directed hold).
- 6.11.1.3.4. Specific reasons for deferment addressed throughout this instruction are not all inclusive. Other Air Force instructions may authorize deferments; for example, medical instructions authorize which injuries, illnesses, or diseases render an Airman ineligible for PCS or TDY along with the duration of the deferment.
- 6.11.1.3.5. Stabilized tour deferments are not normally updated for Airmen serving OS; however, [Table 3.1](#) list exceptions such as officers serving overseas while filling positions designated as joint duty assignments.
- 6.11.1.4. Although this instruction authorizes waiver of deferment, an assignment OPR may not waive a deferment or AAC without concurrence with the OPR that requested the deferment or AAC. For example, an assignment OPR may not waive AAC 14, Material Witness, without the concurrence of the Staff Judge Advocate who requested the code.
- 6.11.2. Date of Availability. An Airman is considered available for reassignment on the first day of the "availability" month. Availability for assignment in the military PDS is managed by month and year. The Date of Availability is calculated or determined in different ways depending on the reason for the AAC.
- 6.11.2.1. For AACs based on a stabilized tour per the Stabilized Tour Guide on MyPers. Add the stabilized tour period to the month arrived station or month assigned to the tour. Airmen assigned to stabilized tours are available for reassignment on the 1st day of the expiration month. Example: an Airman is assigned to duty on a three year stabilized tour on 22 June 2019. The Airman's Date of Availability is updated in PDS as 1 Jun 2022.
- 6.11.2.1.1. When selection for PCS is made by computer, computer programming builds 45 days from assignment availability date to the requirement RNLTD to allow the Airmen proceed time and to take personal leave between assignments. Assignment selection is not normally actioned to fill a requirement which requires departure and arrival within the availability month. Example: an Airman available on 1 Jun 2019 would be selected by the computer for an assignment with an RNLTD no earlier than Aug.
- 6.11.2.1.2. When selection for PCS is made manually by the AFPC assignment OPR, the assignment OPR also take into account how stabilized tour availability dates are computed and makes assignment selections based on the Airman's date and the report not later than date. **Exception:** For officers, the joint duty assignment Date of Availability is computed by the day, month and year, based on joint duty credit guidelines.
- 6.11.2.2. For AACs based on a quality control indicators ([Table 3.1](#) AACs 10 through 21, except 14). Establish the Date of Availability as the 1st day of the month following completion of all actions. Example: an Airman receives an Article 15 on 22 June 2019

with a six month suspended reduction, or is placed on the control roster 22 June 2019 for a six month observation period. Although the actions expire 21 December 2019, the correct Date of Availability in each case is 1 January 2020. This action ensures a departure date (month/year) no earlier than the completion of disciplinary, rehabilitative, or administrative action. Airmen are matched to requirements and report not later than dates (RNLTDs) are established so the departure date is not earlier than the first day of the availability month and year. The MPF will reclama an assignment or request a change of RNLTD for assignments not meeting this criteria. **(T-2). Exception:** A reclama is not necessary to change the RNLTD nor is a waiver required when the Airman desires to depart after the actual day punishment, or an observation period, etc., expires and the commander concurs.

6.11.2.3. When multiple AACs apply to an Airman, the code with the longest period of deferment is reflected as the first AAC, the AAC for the next longest deferment is second, and so forth.

6.11.2.4. The MPF may place Airmen in AACs when this instruction or other instruction or directive requires or authorizes deferment, when they receive “by-name” deferment authority, or when the MPF confirms the Airman is authorized deferment as a result of being assigned to an organization, function, position, etc., as shown in the Stabilized Tour Guide (see [paragraph 6.11.3](#)). AACs are updated as directed in [Table 3.1](#). This table provides the numerical system code, the title of the code, who the code applies to, the description, the deferment period or effective date, the required source document, and the update authority. MPFs update only those AACs as authorized in [Table 3.1](#). **Note:** MPF utilizes the assignment action reason for an Airman’s PCS, assignment trailer remarks, or other approval (such as a letter/memo, approved application, PCS orders, etc.) as authority for deferment and updates this information in the remarks area in the PDS.

6.11.3. Stabilized Tour Assignment, Deferment, Curtailment, Extension, and Completion. The mission or function of some organizations require the Air Force to manage an Airman’s period of assignment more closely than would be realized by normal attrition and time-on-station requirements. Unit commander must recommend request for stabilized tours. **(T-2).** A list of activities, organizations, or positions authorized stabilized tours is maintained and updated by AFPC/DP3AM in the Stabilized Tour Guide. AFPC/DP3AM is the approval/disapproval authority for all entry requests. The Stabilized Tour Guide can be accessed on MyPers by inputting Stabilized Tour Guide in the search engine. The guide lists organizations authorized to stabilized tours, the length of the tour, AFSCs, and if the tour is designated as a minimum or maximum tour.

6.11.3.1. Stabilized Tour Assignment. A stabilized tour assignment and the accompanying deferment begin on the date an Airman is assigned to the unit or function authorized a stabilized tour. The date of assignment may or may not be the same as the date arrived on station. See [paragraph 6.11](#) when assignment to a stabilized tour is proposed or requested after an Airman’s arrival on station. Training during a stabilized tour, TDY, or other absences from duty do not change the tour completion date. TDY enroute is not part of the tour. For management purposes, stabilized tours are divided into two major groups, maximum and minimum tours.

6.11.3.1.1. Maximum Tours. A maximum tour identifies the maximum period of time an Airman is assigned to a particular duty and/or organization, unless an extension is approved. The reasons the period of assignment should not exceed the initial deferment period varies. For example, the duty may be outside the mainstream of an Airman's primary career field and prolonged assignment is undesirable or is a CMSgt assigned to CONUS MAJCOM headquarters and staff elements are authorized three year Maximum Stabilized Tour (AAC 50).

6.11.3.1.2. Minimum Tours. A minimum tour identifies the minimum period of time an Airman is assigned to a particular duty and/or organization, but longer assignment is authorized. Extension of a minimum tour deferment is not authorized. After expiration of the initial deferment, an Airman remains assigned until selected for another assignment. The reasons for a minimum tour vary. For example, to receive pay back for special training (formal or on-the-job), for experience gained or enlisted assigned to CONUS MAJCOM headquarters and staff elements are authorized three year minimum stabilized tours (AAC 44).

6.11.3.2. Stabilized Tour Deferment. Stabilized tour deferment is not authorized for Airmen assigned overseas. The stabilized tour deferment may be waived or an activity may be terminated when it no longer serves the overall best interest of the AF. Deferment is not authorized for Airmen assigned to units in excess of 100 percent of manpower authorizations.

6.11.3.2.1. When an Airman is not initially assigned to a stabilized tour upon arrival PCS and subsequent assignment to a stabilized tour at the same location is proposed, the assignment OPR will ensure a specific period of deferment is proposed and the deferment is approved at the same time the assignment is approved. **(T-1)**.

6.11.3.2.2. Airmen who are vulnerable for overseas assignment selection, or CONUS to CONUS assignment selection, are not normally approved for placement in an organizational deferment AAC.

6.11.3.3. Stabilized Tour Curtailment. A Commander may submit stabilized tour curtailment requests to the AFPC OPR for consideration Unit/activity commanders and MAJCOMs have disapproval authority for any curtailment request initiated at a lower level. Airmen may not seek curtailment for the purpose of applying for a specific job. Unit and activity commanders may also request curtailment of stabilized tours (and reassignment) for Airmen assigned to organizations they command. The request should contain the facts and circumstances and specify whether concurrent PCS is requested in conjunction with tour curtailment. A request for PCS should include any necessary waivers of PCS eligibility criteria and originate at the appropriate level. In cases involving quality issues, curtailment and PCS are not effected until appropriate administrative or disciplinary action has been taken (unless an exception to policy is justified). When Airmen are curtailed (for any reason), they are subject to selection for any assignment for which eligible. **Note:** Curtailment for cause or not for cause of Airmen assigned to Headquarters Air Force, the Office of the SecAF, the Joint Chiefs of Staff (JCS), the DoD, or the OSD will process the request under the Return to Service Program per [Attachment 10](#).

6.11.3.4. Stabilized Tour Extension (Maximum Tours Only). An Airman may request voluntary extension to a stabilized tour no earlier than 15 months prior to tour completion and not later than an established assignment selection date, with the exception of 8F000/First Sergeants. The period of extension normally does not exceed 12 months. Unit commanders and parent MAJCOMs (or equivalent) have disapproval authority. Commanders of activities subordinate to a MAJCOM determine if their field commanders may submit extension requests directly to the MAJCOM. When approval is recommended, the request is sent to the assignment OPR for consideration. Tour extensions are not authorized for minimum tours, with the exception of 8F000/First Sergeants. First Sergeants assigned in the CONUS must complete and submit their Second Tour Election Memo to AFPC/DP2OSS No Later Than (NLT) the 24th month from the First Sergeant Academy graduation date. **(T-3)**. First Sergeants assigned overseas must complete and submit their Second Tour Election form during their DEROS Option election window. **(T-3)**. The AFPC/DP2OSS 8F000/First Sergeant assignment NCO/FAM will complete all required AAC updates.

6.11.3.5. Stabilized Tour Completion. Actions taken upon completion of a stabilized tour vary depending on the type of tour served:

6.11.3.5.1. Upon Completion of a Minimum Tour. An Airman remains assigned until selected for voluntary or involuntary reassignment. Reassignment is not justified based on an arbitrary period of time. The local commander or parent MAJCOM should establish procedures to periodically review the status of Airmen who have completed their minimum tour to ensure continued assignment serves the overall best interest of the AF. Recommendations to reassign an Airman should be fully justified in accordance with [paragraph 5.5](#).

6.11.3.5.1.1. **(Enlisted Only)** Minimum Tours in a SDI. In most cases, duties of an SDI are unrelated to an enlisted Airman's PAFSC. Enlisted Airmen are not normally retained in these duties for an extended period of time after completion of a minimum stabilized tour. To preclude loss of AFSC proficiency, it is necessary to monitor the length of assignment in SDI tours and consecutive assignments in SDIs are not appropriate.

6.11.3.5.1.1.1. Enlisted Airmen performing duty in an SDI may be authorized assignment deferment if their SDI and/or unit of assignment is listed in the stabilized tour guide. Normally duty in an SDI does not, in itself, automatically involve deferment from reassignment, although in some instances all authorizations in a particular SDI may be in units authorized stabilized tours. Example: Career Assistance Advisors are SDI 8A100, they will have an AAC of 44, and a tour length of 3 years per the stabilized tour guide.

6.11.3.5.1.1.2. Approximately 12 months before their date of availability, Airmen receive a system generated notification report on individual person (RIP) with two options: volunteer for reassignment to return to duty in their PAFSC in conjunction with completion of the stabilized tour or continue serving in the SDI.

6.11.3.5.1.2. Airman Assigned to a MAJCOM Inspector General Travel Team. An Airman performing inspection duty is normally assigned other duties after 24 months. Reassignment is first considered within the MAJCOM headquarters or to another unit on the same base. PCS may be considered when there are no authorizations for the Airman's AFSC and the Airman is the most eligible for PCS among others assigned to the same unit or base. A request for extension of travel team inspection duty is favorably considered unless there are overriding reasons why extension does not serve the best overall interest of the AF. Airmen are not normally assigned involuntarily to travel team inspection duty within the 3 year period following a previous assignment to such duty. Exceptions are only approved by AFPC/DP3AM.

6.11.3.5.2. Upon Completion of a Maximum Tour. An Airman is considered to be in a mandatory move status (either to another unit on the same station or PCS) and is normally reassigned upon completion of the initial tour, unless extended. A request to extend a maximum tour is submitted as provided in [paragraph 6.11.3.4](#). Officers are reassigned during the assignment cycle coinciding with their Date of Availability; enlisted Airmen are considered CONUS mandatory movers and compete for reassignment via the Enlisted Quarterly Assignment Listing (EQUAL) process (see [Attachment 13](#)). CMM requirements are advertised on the overseas returnee/CMM EQUAL. Exemptions include Airmen assigned as aircrew Airmen (1AXXX/1UXXX AFSCs) 820th Security Forces Group (3P0X1s only), and those assigned to the USAF Air Demonstration Squadron (Nellis Air Force Base (AFB) NV). MPF will run a monthly AAC 50 roster 13 months in advance of the projected Date of Availability expiration dates and provide a copy of the execution guidance in MyPers under Assignments: overseas returnee/CMM Counseling Handout to each Airmen. **(T-1)**. See [Attachment 13](#) for program information.

6.11.4. CONUS-Isolated Tour. The purpose is to establish maximum tour (AAC 50) lengths and limit certain assignment combinations which involve a CONUS-isolated station. Cavalier Air Force Station, ND, is currently designated as a CONUS-isolated location. This location is considered to be geographically separated from adequate personal support facilities and services which may cause a significant degree of inconvenience, expense, or hardship to Airmen and their families more so than other CONUS assignments.

6.11.4.1. Stations may be designated as CONUS-isolated when the one-way distance to minimum adequate community support is more than 50 miles or over one and 1/2 hours' drive in normal weather conditions from the station and travel between duty station, residence, and support facilities is determined to be complicated by hazardous weather, marginal roads, or lack of commercial transportation which places the Airman in a greater risk. Community support includes government or non-government facilities and services, such as adequate family housing, medical and dental care, essential shopping facilities, reasonable recreational facilities, and religious services.

6.11.4.2. Maximum tour lengths have been established as 15 months for single and unaccompanied Airmen or 24 months for Airmen accompanied by dependents. Airmen will serve the accompanied tour if they reside with dependents within 50 miles of the duty station. **(T-1)**. Distances are computed from the Defense Table of Official Distances located at <https://dtod.transport.mil/Default.aspx>, this is the official source for

worldwide PCS and TDY distance information. (**Note:** If an Airman is assigned to a CONUS-isolated station on a Base of Preference assignment, the Airman must serve a 24 month Base of Preference.). (**T-1**). For officers who attend duty related training (example: Perimeter Acquisition Radar Attack Characterizations System IQT course) after arriving at Cavalier Air Force Station; MPF will update AAC 50 upon completion of and return from all related training. (**T-1**). This will ensure Airmen receive optimal operational experience and mission needs are met. **Note:** This applies only to Cavalier Air Force Station.

6.11.4.3. The PCS retainability requirements shown in [Table 6.4](#) apply regardless of whether the Airman serves a 15 month unaccompanied tour or 24 month accompanied tour. Example: an Airman being reassigned CONUS to CONUS requires 24 months retainability for the PCS, even though the Airman may choose to serve the 15 month unaccompanied tour. Further, in order to be reassigned upon completion of a 15 or 24 month tour, Airmen must have PCS retainability prescribed by [Table 6.4](#) for their next assignment. (**T-1**).

6.11.4.4. Airmen are not involuntarily assigned to a CONUS-isolated station from an unaccompanied dependent-restricted overseas short tour nor are they diverted to a CONUS-isolated station if they receive one of their choices in the overseas returnee match.

6.11.4.5. Airmen assigned to a CONUS-isolated station are not selected for an involuntary unaccompanied dependent-restricted overseas short tour.

6.11.5. Date of Availability Deferrals Waivers. If it becomes necessary to waive deferrals, the longest organizational (as opposed to by-name) deferrals are waived first. Example: a four year organizational deferral is normally waived before a three year deferral, and both before waiving a one year individual (by-name) deferral. Deferrals not involving the expenditure of PCS funds are waived before those where the Airman made a PCS move in conjunction with deferral. Example: an Airman with several years on station moves to a stabilized unit at the same location and is subsequently deferred, will have deferrals waived before an Airman assigned to the location specifically to join a military spouse. There may be exceptions as manning priorities, requirement for backfill, humanitarian considerations, etc. may dictate otherwise.

6.11.6. Military Operational Deferral. At times, the continued assignment of a particular Airman may be essential to accomplish a specific mission. In these rare circumstances, a military operational deferral of an Airman may be requested and may be over and above an existing unit or function deferral. Normally, only one operational deferral is granted and the period cannot exceed one year. This period is adequate in most cases to train a replacement or to make arrangements for project or program continuity. A military operational deferral is appropriate only in support of units transitioning to a new or significantly different weapons system or to support special projects generated by high-level tasking where duties and the Airman's qualifications are significantly different from those normally associated with the Airman's career field. A request for operational deferral contains complete details to include cost factors, the mission impact, and why a particular Airman's presence and qualifications are essential to the mission. Requests are submitted to the assignment OPR for consideration ([Table 2.1](#)). When waiver of deferrals becomes necessary, operational deferrals (AAC

58 for officers and AAC 51 for enlisted) are among the last to be waived because of the short duration and justification on an individual basis.

6.11.7. Educational Deferment. It is the intent of the Air Force to support Airmen in achievement of their personal education goals provided they satisfy their primary duties without significant impact on “in-turn” assignments. Therefore, at key times in certain educational programs, Airmen stationed in the CONUS may be authorized an assignment deferment for educational reasons. Like other deferments, education deferments may be waived when they do not serve the overall best interest of the AF. Educational deferments may be requested per DAFI 36-2670. The following criteria apply.

6.11.7.1. Officers. An officer enrolled in an off-duty graduate or doctorate degree program may be deferred from PCS for the period necessary to complete the program, not to exceed 12 months. Officers with an assignment selection date are not eligible to apply for deferment, nor is deferment authorized for the purpose of completing an additional degree equal to or lower than is currently held unless it directly applies to the officer’s AFSC or Air Force needs. The deferment period is terminated when studies are discontinued, or when the degree requirements are completed, whichever occurs first. A deferment for the purpose of completing a dissertation thesis or research paper is not authorized. **Note:** The assignment OPR will update the AAC 52. **(T-3).**

6.11.7.2. Enlisted. Enlisted Airmen enrolled in a voluntary education program (local off-duty study) may ask for deferment to preclude departure on an assignment before completion of the specific education program. Airmen with an assignment selection date are not eligible to apply for deferment; however, may request an RNLTD change (not to exceed 3 months) to accommodate completion of a course presently enrolled in. Educational deferment is terminated at the end of the specified period, when studies are discontinued, or when degree or academic requirements are completed, whichever occurs first. Eligibility criteria follow:

6.11.7.2.1. Vocational School Program. Enlisted enrolled in programs leading to award of a vocational diploma may be delayed from PCS for a period not to exceed 3 months from the month of PCS notification.

6.11.7.2.2. Associate, Baccalaureate, and Graduate Degree Programs. Enlisted Airmen enrolled in programs leading to award of a degree may be deferred from PCS if they can complete the degree and any required academic residency in 12 months or less. First term Airmen must be obligated for a total of six years active service to apply for a 12 month deferment. **(T-1).** Airmen selected for an assignment may request a change of RNLTD for a period not to exceed 3 months from the month of PCS notification in order to complete a course in which presently enrolled. Deferments approved under this provision are not to exceed the course completion date.

6.11.7.3. Officers and Enlisted. Airmen request deferment through the local Education Services Officer. If approved, the Education Services Office sends the deferment request to the MPF for update in the PDS. For officers, the MPF updates the PDS and awaits decision by the assignment OPR. For enlisted, the MPF approves requests meeting program guidelines and updates the educational deferment AAC 52 in the PDS. The MPF must not update an availability code “52” for enlisted Airmen currently serving on an availability code “50” (Maximum Stabilized Tour) without prior approval by the

assignment OPR. **(T-1)**. Questionable cases should be forwarded to AFPC/DP3AM for resolution. Consecutive education deferments are not permitted nor is a subsequent deferment effective within 12 months of a previously completed program. An Airman is not granted additional deferment time to retake tests or courses failed.

6.11.7.4. Educational Leave of Absence. Airmen must meet the criteria in DAFI 36-2670. **(T-1)**. For approved requests, the TDY order is used as the source document for update of availability code “52” and may be input by the MPF upon receipt. The deferment period may not exceed the period of TDY authorized. Airmen with an assignment selection date are ineligible.

6.11.8. High School Seniors Assignment Deferment Program. The High School Senior Assignment Deferment program is intended to decrease turbulence and increase stability for military families with dependent children entering their senior year of high school. This guidance applies to regular Air Force officers (lieutenant colonel and below) and enlisted (SMSgt and below).

6.11.8.1. High School Seniors Assignment Deferment General Information.

6.11.8.1.1. High School Senior Assignment Deferment requests are considered on a case-by-case basis with the goal of approving as many requests as possible while meeting mission needs. Consecutive deferments may be requested. If approved, an Airman is deferred from reassignment while the high school dependent is in their senior year.

6.11.8.1.2. Airmen approved for a High School Senior Assignment Deferment are coded in the PDS with AAC 85. The date of availability is the first day of the second month after the dependent’s high school senior graduation date or Airman’s DEROS. Example: if the graduation date is 31 May the date of availability is 1 Jul or the DEROS date. Airmen may request cancellation of an approved deferment through Case Management System (CMS).

6.11.8.1.3. The appropriate AFPC assignment officer or noncommissioned officer (NCO) approves High School Senior Assignment Deferment requests. The AFPC assignment division chief disapproves High School Senior Assignment Deferment requests that cannot be supported due to mission needs.

6.11.8.1.4. Both Airmen of a military couple may apply for a High School Senior Assignment Deferment if each meets the eligibility criteria, their join spouse intent code is “A” or “B,” and they apply concurrently.

6.11.8.2. Eligibility Criteria.

6.11.8.2.1. Airmen with a dependent child who will begin or is in their senior year in high school. Airmen must provide a memo from the dependent’s high school counselor confirming the dependent’s current school grade and projected senior year graduation date. **(T-1)**. The MPF must verify the dependent child is enrolled in Defense Enrollment Eligibility Reporting System (DEERS) and residing with the Airman requesting the deferment. **(T-1)**.

6.11.8.2.2. Airmen selected for a dependent-restricted short tour or 365-day extended deployment are not eligible to apply for a High School Senior Assignment Deferment.

Dependent-restricted includes Korea when not assigned to a key billet position (see [paragraph 7.2.11](#)). Airmen selected for a dependent-restricted tour must proceed on assignment, but may request to return to the same duty station in accordance with HB Assignment Program (see [Attachment 3](#)). **(T-1)**.

6.11.8.3. Application Criteria. Airmen submit their High School Senior Assignment Deferment application as outlined in the execution guidance in the MyPers website, High School Senior Assignment Deferment Online Application. Procedures and responsibilities for the Airman, Commander, MPF, and AFPC are also outlined in the execution guidance in the MyPers website. Because of differences in the officer and enlisted assignment systems, differing High School Senior Assignment Deferment criteria and timelines are detailed below:

6.11.8.3.1. Officers.

6.11.8.3.1.1. CONUS applicants. May apply for a High School Senior Assignment Deferment before or after being placed on the Vulnerable Movers List (VML). Officers are eligible for the program if they apply No Early Than (NET) 1 Oct of the dependent's high school junior year and NLT 1 July between the dependent's high school junior and senior years.

6.11.8.3.1.2. Overseas applicants. May use the DEROS forecast procedures outlined in [paragraph 7.5](#), or apply when placed on the initial VML. If applying under the DEROS forecast program, officers must request a DEROS extension, which accommodates the completion of their dependent's high school senior year. **(T-1)**.

6.11.8.3.1.3. Eligible officers who have been selected for Intermediate Developmental Education (IDE)/Senior Developmental Education (SDE) who would like to request a deferment under High School Senior Assignment Deferment must follow deferment procedures outlined in the IDE/SDE selection Personnel Services Delivery Memorandum published by AFPC/DP2LWD. **(T-1)**.

6.11.8.3.2. Enlisted Airmen.

6.11.8.3.2.1. CONUS applicants. May apply for a High School Senior Assignment Deferment before or after selection for an assignment. **(T-1)**. If before selection, enlisted Airmen must apply NET 1 October of the dependents high school junior year and NLT 1 July between the dependent's junior and senior year. If after selection, must apply within 30 calendar days of official assignment notification and are eligible if RNLTD is 1 March or later of the dependent's high school junior year or, the dependent is currently in their high school senior year and RNLTD is prior to graduation date. **(T-1)**.

6.11.8.3.2.2. Airmen currently serving a CONUS maximum controlled tour are eligible to apply for the program and must use the Completion of Maximum Tour RIP and request High School Senior Assignment Deferment as their extension option in accordance with the execution guidance in the MyPers website under Assignments: Overseas Returnee and CMM Counseling Handout. **(T-1)**.

6.11.8.3.2.3. Overseas applicants. Must use the DEROS forecast procedures

outlined in [paragraph 7.5](#). (T-1). Airmen must request a DEROS extension, which accommodates the completion of their dependent's high school senior year. (T-1).

6.12. Assignment Limitation Code (ALC). Assignment limitations, permanent or semi-permanent, are used to alert personnel managers of long term constraints on assignment or utilization of Airmen. They broadly restrict, or limit the selection of Airmen for assignment to or from certain duties or areas and apply to a duration longer than just to the current duty assignment. Normally, limitations applying only to a current assignment or location are managed by an AAC, although exceptions to use an assignment limitation code may be made. An assignment limitation code may be permanent or semi-permanent. [Table 3.2](#) lists the various types of assignment limitations and corresponding system update codes. Assignment limitation code waivers require the advance approval of AFPC/DP3AM unless [Table 2.1](#) lists a specific OPR.

6.12.1. Medical Assignment Limitation Code "C" Stratification. When a Physical Evaluation Board determines an Airman to remain on active duty, who may not be fully qualified for worldwide service, the Air Force carefully manages future assignments. In such cases, AFPC/DP2NP will input and manage assignment limitation code "X" for C1 stratification, "Y" for C2 stratification, or "C" for C3 stratification (see [Table 3.2](#)) as appropriate for description, effective date and duration, and limitation on PCS selection.

6.12.2. The assignment OPR may select Airmen with medical assignment limitation codes for reassignment to locations permitted by their stratification as specified in AFMAN 41-210. Assignments outside the designated geographic restrictions require a waiver. Waiver authority and procedures are also designated in AFMAN 41-210. If the Airman's medical circumstances preclude the assignment, the assignment OPR selects the next most eligible Airman for the assignment.

6.13. Non-career Officers and First-Term Airmen. There are several assignment provisions which apply only to non-career officers and first term Airmen. Unless a paragraph, table, or attachment stipulates special guidance for non-career officers or first term Airmen, the guidance is the same as for career enlisted Airmen. **Note:** Expiration of an ADSC is not the same as an established date of separation.

6.13.1. First term Airmen serving an initial enlistment of 4 or more years do receive more than two assignments to different locations following initial basic and skill training during their first 4 years of service, regardless of tour length. First term Airmen are permitted additional PCSs in conjunction with an approved humanitarian reassignment, a join spouse assignment, as a volunteer, or when the PCS is a mandatory move. Low-cost moves are excluded from the two-move count.

6.13.2. Non-career officers are not arbitrarily limited in the number of PCSs they may be ordered to make. Compliance with time-on-station minimums, selecting Airmen in turn based on longest on station, and other factors are adequate to limit the number of moves.

6.13.3. Non-career officers fall into two groups and are managed as follows:

6.13.3.1. Non-career officers with an established date of separation may decline to obtain retainability for a PCS or training ADSC, without prejudice.

6.13.3.2. Non-career officers with an indefinite date of separation have indefinite service retainability for any ADSC-incurring event such as PCS or training. A non-career officer who does not desire to participate in an ADSC-incurring event, such as PCS or training, must exercise their option to establish a separation date under 7-day option provisions as explained in [paragraph 6.29. \(T-1\)](#). However, to provide non-career officers adequate time to acclimate to military service, to avoid forcing them to make a premature career decision, and to the extent operational requirements permit, the following guidance applies. As a non-volunteer, non-career officers with an indefinite date of separation may be selected for an ADSC-incurring event when:

6.13.3.2.1. The ADSC can be completed before becoming a career officer (for assignment purposes, a career officer is (both) a captain or higher who has 4 or more years total active federal commissioned service (TAFCS)). For eligibility for involuntary PCS overseas, compute completion of the ADSC for the overseas tour using the unaccompanied tour length. A non-career officer who elects to serve the accompanied overseas tour length voluntarily incurs the longer accompanied ADSC (which may result in becoming a career officer); or

6.13.3.2.2. They are within 12 months of having 4 years TAFCS and have no ADSC beyond 4 years, unless a waiver is approved by the assignment authority. Within AFPC, the waiver authority is the assignment division chief. This allows a non-career officer who does not desire an additional ADSC beyond 4 years to request separation in lieu of an event; or

6.13.3.2.3. They already have an ADSC beyond 4 years TAFCS. In this instance, career officer procedures apply.

6.14. Officers Not Selected for Promotion.

6.14.1. Officers Not Selected for Promotion to Colonel. Selection for promotion to Colonel is the result of an extremely competitive process. Non-selection for promotion to Colonel is normally not a basis for PCS ineligibility. Senior managers should use this highly qualified resource to the best advantage of the Air Force in positions commensurate with their grade and qualifications. Keep in mind, the mandatory retirement date a Lt Col receives based on grade may preclude consideration for some assignments (lack of the required retainability for PCS and/or retainability to serve the associated ADSC).

6.14.2. Officers Not Selected for Promotion to Lt Col or Maj. Non-selection for promotion to Lt Col or Maj does not, in itself, render an officer ineligible for PCS. However, non-selection for promotion can affect consideration for PCS or other events as explained below.

6.14.2.1. Officers in the grade of major or captain with an established date of separation or mandatory retirement date based on non-selection for promotion are ineligible for a PCS if lacking required retainability for the assignment action. Approved waiver/exception to policy actions are mandatory for movement when an officer does not meet minimum PCS retainability requirements. See [paragraph 6.28](#) for additional guidance on retainability.

6.14.2.2. Officers in the grades of major or captain not selected for promotion to the next higher grade may be considered for PCS or other events if they have the minimum retainability (that is, have not had a mandatory date of separation or retirement date established and still have an indefinite date of separation). However, when it cannot be

assured the Air Force can receive full return in terms of service for PCS funds, education or training costs, etc. (Example: in the event of a second non-selection for promotion resulting in establishment of a mandatory date of separation or mandatory retirement date), selection should be kept to an absolute minimum. Therefore, non-selection for promotion can affect consideration for PCS or other events based on the resulting limit on retainability or potential limit on retainability.

6.14.3. Officers Selected For or Enroute to an Event. When an officer is not selected for promotion, the officer's status should be quickly evaluated by the assignment OPR. This includes officers scheduled for an event such as PCS, education or training (that is, officer has a DEROS, is PCSing upon completion of training, etc.); those selected for PCS, education or training (including those who have departed); and those attending such events (example: TDY and return) in conjunction with PCS. The officer's supervisor, losing/gaining commanders, and MPF share the responsibility to assist the assignment OPR or selection authority in identifying officers selected for PCS or other events when non-selected for promotion. The losing commander will reclama (see [paragraph 6.33](#)) to the assignment OPR/selection authority and request disposition instructions. **(T-1)**. The reclama includes: (1) date notified of non-selection, (2) if the officer has departed, (3) if cancellation creates a hardship, the basis for the hardship and how it is considered to be uncommon to others in similar circumstances, (4) status of shipment of household goods, (5) location of dependents, (6) officer's desires, and (7) any other pertinent details. The assignment OPR/selection authority will review each case and provide assignment disposition to the officer and MPF. **(T-1)**. **Note:** Officers completing an overseas tour without the minimum PCS retainability for a CONUS assignment may be extended in place depending on their accompanied status, their DEROS, and other factors.

6.14.4. Other Circumstances. Officers selected for PCS, formal education, or training who subsequently have their promotion delayed (includes officers delayed pending removal from a promotion list), and officers found not qualified for promotion to first lieutenant, require reevaluation. The commander must reclama (see [paragraph 6.33](#)) the selection to the assignment OPR providing all pertinent information. **(T-1)**. The assignment OPR will provide assignment disposition by email message. **(T-1)**.

6.15. Utilization Standards and Assignment of Rated Officers.

6.15.1. Utilization Standards for Rated Officers. The Aviation Career Improvement Act of 1989 (ACIA), codified as 37 USC § 301a, *Incentive Pay: Aviation Career*, imposes utilization standards, commonly referred to as "gates," for rated officers. DAFMAN 11-401 explains these requirements in detail. Compliance with the following guidance, in combination with [paragraph 6.48](#), Officer Duty Changes, is essential to effective rated officer management. Waivers of the following policies require AFPC/DP2O approval.

6.15.1.1. Graduates of undergraduate flying training are assigned to operational flying duties until they have completed 96 months of flying to the maximum extent possible. Gate credit accumulated during undergraduate flying training counts toward this restriction.

6.15.1.2. Rated officers may be considered for duties other than operational flying upon completion of 96 months of operational flying, if otherwise eligible and qualified.

6.15.1.3. The typical officer with over 12 years of aviation service requires completion of, or the ability to complete at least 10 years, and preferably 12 years of operational flying

duty before the 18th year of aviation service before being assigned to duties other than operational flying. In those cases where rated officers are currently assigned to stabilized tours in duties other than operational flying and the possibility exists of the officers not meeting the utilization standards, tour curtailments (or waiver of remaining stabilized tour period) may be ordered by the assignment OPR according to the established policies in [paragraph 6.11](#). To the extent possible, tour curtailments (or waiver of remaining stabilized tour period) are normally directed sufficiently in advance to provide adequate and timely replacement.

6.15.2. Assignment of Rated Officers (Lt Cols and Below). Rated officers who are not disqualified for aviation service in accordance with AFMAN 11-402 are assigned primarily to fill rated requirements.

6.15.2.1. Rated officers may ask for a change to another rated AFSC or non-rated duty as indicated in [paragraph 6.48](#). In addition, a commander or MAJCOM may submit requests to resolve manning problems or to provide career development opportunities.

6.15.2.2. Report officers disqualified from aviation service per AFMAN 11-402, for assignment or other disposition according to [paragraph 6.21](#). Rated officers disqualified from aviation service for medical reasons may continue to be assigned to duty in a rated AFSC not involving operational flying upon approval of AFPC/DP2O according to [Chapter 2](#) of this AFI.

6.15.2.3. Report officers eliminated from a flying training course being attended in PCS status or TDY enroute PCS status, and officers eliminated from undergraduate flying according to [paragraph 6.21](#).

6.15.3. Voluntary Request for Disqualification from Aviation Service. Rated officers applying for a commission change, legal, or medical education programs, must include a voluntary request for disqualification for aviation service. **(T-1)**. Refer to AFMAN 11-402, paragraph 6.3.3.6 for complete instructions.

6.15.4. Assignment of Rated Officers to Non Flying Positions. Rated officers who volunteer for a non-flying position (PCS or PCA), which will result in the rated officer missing their 1st or 2nd flying gate, when a flying position is available, must complete a mandatory statement of understanding located on MyPers. **(T-1)**. Similarly, when the assignment OPR selects a volunteer for a non-flying position when a flying position is available, the assignment transaction must include the PPC "GTW" in the assignment notification. **(T-3)**. **Note:** Officers provide the original to AFPC/DP2O, Randolph AFB, TX 78150-6001 through the MPF before the assignment OPR approves the assignment. Assignment OPRs submit the original to the Automated Records Management System for filing in the officer's electronic master personnel records group as a permanent document.

6.16. Assignment of Former Officers. Former officers who enlist may remain assigned to the same permanent duty station to which they were assigned immediately prior to enlistment if there is a requirement for their grade/AFSC, and other assignment considerations support continued assignment.

6.17. First Assignment after Commissioning (From Enlisted Status). RegAF officers commissioned from enlisted status are not reassigned back to the base they departed from for their first assignment. Such an assignment, however, is permitted when the Airman is in a formal student status. **Example:** if an enlisted Airman stationed at Base A becomes a commissioned officer, the Airman will not be assigned back to Base A for their first permanent party assignment after commissioning. This does not preclude assignment as a student if Base A also happens to be the training location for initial skill training for the officer's specialty. Reserve officers may return to the base they departed from upon completion of a commissioning program.

6.18. Pregnant Service Member. A service member who is medically confirmed as pregnant is not normally reassigned PCS while pregnant, except as provided for below.

6.18.1. The MPF will reclama assignments as follows:

6.18.1.1. To any overseas location (long or short tour location). **(T-1).**

6.18.1.2. Within the CONUS when the RNLTD is after the sixth month (3rd trimester) of pregnancy and the move is not a mandatory PCS. **(T-1).**

6.18.1.3. To a CONUS-isolated station. **(T-1).**

6.18.2. Airmen overseas will be curtailed due to pregnancy as follows: (also see [Table 3.1](#)).

6.18.2.1. When the child is to be placed out for adoption. Return of a single female Airman to the CONUS is necessary to prevent possible problems of citizenship for the child in the future. This provision does not apply to Airmen assigned to Alaska, Hawaii, or those other locations OCONUS if a child of an Airman is a U.S. citizen at birth. **(T-1).**

6.18.2.2. Lack of obstetrical care or other medical considerations require the Airman be returned to the CONUS before DEROS. **(T-1).**

6.18.2.3. The Airman is assigned to a dependent-restricted location (that is, there is no accompanied-by-dependents tour authorized at that location, see the PDTATAC AP-TL-01, Tour Lengths and Tour of duty OCONUS, <https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>). **(T-1).**

6.18.2.4. The Airman is assigned to a location where the unaccompanied tour length is less than 18 months and even though there may be an accompanied tour length authorized at the location, the Airman is not eligible, cannot qualify for, or is not permitted to serve an accompanied tour. The considerations here are family quarters, command sponsorship, and so on, not the availability of medical care. **(T-1).**

6.18.3. Pregnant service members in a mandatory PCS status will not be reassigned:

6.18.3.1. To any overseas location (long or short tour). **(T-1).**

6.18.3.2. To any CONUS location during the 24-week closed period (12-weeks before or 12-weeks after expected delivery date). **(T-1).**

6.18.4. During the 12-month period after the birth of a child to a service member, deferment from PCS is authorized. The military mother will be deferred from assignment to a dependent-restricted overseas tour or an accompanied overseas tour when concurrent travel is denied. The military mother may waive this deferment. Unless the military mother waives the deferment, she is not to depart on PCS to an overseas short location where the unaccompanied tour length

is less than 18 months unless permission has been granted to serve the tour accompanied by dependents (when an accompanied tour is authorized). Regardless of the tour length of the overseas location, concurrent travel must have been granted so the mother and child could travel overseas together. **(T-1)** The 12-month post-delivery deferment is not authorized if approval has been granted for the mother and child to travel overseas concurrently. The 12-month deferment period also applies to any TDY. For the purpose of a TDY, a service member may request to waive the 12-month deferment period by each TDY occurrence. See [paragraph 4.6.7](#) for additional guidance on TDY Deferements.

6.18.5. Requests from pregnant service members to proceed on PCS other than as permitted above may be submitted as an exception according to [paragraph 5.5](#). A medical statement from the attending physician and gaining MTF is included supporting the service member's request. Justification states if there are any complications, if it is a high-risk pregnancy, if there are any restrictions to travel (factors that make travel non-recommended) and if treatment is available at gaining location.

6.19. Pregnant Civilian Wife. A service member may request consideration not to be enroute PCS during the 12-week closed period during which his civilian wife is expected to give childbirth. The 12-week closed period is 6 weeks before and 6 weeks after the expected delivery date. This provision applies only when the wife is actually relocating as a result of PCS and the service member's movement at an alternate time is compatible with Air Force requirements. The intent, to the degree practical, is to enable the service member to accompany his wife and relocate her at a time of less difficulty, hardship, or risk. It is not intended to ensure the Airman's presence at the time of birth. Sometimes it may be necessary for a service member to be enroute PCS during this 12-week closed period, for example, when PCS involves TDY enroute for training which cannot be rescheduled. When a service member's presence is medically essential during birth, the service member may request consideration for humanitarian deferment as outlined in [Attachment 15](#). A request not to be enroute PCS during the 12-week closed period must be submitted by the Airman, in writing, to the assignment OPR through the MPF within 7 calendar days after official assignment notification, or immediately after the date a service member's wife is diagnosed as pregnant. **(T-1)**. Include in the request the action the service member desires and state where the wife plans on moving from and to. Attach a statement from the attending physician indicating the expected delivery date. Service members receive consideration for change of PCS as follows: First, a service member serving overseas and accompanied by his wife (regardless of command sponsorship status) may request consideration of a voluntary extension of overseas tour as outlined in [paragraph 7.5](#). Second, a service member may request a curtailment when the attending physician recommends curtailment, in writing, based on medical reasons (see [Table 7.8](#)). Extension or curtailment requests are submitted without delay.

6.19.1. An Airman serving in the CONUS whose wife is expected to give birth during the reporting month, the month before, or the month after, and the assignment is:

6.19.1.1. CONUS to CONUS. The Airman should first determine if adjustment of personal travel or leave plans is possible to avoid relocation during the 12-week closed period. However, if adjustment of departure date necessitates a change of RNLTD, the Airman submits the request via MyPers or vMPF and provides the estimated date of delivery and the requested RNLTD. The assignment OPR will determine if the assignment remains firm, if the RNLTD is accelerated or delayed, or if some other action is necessary. **(T-1)**.

6.19.1.2. CONUS to overseas. The Airman submits request via MyPers or vMPF and provides the estimated date of delivery and the requested RNLTD. The assignment OPR will determine if the assignment remains firm, if the RNLTD is accelerated or delayed, or if some other action is necessary. **(T-1)**.

6.19.2. Exceptions to the above provisions may be requested according to the criteria in [paragraph 5.5](#). Exceptions based on medical reasons contain a statement from the attending physician supporting the Airman's request.

6.20. Assignment Quality Control. All Airmen are responsible for meeting the Air Force quality standards to remain on active duty. Commanders take appropriate rehabilitative, administrative, or disciplinary action for substandard Airmen. The assignment quality control program establishes the minimum Air Force standards Airmen meet to be eligible for PCS reassignment.

6.20.1. It is imperative commanders continuously monitor Airmen selected for reassignment until they depart. If an act or event disqualifies an Airman from reassignment before departure the commander must promptly request cancellation of the assignment to prevent personal hardship on the Airman and detrimental impact on the Air Force mission. **(T-1)**. Commanders should prevent the reassignment of Airmen with known deficiencies and ensure action is initiated to defer selection for assignment until the deficiencies have been corrected.

6.20.2. Although an Airman may be in a mandatory PCS status or technically meet the eligibility criteria for PCS reassignment prescribed in this instruction, there may be performance, conduct, or other quality standards problems. All administrative (including dismissal/discharge) and disciplinary action are considered and completed before an Airman is allowed to depart on PCS. When all appropriate action could not be taken before departure, then the losing unit commander formally notifies the gaining unit commander in writing of the reason(s) why the assignment was not canceled or administrative (including dismissal/discharge), disciplinary, or other action was not taken. This notification is made as soon as possible and include a comprehensive analysis of the job-related or personal problems, and what rehabilitative, administrative, or disciplinary action has been taken.

6.20.3. Assignment Ineligibility Criteria. Use this paragraph in conjunction with [Table 3.1](#). Usually, exceptions are not considered except for approved humanitarian, EFMP, or expedited transfer assignment or for severe personal hardships that develop as a direct result of a short notice assignment cancellation. Requests for exceptions of quality control standards are forwarded for final decision to AFPC/DP3AM for lieutenant colonels and below and SMSgts and below; AF/A1LO for colonels and colonel selects; and AF/A1LE for CMSgt and CMSgt selects.

6.20.3.1. Airmen shown in the categories shown in the following sub-paragraphs are ineligible for reassignment and an assignment is canceled if the Date of Availability is after the projected departure date. This applies to all PCS moves, except a mandatory PCS, as indicated. Self-initiated assignments are not mandatory PCS moves. When an Airman assigned overseas, who has been selected for a self-initiated assignment, falls in any of the PCS ineligible categories listed in [paragraph 6.20.3](#), the assignment is canceled whenever the Date of Availability is after the current DEROS. The Date of Availability is computed per [paragraph 6.11](#). RNLTD change cannot be requested nor Date of Availability changed to make an Airman eligible. Assignments canceled will not normally be reinstated since the passage of time may have resulted in selection of another Airman for the assignment.

6.20.3.1.1. AAC 10, enlisted Airmen non-selected for reenlistment, except mandatory PCS.

6.20.3.1.2. AAC 12, Airmen who are serving Article 15, UCMJ punishment.

6.20.3.1.3. AAC 15, Airmen pending charges or trial by court-martial or civilian criminal court.

6.20.3.1.4. AAC 16, Airmen undergoing an observation period on the control roster.

6.20.3.1.5. AAC 17, Airmen under Air Force Office of Special Investigation or Security Forces investigation (excludes normal security clearance investigations).

6.20.3.1.6. AAC 19, Airmen whose most recent performance results in a referral Officer Performance Report/Enlisted Performance Report as defined in DAFI 36-2406. Airmen are ineligible for reassignment for 12 months following the close out date or until a subsequent report is written that is not a referral report, except for mandatory PCS.

6.20.3.1.7. AAC 21, Airmen with involuntary separation action initiated or recommended against them; pending completion of action for desertion; officers found not qualified for promotion to first lieutenant; and enlisted with an administrative demotion action initiated or planned. The MPF will update AAC 21 once authorized in writing by Judge Advocates (JA) and/or commander, citing one of these reasons. **(T-1).** If a commander is requesting for other reasons than those listed above, specific justification is sent to AFPC/DP3AM for Lt Cols and below and SMSgts and below; AF/A1LO for Cols and Col selects; and AF/A1LE for CMSgts and CMSgt selects. AFPC/DP3AM, AF/A1LO, or AF/A1LE has approval/disapproval authority for these requests and will update AAC 21 if approved. **(T-1).** **Note:** AAC 21 should not be submitted for referral Officer Performance Report/Enlisted Performance Report, fitness failure, Career Development Course failure, and other actions that are governed by this or other instructions.

6.20.3.1.8. Airmen failing to meet physical fitness standards. Failure to meet physical fitness standards does not, in itself, impact an Airman's assignment or assignment selection. However, commander-directed disciplinary/rehabilitative actions such as control roster, UIF, referral Officer Performance Report/Enlisted Performance Report, etc., due to failure to meet physical fitness standards can preclude assignment or assignment selection. Recommended administrative/personnel actions for failure to meet physical fitness standards are addressed in DAFMAN 36-2905, *Department of the Air Force Physical Fitness Program*. Additional options not mentioned in DAFMAN 36-2905 may be considered. These options include requesting RNLTD delays as an exception to allow the Airman an opportunity to retest, as well as, requesting Commander-Directed Hold (AAC 21), providing specific justification to AFPC/DP3AM for consideration. If the commander elects to request assignment cancellation due to administrative/personnel actions taken as a result of fitness failure, an assignment quality control review must be accomplished in accordance with [paragraph 6.20](#). **(T-1).** If no commander-directed disciplinary/rehabilitative actions will be taken then the Airman may proceed on the assignment.

- 6.20.3.1.9. Enlisted Airmen with an approved administrative discharge which has been suspended for a period of probation and rehabilitation (separation ID Code “T,” DAFI 36-3211).
- 6.20.3.1.10. Enlisted Airmen not recommended for further upgrade training or removed from training for failure to progress (Training Status Code “T”), DAFI 36-2670.
- 6.20.3.1.11. Airmen who are financially irresponsible. Assignment restriction is based on the resultant administrative or disciplinary action and is not initiated as a direct result of this paragraph.
- 6.20.3.2. Airmen are ineligible to apply for any self-initiated assignment programs (See [Attachment 1](#) for definition of self-initiated assignment programs) while in AAC 10, 12, 15, 16, 17, 19, and 21, regardless of Date of Availability.
- 6.20.4. If at any time during an overseas tour an Airman falls in any of the categories listed below, cancellation of an approved self-initiated assignment should also be considered. When the Airman’s commander determines it is appropriate to cancel the assignment based on any of these circumstances, the MPF will request cancellation of the assignment to AFPC/DP3AM with complete specifics, to include the commander’s recommendation and comments. **(T-1)**.
- 6.20.4.1. The Airman or dependents have been involved in an unfavorable incident with foreign nationals during the current overseas tour.
- 6.20.4.2. The Airman has family problems which could be aggravated by continued overseas assignment.
- 6.20.4.3. There is evidence of poor performance or conduct (substantiated by Officer Performance Report/Enlisted Performance Reports and/or a substantial and current UIF) during the current overseas assignment that may negate productivity in another overseas area.
- 6.20.4.4. There is evidence the Airman or dependents have medical problems to the degree that continued overseas assignment is not recommended by medical authorities. The appropriate evidence should be provided by medical officers.
- 6.20.4.5. There are other factors that, in the opinion of the commander, are or may be detrimental to the Air Force if the Airman is continued in an overseas area.
- 6.20.5. Involuntary DEROS extensions. Involuntary DEROS extensions are explained in [paragraph 7.6](#). An AAC update (other than 13, 15, 31 or 37) does not allow an Airman’s DEROS to expire; therefore if the commander elects to hold the Airman beyond the DEROS month, the request must be processed from the unit commander to the approval authority (WG/CC or higher) to extend the DEROS (see [paragraph 7.6](#)). **(T-2)**. Involuntary DEROS extensions are only approved in 30-day increments, and only up to 120 days total, without prior approval from AFPC/DP3AM. Commanders must submit 30-day, involuntary DEROS extension requests each month, with a new letter from the WG/CC each month, until the pending action is complete or until the unit commander elects to release the Airman. **(T-2)**.
- 6.20.6. Mandatory PCS Assignment and Quality Control Actions. A permanent change of duty station is mandatory for an Airman due to base closure or unit move; completion of or elimination from training; completion of a CONUS Maximum Stabilized Tour; returning to

the CONUS from an overseas tour; or being surplus on a base/installation. Airmen disqualified to remain at a special duty assignment; relieved from duty for cause; and students are also mandatory movers, however they are not exempt from quality control actions required by [paragraph 6.20](#) Those administrative or disciplinary actions which are appropriate are taken and should be completed before an Airman is reassigned. When all appropriate action has not been taken or completed, AFPC/DP3AM must approve the reassignment.

6.20.7. Requests for Assignment Cancellation or Requests for Quality Reviews. A request from a gaining commander, or MPF for cancellation of assignment or for an assignment quality review is appropriate only if some new PCS disqualifying factor becomes known that was not considered in the assignment selection process or by the losing commander. Current UIF contents, previous Officer Performance Report/Enlisted Performance Reports, and past rehabilitative, administrative, or disciplinary actions are not a basis to challenge an assignment nor is the fact an Airman has a current quality control AAC, provided it expires before the departure date. The following steps and procedures apply if a request for assignment cancellation or quality review becomes necessary. (MPFs ensure an information copy of all correspondence is provided to the losing and gaining commanders, the assignment OPR and AFPC/DP3AM). **(T-3)**.

6.20.7.1. Gaining FSS/CC or MPF Chief will send a request to the losing FSS/CC or MPF Chief. **(T-1)**. Losing FSS/CC or MPF Chief should review the case with the losing command to determine if the Airman meets the minimum PCS standards. **(T-1)**.

6.20.7.2. If the losing commander agrees that the assignment should be canceled, the losing FSS/CC or MPF Chief requests cancellation from AFPC/DP3AM and provides the specific reasons for the disqualification and indicates the rehabilitative, administrative, or disciplinary action taken by the commander (i.e., control roster, Article 15, etc.).

6.20.7.3. If the losing commander confirms the Airman is qualified for the assignment, the losing FSS/CC or MPF Chief advises the gaining FSS/CC or MPF Chief. If the gaining commander still does not agree, then the gaining FSS/CC or MPF Chief elevates the case to AFPC/DP3AM.

6.20.7.4. AFPC/DP3AM will review the case and if assignment cancellation appears appropriate, will cancel the assignment. The final decision as whether or not to cancel the assignment rests with AFPC/DP3AM.

6.20.8. Requests to Return Unqualified Airmen. Airmen who have departed PCS are not returned to the losing unit except in those cases specifically authorized by AFPC/DP3AM. Based on PCS costs and personal hardships which may result, return is normally approved only when the action for which the return is requested cannot be completed at the gaining unit. Requests to return Airmen for the purpose of administering disciplinary actions such as Article 15, letters of reprimand, or control roster are usually not approved. Such actions can be completed at the gaining location. When it is appropriate, the losing commander sends all available information, including correspondence from the gaining commander, to AFPC/DP3AM for a final decision on the return request.

6.20.9. Compliance Responsibilities. Compliance with these procedures is the inherent responsibility of both commanders and the personnel staff. Commanders have the ultimate responsibility of ensuring only quality Airmen are retained in the Air Force and permitted to

be reassigned. Decisions to cancel, reassign, or return Airmen are based on the overall best interest of the AF. The intent is to ensure that an Airman's problems are resolved (through rehabilitation, dismissal, or discharge) at the location where they arose. On an individual basis, AFPC/DP3AM for lieutenant colonels and below and SMSgts and below; AF/A1LO for Cols and Col selects; and AF/A1LE for CMSgts and CMSgt selects, may direct the cancellation of an assignment, diversion to another base, waiver of PCS disqualifying factors, or the return of an Airman to the losing base when such action is clearly in the best interest of the AF.

6.21. Reporting of Disqualified Officers/Enlisted and Officers Eliminated from Flying or Technical Training.

6.21.1. Disqualified Operations Officers (Rated and Nonrated). Within 5 duty days of a rated officer being disqualified for aviation service according to the process shown in AFMAN 11-402, the unit commander will notify the assignment OPR via encrypted email. **(T-1)**. The notification email to AFPC/DP2OR contains the information required on MyPers and the assignment OPR will provide assignment instructions. **(T-1)**.

6.21.2. Disqualified Support Officers. Within 5 duty days of support officers being disqualified from performing in their current DAFSC (example: permanently Personnel Reliability Program decertified or medically disqualified) the unit commander will notify the assignment OPR via encrypted email. **(T-1)**. The notification email to AFPC/DP2LS contains the information on MyPers and the assignment OPR will provide assignment instructions. **(T-1)**.

6.21.3. Disqualified Enlisted. Within 5 duty days of the enlisted Airman being disqualified, per [Chapter 2](#), the unit commander will notify the assignment OPR via encrypted email. **(T-1)**. The notification email includes all pertinent information of the disqualification and if there are administrative or disciplinary actions pending. The assignment OPR will provide assignment instructions. **(T-1)**.

6.21.4. Officers Eliminated from Flying Training or Technical Training. When an officer is attending flying training or technical training in PCS status, or TDY enroute PCS status, and is formally eliminated from training, the unit commander will report the elimination to the AFPC/DP2OR assignment OPR for officers attending flying training or the AFPC/DP2LS assignment OPR for officers attending technical training within 5 duty days of elimination via encrypted email with the information on MyPers. **(T-1)**. If the training is undergraduate flying training, include AETC/A3RA and AETC/A1KO as addressees.

6.22. Assignment Preferences. For military couples, also see [Attachment 8](#).

6.22.1. Colonels (including selects) make their personal assignment preferences known primarily through their senior rater and chain of command. Officers should ask their senior rater for advice on their next assignment and consider that advice carefully. Officers may also call AF/A1LO and/or MAJCOM (or equivalent) senior officer manager to express their assignment preferences. While an officer's preferences are considered, there is no guarantee the next assignment or location is to a preference, ultimately the next assignment is determined by the needs of the AF. **Note:** Assignments for judge advocates are managed by AF/JAX.

6.22.2. Lieutenant colonels and below (excluding judge advocate officers) make their personal assignment preferences known through the use of the Airman Development Plan. The officer's commander also uses this Airman Development Plan to make recommendations for the

officer's next assignment. **Attachment 9** provides essential information to enable officers to understand and participate in the Air Force Officer Assignment System.

6.22.3. CMSgts (including selects) volunteer for assignments advertised on EQUAL-Plus (see **Attachment 10**) by notifying their AF/A1LE assignment NCO. Notification can be via telephone, email, data fax, or electronic message. CMSgts must courtesy copy their Command Chief Master Sergeant and senior rater.

6.22.4. SMSgt and below assignments to and from overseas (including consecutive overseas tours, see **paragraph 7.5.7**) are made systematically at AFPC. Requirements (assignments which are filled) are identified on either the EQUAL or EQUAL-Plus (see **Attachment 10** and **13**). Use the self-service assignment preference application available through the vMPF to record CONUS or overseas assignment preferences. The Enlisted Assignment Preference execution guidance located on MyPers provides information on updating preferences. If more than one preference is listed, all preferences are considered equally for assignment purposes. To enhance the chance for selection to a desired location, the EQUAL should be used.

6.22.4.1. The following applies to enlisted volunteers for overseas assignment:

6.22.4.1.1. Airmen should not volunteer for overseas tours for which they are ineligible to acquire required service retainability (see **paragraph 6.28**).

6.22.4.1.2. Unless a deviation is granted by AFPC/DP2, enlisted Airmen possessing more than one AFSC, one of which is imbalanced, are selected for overseas assignment in the imbalanced AFSC.

6.22.4.1.3. Volunteer preferences reflect tour lengths as short, long, or extended long. Volunteers list their tour length preference based on the tour length prescribed for the desired area as shown in the PDTATAC AP-TL-01 (<https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>). Volunteers who desire consideration for any location which is overseas should indicate "worldwide" in the first overseas country preference.

6.22.4.2. Volunteers are considered for selection as follows:

6.22.4.2.1. Volunteers for overseas locations, countries, or areas are considered for the specific preferences they state with unaccompanied tour lengths consistent with their tour length preference.

6.22.4.2.2. Volunteers for worldwide overseas duty are considered for assignment to any location (The actual tour length each Airman serves is determined by the tour length preference (short or long), country, duty location, marital or dependency status, grade, and availability of housing.).

6.22.4.3. A volunteer is considered for assignment to a country/base of preference only until their turn for involuntary overseas selection is reached, at which time the enlisted Airman is considered for overseas assignment along with other eligible non-volunteers.

6.22.4.4. An enlisted Airman with an AAC in the PDS may volunteer for overseas at any time. However, the Airman is not selected for an overseas assignment with a departure date prior to the expiration of the AAC (see **paragraph 6.11**) unless waived by AFPC/DP3AM.

6.22.4.5. Career enlisted Airmen are not eligible for overseas assignment selection if their HYT precludes them from obtaining retainability to serve the full accompanied tour length or the unaccompanied tour plus 12 months in accordance with [Table 6.6](#) Reenlistment or extension of enlistment beyond High Year of Tenure for the purpose of obtaining PCS retainability or to serve the accompanied tour length is not authorized.

6.22.4.6. Enlisted Airmen volunteer for Special Duty Assignments via Assignment Management System (AMS) by update of the Special Duty Assignment job number from the EQUAL-Plus advertisement (see **Attachment 10**). Enlisted Airmen are limited in volunteering for only those Special Duty Assignments which appear as ads on EQUAL-Plus. In addition to this electronic application some Special Duty Assignments also require a hard copy application. The requirement for a hard copy application is reflected in the EQUAL-Plus ad.

6.22.4.7. Each enlisted Airman is individually responsible for the currency and accuracy of their assignment preferences in vMPF. When a change in status occurs (example: marriage, completion of a PCS, and so on), Airmen should update their preferences accordingly. Outdated preferences or no preferences on file is not the basis for release of an enlisted Airman from an assignment for which selected.

6.23. Assignment Selection Date. **Table 6.7** , Determining Assignment Election Date, shows the reasons and specific dates when an assignment selection date is established.

6.23.1. The assignment selection date is used in several ways. It may be:

6.23.1.1. The date an officer or enlisted Airman is selected by name for assignment by the assignment OPR, or

6.23.1.2. The date the assignment process begins in order to reassign an officer or enlisted Airman on a scheduled future date (overseas tour completion/DEROS, CONUS Maximum Stabilized Tour completion/Date of Availability, the date Airman become surplus, and so on), or

6.23.1.3. When an Airman gets an automatic assignment selection date based on a schedule, or an officer (only) gets an assignment selection date based upon vulnerability for PCS selection, that is the Airman's official assignment selection date. For officers, an automated assignment selection date is superseded by a vulnerability assignment selection date. When the assignment OPR approves a change of DEROS, change of date of availability, etc., and an assignment selection date was established, the assignment OPR must review and manually change or cancel the assignment selection date, as appropriate. **(T-1).**

6.23.2. The following is a general example of how an automatic assignment selection date works. This example uses an enlisted Airman assigned overseas; however, the concept is similar for officers.

6.23.2.1. Approximately 9 months in advance, enlisted Airmen with a DEROS in a given month are identified. An assignment selection date is automatically established based on the DEROS (month and year). In this case, establishment of an assignment selection date does not mean the enlisted Airman has been selected for a specific assignment. What it means is, reassignment of an Airman occurs based on a firm future date and the assignment

selection date is the date the assignment process (or assignment “cycle”) begins. Once the cycle begins, enlisted Airmen are limited in the actions they are allowed to take (such as, extension or curtailment of DEROS, change of CONUS maximum tour completion date, etc.) similar to enlisted Airmen actually selected for PCS.

6.23.2.2. Next, name selections are made to replace enlisted Airmen on their DEROS (or maximum tour completion date, and so on). These selections are from enlisted Airmen assigned in the CONUS or overseas (for consecutive overseas assignments).

6.23.2.3. Then, the projected vacancies created by these name selections are prioritized (along with other existing vacancies) and overseas returnees are then matched to fill all or a percentage of the vacancies. In this example, the “cycle” is complete when the overseas returnee is matched to a specific assignment location; however, it starts with the assignment selection date.

6.23.3. Airmen may not request an assignment, deferment from reassignment, separation, retirement, or other action which would render them ineligible for assignment on or after establishment of an assignment selection date, except as an exception to policy in accordance with [paragraph 5.5](#) and as follows:

6.23.3.1. Officers. Request for retirement or separation under 7-day option provisions per [paragraph 6.29](#).

6.23.3.2. Enlisted. Request for retirement under 7-day option provisions per [paragraph](#)

6.29. 6.

23.3.3. Request for reassignment or deferment under humanitarian provisions or the EFMP.

6.23.3.4. Request for separation for convenience of the government or hardship, including pregnancy (see DAFI 36-3211).

6.23.3.5. Request based upon pregnancy per [paragraph 6.18](#).

6.23.3.6. Request submitted under sole surviving son or daughter provisions per [Attachment 5](#).

6.23.3.7. Request submitted under hostile fire or imminent danger area deferment for family members as authorized in [Attachment 4](#).

6.23.3.8. Request based on a family member assigned to Airman’s unit per [paragraph 3.14](#).

6.23.3.9. Request based on conscientious objector status per DAFI 36-3211.

6.23.3.10. Request from a commander for operational deferment per [paragraph 6.11](#).

6.23.3.11. Request as a Medal of Honor recipient or candidate per [paragraph 7.9](#).

6.23.3.12. Request based upon equal assignment opportunity provisions per [paragraph 3.2](#).

6.23.3.13. Request to be released from voluntary overseas PCS selection per [paragraph 6.10](#).

6.23.3.14. Request to apply for an EQUAL-Plus advertised job no later than the day before the overseas returnee/CMM EQUAL is advertised per [Attachment 10, paragraph A10.4.2.5.5](#).

6.24. PCS Notification. The Air Force needs to know as quickly as possible after selection if an Airman has accepted a PCS or exercised another option. Also see execution guidance in the MyPers website, Assignment Notification.

6.24.1. Notification Timelines. To allow sufficient time to plan movement of dependents, household goods, and arrange other PCS-related actions, Airmen are normally selected for PCS 120 calendar days before the RNLTD so official notification can be effected at least 90 calendar days before the RNLTD. [Paragraph 6.32](#) and [Table 6.10](#) provides guidance in determining the RNLTD. When initial PCS selection, change in assignment location, or change in RNLTD is received with less than 90 calendar days until the RNLTD, MPF and unit notification periods indicated below are reduced to 3 calendar days each. When an Airman is absent from station, the additional procedures shown in [paragraph 6.24.4.2.1](#) apply.

6.24.2. Official Notification. The MPF, unit commanders, and Air Force officials authorized to effect notifications ensure local procedures are established and followed so notifications are in strict accordance with this instruction. Airmen may be told or become aware they have been selected for PCS in a variety of ways. However, “official” PCS notification takes place when one of the three notification instruments is initiated.

6.24.3. Notification Instruments. The three instruments used to notify an Airman that they have been selected for reassignment are the Virtual Automated Assignment Notification RIP from vMPF, the Assignment Notification RIP from the PDS (or manual assignment notification), or email notification from the Assignment OPR. The prescribed means to transmit notices of assignment selection from the assignment OPR to the Airman and MPF is by the PDS, via the virtual automated assignment notification process.

6.24.3.1. Virtual Automated Assignment Notification. The virtual automated assignment notification process replaced the manual Assignment Notification RIP process and unless otherwise stated, is mandatory for RegAF enlisted in all grades (excluding basic trainees and pipeline students), and officers in the grades of lieutenant colonel and below (excluding colonel selects). The Airman accesses the vMPF after receiving an email advising they have been selected for an assignment which records their official notification date to equal the date they access the vMPF. Airmen without access to vMPF (assigned to a location without the capability) are exempt from the automated assignment notification procedures and will follow the manual assignment notification procedures outlined in the following paragraphs.

6.24.3.2. Manual Assignment Notification. The MPF receives the RIP via the PDS and sends it to the Airman and the Airman’s unit commander. The Airman’s unit commander or authorized official notifies the Airman in writing (electronic/digital signature is acceptable) of PCS selection and the Airman acknowledges notification in writing (electronic/digital signature is acceptable). **Note:** If an Airman acknowledges notification, regardless of who provides the notification, the Airman’s written (electronic/digital signature is acceptable) acknowledgment and election are still valid.

6.24.3.3. Email Assignment Notification. The MPF receives an email from the assignment OPR and sends it to the Airman and the Airman's unit commander. This method is only used in the event of short notice assignment selection with short reporting time (30 days or less). (T-1).

6.24.3.3.1. The AFPC assignment team will include the below information, as a minimum, in the email:

6.24.3.3.1.1. The gaining location (unit, position number, and duty title are optional); RNLTD; ADSC (for officers) and retainability required (for enlisted), including ADSC/retainability for training, if applicable; the minimum required unaccompanied tour length, if the assignment is overseas (the accompanied tour length may be provided, but not required) and the AFSC in which selected.

6.24.3.3.1.2. The signature and date the unit commander or authorized official effected notification; the signature and date the Airman acknowledged notification (date Airman acknowledges notification is the same as the date officially notified in [paragraph 6.24.3.3.1](#) above).

6.24.3.3.1.3. A statement directing the Airman to elect one of the two options below by initialing in the blank space (or block) in front of that option. After making an election, but not later than 7 calendar days from the date of official notification, direct the Airman to report to the MPF Career Development Element. Include the guidance in [paragraph 6.24.4.3](#).

6.24.3.3.1.3.1. I accept the PCS (and training, if applicable) and the associated ADSC.

6.24.3.3.1.3.2. Statements indicating: I do not desire the PCS and/or training; and/or I do not desire to incur the associated ADSC; and/or I do not desire to obtain the required retainability. I understand within 7 calendar days of notification, if eligible, I must sign and submit a request to separate (officers only); or a request to retire (officers/enlisted); or I must decline, in writing to obtain additional retainability (enlisted and only those officers who already have an established date of separation). I also understand if within 7 calendar days of notification I am ineligible, or I fail to submit a request to separate (officers only) or retire (officers/enlisted), or I do not decline, in writing, to obtain retainability (enlisted only), then I will be considered to have accepted the PCS (and training, if applicable) and the associated ADSC.

6.24.3.3.1.3.3. Optional statements may be added by the AFPC assignment OPR; for example, asking if the Airman desires counseling on humanitarian assignment/deferment or if the Airman requests a "courtesy clearance" for dependent parents/parent-in-law, or any other circumstances. Be sure to advise the Airman that, even though the Airman may desire additional counseling, the Airman must still choose one of the above options within 7 calendar days after notification.

6.24.4. Notification Procedures. The MPF, unit commanders, and Airmen will follow notification procedures as outlined in the execution guidance in the MyPers website.

6.24.4.1. MPF Procedures. Upon receipt of the assignment notification RIP, and no later than the next duty day, the MPF will forward it to the Airman's commander. **(T-1)**. The MPF refers the commander to [paragraph 6.20](#) to help determine the Airman's suitability for the assignment. After forwarding the RIP, the MPF determines the Airman's eligibility for the assignment and completes one of the following actions:

6.24.4.1.1. If any of the conditions in [paragraphs 6.20](#) exist, or the MPF believes the assignment should be canceled (UIF is substantial and current, etc.), the MPF notifies the Airman's commander of the need to request cancellation of the assignment and the reasons for such action. When the Airman's commander confirms the assignment should be canceled, the MPF will reclaim the assignment to the assignment OPR. **(T-1)**.

6.24.4.1.2. When the MPF review indicates the Airman appears to meet quality standards, the MPF begins the relocation processing in accordance with DAFMAN 36-2102, *Base-Level Relocation Procedures*.

6.24.4.1.3. If there is a disagreement on an Airman's assignment eligibility it is resolved at the next higher level of command.

6.24.4.2. Commander Procedures. The unit commander or authorized official must determine if the Airman is eligible for the assignment within 3 calendar days of receipt of the email from the MPF. **(T-1)**.

6.24.4.2.1. The commander should coordinate with the Airman's immediate supervisor and appropriate base agencies as necessary to confirm assignment eligibility. If there is evidence of substandard performance or conduct (not previously recorded) which would disqualify the Airman for PCS, the commander notifies the MPF via email requesting the assignment be canceled providing the specific reasons and the corrective or disciplinary action that has or will be taken. If this notification is based on data not already part of the UIF, or is based on contemplated action, it is filed in the Airman's Personnel Information File until eligibility is restored.

6.24.4.2.2. The fact an Airman is on leave or TDY cannot delay the notification process. The Airman must make a decision to accept the PCS or exercise an authorized alternative within the prescribed timeframe. **(T-1)**. When an Airman cannot be notified in writing and is advised by the unit commander by telephone, a second official should witness the call (conference call). A written record of what the Airman was told should be made and both officials should sign the document. They ensure the Airman understands the instructions and provide a contact point at the MPF (grade, name, duty title, telephone number), and instruct the Airman to call to obtain the actions necessary to accept the assignment (example: extension of enlistment), or exercise another option (request separation or retirement). Require the Airman to acknowledge the telephone conversation via email within 48 hours of the call and send the acknowledgment to the MPF. When Airmen are absent from station and are notified of PCS selection, then use the date the Airman acknowledges receipt of notification via vMPF, email or use

the date Airman is personally contacted by phone. See [paragraph 6.23](#) for actions permitted after establishment of an assignment selection date.

6.24.4.3. Airmen Procedures. The 7 calendar day count begins the day after the date an Airman is officially notified via vMPF, or by their commander and ends at the close of MPF business hours on the seventh calendar day following official notification. If the seventh calendar day is a weekend or holiday, then the official notification period is extended to the first duty day thereafter. The MPF and unit suspenses are computed similarly. Example: An Airman acknowledges notification by logging into vMPF at 0700 hours, 13 Aug 2011 (a Saturday) has until the close of business on 22 Aug 2011 (since the 7th calendar day falls on a Saturday they have until Monday). Example: An Airman acknowledges notification by the unit commander at 0930 hours, 15 Aug 2011 (a Monday) has until the close of business on 22 Aug 2011 (7 full calendar days), to accept the assignment or take some other authorized action.

6.24.4.3.1. Airmen take one of the following actions, or contact the MPF within the same 7 calendar day period to request counseling or assistance after acknowledging notification:

6.24.4.3.1.1. Officers and Enlisted. Airmen must sign and date the notification showing their acceptance of the assignment and ADSC and return the notification to the MPF within 7 calendar days. **(T-1)**.

6.24.4.3.1.2. Officers only. Officers who have the required retainability (see [paragraph 6.28](#)) but who do not want to participate in the event and/or do not want the associated ADSC, must submit retirement or separation application through the vMPF within 7 calendar days of notification, if eligible, under 7-day option provisions as outlined in [paragraph 6.29](#). **(T-1)**.

6.24.4.3.1.3. Enlisted only. Enlisted Airmen who have the required retainability (see [paragraph 6.28](#)) but want to retire in lieu of the PCS and/or ADSC, must submit retirement application through the vMPF within 7 calendar days of notification, if eligible, under 7-day option provisions as required in [paragraph 6.29](#). **(T-1)**. Enlisted Airmen who have the required retainability are not eligible under 7-day option provisions to request separation in lieu of PCS.

6.24.4.3.1.4. Enlisted only. Enlisted Airmen who do not have the required retainability and who do not want the assignment and/or ADSC must report, in person, to the MPF within 7 calendar days of notification and sign a formal retainability declination statement when required by [paragraph 6.28](#). **(T-1)**.

6.24.4.3.1.5. Enlisted only. Enlisted Airmen who do not have the required retainability (see [paragraph 6.28](#)) and want to accept the assignment and/or ADSC and wants to obtain retainability must sign and return the notification in person to the MPF within 7 calendar days. **(T-1)**. The MPF will suspense enlisted Airmen to obtain retainability at the earliest possible date, but not later than 30 calendar days after the date enlisted Airmen acknowledged selection. **(T-1)**. If the Airman fails to obtain the required retainability within 30 calendar days from notification, the MPF will take action according to [paragraph 6.28](#). **(T-1)**.

6.24.4.3.1.6. Enlisted only. Enlisted Airmen assigned OCONUS who, during their DEROS forecast, elect to maintain their current DEROS and return to the CONUS on an overseas returnee assignment and do not have the required retainability (12 months from DEROS month) must obtain it within 30 days of the date of the RIP. **(T-1)**. If the Airman declines or refuses to obtain the required retainability within 30 days, the MPF will take action according to **paragraph 6.28. (T-1)**.

6.24.4.4. Sometimes Airmen want to request or submit some other action for consideration (humanitarian, High School Senior Assignment Deferment, cancellation, deferment, etc.) when notified of selection for an event and wait on a decision of their request before making a binding decision. Such delays are not authorized.

6.24.4.4.1. If an Airman is willing to be bound by the AF's decision of approval or disapproval after due process of any request they submit, then advise the Airman to accept the event and associated ADSC within 7 calendar days and proceed with submission of the request. If the request is approved, the assignment may be changed or canceled as appropriate.

6.24.4.4.2. However, when an Airman does not desire to accept an event or ADSC within 7 calendar days, in the event a request the Airman submits is disapproved, and instead desires to process their request before making a binding decision, the Airman should be advised the Airman will not be given another opportunity under 7-day option provisions when advised of disapproval.

6.25. Personnel Processing Codes (PPCs). Codes included in assignment instructions which refer to PCS-related processing requirements or post-selection assignment actions. The literal translation of a PPC is located on the PPC listing available on MyPers. MAJCOMs request establishment of PPCs from AFPC/DP3AM. AFPC/DP3AM reviews to ensure compliance with assignment policies or procedures and approves/disapproves. MAJCOMs should review their PPCs at least quarterly to ensure the requirements are valid and current.

6.26. Security Access Requirements for PCS. DoDM 5200.02_AFMAN 16-1405, *Air Force Personnel Security Program*, is the prescribing instruction for the Air Force Personnel Security Program and takes precedence in the event of a conflict with this instruction regarding personnel security access or individual security investigation processing. A PCS may require an Airman to have access to a higher level of classified information. Each PCS selection specifies the level of security access for that assignment. Airmen should have at least 12 months service retainability remaining from the date of assignment to a position requiring SCI access unless they are already SCI access eligible or have a current favorable Special Background Investigation. Normally the investigation requester is the base Security Forces function serving the Airman's current unit, except when assignment instructions or DoDM 5200.02_AFMAN 16-1405, stipulate some other activity is the requester.

6.26.1. The PDS transaction, assignment trailer remarks, a PPC or email message advises the losing commander, MPF and Airman of the security access requirement for the assignment.

6.26.2. Losing commanders ensure unit procedures exist so that assignment selections are expeditiously reviewed to determine if an individual security investigation, reinvestigation, or other action is needed. The unit provides the Airman's administrative support. The unit commander and security manager (or other unit official designated by the commander) ensure

the Airman reports to the local Security Forces for quality review of security documents (usually within 10 days of PCS notification), and that completed personnel security forms are given to the Security Forces (usually not more than 30 days after PCS notification) or according to locally established procedures.

6.26.3. When the commander identifies circumstances as outlined in DoDM 5200.02_AFMAN 16-1405, which preclude a favorable recommendation for access or submission or update of an investigation, the MPF will reclama to the assignment OPR (see [paragraph 6.33](#)) and explain the circumstances. **(T-1)**.

6.26.4. The MPF will include security data in the PCS orders. **(T-1)**.

6.26.5. The MPF may publish PCS orders and allow Airmen to depart on PCS without a security determination in the following instances:

6.26.5.1. For mandatory PCS moves, or

6.26.5.2. Access required is Top Secret or lower, or

6.26.5.3. For SCI access, if the assignment OPR authorizes issuance of PCS orders in accordance with the criteria in [paragraph 6.26.6](#).

6.26.6. The MPF must monitor assignments requiring SCI access and obtain the status of SCI eligibility from the MAJCOM Special Security Office. **(T-1)**. As soon as determined, but not later than 90 calendar days before RNLTD, the MAJCOM Special Security Office advises the MPF whether Airman is eligible for SCI access. As an exception, the assignment OPR may approve departure of an Airman without an SCI eligibility determination. The decision to permit an Airman to proceed without an SCI eligibility determination is based on whether or not the Airman can be effectively used within the gaining unit permanently in a manpower position that does not require SCI access. If an SCI eligibility determination cannot be made or an exception approved 90 calendar days prior to RNLTD, the MPF will contact the assignment OPR, with information to the losing unit, to delay the RNLTD, or change the end assignment (with or without change of RNLTD), or cancel the assignment. **(T-1)**.

6.26.7. Graduates of technical training schools selected for assignments requiring SCI access may proceed to the new unit upon graduation without a completed investigation if recommended for SCI access by their commander according to DoDM 5200.02_AFMAN 16-1405, and when they have a "1" under "S" in the Physical Capacity/Stamina (PULHES) profile. The Air Force Central Adjudication Facility is responsible for determining SCI eligibility for all students attending technical training schools.

6.26.8. Airman (Enlisted) Basic Training Graduates. The base personnel processing group does the tasks required by the authorized investigation requester. If the enlisted Airman is deemed acceptable by the 319 Training Squadron (TRS), Joint Base San Antonio - Lackland, TX for SCI, then the Airman may be assigned to the appropriate Air Force Military Training Center.

6.27. Active Duty Service Commitment. The ADSC serves as a personnel management and control system to help maintain a trained and experienced force. It helps ensure the Air Force receives a return in terms of active service for training, education, or PCS movement of Airmen. The ADSC is a key element in personal and career plans. The MPF will advise Airmen when they are selected for an ADSC incurring event as prescribed in AFMAN 36-2100. **(T-1)**. See

paragraph 6.28 on retainability. Accordingly, officers acknowledge or decline ADSC(s) on AF Form 63, *Active Duty Service Commitment Acknowledgment Statement*, unless otherwise prescribed in AFMAN 36-2100. The AF Form 63 is required for officer and enlisted Airmen moving CONUS-to-CONUS only if they are or will become eligible for retirement before completing the associated ADSC. In these cases, the AF Form 63 is not to be used as the official assignment notification but should be signed by the Airman within 7 calendar days of official notification. Enlisted acknowledge ADSC on AF Form 63, but decline to obtain retainability for an ADSC on DAF Form 964. A DEROS is used to manage service commitments for Airmen stationed overseas in much the same way an ADSC is used to manage CONUS assignments in ensuring the Air Force receives a return for the cost of a PCS move.

6.27.1. Enlisted Airmen extending or reenlisting under the Enlisted Critical Skills Retention Bonus are obligated to serve in the selective reenlistment bonus skill for the full period of extension or reenlistment. See AFI 36-2606. As such, they have AAC “CS” placed on their records to preclude assignment outside of the critical skill. See **Table 3.1**.

6.28. Retainability. Retainability is obligated active military service. DoDI 1315.18 prescribes minimum retainability requirements for PCS to ensure the Air Force receives repayment for the costs associated with PCS, training, or other action; to provide mission continuity at the gaining unit; to provide stability to Airmen and their families after PCS; or to satisfy some other Air Force requirement. In addition, the Air Force has established retainability requirements for approval of certain voluntary actions which allow Airmen to remain in place.

6.28.1. Retainability and PCS Allowances. Airmen are not permitted to use PCS allowances without the full prescribed PCS retainability, unless an individual retainability waiver or exception to policy is approved. (**Note:** As an exception, first term Airmen retraining in conjunction with Career Airmen Reenlistment Reservation System (CAREERS) attending retraining in a TDY enroute status may depart on PCS and use allowances provided they reenlist prior to departing the training site according to the procedures outlined in **Table 6.5**, rule 3). MPFs are encouraged to withhold issuance of PCS orders to prevent use of PCS allowances until the Airman satisfies the retainability requirement; other ways are acceptable as long as the Airman is effective. Following are some examples of how Airmen may be affected.

6.28.1.1. Officers who request a FO PCS agree to the PCS ADSC when advised of selection for the FO PCS; however, the FO PCS ADSC is not normally updated in the PDS until an officer arrives at the FO location. When officers use any allowances associated with a FO PCS, they incur the FO PCS active duty service commitment, regardless of when the ADSC is actually updated in the PDS.

6.28.1.2. Enlisted Airmen who desire to use PCS allowances (example: for a consecutive overseas tour), must have the full required retainability for the consecutive overseas tour and incur the PCS at the time they use allowances, regardless of when the ADSC is actually updated in the PDS. (**T-1**).

6.28.1.3. Enlisted Airmen (only) may request a delay in obtaining PCS retainability as authorized in **paragraph 6.28** and **Table 6.5**. However, a delay may be granted only up to the point in time when Airmen desire to use PCS allowances. Airmen may have to choose or compromise between the benefit they accrue from a delay in obtaining retainability and their desire to use PCS allowances for which they require full retainability.

6.28.2. Computing Retainability. Compute retainability on a month-to-month basis, not the actual number of days. For PCS CONUS to CONUS, CONUS to overseas, and overseas to overseas, add the number of months retainability required to the RNLTD (month and year only). Example: if a RNLTD is any day in Jun 2008 and the retainability requirement is 24 months, then the person requires retainability of at least 1 Jun 2010. For PCS overseas to CONUS, add the number of months retainability required to the Airman's DEROS (month and year only). Example: if the Airman's DEROS is any day in Sep 2008 and the retainability required is 12 months, the Airman requires retainability of 1 Sep 2009, or later.

6.28.3. Retainability Requirements. Use this and the following paragraphs in conjunction with [Table 6.4](#), which establishes the minimum retainability required for most PCSs and in-place actions, and [Table 6.6](#), which establishes the minimum PCS retainability normally required in conjunction with overseas assignments.

6.28.3.1. The following paragraphs apply to both officer and enlisted Airmen.

6.28.3.1.1. Some officer and enlisted assignments require longer retainability than the normal PCS minimum. **Example:** when an officer is assigned to a stabilized tour, the service retainability requirement is equal to the stabilized tour length. Consult the Stabilized Tour Guide (see [paragraph 6.11](#)) to determine if assignment is to a stabilized tour. In other instances, for both officers and enlisted, assignment instructions or a PPC identifies when a longer retainability requirement applies. Establishment of a minimum retainability requirement longer than normal PCS retainability requires advance approval by AFPC/DP3AM. Airmen who refuse to satisfy the longer retainability requirement may still be assigned if the longer requirement is waived by the AFPC/DP3AM, the assignment OPR, or gaining unit. If the longer requirement is not waived, the Airman may be ordered to proceed on the assignment with the normal PCS minimum or the amount the Airman currently possesses or the assignment is canceled. In these instances, the gaining MPF updates the appropriate AAC to equal the length of the stabilized tour. A DAF Form 964 is not required if the Airman refuses to obtain more than the normal PCS minimum.

6.28.3.1.2. The amount of retainability an Airman has or is eligible to obtain after completion of a particular overseas tour is, in certain cases, a factor in determining eligibility for overseas PCS selection. The particular overseas tour length, volunteer status, and the specific reason for an Airman's actual or projected separation or retirement date have a bearing on whether or not the Airman is eligible for overseas PCS selection. These considerations are reflected in [Table 6.6](#), but may be waived. The intent is to not subject Airmen selected as non-volunteers to involuntary overseas tour extension after completion of the prescribed tour when it is known in advance they are ineligible to obtain sufficient retainability for a CONUS assignment. Therefore, officers approaching or who have an established mandatory separation or mandatory retirement date (a date prescribed by law, non-selection for promotion, etc.), and career enlisted Airmen approaching a mandatory High Year of Tenure date (age or years of service), are eligible for overseas PCS selection within the parameters established in [Table 6.6](#) which must be verified prior to and upon overseas PCS selection.

6.28.3.1.3. Officers and enlisted Airmen who have a separation or retirement date which is not a mandatory date (example: officers who 7-day opted or Airmen who formally declined to obtain PCS retainability and so on) and/or Airmen who are eligible to request withdrawal of their separation or retirement date, are not restricted by guidance in [Table 6.6](#) from overseas PCS selection on the basis of insufficient retainability for CONUS PCS upon tour completion.

6.28.3.1.4. Non-career officers and first term Airmen may not refuse or decline an overseas PCS based solely on their non-career officer or first term Airmen status (see paragraphs [6.13](#) and [6.28.3.2](#) for officers and [paragraph 6.28.3.3](#) for enlisted). The retainability policies and procedures for officers and enlisted have many similarities, but there are significant differences. The differences are addressed below in separate paragraphs for officers and enlisted Airmen.

6.28.3.2. Officers. Upon selection for an event such as PCS which requires an ADSC (see AFMAN 36-2100 for ADSC incurring events), the MPF will determine whether or not officers have or can obtain the minimum retainability. **(T-1)**. For PCS selection, see [Table 6.4](#) and/or [Table 6.6](#), and/or active duty service commitment(s) requirement stated in the event or PCS notification. Officers (including non-career officers) who have an indefinite date of separation are considered as having indefinite retainability (See [paragraph 6.14](#) for officers non-selected for promotion.). When officers have an established date of separation or approved retirement date, use that date to compute retainability. **Note:** Expiration of an ADSC is not a date of separation. Having or nearing 20 or more years Total Active Federal Military Service (TAFMS) is not the same as an approved retirement date. The assignment OPR (or other authority depending on the event) will include the length of ADSC in the assignment transaction trailer remarks or in email notification, or may reference the applicable table and rule in AFMAN 36-2100 for computation of the ADSC by AFPC. **(T-1)**. Officers must be informed of the ADSC for an event or PCS (see [paragraph 6.24](#), PCS Notification). **(T-1)**.

6.28.3.2.1. When officers have retainability (either because they have an date of separation, or when they have an established date of separation or retirement date which satisfies the minimum retainability) and accept the PCS, event and/or associated active duty service commitment, then officers acknowledge selection and the MPF advises the assignment OPR of PCS notification (see [paragraph 6.24](#), PCS Notification).

6.28.3.2.2. When officers have retainability (either because they have an indefinite date of separation, or when they have an established date of separation or retirement date which satisfies the minimum retainability) and want to decline the PCS, event and/or associated active duty service commitment, then:

6.28.3.2.2.1. If the officers have an indefinite date of separation the MPF will advise the officer, and ensure that the Airman signs and submits a request to establish a date of separation or retirement date, if eligible, according to the 7-day option provisions in [paragraph 6.29](#). **(T-1)**. Officers who have retainability (including non-career officers) cannot simply decline a PCS, an event, and/or the associated active duty service commitment, and take no other action. Officers who do not sign and submit an application requesting to establish a separation or retirement date within the prescribed timeframe according to [paragraph 6.29](#) are

considered to have accepted the PCS or event and the associated active duty service commitment. An officer who receives an approved date of separation or retirement date under 7-day option provisions may be ordered to PCS or participate in any event for which they have the minimum retainability, or if the minimum retainability is waived.

6.28.3.2.2.2. If the officers have an established date of separation or retirement date which is greater than the retainability required, then they may, if eligible, request an earlier separation date or retirement date. Officers must submit a request for earlier separation or retirement within 7 days of official notification of a PCS or event. **(T-1)**. The MPF will submit a reclama to the assignment OPR or event selection authority when an officer requests an earlier separation or retirement date. **(T-1)**. Officers who are ineligible for earlier separation or retirement may be unable to avoid proceeding on PCS or participating in the event.

6.28.3.2.3. When officers do not have retainability and accept the PCS, event, and/or ADSC but have an established voluntary date of separation or voluntary retirement date (not a mandatory or involuntary date of separation or retirement date) and do not have the minimum retainability, the Total Force Service Center assists the officer in determining if the officer is eligible to request withdrawal of their date of separation according to DAFI 36-3211, or eligible to request withdrawal of their retirement according to AFI 36-3203.

6.28.3.2.4. When officers do not have retainability and want to decline the PCS, event, and/or associated active duty service commitment. When officers (career or non-career) have an established date of separation or retirement date and do not have the minimum required retainability for PCS or event, and/or do not want the associated active duty service commitment, they may refuse to obtain additional retainability (without prejudice) and the MPF will reclama the selection. **(T-1)**. When an officer with an established date of separation or retirement date makes a mandatory PCS or participates in an event which has an active duty service commitment, then the ADSC updates to the officer's records, but the officer is not made to serve any ADSC which extends beyond their established date of separation or approved retirement date. These officers would separate or retire on the established date of separation or approved retirement date with a portion of an ADSC unserved.

6.28.3.3. Enlisted. There are a number of actions prescribed by this instruction which have a retainability requirement. The MPF will determine if enlisted Airmen do or do not have the prescribed retainability; whether or not enlisted Airmen want to accept the action; their eligibility to obtain additional retainability or decline to obtain retainability; what actions enlisted Airmen take in connection with acceptance or declination; schedule enlisted Airmen for completion of those actions; and follow-up to ensure completion within the timeframe established for a particular action. **(T-1)**. Enlisted Airmen who are eligible and desire to reenlist on their Expiration of Term of Service (ETS) cannot be enroute PCS. Enlisted Airmen who want to accept a PCS but want to delay obtaining PCS retainability are processed according to [paragraph 6.28.8](#).

6.28.3.3.1. Enlisted Airmen (including first term Airmen) who have retainability cannot refuse a PCS or other action, except:

6.28.3.3.1.1. Enlisted Airmen eligible to request retirement under 7-day option provisions (see [paragraph 6.29](#)). Enlisted Airmen who request and receive an approved retirement date under 7-day option provisions may still be required to make a PCS, perform TDY, or participate in some other action depending on the amount of retainability they have remaining up to their actual retirement date.

6.28.3.3.1.2. When provisions exist to allow an enlisted Airman who has retainability to refuse a specific action. Example: an enlisted Airman requests a voluntary extension of overseas tour and has the retainability to serve it, but after approval requests the extension be canceled.

6.28.3.3.2. For enlisted Airmen who do not have retainability and want to obtain it, the MPF will determine if they are eligible and assist them with their reenlistment or extension of enlistment according to AFI 36-2606. **(T-1)**. Airmen must obtain retainability within the time prescribed for the action. **(T-1)**. When Airmen are temporarily ineligible or are eligible but want to delay obtaining retainability, the MPF will determine if the enlisted Airman meets any of the delay conditions outlined in [paragraph 6.28.8](#) and [Table 6.5](#). **(T-1)**. When enlisted Airmen need additional retainability, but are ineligible to obtain it and/or when they do not meet the criteria for approval of a delay, then the MPF will reclaim the assignment. **(T-1)**.

6.28.3.3.3. For enlisted Airmen who do not have the retainability and do not want to obtain it, the MPF will take required actions in [paragraph 6.28.3.3.4](#) and [paragraph 6.28.6](#) (if applicable) for career Airmen and [paragraph 6.28.3.3.5](#) for first term Airmen. **(T-1)**.

6.28.3.3.4. Career Enlisted Airmen. When career enlisted Airmen need additional retainability and do not want to obtain it or fail to obtain it, the MPF will formally record their declination as outlined in the following sub-paragraphs, unless they are eligible and desire to request retirement as shown in [paragraph 6.29](#). **(T-1)**.

6.28.3.3.4.1. When an Airman is assigned in the CONUS (only) and has 19 or more years of TAFMS and is eligible to request retirement, but instead chooses to decline to obtain retainability, see [paragraph 6.28.6](#). These Airmen must read the portions of AFI 36-2606 and DAFI 36-2502 pertaining to ineligibility for reenlistment or extension of enlistment and promotion ineligibility and sign a DAF Form 964 within 7 calendar days of being notified of the need for retainability (for PCS, also see [paragraph 6.24](#)). **(T-1)**.

6.28.3.3.4.2. If a career enlisted Airman declines to extend their enlistment or reenlist, the Airman signs the DAF Form 964. The MPF representative (who counseled the enlisted Airman) will sign Section III, and send to Automated Records Management System to be filed in the electronic Unit Personnel Records Group (UPRG) in accordance with DAFI 36-2608, *Military Personnel Records Systems*, and the execution guidance in the MyPers website, Automated Records Management System Residual (Loose) Records. **(T-1)**.

6.28.3.3.4.3. If a career enlisted Airman refuses to sign the DAF Form 964, the MPF representative (who counseled the enlisted Airman) will select the drop down option, "Airman Refused to Sign" on the AF Form 964, Section II, Signature of

Airman block, then sign Section III, and send to Automated Records Management System to be filed in the electronic UPRG in accordance with DAFI 36-2608 and the execution guidance in the MyPers website, Automated Records Management System Residual (Loose) Records. **(T-1)**.

6.28.3.3.4.4. If a career enlisted Airman does not get the required retainability by the established date (30 days from notification date), the MPF will notify the Airman and their commander via email that a DAF Form 964 will be executed to reflect that the Airman failed to obtain retainability in 10 calendar days. **(T-1)**. If after the 10 calendar days the Airman did not get the required retainability, the MPF representative (who counseled the enlisted Airman) will select the drop down option, "Airman Refused to Sign" on the DAF Form 964, Section II, Signature of Airman block, then sign Section III, and send to Automated Records Management System to be filed in the electronic UPRG in accordance with DAFI 36-2608 and the execution guidance in the MyPers website, Automated Records Management System Residual (Loose) Records. **(T-1)**.

6.28.3.3.4.5. A career enlisted Airmen who declines or fails to obtain the minimum prescribed retainability may be ordered to participate in the event when the required retainability is waived or in any event for which they have retainability (from assignment selection to current date of separation). If the AFPC assignment team determines a waiver of retainability will be processed, the team will contact the Airman to provide them an opportunity to obtain the retainability. **(T-1)**. If the Airman obtains the retainability, the AAC 09 and DAF Form 964 will be removed and the Airman will proceed on the assignment. **(T-1)**. If the Airman does not obtain the retainability, the AAC 09 and DAF Form 964 will remain on file and the Airman will proceed on the assignment. **(T-1)**. **Note:** Enlisted Airmen who are not eligible to request retirement at the time of PCS notification and who decline to obtain retainability (which renders them ineligible for promotion, reenlistment, or extension of enlistment) may still be permitted to retire if they reach retirement eligibility before the date of separation they have as of the date of declination and they are otherwise eligible in accordance with AFI 36-3203. If not eligible to retire, they separate on their established date of separation.

6.28.3.3.4.6. The MPF will update AAC 09 once the DAF Form 964 has been completed. **(T-1)**. Requests to withdraw a retainability declination are processed in accordance with [paragraph 6.28.7](#) Career enlisted Airmen who are ineligible to obtain retainability because of High Year of Tenure restriction (see AFI 36-3203) are not required to complete an DAF Form 964 and are not coded as having declined to obtain retainability. When PCS is a mandatory move, see [paragraph 6.28.5](#).

6.28.3.3.5. First Term Airmen. When first term Airmen need additional retainability and do not want to obtain it or fail to obtain it, the MPF will formally record their declination as outlined in this paragraph. **(T-1)**. First term Airmen who decline to obtain retainability are required to sign an DAF Form 964 (except Section II, paragraph b does not apply to first term Airmen, and Section III, Career Motivation counseling is not required). **(T-1)**. This declination does not render the enlisted Airman ineligible for reenlistment or promotion; however it renders them ineligible to apply for any self-initiated assignment programs.

6.28.3.3.5.1. If a first term Airman declines to extend their enlistment or reenlist, the Airman signs the DAF Form 964, the MPF representative (who counseled the enlisted Airman) will sign Section III, and send to Automated Records Management System to be filed in the electronic UPRG in accordance with DAFI 36-2608 and the execution guidance in the MyPers website, Automated Records Management System Residual (Loose) Records. **(T-1)**.

6.28.3.3.5.2. If a first term Airman refuses to sign the DAF Form 964, the MPF representative (who counseled the enlisted Airman) will select the drop down option, "Airman Refused to Sign" on the DAF Form 964, Section II, Signature of Airman block, then sign Section III, and send to Automated Records Management System to be filed in the electronic UPRG in accordance with DAFI 36-2608 and the execution guidance in the MyPers website, Automated Records Management System Residual (Loose) Records. **(T-1)**.

6.28.3.3.5.3. If a first term Airman does not get the required retainability by the established date (30 days from notification date), the MPF will notify the Airman and their commander via email that a DAF Form 964 will be executed to reflect that the Airman failed to obtain retainability in 10 calendar days. **(T-1)**. If after the 10 calendar days the Airman did not obtain the required retainability, the MPF representative (who counseled the enlisted Airman) will select the drop down option, "Airman Refused to Sign" on the DAF Form 964, Section II, Signature of Airman block, then sign Section III, and send to Automated Records Management System to be filed in the electronic UPRG in accordance with DAFI 36-2608 and the execution guidance in the MyPers website, Automated Records Management System Residual (Loose) Records. **(T-1)**.

6.28.3.3.5.4. The MPF will update assignment limitation code "L" or "8", as appropriate, (See [Table 3.2](#)), with a Date of Availability as the date of separation prior to reenlistment (expires upon reenlistment only). **(T-1)**. See [paragraph 6.28.9](#) for limitations on withdrawal of declination statement. Airmen with assignment limitation code "L" or "8" are not authorized to extend their enlistment, they may only reenlist. When PCS is a mandatory move, see [paragraph 6.28.7](#).

6.28.4. Retainability Events. The following events require retainability and prescribe action to be taken. For PCS retainability and certain in-place actions, the MPF will refer to [Table 6.4](#) and/or [Table 6.6](#). **(T-1)**. Remember, do not require enlisted Airmen who are restricted from obtaining minimum retainability due to High Year of Tenure (see AFI 36-3203) to formally decline to obtain retainability.

6.28.4.1. PCS CONUS to CONUS. The MPF will conduct a retainability interview and require Airmen to obtain retainability no later than 30 calendar days after official PCS notification. **(T-1)**. The 30 calendar day suspense is intended to give the MPF flexibility in scheduling the retainability interview, not to allow enlisted Airmen 30 days to decide if they want to obtain retainability or not.

6.28.4.2. PCS CONUS to overseas. The MPF will conduct a retainability interview and require enlisted Airmen to obtain retainability no later than 30 calendar days after official PCS notification. **(T-1)**. When PCS is overseas (either from the CONUS or from overseas), enlisted Airmen must have or obtain the retainability for at least the

unaccompanied tour length within 30 calendar days of PCS notification. **(T-1)**. Having accepted the PCS and obtained retainability for the unaccompanied tour length, then enlisted Airmen who subsequently elect and are approved to serve an accompanied tour, may require additional retainability for the longer accompanied tour length. Do not allow enlisted Airmen to delay obtaining retainability for the unaccompanied tour while awaiting processing for an accompanied tour. Enlisted Airmen have 15 calendar days after concurrent travel approval to obtain retainability for the accompanied tour length or to formally decline. **Note:** See **Attachment 3** for FO or HB retainability requirements.

6.28.4.3. PCS Overseas to CONUS. Enlisted Airmen must have retainability required by **Table 6.4** before they are provided an assignment from the overseas area. **(T-1)**. Enlisted Airmen must have or obtain retainability (including enlisted Airmen who reenlist or extend) or complete their declination within 30 calendar days of the date they sign their DEROS Option RIP (unless a delay is requested and approved to allow for voluntary retirement application (not 7 day option), or reenlistment in a selective reenlistment bonus AFSC according to **Table 6.5**, rules 1 and 7) (see **paragraph 6.28.8**). **(T-1)**. Enlisted Airmen who do not have the retainability required for an assignment are involuntarily extended at their overseas location until their date of separation as shown in **paragraph 7.6.1**, **Table 7.9**, and the PDTATAC AP-TL-01 (<https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>). Enlisted Airmen eligible to obtain retainability do not receive an assignment under the retainability exception provisions in **Table 6.4** until declination action has been completed. For enlisted Airmen who decline to obtain retainability follow the procedures in **paragraph 6.28.3.3.3**. Career enlisted Airmen ineligible to obtain retainability because of High Year of Tenure restrictions (see AFI 36-3203) are not required to complete DAF Form 964 and are not placed in AAC 09, but are provided an assignment when they have retainability as outlined in **Table 6.4**.

6.28.4.4. Consecutive Overseas Tours (COT). Enlisted Airmen must have or obtain at least 12 months retainability within 30 calendar days of the date they sign their DEROS Option RIP to receive PCS consideration. **(T-1)**. Delay in obtaining these 12 months retainability cannot be granted. Upon selection for a COT, enlisted Airmen must have or obtain the retainability for at least the unaccompanied tour length within 30 calendar days of PCS notification. **(T-1)**. Having accepted the PCS and obtained retainability for at least the unaccompanied tour length, enlisted Airmen who elect and are approved to serve an accompanied tour, may require additional retainability for the longer accompanied overseas tour length. Enlisted Airmen have 15 calendar days after concurrent travel approval to obtain retainability to serve the accompanied tour length, or formally decline per **paragraph 6.28.3.3.3** and serve the unaccompanied tour length. Also see **paragraph 7.5** and **paragraph 7.5.7**.

6.28.4.5. In-Place Consecutive Overseas Tour (IPCOT). Enlisted Airmen must have or obtain at least 12 months retainability within 30 calendar days of the date they sign their DEROS Option RIP to receive in-place consecutive overseas tour consideration. **(T-1)**. Enlisted Airmen must have or obtain the retainability for at least the unaccompanied tour length within 30 calendar days after being advised of approval of the IPCOT. **(T-1)**. Enlisted Airmen who are currently serving an unaccompanied tour who elect to serve an accompanied IPCOT may require additional retainability for the longer accompanied

overseas tour length and have 15 calendar days after approval of an accompanied tour to obtain retainability to serve the accompanied tour length. Enlisted Airmen who receive an approved IPCOT who refuse to obtain retainability are not required to formally decline. The MPF will request the assignment OPR cancel the IPCOT when enlisted Airmen refuse to obtain retainability. **(T-1)**. Airmen must have at least 12 months retainability to be considered for a CONUS PCS. **(T-1)**. The MPF will extend the Airmen's DEROS to match date of separation if Airman refuses to obtain retainability (within 30 calendar days) to meet the 12 month requirement. **(T-1)**. Also see [paragraph 7.5.7](#).

6.28.4.6. Overseas Tour Extension. Enlisted Airmen must obtain retainability required for voluntary extension of an overseas tour within 30 calendar days after being advised of approval of their extension request. **(T-1)**. Do not require enlisted Airmen who fail to or refuse to obtain retainability to formally decline. The MPF will request the assignment OPR cancel the overseas tour extension when enlisted Airmen fail to or refuse to obtain retainability. **(T-1)**.

6.28.4.7. Indefinite DEROS. Enlisted Airmen must maintain at least 8 months service retainability in order to keep an indefinite DEROS. **(T-1)**. Enlisted Airmen who fail to maintain at least 8 months service retainability will have a DEROS established which equals their date of separation. **(T-1)**.

6.28.4.8. Other Actions. For other actions which may require retainability (e.g., TDY, training, enlisted Airmen erroneously assigned with less than the minimum retainability, change in overseas tour length, etc.), the paragraph, attachment, or instruction which describes the action or program indicates the timeframe within which retainability is obtained and specify action to be taken in the event an enlisted Airman refuses. Enlisted Airmen who refuse to obtain the full prescribed retainability for an action may, in many instances, be ordered to complete the action with the amount of retainability they have. Example: An enlisted Airman is selected for a manning assistance TDY of 120 days in length, but only has 90 days retainability and declines to obtain additional retainability. After the enlisted Airman has formally declined to obtain the additional retainability, they can be ordered to perform TDY with the amount of retainability they do have.

6.28.5. Involuntary Separation of Enlisted Airmen Who Lack PCS Retainability. Enlisted Airmen in a mandatory move PCS status (such as due to a force structure drawdown) are subject to separation Prior to ETS in lieu of PCS when the enlisted Airman is ineligible, refuses, or fails to obtain the prescribed amount of PCS retainability and the enlisted Airman currently possesses less than 12 months service retainability (computed from RNLT to current date of separation). Commanders may establish an earlier separation date (by memorandum to Separations), under the provisions of DAFI 36-3211 when the enlisted Airman can no longer be used effectively based on the mission drawdown.

6.28.6. Retainability Declination, Enlisted Airmen With 19 Years TAFMS or More. When CONUS-assigned enlisted Airmen have 19 years or more TAFMS as of the month and year of PCS notification, and lack the minimum required PCS retainability and decline to obtain it, then the Air Force establishes an involuntary date of separation for them. Withdrawal of declinations are not considered after an involuntary date of separation has been established. This provision is not intended to deny enlisted Airmen retirement. The intent is to preclude enlisted Airmen who were eligible to elect retirement in lieu of PCS, but who declined instead

to obtain PCS retainability, from remaining on active duty for a prolonged period of time waiting to retire upon their normal date of separation. An involuntary date of separation established under this provision is not an approved retirement date and Airmen must still apply for and receive approval to retire. **(T-1)**. Failure to request retirement may result in separation upon date of separation without benefit of retirement. An involuntary date of separation is not established when declination of retainability is other than for PCS, such as TDY, training, or some other reason. This process does not apply when enlisted Airmen have less than 19 years TAFMS as of PCS notification month and year (see [paragraph 6.28.3.3.4](#)).

6.28.6.1. When the Airman's normal date of separation exceeds the conditions found in the following sub-paragraphs, an involuntary date of separation is established and the Airman's normal date of separation is curtailed to either the last day of the 6th month following PCS notification, or the latest date among the following:

6.28.6.1.1. The last day of the month in which enlisted Airman completes 20 years' TAFMS (but not less than 6 months from PCS notification).

6.28.6.1.2. The last day of the month in which an ADSC expires.

6.28.6.1.3. When assigned to a CONUS maximum tour, the last day of the month of the Date of Availability.

6.28.6.1.4. When enlisted Airmen are surplus due to base closure, unit deactivation, AFSC overage, or similar circumstances, the date of separation is the last day of the month Airmen can be effectively used at their current station. The assignment OPR determines this date considering such factors as whether or not the enlisted Airman is filling a valid manpower authorization, etc.

6.28.6.2. When enlisted Airmen meet the criteria outlined in [paragraph 6.28.6](#), the MPF will record declination as outlined in [paragraph 6.28.3.3.4](#) and update the PDS with AAC 09. **(T-1)**. Reclama the assignment in the PDS using reclama reason code "09" and provide the following remarks, "Enlisted Airman has 19 or more Years' TAFMS and has declined retainability per [paragraph 6.28.6](#)" Do not to use any other reclama code reason. When reclama cannot be accomplished in the PDS, then send reclama by email. The email subject line should read "PCS Retainability Declination, Enlisted Airman, 19 or more Years TAFMS-(Grade, Name, SSN (last 4), AFSC)." Address the email to the assignment OPR with an information copy to AFPC/DP3AM for SMSgt and below. For CMSgts (including selects), address the reclama email to AF/A1LE. AF/A1LE or Air Force Personnel Center Retirements and Separations Branch (AFPC/DP2STM) in coordination with AFPC/DP3AM, will determine and update the involuntary date of separation, and notify the MPF by email.

6.28.7. Enlisted Airmen Requests to Withdraw Retainability Declination Statement.

6.28.7.1. Career Enlisted Airmen with More than 19 Years TAFMS. Declinations by career enlisted Airmen described in [paragraph 6.28.6](#) may not be withdrawn.

6.28.7.2. Career Enlisted Airmen with Less than 19 Years TAFMS. The MPF will send the Airman's request, as an exception to policy per [paragraph 5.5](#), which include the unit commander's recommendation, to AFPC/DP3AM for approval/disapproval. **(T-1)**. If the request is approved, the Airman is subject to immediate reassignment based on the needs

of the Air Force, manning, and/or PCS vulnerability. Requests for withdrawal submitted in conjunction with retraining are processed according to AFMAN 36-2100.

6.28.7.3. First Term Airmen. Declinations by first term Airmen may not be withdrawn; however, first term Airmen may reenlist without obtaining approval to withdraw their declination statement. After reenlistment only, the record of previous declination by first term Airmen is deleted.

6.28.8. Enlisted Airmen Retainability Delays. The MPF Chief may authorize an extension of the suspense date by which enlisted Airmen obtain additional retainability for the reasons shown in [Table 6.5](#), Enlisted Airman PCS Retainability Suspense Delay. The MPF Chief may delegate authority to approve authorized delays to the MPF Superintendent. Pay particular attention to the notes to [Table 6.5](#) as they contain additional special instructions and limitations for each category of delay. Delay in obtaining retainability is intended as a tool to accommodate enlisted Airmen who have accepted an assignment (within certain limits). Approval of delays should be judiciously applied since they can have a negative impact on a gaining unit if the Airman granted a delay later declines to obtain retainability. Delays cannot expose the government to the risk of PCS allowances being used for which Airmen do not have sufficient retainability. Delay is not authorized for the purpose of allowing enlisted Airmen more time to consider accepting a PCS. Delay for any other reason or period of time requires approval of an exception to policy per [paragraph 5.5](#). Any delay is approved within the original retainability suspense period established for a particular kind of PCS or action. A delay of the retainability suspense is not a waiver to the amount (length) of retainability required.

6.28.9. Retainability Waiver or Exception. A waiver (see [paragraph 5.4](#)) or an exception (see [paragraph 5.5](#)) to the minimum required retainability may be requested on a case-by-case basis. Group or blanket waivers or exceptions are not considered. When necessary, assignment OPRs may originate waivers or exceptions in order to direct the PCS of Airmen with less than the normal minimum required retainability. Assignment OPRs must include approved retainability waiver or exception to policy information in the PCS instructions. **(T-1)**. Failure to include this approval information in PCS instructions can delay the assignment process (the MPF would reclama selection of Airmen with insufficient retainability). Enlisted Airmen may request a delay in obtaining retainability according to [paragraph 6.28.8](#).

6.29. Seven Day Option. Subject to restrictions in AFI 36-3203 and DAFI 36-3211, Airmen selected for certain active duty service commitment-incurring events (PCS, formal education, or TDY) are given 7 calendar days, after receipt of formal assignment selection or notification, to apply for a retirement or separation date via vMPF, provided they meet applicable eligibility criteria. Airmen requesting retirement must submit their retirement eligibility check via vMPF within 7 calendar days and then upon confirmation of eligibility must submit the retirement application via vMPF. **(T-1)**. Use the following subparagraphs and [Table 6.8](#) to determine 7-day option eligibility for officer and enlisted Airmen. The options extended to officers (to request retirement or separation) and for enlisted (to request retirement), in connection with selection for certain ADSC-incurring events, are not the same. There are some similarities and certain special provisions and restrictions apply to both. The areas which are similar are addressed below followed by separate paragraphs explaining the options for officers and enlisted.

6.29.1. Special Provisions and Restrictions. The following applies to both officers and enlisted:

6.29.1.1. Normal separation and retirement criteria apply when a signed request for separation or retirement is dated before an assignment selection date for PCS or selection date for training. When an Airman's request for voluntary separation or retirement was before the assignment selection date for PCS or selection date for training and the Airman does not accept the assignment or training, the MPF will reclama (per [paragraph 6.33](#)) and advise the assignment OPR the Airman applied for separation or retirement prior to selection. **(T-1)**. However, if the Airman wants to accept the PCS or training, they must submit a request to withdraw their separation or retirement request within 7 calendar days of official notification of selection for PCS or training. **(T-1)**. The decision to approve or disapprove the withdrawal request is based upon the best interest of the Air Force.

6.29.1.2. Any request for separation (officers only) or retirement (officers and enlisted) is under 7-day option when a signed request for separation or retirement is the same date or after an assignment selection date for PCS or selection date for training. When an Airman's request for separation or retirement was submitted under normal voluntary provisions, but they had an assignment selection date prior to the date of their request, then the reason for their separation or retirement request is changed by AFPC retirements or separations office to reflect it as being submitted under 7-day option provisions (7-day option rules apply in determining the separation or retirement date in this case). The fact an Airman was not aware or had not been officially notified of selection does not change the fact they had been selected on or before the date of their separation or retirement request.

6.29.1.3. An Airman is not required to request separation or retirement under 7-day option provisions if they do not desire to participate in the event or incur the associated ADSC when the instruction or announcement notification governing an education or training event contains a provision to allow Airmen to decline attendance (with or without prejudice). If there are no provisions in the prescribing instruction or announcement notification allowing an Airman to decline (with or without prejudice), then 7-day option provisions apply.

6.29.1.4. Airmen who elect separation or retirement remain eligible for any PCS, TDY, or training for which they have sufficient retainability and may be ordered to participate in the original event, or may be selected for another event for which they have retainability or when the retainability requirement is waived, even though a date of separation or retirement date is requested or established under 7-day options provisions. The ADSC for an event is updated in the PDS if they participate, but in some cases, such as when a requested date of separation or retirement date is approved and Airmen are ordered to participate in the event anyway, they would separate or retire on the approved date with a portion of the ADSC not served (Airmen are not made to serve beyond their date of separation or retirement date). An ADSC does not involuntarily extend an established date of separation or retirement date.

6.29.1.5. Airmen applying for separation or retirement under 7-day option provisions may not request a separation or retirement date earlier than the minimum dates allowed for normal voluntary separation or retirement requests. Similarly, if the Air Force seeks to establish a separation or retirement date earlier than the Airman requests, the date is not normally earlier than the minimum authorized by separation or retirement instructions.

Airmen selected for PCS, TDY, or training who have an established date of separation or retirement date may request an earlier date of separation or retirement date under 7-day option provisions, if eligible, but not earlier than the minimum authorized by separation or retirement instructions. Refer to AFI 36-3203 for retirement instructions.

6.29.1.6. Airmen who establish a separation or retirement date under 7-day option provisions who later decide they do not want to separate or retire may request withdrawal of the approved date through separation or retirement channels. The AFPC separation or retirement office will route the request to the assignment OPR for consideration. **(T-1)**. Requests for withdrawal are not automatically approved. The assignment OPR will make a recommendation of approval or disapproval based on manning and the overall best interests of the AF. **(T-1)**. See [paragraph 6.29.1.8.2](#) for guidance on 7-day option subsequent to withdrawal.

6.29.1.6.1. Colonel and colonel-selects are not eligible to withdraw their retirement if they retire in-lieu of assignment.

6.29.1.7. During the period of time between establishment of an assignment selection date and notification of actual PCS selection, if an Airman desires to request separation or retirement, 7-day option provisions apply. Normally, notification of establishment of an assignment selection date or notification of nomination for assignment does not require an Airman to request separation or retirement within 7 calendar days, unless the assignment selection date or nomination notification states otherwise.

6.29.1.8. The 7-day option provisions **do not** apply in the following circumstances:

6.29.1.8.1. The move is in conjunction with an Airman being accessed for entry on active duty or an Airman recalled to active duty.

6.29.1.8.2. An Airman with a date of separation or retirement date established per 7-day option provisions who then requests and receives approval to withdraw their 7-day option date of separation or retirement date, and is subsequently selected for PCS, TDY, or training within 12 months of the date of the withdrawal approval, is not authorized a 7-day option. When selection for a subsequent PCS, TDY, or training is more than 12 months following the date of approval of withdrawal, the Airman may exercise 7-day option provisions, if eligible.

6.29.1.8.3. An Airman has departed on PCS whether or not they have arrived at the new duty station.

6.29.1.8.4. The move is under authority of an instruction other than this one, example: PCS in a patient status, prisoner status, for court-martial, for administrative proceedings, etc., (see [Attachment 17](#)).

6.29.1.8.5. Airmen restored to active duty, or reinstated on active duty following action under the Air Force Board for the Correction of Military Records (BCMR) process. Airmen reinstated will be assigned to their previous CONUS permanent duty station, the closest CONUS permanent duty station to their current location, or a CONUS permanent duty station determined by AFPC/DP3AM. Airmen will not incur an active duty service commitment, therefore 7-day options provisions are not authorized.

6.29.1.8.6. Officer declines developmental education assignment prior to arrival at the developmental education duty station.

6.29.2. Special Provisions and Restrictions which applies to officers only:

6.29.2.1. Officers with an indefinite date of separation selected for an active duty service commitment-incurring event (PCS or training), or who have an assignment selection date, who do not want to participate in the event and/or do not want the associated active duty service commitment, if eligible as outlined below and in **Table 6.8**, must submit a request for separation in accordance with DAFI 36-3211, or request for retirement in accordance with AFI 36-3203 **(T-1)**. Officers will submit separation requests or retirement eligibility request via vMPF within 7 calendar days of official PCS notification or event notification date. **(T-1)**.

6.29.2.2. Officers notified of an assignment selection date are not required to request separation or retirement within 7 calendar days of the event notification date; however, the rest of the 7-day option provisions apply during the period between establishment of an assignment selection date and up to 7 calendar days following official notification of selection for PCS. Officers who fail to submit a request to establish a date of separation or retirement eligibility request within 7 calendar days via vMPF are considered as having accepted the event and the associated active duty service commitment.

6.29.2.3. Officers who have an established date of separation or retirement date at the time of official PCS notification or event notification, if eligible, may request an earlier date of separation or retirement date.

6.29.2.4. Officers who have an established date of separation or retirement date based on expiration of an ADSC and their current date of separation or retirement date is greater than the ADSC they would incur for the event for which selected, have no options under the 7-day option provisions.

6.29.2.5. Officers who have 19 or more years TAFMS as of the event notification date (month/year) or establishment of an assignment selection date, may apply for retirement.

6.29.2.6. Officers in the grade of lieutenant colonel and below with less than 19 years TAFMS with no ADSC or an ADSC that expires after they reach 20 years TAFMS, but does not take them beyond the ADSC they would incur for the event for which selected are authorized to request a retirement date, in lieu of an additional active duty service commitment, which is not later than the date they complete 20 years TAFMS, or their longest ADSC (if current ADSC takes them beyond 20 years TAFMS).

6.29.2.7. The date of separation or date of retirement officers are eligible to request under 7-day option provisions varies depending on their grade, whether serving overseas or in the CONUS, if they have been notified of establishment of an assignment selection date based on vulnerability for PCS selection and whether or not they have an unserved ADSC on the requested separation or retirement date. Officers may not request a separation or retirement date which is before the expiration of an active duty service commitment, except as an exception to policy in accordance with **paragraph 5.5** Officers with no ADSC (and those with an ADSC which expires before the requested date of separation or retirement) may, depending on the individual circumstances, request a separation or retirement date which is either no later than the first day of the 12th month following their placement on

the final vulnerable mover list assignment selection date (month/year) or 1st day of the 7th month following official event notification (month/year), except:

6.29.2.7.1. Officers with an indefinite date of separation selected for PCS, training, an active duty service commitment-incurring event, and those who have an assignment selection date who are assigned in the CONUS who have an ADSC greater than that which they would incur for the event which selected are not eligible to execute a 7-day option.

6.29.2.7.2. Officers assigned overseas must request a separation date to coincide with their DEROS (month/year) or request a retirement date which is the first day of the month following DEROS, if otherwise eligible to separate per AFI 36-3203 or retire. **(T-1)**.

6.29.2.7.2.1. Officers who want to separate or retire after present assignment but the date they desire is after their current DEROS, must request a voluntary extension of overseas tour to satisfy the requirement to separate upon DEROS (month/year), or retire on the first day of the month following DEROS (as extended). **(T-1)**. Officers must complete this extension request before establishment of an assignment selection date as shown in [Table 6.7](#) and [paragraph 6.23](#). **(T-1)**. Once an assignment selection date has been established, officers who desire to separate or retire on a date other than authorized above must request an exception to policy per [paragraph 5.5](#). **(T-1)**. This includes requests for curtailment to facilitate retirement prior to the first day of the month following the original DEROS month.

6.29.2.7.2.2. Officers who have an ADSC beyond their DEROS either request an extension of DEROS as outlined in [paragraph 6.29.2.7.2.1](#) so their ADSC is completed as of the requested separation or retirement date, or they may request an exception to policy. Approval of a date of separation beyond current DEROS may result in involuntary extension of DEROS to match the established date of separation if the officer lacks retainability to receive a CONUS assignment (see [Table 6.4](#)).

6.29.2.7.2.3. Officers are not required to request separation or retirement within 7 calendar days of being notified of an assignment selection date; however, the rest of the 7-day option provisions apply during the period between establishment of an assignment selection date and up to 7 calendar days following official notification of end assignment. Requests submitted more than 7 calendar days after official notification of end assignment are submitted as an exception to policy per [paragraph 5.5](#). Because officers separate or retire in conjunction with their DEROS, officers who have an indefinite DEROS who want to separate or retire after present assignment must request a specific DEROS be established as outlined in [paragraph 7.5.5.1.5](#). **(T-1)**. The request to establish a DEROS and the separation or retirement request should be submitted together when the requested DEROS results in an assignment selection date being established.

6.29.2.7.3. Officers serving on a CONUS Maximum Stabilized Tour (AAC 46 and 50), cannot request a separation or retirement date earlier than the minimum authorized in DAFI 36-3211, for separation, and AFI 36-3203, for retirement. Upon completion of a CONUS Maximum Stabilized Tour, an assignment selection date is established as shown in [paragraph 6.23](#) and [Table 6.7](#).

6.29.2.7.3.1. Officers are not required to request separation or retirement within 7 calendar days of being notified of establishment of an assignment selection date; however, 7-day option provisions apply during the period between establishment of an assignment selection date and up to 7 calendar days following official notification of end assignment.

6.29.2.7.3.2. After establishment of an assignment selection date, officers are limited with regard to the latest separation or retirement date they may request. If otherwise eligible per DAFI 36-3211 and AFI 36-3203, officers may request a separation or retirement date which is no earlier than the first day of the month following completion of their longest ADSC or no greater than the first day of the month following their date of availability (month/year).

6.29.2.7.3.3. Officers who want to separate or retire after present assignment but the date they desire is after their Date of Availability, must request a voluntary extension of stabilized tour to satisfy the requirement to separate upon Date of Availability (month/year), or retire on the first day of the month following Date of Availability (as extended). **(T-1)**. This extension must be completed before establishment of an assignment selection date as shown in [Table 6.7](#) and [paragraph 6.23](#). Once an assignment selection date has been established, officers who desire to separate or retire on a date other than authorized above must request an exception to policy per [paragraph 5.5](#). **(T-1)**.

6.29.2.7.3.4. Officers who have an ADSC beyond their Date of Availability must either request an extension of Date of Availability as outlined in [paragraph 6.29.2.7.3.3](#) so their ADSC is completed as of the requested separation or retirement date, or they may request an exception to policy. **(T-1)**. Prior to establishment of an assignment selection date, officers who desire to separate or retire, may request according to DAFI 36-3211 or AFI 36-3203.

6.29.2.7.4. Officers currently assigned in the CONUS, when notified of establishment of an assignment selection date according to [paragraph 6.23](#) and [Table 6.7](#), based on vulnerability for PCS selection, are not required to request separation or retirement within 7 calendar days of being notified of an assignment selection date. However, the rest of the 7-day option provisions apply during the period between establishment of an assignment selection date and up to 7 calendar days following official notification of end assignment. After establishment of an assignment selection date, officers are limited with regard to the latest separation or retirement date they may request.

6.29.2.7.4.1. Officers may not request a separation or retirement date which is before the expiration of an active duty service commitment, except as an exception to policy in accordance with [paragraph 5.5](#).

6.29.2.7.4.2. Officers with no ADSC (and those with an ADSC which will expire

before the requested date of separation or retirement) may request a separation or retirement date which is no later than the first day of the 12th month following establishment of the assignment selection date (placement on final vulnerable mover list).

6.29.2.7.4.3. Officers who have an ADSC greater than the one they would incur for an event for which selected are not eligible to execute a 7-day option. Once an assignment selection date has been established, officers who desire to separate or retire on a date other than the first day of the 12th month following establishment of the assignment selection date must request an exception to policy per [paragraph 5.5. \(T-1\)](#). Prior to establishment of an assignment selection date, officers who desire to separate or retire, may request separation or retirement according to DAFI 36-3211 or AFI 36-3203.

6.29.2.8. Officers are authorized a second 7-day option period (an additional opportunity in which to request separation or retirement), if eligible, when a change in assignment data results in a greater ADSC (greater meaning an ADSC of longer length than originally accepted), or whenever the end assignment changes before the officer departs on PCS.

6.29.2.8.1. The following are some examples:

6.29.2.8.1.1. **Example A** : An officer originally accepted a PCS ADSC of 24 months but then training is added, increasing the length of the ADSC from 24 months to 30 months, this is a greater active duty service commitment. In this example this officer would be afforded a second 7-day option period.

6.29.2.8.1.2. **Example B** : An officer originally accepted an ADSC for PCS of 24 months but then the RNLTD is delayed by 3 months. Based on [paragraph 6.29.2.8.2](#) below, this officer would not be afforded an additional 7-day option opportunity because the 24 month ADSC for PCS was not greater than the original length of the active duty service commitment. (It is true, however, that the 3 month delay of RNLTD would delay when the 24 month ADSC would start and when it would be completed.)

6.29.2.8.1.3. **Example C** : An officer accepted a CONUS to CONUS PCS to Randolph AFB and the associated ADSC for a PCS. Then the assignment was changed to Washington, D.C. (but the length of the PCS ADSC was the same). This officer would be afforded a second 7-day option because of the change of end location (even though the length of the PCS ADSC was the same).

6.29.2.8.2. Normally, a second 7-day option period is not authorized when the event start date or RNLTD is delayed due to unforeseen circumstances and the length of the ADSC originally accepted (as explained above) is not greater (longer in length). However, such delays, in turn, can cause delay in the ADSC completion date. Therefore, when the start date or RNLTD is delayed 181 days or more, an officer may request a second 7-day option period as an exception to policy per [paragraph 5.5](#). The decision whether or not to approve the second 7-day option request is made on a case-by-case basis.

6.29.2.8.3. A second 7-day option period is not authorized when a change of assignment data or change of end assignment is the result of approval of an officer's request for the change.

6.29.2.9. An officer signs and submits a separation application or retirement eligibility request under 7-day option provisions via the vMPF. If an exception to policy is being requested, AFPC/DP2STM notifies AFPC/DP3AM and indicate what exception is being requested. For colonels (including selects), AFPC/DP2STM notifies AF/A1LO only. AF/A1LO will process exception to policy requests. If an exception to policy is also being requested, that exception is also stated in the notification. Upon receipt of the retirement or separation request, AFPC/DP3AM will coordinate with the assignment OPR and make a recommendation to AFPC/DP2STM. **(T-1)**.

6.29.3. Special Provisions and Restrictions which apply to enlisted only:

6.29.3.1. Enlisted serving an enlistment contract may not establish a separation date earlier than the expiration date of their contract (unless authorized under an announced Air Force Force Management program), however, enlisted Airmen may establish an earlier retirement date, if eligible.

6.29.3.2. Enlisted who elect retirement under 7-day option provisions are ineligible for extension of enlistment or reenlistment, except as authorized per AFI 36-2606 in conjunction with a request for retirement.

6.29.3.3. Enlisted who elect retirement under 7-day option provisions are not eligible for promotion. Enlisted selected for promotion (have a line number) before they submit a retirement application under 7-day option may not withdraw the retirement to accept promotion.

6.29.3.4. Enlisted, aside from 7-day option provisions, who do not have the minimum required retainability for the event or the associated ADSC may be eligible to decline to obtain retainability as outlined in **paragraph 6.28**.

6.29.3.5. Enlisted who have an ADSC beyond 6 months and have the retainability must go on the assignment as they are ineligible to decline under 7-day option provisions. If they have an ADSC beyond 6 months and do not have full retainability, they are ineligible to decline under 7-day option provisions but instead decline retainability as outlined in **paragraph 6.28**.

6.29.3.6. Enlisted fall into four major categories as shown below:

6.29.3.6.1. Enlisted who have retainability and are not eligible to request retirement in accordance with the criteria in **paragraph 6.29.3.7** and **Table 6.8**, have no options (under 7-day option provisions) which allow them to refuse or decline to participate in an event.

6.29.3.6.2. Enlisted who do not have retainability and are not eligible to request retirement in accordance with the criteria in **Table 6.8**, are not eligible under 7-day option provisions, but can decline to obtain retainability as outlined in **paragraph 6.28**.

6.29.3.6.3. Enlisted who do not have retainability and are eligible to request retirement in accordance with the criteria in **paragraph 6.29.3.7** and in **Table 6.8** (specifically, those who meet the criterion of having 19 or more years TAFMS as of official PCS

notification and are assigned in the CONUS (only)) but who decline to obtain PCS retainability instead of requesting retirement, will be processed as outlined in [paragraph 6.28.3.3.4](#), and an involuntary date of separation established according to [paragraph 6.28.6](#). (T-1). After establishment of an involuntary date of separation, Airmen may elect to retire earlier than the involuntary date of separation, if otherwise eligible, but may not retire later than their date of separation. An involuntary date of separation is not an approved retirement date. Airmen must still apply for retirement and meet the retirement eligibility requirements as shown in AFI 36-3203. (T-1).

6.29.3.6.4. Enlisted who do, or do not, have retainability and are eligible to request retirement in accordance with the criteria in [paragraph 6.29.3.7](#) and in [Table 6.8](#), within 7 calendar days of official PCS notification (month/year) and want to request retirement must submit a retirement eligibility request, if otherwise eligible in accordance with AFI 36-3203. (T-1). Airmen must ask for a retirement date that is within their current enlistment, or current enlistment as extended. (T-1). When an Airman's current date of separation is before a requested retirement date authorized by 7-day option provisions, enlisted Airmen may submit a request for extension of enlistment along with their retirement request. In accordance with AFI 36-2606, the period of extension may not be longer than necessary to allow retirement on the requested date authorized by 7-day option provisions as authorized in [paragraph 6.29](#).

6.29.3.7. The following additional criteria apply as determined by the location/assignment the Airman is currently serving:

6.29.3.7.1. Enlisted assigned in CONUS. Enlisted who are eligible to retire (20 years TAFMS or more), or who reach retirement eligibility within 6 months following notification, may request a retirement date not later than the 1st day of the 7th month following PCS notification. Do not count the notification month. If eligible, an earlier retirement date may be requested as authorized in AFI 36-3203. As an exception to the latest retirement date permitted above, enlisted who reach retirement eligibility within the 7 to 12 month period following PCS notification may also request retirement, but are restricted to requesting a date which is not later than the 1st day of the month following the month in which retirement eligibility is reached.

The following are some examples:

6.29.3.7.1.1. **Example A** : Enlisted who has 19 years and 6 months TAFMS, (Total Active Federal Military Service Date (TAFMSD) is Aug 1991), as of PCS notification in Feb 2011 may request a retirement date not later than 1 Sep 2011.

6.29.3.7.1.2. **Example B** : Enlisted who has 19 years and 3 months TAFMS, (TAFMSD is Nov 1991), as of PCS notification in Feb 2011 may request a retirement date not later than 1 Dec 2011. In this instance, the TAFMSD and retirement eligibility is reached in Nov 2011 and the member must retire on the 1st day of the month following the month in which retirement eligibility is reached.

6.29.3.7.1.3. **Example C** : Enlisted with 19 years TAFMS, (TAFMSD is Feb 1991), as of PCS notification in Feb 2010 who reach retirement eligibility in the 12th month following PCS notification, may request a retirement date not later than 1 Mar 2011. In this instance only, since the member retires on the 1st day of the

month following the month in which retirement eligibility is reached, retirement is authorized on the 1st day of the 13th month following PCS notification.

6.29.3.7.2. Enlisted assigned overseas. Enlisted must request a retirement date which is the 1st day of the month following DEROS, if otherwise eligible to retire on that date per AFI 36-3203. **(T-1)**. Enlisted who want to retire after present assignment but the date they desire is after their current DEROS, must request a voluntary extension of overseas tour to satisfy the requirement of retiring on the 1st day of the month following DEROS (as extended). **(T-1)**. Enlisted must complete this extension during their DEROS Option window and before establishment of an assignment selection date as shown in **Table 6.7** and **paragraph 6.23**. **(T-1)**. Once an assignment selection date has been established, enlisted who desire to retire on a date other than the 1st day of the month following DEROS must request an exception to policy per **paragraph 5.5**. **(T-1)**. Enlisted who have an ADSC beyond their DEROS must either request an extension of DEROS as outlined above so their ADSC is completed as of the requested separation or retirement date, or they may request an exception to policy (with waiver of active duty service commitment). **(T-1)**. Seven day option provisions apply during the period between establishment of an assignment selection date and up to 7 calendar days following official notification of end assignment. Requests submitted more than 7 calendar days after official notification of end assignment or requests from enlisted who do not meet the eligibility criteria are submitted as an exception to policy per **paragraph 5.5**. Because enlisted retire in conjunction with their DEROS, those who have an indefinite DEROS who want to retire after present assignment must request a specific DEROS be established as outlined in **paragraph 7.5.5**. **(T-1)**. The request to establish a DEROS and the retirement request should be submitted together when the requested DEROS results in an assignment selection date being established.

6.29.3.7.3. Enlisted completing a CONUS Maximum Stabilized Tour. Enlisted completing a CONUS Maximum Stabilized Tour (AAC 50) who desire to retire after present assignment and who are otherwise eligible to retire per AFI 36-3203, must request a retirement date which is no later than the 1st day of the month following the maximum tour date of availability. **(T-1)**. Retirement eligible enlisted may apply for retirement while serving a maximum tour as long as requested retirement date is on or after the 1st day of the month in which their longest ADSC is completed. An assignment selection date is established as shown in **Table 6.7** and enlisted are limited, after receiving an assignment selection date, in the retirement date they may request unless they request an exception to policy. Enlisted who are not eligible to retire on the tour completion date, but are eligible for retirement within the 12-month period following official PCS notification, may apply for retirement if the requested date is not later than the 1st day of the month following the month in which retirement eligibility is reached. Enlisted reaching retirement eligibility within 12 months after Date of Availability must request an extension of the maximum tour to coincide with requested retirement approximately 12 months prior to current Date of Availability (see **paragraph 6.11.3.5.2.1** and **Attachment 13**). **(T-1)**. A request of an extension of Date of Availability to coincide with requested retirement date OCONUS Mandatory Mover time-line is processed as an exception to policy in accordance with **paragraph 5.5**.

6.29.3.8. Second 7-Day Option. Enlisted are authorized an additional opportunity (second 7-day option period) in which to request retirement, if eligible, when notified of a change of end assignment before departure on PCS, or when a change of assignment data requires additional retainability. When change of end assignment requires additional retainability and the Airman is not eligible to request retirement, enlisted who do not have the additional retainability may be eligible to decline to obtain retainability per [paragraph 6.28](#). Enlisted who are not eligible to request retirement and have the additional retainability have no options under 7-day option provisions. An additional 7-day option period is not authorized when the change of end assignment or change in assignment data was the result of an enlisted Airman's request for the change. The following are some examples:

6.29.3.8.1. **Example A** : Enlisted was not eligible to retire in-lieu of PCS when originally selected. If the end assignment location changes and since original selection they have become eligible to retire in lieu of PCS, then they may request retirement under 7-day option provisions when notified of the change of end assignment. Whether or not they have retainability for the change is not a factor.

6.29.3.8.2. **Example B** : Enlisted had or obtained retainability when originally selected for PCS and was not then and is not now eligible to request retirement under 7-day option provisions. The RNLTD is delayed for 3 months and they do not have the additional retainability required and refuse to obtain it. They could decline to obtain retainability and then a decision would have to be made by the AFPC assignment OPR if the RNLTD should revert back, waive the retainability, or the cancel the assignment.

6.29.3.9. Enlisted applying for retirement under 7-day option provisions via the vMPF self-service applications do not have to complete a declination nor is a reclama of the assignment required. The in-system retirement application (with the reason for retirement as special program ID code "72") serves as the reclama and automatically updates AAC 09. AFPC/DP2STM will separate the exception request and forwarded it to AFPC/DP3AM or AF/A1LE for a recommendation on the exception to policy. **(T-1)**. If the retirement request is disapproved, the Airman complies with the assignment instructions. If the retirement request is approved, an assignment cancellation is automatically generated to the Total Force Service Center, the MPF, the Airman, and the assignment OPR.

6.29.3.10. The eventual cancellation of a PCS requirement is not the basis for allowing an Airman to withdraw an action taken under 7-day option provisions or removal of a formal retainability declination statement, provided the requirement was valid at the time the Airman was notified of selection.

6.30. Change in Assignment or Assignment Data. Once an Airman has accepted an assignment, the assignment OPR should exercise caution in approving changes to the original assignment, especially any change after an Airman has departed on PCS (if the Airman has departed, see [paragraph 6.35](#)). Example: a later RNLTD or change which adds training may require additional retainability and/or greater active duty service commitment, or a change in gaining overseas location may involve a longer overseas tour length. When a change is ordered prior to an Airman's departure on PCS, MPF and commanders will use the 3 calendar day notification period, the procedures in [paragraph 6.24](#), and the MPF takes the actions shown below: **(T-1)**.

6.30.1. Change in gaining location (only). Once PCS orders are issued, a change in the gaining location could create a hardship on the Airman or, if they were a volunteer, they may not want an assignment to a different location. When the projected gaining location is changed, the MPF will authorize the Airman a second 7-day option period (see [paragraph 6.29](#)). (T-1). This may result in Airmen exercising an authorized option for which the Airman was not eligible at the time of initial notification. Example: when originally selected an Airman may not have been eligible to retire in-lieu of PCS, but since then they have become eligible. When notified of the change of gaining location, they may opt at that time to retire in lieu of the change.

6.30.2. Assignment data (other than gaining location) is changed requiring additional retainability or increase in the length of active duty service commitment. Normally, changes in assignment data such as change of gaining unit, requirement for a security clearance, or even changes requiring additional retainability (when the Airman already possesses the retainability or already has a greater active duty service commitment), do not warrant a second 7-day option opportunity. However, when the change requires additional retainability or increase in the length of active duty service commitment, the MPF will afford the Airman a second 7-day option period (see [paragraph 6.29](#)) in which to accept or decline the change, if eligible. (T-1). Example: enlisted Airman required to extend their enlistment or reenlist to satisfy the additional retainability requirement; or officers with an indefinite date of separation who will incur a greater ADSC would require a second 7-day option period. This includes exercising any options the Airman was not eligible for at the time of initial notification.

6.31. Projected Departure Date and Port Call Date. An Airman's projected departure date is determined according to [Table 6.10](#) and the instructions below. For planning purposes only, the assignment OPR includes in each PCS selection a projected departure date. When the actual projected departure date is determined and approved by the Airman's commander (or designated official), the date is entered into the PDS and overrides the original projected departure date. The timing of PCS departure in relation to the RNLTD, a TDY enroute reporting date, training class start date, port reporting date (if applicable) and the amount of travel time authorized or used determines how much leave an Airman is charged in connection with the PCS. When a course of instruction is involved, see [paragraph 6.31.5](#) and [Table 4.1](#). Compliance with the RNLTD, port reporting date, or other reporting dates (whether they are not later than dates or not earlier than dates) is mandatory. Airmen should carefully plan their departure date, travel and leave so they are not charged with unwanted leave or incur unexpected expenses while waiting to report. Airmen reporting contrary to instructions may be allowed to terminate their leave status; however, could be subject to disciplinary action for failure to comply with their reporting instructions.

6.31.1. For CONUS to CONUS PCS.

6.31.1.1. To determine the projected departure date, subtract the number of days of leave the commander approves, maximum allowable travel time, and any other period the Airman may be authorized enroute from the RNLTD. When an Airman has TDY enroute, also subtract the number of days TDY.

6.31.1.2. Airmen must meet the minimum time-on-station for PCS before the departure date. (T-1).

6.31.1.3. When TDY enroute is involved, then the minimum time-on-station is met before departure on TDY.

6.31.1.4. At the commander's discretion, an Airman may be allowed to depart up to a maximum of 60 days prior to RNLTD, provided the Airman meets the minimum time-on-station for PCS.

6.31.1.5. Airmen are not permitted to depart earlier than 60 days prior to the RNLTD without prior approval of the assignment OPR (except as authorized in [Table 6.10](#), rule 7). Approval by the assignment OPR will be in the form of a change to the RNLTD which, in turn, changes the earliest date the Airman can depart. **(T-1)**. The change of RNLTD also resets PCS-related suspense flags and assists the MPF in monitoring processing for PCS.

6.31.1.6. **Example:** If an RNLTD is 31 Dec 2021 (Julian date of 365) and the Airman requests 30 days leave enroute and is authorized 7 days travel time, then subtract 37 from 365 which equals a Julian date of 328 (or 24 Nov 2021). The projected departure date is 24 Nov 2021. Commanders may permit Airmen to depart up to 60 days prior to the RNLTD provided that on that date the Airman meets the minimum time-on-station for PCS. To compute the maximum earliest departure date authorized without an RNLTD change, subtract 60 from the Julian date of 365 (31 Dec 2021) which is Julian date 305, or 1 Nov 2021. However, in this example, if the Airman had a date arrived station in Dec 2017 then the Airman would be restricted to a departure date of not earlier than 1 Dec 2021, the date minimum time-on-station is satisfied.

6.31.2. For CONUS to overseas PCS.

6.31.2.1. Use the procedure in [paragraph 6.31.1](#) to initially determine the departure date and confirm the Airman meets the minimum time-on-station requirement.

6.31.2.2. Airmen are not permitted to depart on PCS without a firm port call. The Airman requests flight reservations (port call) from the Traffic Management Office (TMO) as outlined in DAFMAN 36-2102. A firm port call date can be used (in lieu of the RNLTD) to compute a more accurate departure date.

6.31.2.2.1. The 60 day maximum window before the RNLTD is normally adequate to accommodate the departure date the Airman desires in relation to the port call date received.

6.31.2.2.2. Airmen may not request, and TMOs will not schedule, an Airman's port call earlier than the first day of the RNLTD month, unless the Airman has leave in an overseas area approved by the commander per AFI 36-3003, and the leave authorization and leave address are included in PCS orders. **(T-1)**.

6.31.2.2.3. Flight reservations ensure the Airman is in place at the overseas duty station on or before the RNLTD. Flight reservations where an Airman departs on the RNLTD are acceptable if the scheduled transportation provides for the Airman's arrival at the overseas duty station on the RNLTD.

6.31.2.2.4. The TMO may schedule an Airman's port call on any day during the reporting month which meets the RNLTD.

6.31.2.2.5. Example: If an RNLTD is 10 June 2021 a port call date of 31 May 2021 is not acceptable (earlier than the first day of the RNLTD month) nor reservations departing on 10 June 2021 and arriving on 11 June 2021 (Airman would arrive later than required reporting date). If an RNLTD is 30 Jun 2021, the Airman may state a

preference for movement during the 10 day window of 21-30 June 2021; however, it may not be possible to provide transportation during the preferred period. The TMO may provide a port call date such as 12 Jun 2021 to satisfy transportation schedules and reporting date policies.

6.31.3. For PCS Overseas to CONUS. The projected departure date is within the Airman's DEROS month (unless the DEROS was allowed to expire due to the Airman being on international hold, in confinement, or not being medically qualified for assignment). A departure date prior to the DEROS month requires an approved overseas tour curtailment; departure after the DEROS month requires an extension of overseas tour, unless the Airman is authorized leave in the overseas area and the leave is authorized in PCS orders. With a unit commander's concurrence, MPF may schedule an Airman for departure on any day during the DEROS month to ensure maximum use of transportation. Commanders may retain an Airman at the overseas duty station up to the last day of the DEROS month for operational reasons. When PCS is to a course of instruction, see [paragraph 6.31.5](#).

6.31.4. For PCS overseas to overseas. The projected departure date is within the Airman's DEROS month. A departure date prior to the DEROS month requires an approved overseas tour curtailment; departure after the DEROS month requires an approved extension of overseas tour, unless the Airman is authorized leave in the overseas area and the leave is authorized in PCS orders. The port call for PCS travel to the new overseas duty station cannot be earlier than the first day of the RNLTD month unless the Airman has leave approved in the overseas area, consecutive overseas tour leave in the CONUS, or has approval to defer consecutive overseas tour leave in accordance with AFI 36-3003. This allows Airmen stationed overseas to depart within their DEROS month and report to the new overseas location any time prior to the RNLTD without having to request an official change to their RNLTD. To comply with these requirements may require adjustment of departure within their DEROS month and depends on the amount of leave the Airman desires enroute and other variables. MPFs use [Table 7.4](#) to establish an Airman's DEROS. MPF may request extension or curtailment of DEROS in such cases directly to the assignment OPR and include the gaining MPF. With the losing unit commander's concurrence, MPF may schedule an Airman for departure on any day during the DEROS month to ensure maximum use of transportation. Commanders may retain Airmen at the current overseas duty station up to the last day of the DEROS month for operational reasons. When TDY enroute to a course of instruction is involved, see [paragraph 6.31.5](#).

6.31.5. For PCS Involving a Course of Instruction. Also see [paragraph 4.5](#) and [Table 4.1](#) PCS or TDY enroute to courses of instruction may stipulate a "RNETD," or a requirement to "depart not later than one day after graduation." Either of these requirements along with the limitations associated with the Airman's DEROS, port call date, and/or RNLTD can result in a conflict of mandatory reporting requirements or the potential for an Airman having to take unwanted leave. When requirements conflict or it appears an Airman may be forced to take unwanted leave, the MPF reviews [Table 4.1](#) with special attention to the notes and, when necessary, advise the assignment OPR and include the Airman's desired travel/leave arrangements and any other pertinent information. The assignment OPR reviews the circumstances and makes changes as appropriate.

6.31.6. For PCS involving joint duty assignment for officers. Also see [Table 6.10](#) A departure date prior to completion of the full joint duty assignment tour (to the day) is not

authorized unless the request is coordinated through the joint organization (Director, J-1 or equivalent) and AFPC/DP2LWA. AF/A1LG will coordinate early departure for general officers on O-7 and above joint duty assignment list billets. Failure to coordinate could result in the officer not receiving joint duty credit. If the officer is serving on a 3-year joint duty assignment list billet and early departure necessitates a joint tour length waiver, the losing command/agency will forward an early release memorandum signed by a General Officer or Senior Executive Service (SES) equivalent stating the projected departure date, departure reason, and type of joint duty credit to be awarded. **(T-0)**. Assignment actions or expenditure of funds cannot take place until the waiver is approved.

6.32. Report Not Later Than Date (RNLTD)/Report Not Earlier Than Date (RNETD).

6.32.1. RNLTD. The RNLTD is established as outlined in [Table 6.10](#) and in accordance with the following subparagraphs. Do not deviate from these instructions or [Table 6.10](#) without specific approval of the assignment OPR or approval of an exception per [paragraph 5.5](#).

6.32.1.1. RNLTDs are established primarily based on manning requirements. For the majority of assignments within the CONUS or to overseas, the RNLTD is the last day of the requirement month. When mission essential, a reporting date earlier than the last day of the requirement month may be directed by the assignment OPR. For assignments overseas, a reporting date of the 10th of the month is authorized when overlap with key or supervisory personnel is mission essential and incumbents are retained until the end of their DEROS month. A 10th of the month RNLTD is not established arbitrarily as a requirement for all Airmen being assigned to an overseas location, unless an exception has been approved by AFPC/DP3AM. See [Table 7.4, note 3](#) for computation of DEROS if Airman reports prior to the RNLTD month. An RNLTD earlier than the 10th of the month is not established for PCS overseas unless an exception has been approved by AFPC/DP3AM. **Note:** An RNLTD earlier than the 10th of the month for an overseas assignment does not allow sufficient flexibility in transportation scheduling and may result in having to schedule Airmen at commercial airline rates when a less costly military contract passenger flight a few days later could have been used.

6.32.1.2. TMOs schedule Airmen so they are in place at their overseas duty station by the established RNLTD. See [paragraph 6.31](#).

6.32.1.3. Overseas RNLTDs are not established between 20 December and 5 January of the following year, unless there are overriding military considerations. The fact that an Airman does not object or wants to travel during this period is not a factor. A fewer than normal number of military passenger flights are scheduled during this period increasing the likelihood of having to support PCS travel via civilian commercial airlines. In addition to being more costly, it is often difficult to obtain civilian reservations as flights during this period are booked so far in advance. Airmen can also encounter severe problems in securing civilian air travel to their port of departure.

6.32.1.4. Changes to RNLTDs impact the losing and gaining unit and may affect the departure of the Airman being replaced. Requesting changes should only be requested when a hardship exists or when in the best interest of the Air Force. See execution guidance, RNLTD Change Request for procedures on requesting a change via MyPers or vMPF.

6.32.2. RNETD. An RNETD may be ordered and is included by the MPF in PCS orders when it is essential that an Airman not arrive at a TDY or PCS location earlier than the established date. An RNETD may be necessary for a variety of reasons such as quarters may not exist sooner, or unnecessary costs to the government and/or Airman may result when Airmen arrive early. Similar to an RNLTD, Airmen who arrive earlier than the established RNETD are not in compliance with their written orders. Therefore, it is important for Airmen, commanders, and MPFs to carefully manage departure from current station. To avoid unwanted leave and/or personal expense or hardship, Airmen should carefully plan their departure from current station and arrange to meet other personal and dependent requirements consistent with the RNETD. When Airmen indicate compliance with a RNETD constitutes an undue hardship or for some other reasons they desire a change or deletion of the RNETD, they should submit a request for change through their unit commander to the MPF. See the execution guidance, RNETD Change Request for procedures on requesting a change via MyPers or vMPF. The MPF will use the reclama procedures shown in [paragraph 6.33](#) to advise the assignment OPR and request resolution. **(T-1)**.

6.33. Reclama of Assignment. A reclama (see [Attachment 1](#)) of an assignment is a request to the assignment OPR to change or cancel a proposed or ordered action. A reclama may be submitted in-system or out-of-system via encrypted email for actions which are time sensitive or when a paragraph or attachment specifies a reclama email be submitted. Email reclamas will include the following in the subject line: Airman's identification data, the projected assignment shipping AFSC (for officers) and CAFSC (for enlisted), Assignment Action Number (AAN), gaining PAS, and RNLTD with courtesy copy to the gaining unit. Example: SUBJ: Assignment Reclama: TSgt (4R071) Bowes, Julie R., XXX-XX-1234, AAN: 1234NZ1234, gaining PAS: RF0DFLBY, RNLTD: 31 Dec 2012.

6.33.1. In-system reclamas are usually submitted when the RNLTD is more than 120 calendar days from the date of the reclama using the appropriate reclama reason codes. Ensure narrative remarks are included to fully explain the circumstances.

6.33.2. Out-of-system reclamas are usually submitted when the RNLTD is 120 days or less from the date of the reclama and should contain a complete explanation of the circumstances. Also submit out-of-system reclamas via encrypted email for actions involving:

6.33.2.1. AEF contingency deployments, or

6.33.2.2. Unit or base activation or deactivation, or

6.33.2.3. Weapons systems conversions, or

6.33.2.4. Assignment was a short-notice assignment as shown in [paragraph 6.24](#).

6.33.3. Enlisted only. Reclamas are not submitted when assignment action reason is E2 or has a "P" series assignment action reason (except P7).

6.33.4. Enlisted Aircrew Airmen. The MPF must reclama if enlisted aircrew Airmen receive less than 120 calendar days advance notification for involuntary assignment to duty that does not require flying status. **(T-1)**. Use reclama reason code "AM" with trailer remarks that state: "Aircrew Airman provided less than 120 calendar days notification. Airman notified (date). Projected departure date is (date)." If Airman waives the 120 calendar day notice requirement, then a reclama is not submitted.

6.34. PCS Cancellation. Once an Airman is selected for PCS and orders are published, cancellation of the assignment could impose a hardship on the Airman. A PCS should not normally be canceled within 60 days of the projected departure date unless the Airman cannot be effectively used at the projected location. Cancellation of a PCS may be authorized only by the assignment OPR. The following actions are taken upon receipt of PCS cancellation:

6.34.1. If an Airman has not departed on PCS, then the MPF advises the commander of the cancellation within 48 hours of receipt of the cancellation notice. If the Airman indicates a hardship exists as a result of cancellation, then the MPF will direct the Airman to prepare a written statement without delay containing the details of the hardship. **(T-1)**. The statement should be expeditiously processed through the unit commander to the MPF. Upon receipt of the statement, the MPF will advise the assignment OPR by email. **(T-1)**. As a minimum, the email should contain the Airman's grade, name, SSN (last 4), selected AFSC, AAN, RNLTID, gaining PAS, CONUS and overseas assignment preferences, and specifics of the hardship. The assignment OPR will consider reinstatement of original assignment, provide an alternate assignment, or confirm cancellation and provide the reasons Airman remains at the present base. **(T-1)**.

6.34.2. If an Airman has departed on PCS, within 48 hours of receipt of the cancellation notice, the MPF will inform the unit commander and effect notification to the enroute Airman at the contact information the Airman provided or at their leave or TDY address (see [paragraph 6.24](#)), and direct the Airman to return to their previous duty station unless they desire to use leave. **(T-1)**. The MPF will request the Airman to provide written acknowledgment within 72 hours and state whether a hardship does or does not exist. **(T-1)**. If the Airman indicates a hardship, they must include the details. **(T-1)**. The MPF will then advise the assignment OPR by email with the information shown in [paragraph 6.35.1](#). **(T-1)**. If the Airman cannot be reached, the MPF advises the assignment OPR of the circumstances and additional guidance is provided. As information, when a PCS is canceled while the Airman is enroute, their date arrived station does not change and availability for reselection for assignment does not change.

6.35. Diversion of an Airman EnRoute PCS. When a change of projected gaining location is required and the Airman is enroute PCS (and has not arrived at the original gaining location), change of assignment at this time is a "diversion." (Also see [paragraph 6.35.3](#) and [6.35.4](#) for continuation of PCS.) Use of the term diversion should signal a high degree of urgency to all who are responsible for processing the change. A diversion can impose a severe personal and/or financial hardship on the Airman, unfairly place an Airman at a disadvantage, and result in excessive PCS costs to the government. Before directing a diversion, the assignment OPR should carefully weigh the circumstances and alternatives. (See [paragraph 4.13](#) for requests to place an Airman in a "TDY Hold" status when a temporary situation dictates an Airman not return to their previous permanent duty station, nor proceed to the original gaining location, and a decision is pending regarding a new gaining permanent duty station.) An Airman who is diverted enroute is not afforded a 7-day option period to take action in lieu of PCS since they have already departed on PCS. A diversion might be necessary due to announcement of inactivation or movement of a unit, announcement of weapon system conversion, or unforeseen urgent and essential changes in manning requirements.

6.35.1. The assignment OPR makes a determination on a diversion after the following considerations have been made: Whether or not the Airman was contacted and, if known, Airman's volunteer status, present location, phone number where Airman can be reached, and

any other pertinent information (location of dependents if different than Airman's location, status of household goods, status of family member's medical and educational clearance, etc.).

6.35.2. When assignment involves an overseas location, the following general guidelines apply.

6.35.2.1. Whenever possible, Airmen selected for assignment overseas as volunteers who are not vulnerable for involuntary overseas selection are diverted within the same country to a location with the same tour length.

6.35.2.2. Airmen selected for assignment overseas as non-volunteers are diverted within the same overseas theater and to a location with the same overseas selection criteria (i.e., short tour, long tour), whenever possible.

6.35.2.3. If dependents have been authorized concurrent travel, diversion of an Airman is rarely justified to a location where concurrent travel is not authorized.

6.35.2.4. Airmen assigned to an unaccompanied dependent-restricted overseas short tour are not involuntarily diverted to a CONUS-isolated station if they receive one of their choices in the overseas returnee match (see [paragraph 6.11.4](#)). Airmen assigned to a CONUS-isolated station are not involuntarily diverted to an unaccompanied dependent-restricted overseas tour (see [paragraph 6.11.4.5](#)).

6.35.3. Upon approval by the assignment OPR to change an Airman's assignment, the losing MPF is advised. If the Airman has departed on PCS, the losing MPF will contact the Airman enroute and effect notification. **(T-1)**. After the Airman has been notified, the losing MPF will immediately amend the original PCS orders and send copies to the Airman, the original gaining location, and the new gaining location. **(T-1)**. When the losing MPF cannot contact the Airman enroute, then before amending orders, the losing MPF will immediately advise the assignment OPR, the original gaining MPF, and the new MPF of the circumstances. **(T-1)**. The assignment OPR then considers the probability that the Airman may arrive at the original PCS location before being advised of the change of assignment. In view of this, the assignment OPR reviews the urgency of the requirement and other factors and may decide to cancel the change of assignment. However, if the circumstances still justify the change, the assignment OPR will contact the original gaining MPF and, provided the Airman has not yet arrived in the area, direct the original gaining MPF to issue amendments to PCS orders "continuing" the Airman's PCS. **(T-1)**. Include the following statement in the amended orders, "This is a continuation of original assignment from (fill in previous permanent duty station) and Airman may be entitled to an additional dislocation allowance as authorized by the JTR." With the assistance of the original gaining unit commander and sponsor, the Airman is immediately informed upon arrival in the area of the change of assignment, given copies of the orders directing continuation of PCS, and ordered to proceed to the new location without delay. If the Airman states continuation change of PCS creates a personal or financial hardship or protests the change of assignment for other reasons, the MPF will obtain the details in a written statement from the Airman and immediately contact the assignment OPR and request guidance. **(T-1)**.

6.35.4. If, after an Airman arrives in the local area of the gaining base, it is decided to request the Airman be assigned elsewhere (whether or not they have signed in), then a new PCS is accomplished. The fact an Airman has not signed in simply means accountability for the

Airman has not transferred to the gaining base. For assignment purposes, completion of the travel portion of the PCS before approval of further assignment requires a new PCS. See [paragraph 6.5](#) for time-on-station waivers and [paragraph 6.44](#) for waiver of second dislocation allowance in the same fiscal year (FY). Intent to move or not move dependents or not to claim dislocation allowance is not a factor. A PCS cannot be continued nor a PCS order amended to change the permanent duty station after the RNLTD. In either of these instances a new PCS is accomplished.

6.36. PCS Orders. PCS orders are issued in accordance with DAFMAN 36-2102. The MPF may publish PCS orders only after receipt of written assignment instructions via the PDS or email from the assignment OPR directing a PCS or approving a PCS request.

6.37. PCS Orders in Hand Minimums. To allow sufficient time to plan movement of dependents, household goods, and arrange other PCS-related actions, Airmen are normally selected for PCS at least 120 calendar days before the RNLTD so official notification can be effected at least 90 calendar days before the RNLTD. In addition, Airmen normally should have PCS orders in hand at least 60 calendar days before the projected departure date shown in the assignment instructions. However, there are numerous exceptions listed in [paragraph 6.37.1](#) when it is not practical or necessary to adhere to the minimums or an Airman can anticipate the Airman may be reassigned at a certain time (even though they may not know where). There are also times when military requirements dictate less than 90 calendar days' notice and/or when orders cannot be given to the Airman within 60 calendar days of departure. When military requirements preclude meeting these goals, the assignment OPR may waive the minimums and will indicate in the assignment instructions that the minimums are waived. **(T-1).** For PCS movement to or from overseas, orders may be issued prior to receipt of flight reservations.

6.37.1. The minimum notice and orders in hand minimums do not apply to the following (no waiver requirement):

- 6.37.1.1. Flying, technical training, or other school graduate or eliminee assignments.
- 6.37.1.2. When the Airman is being reassigned from overseas.
- 6.37.1.3. First assignment after basic or initial skill training.
- 6.37.1.4. Assignment to training or education when necessary to avoid a quota going unfilled.
- 6.37.1.5. Assignments which require SCI access.
- 6.37.1.6. Low-cost PCS.
- 6.37.1.7. When the Airman voluntarily waives the minimums.
- 6.37.1.8. When Airman is surplus as outlined in [paragraph 6.45](#).
- 6.37.1.9. General officer or colonel (including selectee) assignments.
- 6.37.1.10. Upon accession (officers) or enlistment (enlisted) including assignment of former officer upon enlistment.
- 6.37.1.11. When the PCS is for reasons other than prescribed by this instruction (such as upon accession or enlistment, to a hospital as a patient, prisoners to confinement, upon separation/retirement, and so on (see [Attachment 17](#)).

6.37.1.12. When requirements according to DAFMAN 36-2102, have not been met.

6.37.2. Orders directing an Airman who is TDY or on leave to PCS are not normally published before the Airman's return to current duty station, except:

6.37.2.1. When the orders publishing function confirms the Airman is not incurring a personal financial loss.

6.37.2.2. The Airman's unit or base is being inactivated.

6.37.2.3. For humanitarian or EFMP assignment and the Airman signs a statement that the Airman is willing to accept a financial loss if prompt reassignment is elected.

6.38. Assignment Action Number (AAN). The AAN is used by the assignment OPR to control assignments and for other purposes. Budget managers use the AAN for budget purposes to determine the fiscal year (FY) to which a PCS is charged based on the Transfer Effective Date. The Transfer Effective Date is the month and year of the AAN and corresponds to the original requirement month. The Transfer Effective Date (and FY to which a PCS is charged) can only be changed by cancellation of the AAN and issuance of a new AAN. A change in projected departure date or RNLTD does not change the FY to which a PCS is charged. AANs are necessary only for those permanent changes of station (PCS) and inter-command permanent changes of assignments (PCA without PCS) prescribed by this instruction. The AAN is determined at the time an allocation to fill a manning requirement is made, or at the time a name is applied to a manning requirement. AANs are constructed in accordance with DAFMAN 65-604. PCS moves which are not made under the authority of this instruction (see [paragraph 5.6](#) and [Attachment 17](#)) do not require an AAN.

6.39. PCS Cost Identifier Code. The PCS Cost Identifier Code represents the fund cite shown in DAFMAN 65-604. It is used primarily by budget managers for accounting purposes. This code, to which the cost of a PCS is charged, is provided by the assignment OPR in the assignment instructions to the MPF, and is included in PCS orders. If the MPF or base FSO determines a PCS cost code is not correct, they should advise the assignment OPR. However, base FSOs may authorize charges against a correct account when an incorrect PCS Cost Identifier Code is cited in PCS orders without amendment of PCS orders and without authorization for change of the code in assignment data by the assignment OPR. Airmen accrue PCS allowances based on the relationship of the losing and gaining permanent (duty) stations according to the JTR, Chapter 5. Assignment OPRs must ensure the PCS Cost Identifier Code provided in assignment instructions is compatible with the allowances an Airman accrues according to the JTR. **(T-0).** Whether or not Airmen accrue PCS allowances per the JTR dictates whether a PCS move is funded or unfunded.

6.39.1. A PCS Cost Identifier Code of "unfunded" cannot be the basis for denying an Airman PCS allowances or reimbursement for use of allowances authorized by the JTR. **Example:** If a PCS cost identifier code of "M-Reassignment Without Fund Allocation" is erroneously applied to a PCS from Travis AFB, CA to McGuire AFB, NJ, the Airman cannot be denied use of, or reimbursement for, PCS allowances the Airman accrues per the JTR. The corrective action in this instance is to change the PCS cost identifier code to a funded move.

6.39.2. Conversely, a PCS cost identifier code for a "funded" move cannot be the basis for an Airman moving at government expense if the JTR authorizes no PCS allowances. If the assignment instructions or PCS orders cite a funded PCS cost identifier code, then the code is without effect.

6.40. No-Cost (No Allowance) Moves. No-cost moves are those where no PCS allowances accrue to Airmen (reassignment between activities at the same permanent duty station NOT a PCS). As a no-cost move, an Airman can be moved between units at the same base, or between bases or addresses when both bases or addresses are within the corporate limits of the same city or town, but are not authorized to move household goods. Large metropolitan areas or large military reservations are often comprised of a number of individual duty stations each having corporate city limits or installation/base boundaries. The Assignment OPR must determine if a move results in PCS allowances accruing to the Airman when a change of duty station is being considered. **(T-1).** The assignment OPR must approve requests from activities authorized to request PCS moves where Airmen accrue PCS allowances or are changing permanent duty stations between two installations within the same corporate city limits, these requests will be made by the MPF or MAJCOM (activity authorized to request PCS moves) (also see [paragraph 6.41](#) for low-cost moves). **(T-1).**

6.40.1. In some cases it is required to use some of the PCS procedures in managing no-cost moves in order to project manning requirements to reflect correct manning figures (which are used when considering FO, HB, and Base of Preference assignments). When an Airman changes MAJCOMs, their permanent duty station when in close proximity (such as in Joint Base installations (Lackland AFB and Ft Sam Houston)), or for other reasons as directed by the assignment OPR, an AAN and projection of the assignment in the PDS is appropriate. In these cases the MPF or MAJCOM requests the no-cost PCS move. PCS orders assist in recording some no-cost moves, such as those from one base to another. Include this statement in the remarks section when PCS orders are issued: “This is a No-Cost Move in accordance with AFI 36-2110, Chapter 2, paragraph 6.40. No PCS allowances authorized. Date Departed Last Duty Station, Date Arrived Station, and DEROS (for those assigned overseas) will not change. Airman (officer or enlisted) WILL NOT incur an additional active duty service commitment.” The PCS Cost Identifier Code is “M,” Reassignment Without Fund Allocation.

6.40.2. There may be a requirement for the Airman to vacate government quarters in connection with a no-cost move. Example: if an Airman resides in government quarters at their current duty location, but is not authorized to remain in those quarters upon assignment to another location, the move and dislocation allowance are funded with Operation and Maintenance funds using “local move” procedures outlined in the JTR, Chapter 5, when no PCS allowances exist but relocation of residence is required.

6.41. Low-Cost PCS. Low-cost moves are PCSs between duty locations in proximity (daily commute is common by the civilian public between either location and Airman’s current residence) and it is determined in advance of approval of the PCS that there is no requirement for the Airman to relocate their household in conjunction with the PCS being considered. The fact that an Airman could be moved under low-cost PCS provisions is not the primary consideration in the assignment selection process. An Airman is still considered for PCS based upon qualifications, eligibility for PCS, and assignment selection priorities. One consideration for a low-cost PCS should be if an additional funded PCS is required to backfill. Another consideration is how vulnerable the Airman is for subsequent reassignment (i.e., overseas tour history and/or time-on-station) given that the Date Departed Last Duty Station, date arrived station and DEROS do not change as a result of a low-cost PCS. Furthermore, the assignment OPR, in conjunction with the gaining commander, weighs whether or not the Airman is likely to remain in the position long enough to become productive and proficient.

6.41.1. PCS allowances accrue to Airmen whenever they are assigned between permanent duty stations which are not within the corporate limits of the same city or town, or between stations, reservations, or established areas having defined boundaries. Accordingly, when Airmen accrue PCS allowances, they cannot be reassigned under no-cost (no allowance) provisions. The fact that an Airman's servicing MPF, parent unit, or commander does not change has no bearing on accrual of PCS allowances. PCS allowances accrue based on the relationship of the duty stations and not where an Airman resides. However, if relocation of household is mandatory and authorized, it does affect whether or not a move can be made under low-cost PCS provisions. A low-cost PCS between permanent duty stations in proximity may be considered if all of the following criteria are met:

6.41.1.1. Before the PCS can be approved, the Airman must complete a low-cost memorandum provided by the assignment OPR certifying the Airman is not relocating their household as a result of PCS. **(T-1)**. The Airman's certification includes the commuting distance and time from current residence to present duty station, and the expected commuting distance and time from current residence to the new duty station. The fact an Airman does not intend to relocate their household or does not intend to claim reimbursement for PCS allowances cannot be the primary basis or sole justification for approval of a low-cost PCS. The assignment OPR must coordinate proposed low-cost PCSs with AFPC/DP3AM in advance of approval and provide the Airman's memorandum. **(T-1)**.

6.41.1.2. In accordance with the JTR, Chapter 5, Airmen making PCS moves accrue allowances for travel, transportation, shipment of household goods, etc. Use of these allowances may be restricted based on the lack of governmental interest in the use of the allowances. In the case of a low-cost move, Airmen voluntarily agree not to use the normal PCS allowances (see [paragraph 6.42](#)). Mileage and per diem allowances are not authorized if Airman does not relocate their household (as is the case with a low-cost move). House Hold Goods (HHG) transportation and dislocation allowance are not authorized under low-cost move provisions. Airmen, however, are authorized reimbursement, as prescribed in DoDI 1315.18, in connection with transportation of Professional Books, Papers, and Equipment in accordance with DAFMAN 65-604. If Airman resides in government quarters at their current duty location, but is not authorized to remain in those quarters upon assignment to a duty location in proximity, then the requirement to vacate quarters precludes the PCS being affected as low-cost PCS. The following applies:

6.41.1.2.1. Before making any commitments, Airmen should request counseling based on their specific circumstances and JTR allowances associated with moves between locations in proximity.

6.41.1.2.2. All normal PCS eligibility and selection policies and procedures apply, except there is no minimum time-on-station requirement and no PCS retainability requirement.

6.41.1.2.3. Airmen do not incur a PCS active duty service commitment.

6.41.1.2.4. Low-cost PCS is considered only for CONUS to CONUS and overseas to overseas PCS when the duty stations are in proximity as described in [paragraph 6.41](#).

6.41.1.2.5. Curtailment of overseas tour is not authorized, original tour completion date is retained and Airmen are not authorized COT leave/travel allowances.

6.41.1.2.6. No enroute training or TDY is authorized in conjunction with a low-cost PCS.

6.41.1.2.7. The PCS Cost Identifier Code for a low-cost PCS is “V,” Low-cost Move.

6.41.1.2.8. The Airman’s Date Departed Last Duty Station/date arrived station/DEROS is not changed in conjunction with a low-cost PCS. In the event the Date Departed Last Duty Station/date arrived station/DEROS changes in the PDS as a result of processing the Airman’s PCS travel voucher, then the MPF must restore the previous Date Departed Last Duty Station/date arrived station. **(T-1)**.

6.41.1.2.9. Include this statement in the remarks section of the PCS orders issued: “This is a Low-Cost Move in accordance with AFI 36-2110, paragraph 6.41. Date arrived station and Date departed last duty station, and DEROS (for those assigned overseas) will not change. Airman (officer or enlisted) **will not** incur an active duty service commitment. Airman has provided a statement certifying the Airman agreed not to relocate household goods and is only authorized reimbursement in connection with transportation of professional books, papers, and equipment in accordance with AFMAN 65-604.”

6.41.2. PCS moves originally approved using normal time-on-station, retainability, ADSC criteria, and so on, which could have been made under low-cost provisions but were not approved in advance as low-cost moves cannot be changed after the fact, nor can PCS orders be amended later to show the PCS was made under low-cost provisions. Example: an Airman selected for PCS who met the minimum time-on-station, had or acquired retainability, accepted the PCS active duty service commitment, had Date Departed Last Duty Station/date arrived station/DEROS changed upon PCS, etc., but who did not relocate their household incident to PCS, may not subsequently have that PCS changed (Date Departed Last Duty Station/date arrived station/DEROS restored, ADSC removed, etc.) to reflect the PCS was made under low-cost move provisions. Conversely AFPC/DP3AM must approve changing PCS moves originally approved as low-cost PCSs to fully funded moves. Administrative relief can be provided only when justification clearly shows that the Airman was miscounseled or that the orders were unclear, incomplete, or invalid. Otherwise, all requests for retroactive amendments are submitted via the BCMR process.

6.42. PCS Allowances. When an Airman is ordered to make a PCS, the Air Force may not deny the Airman any travel and transportation allowances associated with the PCS. Airman cannot waive their PCS allowances in return for PCS consideration. The government is obligated to pay PCS allowance costs should the Airman claim reimbursement. Airmen are not afforded special assignment consideration on the basis of PCS allowances they may or may not use, other than as authorized in conjunction with an approved program (example: the HB and FO Assignment Programs, as outlined in [Attachment 3](#)).

6.43. Air Travel of Airmen. Air transportation is the primary mode of travel for movement of Airmen to, from, and between overseas areas.

6.44. Second PCS and Second Dislocation Allowance, Same Fiscal Year (FY). This paragraph applies to all Airmen regardless of marital or dependent status and is to be used in conjunction with the JTR, Chapter 5, section 0505, which governs the allowance of dislocation allowance. Except as authorized below, only one PCS involving dislocation allowance is authorized in a FY unless the SecAF determines the needs of the Air Force require an additional PCS. Approval for a second PCS (or more) in the same FY and approval of a second dislocation allowance (or more) involves two separate considerations: one is time-on-station; and the other is whether or not the PCS involves a dislocation allowance and requires a Secretarial Process determination. As explained below, depending on the reason for PCS, an Airman may not be entitled to dislocation allowance, or an additional dislocation allowance in the same FY may be excluded from the FY dislocation allowance count. Whether an Airman does not use a dislocation allowance (actual movement of dependents is not a prerequisite to dislocation allowance in the case of Airmen with dependents), or does not intend to claim reimbursement for movement of dependents are not factors in the requirement to obtain a determination through the Secretarial Process. Neither the Airman nor the Air Force can waive a dislocation allowance. Further, neither a change of end assignment, diversion of an Airman enroute, nor a TDY followed by PCS results in a second dislocation allowance. However, for a continuation of PCS, see [paragraph 6.44.6](#) which may entitle an Airman to an additional dislocation allowance. The PDS normally shows when an Airman has had a PCS with dislocation allowance in the current FY.

6.44.1. Second PCS in Same FY. [Table 6.1](#) shows the minimum time-on-station requirements for PCS. Based on time-on-station only, sometimes more than one PCS in the same FY may be permitted, but that in itself does not preclude the need for approval through the Secretarial Process of an additional dislocation allowance, unless there is no dislocation allowance for the PCS reason, or the allowance may be excluded from the FY dislocation allowance count as explained below. When [Table 6.1](#) shows a time-on-station minimum waiver requirement, in addition to a request for second dislocation allowance, the waiver and second dislocation allowance requests are combined. MPF must ensure time-on-station waiver requests are originated and processed according to [paragraph 6.31](#) and [paragraph 5.4](#). (T-1).

6.44.2. Second Dislocation Allowance in Same FY. The date an Airman departs the last permanent duty station, whether TDY enroute, delay enroute, or direct, etc., determines the FY to which the dislocation allowance is charged. Airmen may not waive their dislocation allowance to avoid the requirement for a determination through the Secretarial Process. Requests for determinations through the Secretarial Process (dislocation allowance waiver) are sent to the assignment OPR (see [paragraph 6.31](#) and [paragraph 5.4](#)). The assignment OPR then forwards as necessary for additional processing and approval. Time-on-station waivers are approved before the dislocation allowance waiver is requested. If the time-on-station waiver is disapproved, the dislocation allowance waiver is not submitted and the requester is advised. Requests for a dislocation allowance waiver through the Secretarial Process should be submitted 90 calendar days before the Airman's scheduled PCS departure or as quickly as possible thereafter. Requests include:

6.44.2.1. Grade, name, SSN (last 4), and pertinent AFSC information.

6.44.2.2. Proposed unit of assignment (if known).

6.44.2.3. Full justification and proposed departure date. Ensure alternatives considered are addressed and why alternative action is not feasible. Example: why another Airman cannot be moved in the same grade and specialty who would not need a second dislocation allowance, or why an Airman cannot be used at a nearby base to possibly avoid the move of Airman's household.

6.44.2.4. When an "after the fact" determination is requested, include reasons for not sending the request before the PCS.

6.44.2.5. Departure date for each PCS during the current FY, if dislocation allowance was authorized, and if dependents relocated as a result of PCS. In the case of an Airman without dependents, indicate if the Airman was assigned government quarters as a result of PCS.

6.44.3. When a request is approved, cite in PCS orders the document granting the dislocation allowance waiver and include the appropriate dislocation allowance category. Assignment instructions should include this information if not furnished to the MPF previously.

6.44.4. Either Airmen do not have a dislocation allowance in connection with PCS, or Airmen do have a dislocation allowance, but it is excluded from the fiscal year count, as follows (recommend confirmation by consulting the JTR):

6.44.4.1. Upon PCS to the first duty station upon entry on active duty if dependents do not relocate to the new permanent duty station.

6.44.4.2. Upon separation or retirement.

6.44.4.3. For no-cost/no allowance PCS moves as explained in [paragraph 6.40](#).

6.44.4.4. When an Airman, with or without dependents, who is not entitled to transportation of dependents at government expense, is assigned to government quarters at the new permanent duty station.

6.44.4.5. Between bases in an overseas area where dependents are not authorized, another designated move is not authorized by the Secretary concerned and Airman is assigned to government quarters at the new base.

6.44.5. When the PCS is to, from, or between schools (only of 20 weeks or more in duration) conducted at a military base or conducted, controlled, and managed by a Uniformed Service at a civilian education institution or elsewhere is excluded from dislocation allowance entitlement computations in a fiscal year and a Secretarial determination is not required for more than one PCS.

6.44.6. In very limited circumstances, a continuation of PCS (see [paragraph 6.35.3](#)) may result in an additional dislocation allowance; however, the allowance is excluded from second dislocation allowance computation. For reimbursement of an additional dislocation allowance, Airmen must have actually established a household at the original gaining duty station and actually relocate that household again as a result of the continuation of PCS. **(T-0)**.

6.45. Overage and Surplus Management. Commanders and MAJCOM A1 staffs should continuously monitor the number of Airmen assigned versus authorized and immediately report Airmen who are projected to become surplus based on 6-month projected manning levels to the assignment OPR with an explanation of the reason for surplus. Commanders and MAJCOM A1 staffs will not wait until Airmen actually become surplus to report them. **(T-1)**. Commanders and

MAJCOM A1 staffs may request approval to retain surplus Airmen with special qualifications, training, or for other special circumstances, either at the current location (as approved overages) or they may make recommendations for intra-command reassignment. The assignment OPR considers the request along with the requirements of other MAJCOMs at the same location and in-theater (if overseas) and other appropriate factors and direct PCA or PCS as appropriate. Assignment OPRs are also responsible to continuously monitor and identify surpluses and should coordinate PCA or PCS actions with the functional assignment manager. Airmen may not declare themselves surplus.

6.45.1. Overage Management. An overage describes a surplus which does not require reassignment action (PCA or PCS) since there are authorizations for the career field at the Airman's location and the manning at that location, as well as overall manning in the career field, allows them to remain.

6.45.1.1. **Example** : A MSgt 3P0X1 is selected for promotion to SMSgt. The location the Airman is assigned to has 2 SMSgt 3P0X1 authorizations with 2 SMSgt 3P0X1s assigned making that location 100% manned in SMSgts. Upon selection for promotion the assignment system counts the Airman in their promoted grade, therefore this location would then be 150% manned in SMSgts. The overall career field manning is 113%. In this instance, the Airman would not be reassigned since there are authorizations for his grade and career field. An overage is authorized when it is impractical or unnecessary to resolve by reassignment when it is the result of intentional action (possible plus up, change in mission, overall career field manning) which has been approved by the AFPC assignment OPR and functional assignment manager.

6.45.1.2. **Example** : An overseas returnee is a mandatory mover; however, if the CONUS is manned at over 100 percent at all locations, then the reassignment of an Airman to a location as surplus is described as an overage. The term overage is sometimes used in reference to other situations which do not involve a surplus as defined in [Attachment 1](#). While no surplus may exist, use of the term refers to a condition of more assigned than authorized.

6.45.2. Surplus Management. A surplus exists when there are Airmen assigned to a location that has zero manpower authorizations in grade and AFSC for officers, or in a career field ladder for enlisted; (in most cases, for enlisted manning purposes, a career field ladder includes manpower authorizations in grades AB through SMSgt in an AFS. However, when the duties in a particular AFSC are significantly different than others within the AFS or in cases where AFSCs merge at certain skill levels, then, with concurrence of the assignment OPR, ladder manning may be based on specific AFSCs); manning at that location will not support the Airman to remain due to manning/requirements at other locations; or the Airman has been disqualified for duties. The fact that a condition meets the definition of surplus, in itself, does not mean that PCA or PCS reassignment action is taken to resolve it. The AFPC assignment OPR works with the AFPC functional assignment managers to resolve surplus issues. When authorizations are deleted, commanders and MAJCOM A1 staffs will report the surplus to the assignment OPR. **(T-1)**. The assignment OPR will determine whether or not the surplus Airmen can fill another local position. **(T-1)**. When local positions do not exist, the assignment OPR determines appropriate disposition. As a general guideline, PCS action is not normally justified when a surplus is projected to be resolved in 6 months or less, such as by attrition.

6.45.3. PCS eligibility exceptions based on surplus (example: no waiver of minimum time-on-station required) are authorized for use only when the reason for surplus is one of those listed below. MAJCOMs have a key advisory role and identify and assist with force structure moves. MAJCOM A1 staffs communicate projected force structure actions, develop straw-man manning documents, identify the timing and movement of the Airmen and act as the liaison between the force structure location and AFPC/DP2 assignment OPRs. Reassignment for other reasons which meet the definition of surplus may be considered on a case-by-case or group basis according to [paragraph 5.5](#).

6.45.3.1. Unit deactivation, or

6.45.3.2. Base closure or consolidation, or

6.45.3.3. Organization or staffing changes, or

6.45.3.4. Reclassification or loss of AFSC, or

6.45.3.5. Promotion to the grade of colonel, CMSgt, or SMSgt only, or

6.45.3.6. Disqualification for duty without reclassification or loss of AFSC, example: loss of security clearance, SCI access, professional certification, nuclear certification, medical qualification, or relief from duty for cause. An Airman who loses qualification to perform the duties of a particular manpower position may still possess the mandatory qualifications to hold an AFSC. In itself, loss of a qualification does not necessarily result in an Airman being surplus. Commanders will identify surplus Airmen to the assignment OPR. **(T-1)**. Whenever possible, these Airmen are reassigned to positions in their AFSC for which they are still qualified at the same location. However, there are times when all positions at a location require a particular qualification, or assignment to another position at the same location is not practical for some reason. In such cases, assignment requests may be submitted as exceptions with justification in accordance with [paragraph 5.5](#).

6.45.4. Surpluses are managed by duty location. Reassignment to resolve a surplus is considered in the following order:

6.45.4.1. PCA (without PCS) intra-command, then inter-command, for duty in:

6.45.4.1.1. Current DAFSC (officers) or CAFSC skill level (enlisted); and then

6.45.4.1.2. For duty in any awarded AFSC.

6.45.4.2. When PCS is necessary to resolve a surplus, then:

6.45.4.2.1. For Airmen assigned in the CONUS, see [paragraph 6.45.6.3.1](#), or

6.45.4.2.2. If currently assigned overseas, see [paragraph 6.45.6.3.2](#).

6.45.4.3. Exceptions to this order may be requested in accordance with [paragraph 5.5](#) (Example: while one duty location may have a surplus there may be shortages at other duty locations in close proximity. Instead of directing the PCA of Airmen for duty in any awarded AFSC, the best interests of the Air Force might be served to direct PCS of an Airman in their current DAFSC for officers or CAFSC for enlisted.)

6.45.5. Officers. Surpluses at a location in one grade and AFSC are sometimes offset by shortages in other grades and such circumstances may be acceptable without assignment action. However, sometimes the overall experience level, the particular grades in which surpluses exist, or other factors may warrant considering reassignment action to effect a more acceptable balance. Availability of PCS funds, length of time the surplus is projected to exist, and other pertinent factors determine if grade and AFSC mismatches are resolved by reassignment action. Because of the variables, it is not possible to specify all of the circumstances when reassignment action may or may not be authorized to resolve a surplus. Commanders will submit a surplus request to the assignment OPR. **(T-1)**. The assignment OPR works with the functional assignment managers to resolve these issues.

6.45.6. Enlisted. A mismatch exists when the number assigned is greater than the number authorized at a location in various grades and/or skill levels of a career field ladder which does not technically meet the definition of surplus. Therefore, assignment action is not normally necessary to resolve these mismatches. However, the overall experience level, the particular grades and/or skill levels of the mismatches, or other factors may warrant considering reassignment action (PCA or PCS) to effect a more acceptable grade and/or skill level balance. Availability of PCS funds, length of time the surplus is projected to exist, and other factors determine the extent to which grade and/or skill level mismatches are resolved by reassignment action. Because of the variables, it is not possible to specify all of the circumstances when reassignment action may or may not be authorized to resolve a surplus or grade and/or skill level mismatch when there is no surplus. The assignment OPR works with the functional assignment managers to resolve these issues.

6.45.6.1. Enlisted Reclassified/Disqualified: Airmen removed or disqualified from their primary duties may be declared surplus if local manning requirements do not exist in their secondary AFSC. Upon removal, commanders contact the assignment OPR for assistance in placing the Airman into a local position. **Note:** Many SDIs (such as Military Training Instructor (MTI), Military Training Leader (MTL), recruiter, First Sergeant) have specific disqualification/removal processes and procedures which must be utilized.

6.45.6.2. Enlisted Aircrew. The assignment OPRs will monitor enlisted aircrew Airmen surplus to requirements at their current duty station and determine if PCS as indicated above is appropriate. **(T-1)**. However, they are not removed from flying status at the same time they are assigned to duty in other than their primary aircrew AFSC, nor are they to be retrained, without approval of the assignment OPR in conjunction with their surplus status. In cases where primary aircrew Airmen cannot be effectively used in their aircrew skill, a Date of Availability is established that is 120 calendar days after the date the Airmen are told of involuntary removal from flying status. Disposition instructions cannot be effective earlier than the Date of Availability.

6.45.6.3. When PCS is necessary to resolve surpluses (or when PCS is requested as an exception to resolve enlisted grade and/or skill level mismatches), the following process is used to identify the order in which Airmen should be reassigned. **Note:** that deletion of an authorization in one squadron resulting in a surplus could result in an Airman elsewhere at the same location (example: at wing level, in another MAJCOM, etc.) actually being the Airman (by-name) who is surplus to that location's total requirements. When authorizations are deleted, commanders contact the assignment OPR for assistance in placing the surplus Airmen into another local position. A PCS may be appropriate, if a

local position is not available. It is not necessarily the incumbent of the position which is deleted who is most eligible to be declared surplus to a duty station's total requirements. Airmen who are surplus who have insufficient retainability for PCS, those required to remain at a location for disciplinary action, Airmen assigned overseas not recommended for further overseas assignment, etc., are reported to the assignment OPR for disposition. Exceptions to the order prescribed below may be requested in accordance with [paragraph 5.5](#) on a group or case-by-case basis.

6.45.6.3.1. At a CONUS location, when a surplus exists (or, for enlisted, when PCS is requested as an exception to resolve grade and/or skill level mismatches) the AFPC assignment OPR will arrange all Airmen assigned to a location (without regard to MAJCOM) in a specific grade and AFSC for officers, and grade, and/or skill level and AFSC for enlisted, in order of time-on-station (without regard to AACs, volunteer status for PCS, organizational level, MAJCOM, etc.) with longest time-on-station being the most eligible. **(T-1)**. Airmen do not volunteer to be surplus. Assignment preferences are considered after an Airman has been identified for PCS. The assignment OPR considers commanders' request to retain individual Airmen as exceptions. Airmen vulnerable for overseas PCS selection within 24 months are selected on a priority basis for overseas assignments as shown in [Table 6.2](#) and [Table 6.3](#). Airmen not vulnerable for overseas PCS selection, or when no overseas requirements exist, are allocated for CONUS assignment according to the guidance in [paragraph 5.3](#).

6.45.6.3.2. At an overseas location, when a surplus exists (or, for enlisted, when PCS is requested as an exception to resolve grade and/or skill level imbalances) the assignment OPR will arrange all Airmen assigned to a location (without regard to MAJCOM) in a specific grade and AFSC for officers, and grade, and/or skill level and AFSC for enlisted, as shown in the following sub-paragraphs. **(T-1)**. Airmen do not volunteer to be surplus. Assignment preferences are considered after an Airman has been identified for PCS according to the following process:

6.45.6.3.2.1. First, sequence Airmen in order of least time remaining from date they become surplus to current DEROS, those with the least number of months remaining to DEROS being most eligible. Compute time remaining to DEROS from date entered current in-place consecutive overseas tour, not total time-on-station for Airmen currently serving in-place consecutive overseas tours. Use time remaining to DEROS as extended, not total time-on-station for Airmen who have approved extensions of overseas tour. Airmen who have voluntary extensions of overseas tours who have not entered the extension may request cancellation in accordance with [Table 7.8](#), rule 25. Every Airman on this list is offered the opportunity to volunteer for a COT according to the guidelines in [paragraph 7.5.7](#). For those Airmen ineligible for a consecutive overseas tour, those who do not volunteer for consecutive overseas tour, or those not selected for a consecutive overseas tour, then proceed with the next step below.

6.45.6.3.2.2. Second, Airmen accompanied by command sponsored dependents (long or short tour) with less than 12 months remaining who are ineligible or do not volunteer for a consecutive overseas tour, and those not selected for a consecutive overseas tour, will be curtailed and reassigned to the CONUS. **(T-1)**. Similarly,

Airmen serving unaccompanied tours (long or short tour) with less than 7 months remaining who do not receive a consecutive overseas tour will be curtailed and reassigned to the CONUS. **(T-1)**. In lieu of a waiver of PCS retainability, enlisted Airmen may also be separated if they lack retainability for a CONUS PCS (see [paragraph 6.28.5](#)).

6.45.6.3.2.3. Third, re-sequence the remaining Airmen in order of most time remaining to DEROS. These Airmen are considered for intra-theater (not inter-theater) PCS regardless of volunteer status for continuation of overseas tour as follows. Continuation of overseas tour (that is, PCS to another overseas location to serve until their current DEROS or prorated DEROS) is not authorized for Airmen serving a tour of 18 months or more who have less than 12 months remaining to current or prorated DEROS. Further, Airmen accompanied by command sponsored dependents at their current overseas location must satisfy all of the eligibility criteria for travel of dependents and be authorized concurrent travel to the continuation location. **(T-1)**. Continuation of tour is not directed if concurrent travel cannot be approved. Continuation of overseas tour is not authorized for unaccompanied Airmen serving a tour of 15 months or less, if they have less than 7 months remaining to current or prorated DEROS. Any remaining surplus Airmen will be curtailed and reassigned to the CONUS when all intra-theater requirements have been filled. **(T-1)**. In lieu of a waiver of PCS retainability, enlisted Airmen may also be separated if they lack retainability for a CONUS PCS (see [paragraph 6.28.5](#)).

6.46. Enlisted Non-career Aviators and Operational Support Flyers. Authorized Crew Composition-Active Forces: Non-career aviators and operational support flyers may be reassigned to non-flying duties if it is in the best interest of the Air Force and if they are told of removal from flying duties at least 120 calendar days in advance. In those cases where assignment instructions are received that do not give 120 day notice of removal from flying status, the unit MPF will reclama the assignment according to [paragraph 6.33](#). **(T-1)**. The 120 calendar day notice of involuntary removal from flying status can be waived by the Airman to accept the assignment. **Note:** In accordance with AFMAN 11-402, enlisted Airmen must volunteer to enter training that qualifies them to perform in-flight duties as aircrew Airmen (career and non-career) or operational support flyers. Unless permanently disqualified under the provisions of AFMAN 11-402, enlisted Airmen who complete initial training remain available for flying duties and may be ordered to perform such duties at any time.

6.46.1. Aircrew Evaluation Board. The convening authority will ensure AFPC/DP2OR is advised when an Aircrew Evaluation Board is to be convened on an enlisted Airman who has been selected for PCS. **(T-1)**. AFPC/DP2OR will determine disposition of the Airman and direct appropriate action when an enlisted Airman is TDY (either TDY enroute PCS, or TDY and return with PCS afterwards).

6.46.2. Airmen use the assignment preference listing through the vMPF self-service applications to volunteer for flying duties as a non-career aviator or operational support flyer.

6.46.3. The MPF will arrange for completion of a Class III flying physical, and schedule initial physiological training within 30 calendar days of PCS notification or nomination on receipt of an assignment levy with the prefix "X" on the projected CAFSC, when required by a PPC,

example: PPC “9JB,” or a nomination to flying duty. **(T-1)**. Schedule only enlisted Airmen who are volunteers for flying duty unless otherwise ordered.

6.46.4. When an enlisted Airman is not medically qualified for flying duty per AF Form 469 (or other correspondence from medical authorities such as DoD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*), the MPF will reclaim the assignment or request release from nomination and place the enlisted Airman in assignment limitation code “N” per **Table 3.2. (T-1)**. The assignment limitation code may be repeated if, after expiration, the enlisted Airman is again selected and again found not medically qualified. If the specific medical condition requires update of another AAC or ALC that limits assignment selection, then update of assignment limitation code “N” is not required.

6.47. Officer Mandatory Utilization Requirement.

6.47.1. A mandatory utilization requirement is a tool to ensure assignment of an officer in a utilization field (AF specialty) for a prescribed period consistent with Air Force funded training or education received, or other reasons as shown in **Table 6.11**.

6.47.2. A mandatory utilization requirement is separate from an ADSC or the requirement to be assigned to a manpower position which requires an Advance Academic Degree (see **paragraph 6.49**).

6.47.3. An officer may begin to satisfy an ADSC associated with training immediately upon graduation, but the mandatory utilization requirement is not satisfied until an officer is assigned in the mandatory utilization AFS for the period prescribed, or an exception to the utilization requirement is approved.

6.47.4. Activities which have mandatory utilization requirements approved by AFPC/DP2 will ensure the MPF servicing their functions are advised to include the mandatory utilization requirement in PCS orders; certificate of completion; or other similar source documents. **(T-1)**.

6.47.5. The assignment OPR and unit commanders are responsible for ensuring an officer’s utilization complies with mandatory utilization requirements.

6.47.6. Exception requests to assign officers out of their mandatory utilization specialty (locally or in conjunction with PCS) are submitted in advance of the requested assignment through the unit commander.

6.47.6.1. Unit commanders may disapprove exception requests or recommend approval and forward to the assignment OPR.

6.47.6.2. Exception requests may be submitted requesting to defer utilization or release the officer from the utilization requirement. Requests should contain justification which shows how the requested utilization is in the overall long term best interests of the Air Force versus temporary local requirements or an officer’s personal desires.

6.47.6.3. Exception requests may be disapproved by the assignment OPR, or when approval is recommended, forwarded to AFPC/DP3AM which may approve or forward as necessary for approval/disapproval to the Air Force OPR which established the mandatory utilization requirement.

6.47.6.4. AFPC/DP2 is the exception authority for the mandatory utilization requirement in conjunction with Air Force Institute of Technology-sponsored Advance Academic Degree assignments. The requester is advised of approval or disapproval. The following education or training does not require approval of an exception of an existing mandatory utilization requirement for application or selection:

6.47.6.4.1. Professional military education.

6.47.6.4.2. Air Force Institute of Technology education.

6.47.6.4.3. Undergraduate flying training.

6.48. Officer Duty Changes (Lieutenant Colonel and below). Duty changes are centrally managed by the assignment OPR via the DAFSC change request process. All levels of command, all supervisors, and all Airmen and assignment managers share responsibility and accountability for utilization and assignment of officers in the most efficient and cost effective manner possible. However, the assignment OPR is primarily responsible and accountable for inventory control of the number of officers serving in each AFSC and ensuring officers are utilized consistent with law; Congressional, DoD, and HQ USAF functional area OPR directions; Air Force directives and instructions; and other guidance. **(T-0).**

6.48.1. The following general rules apply to duty change requests:

6.48.1.1. Any level of command may initiate a DAFSC change request for operational reasons.

6.48.1.2. Approval of a duty change in itself does not guarantee an officer continues permanently to serve in the new duty or for a specified period of time. Commanders may request deferment (AAC 39) not to exceed 12 months for officers who receive an approved duty change from one utilization field to another based on operational needs.

6.48.1.3. Only career officers may request a change of duty to a different utilization field. Officers with a date of separation within 90 days of the date of a request and those with an assignment selection date are not eligible to request a duty change. Airmen may request a change of utilization field by submitting a duty (DAFSC) change request if they believe the change results in better utilization of their qualifications to meet Air Force requirements. Duty changes for professional development may be disapproved when an officer's performance in current duty is unsatisfactory, when they do not meet the prerequisites for entry into the requested AFSC, when the duty requested would not be economical use of their training and/or experience, or when overall manning in their current duty precludes release.

6.48.1.4. For officers (operations (rated or nonrated) or support) disqualified from duty in their DAFSC and officers eliminated from flying training or technical training who are attending in PCS status or TDY enroute PCS status, see [paragraph 6.21](#).

6.48.1.5. Duty change requests involving assignment/utilization (PCA or PCS) of officers in a different competitive category may be considered as an exception to policy as outlined in [paragraph 5.5](#). Normally, PCS of officers in conjunction with such assignments are not approved. **Note:** Change of an Airman's DAFSC to match the DAFSC of a manpower authorization or change of the manpower authorization DAFSC to match an officer does

not resolve the competitive category mismatch. To change competitive categories officers may submit a request for competitive category transfer per DAFMAN 36-2032.

6.48.2. To ensure compliance with these requirements and to provide all officers fair and equitable opportunities, the assignment OPR is the approval authority for the following officer duty changes:

6.48.2.1. From one utilization field to another (example: from AFSC 11XX to 36XX).

6.48.2.2. From the staff level to the director and commander level.

6.48.2.3. Involving waiver of the specialty eligibility requirements. Officers must meet the specialty eligibility requirements shown in the Air Force Officer Classification Directory (AFOCD), unless a waiver of the requirements has been requested and approved. **(T-1)**. The assignment OPR must be advised of any approved waivers when a duty change is requested. **(T-1)**. Approval of a waiver of the specialty eligibility requirements does not necessarily mean the duty change being requested is approved.

6.48.2.4. When it is proposed a rated officer attend a command-sponsored formal training course. Send proposed changes in advance to AFPC/DP2O by email for approval.

6.48.2.5. DAFSC change resulting from classification actions per AFMAN 36-2100.

6.48.3. Assignment OPR approval is not required for the following duty changes:

6.48.3.1. Normal upgrade of the DAFSC to the fully qualified level.

6.48.3.2. Change directed by the assignment OPR incident to assignments.

6.48.3.3. Changes as a result of completion of formal education and/or training courses.

6.48.4. Duty change (DAFSC) requests are submitted to the MPF on AF Form 2096, *Classification/On-the-Job-Training Action* or via in-system requests. Requests from officers must include "Self-initiated" in Section V and include the unit commander's recommendation in Section VI. **(T-1)**. Using data from the AF Form 2096, the MPF updates the PDS. Include the following in the remarks section (abbreviate to the degree the request is understandable). If necessary, submit out of system.

6.48.4.1. State the reason for the request and how the best interests of the Air Force are served.

6.48.4.2. Indicate if officer and commander concur or nonconcur. Concurrence is not required, but should be solicited.

6.48.4.3. Indicate if operational deferment is also requested.

6.49. Advance Academic Degree Assignment (Officers). This paragraph contains additional guidance associated with DoD Instruction 1322.10, *Policy on Graduate Education for Military Officers*.

6.49.1. Officers who receive advance degrees (Masters or Doctors of Philosophy (Ph.D.)) through fully funded programs, must be assigned for a minimum of three years to a manpower authorization which requires their specific degree and academic discipline (that is, an Advance Academic Degree position). **(T-1)**. It is the intent that officers be assigned to an Advance Academic Degree position initially following graduation.

6.49.1.1. When, for operational reasons, immediate assignment upon graduation to an Advance Academic Degree position is not possible, the officer may delay fulfilling the three year Advance Academic Degree assignment requirement until the second assignment after graduation.

6.49.1.2. Assignment OPRs and commanders are responsible for ensuring proper utilization and assignment of officers who receive Advance Academic Degrees. Therefore, during the three year period following graduation, or in instances where a delay to an Advance Academic Degree assignment has been granted, any change in duty position of the officer requires the advance approval of the functional assignment team. Additionally, AFPC/DP2LWD must coordinate on assignments of officers awarded an Air Force Institute of Technology-sponsored Advance Academic Degree.

6.49.1.3. When assignment to an Advance Academic Degree position is not possible as the second assignment following graduation, then consideration may be given to permanently waive the requirement to serve three years in an Advance Academic Degree position and is at the discretion of the respective AFPC Officer Assignment Division Chief after consultation with Air University Registrar Office (AU/CFR). However this should be done only as a last resort.

6.49.1.4. The requirement to serve three years in an Advance Academic Degree position is in addition to an ADSC requirement (see AFMAN 36-2100, or mandatory utilization requirement (see [paragraph 6.47](#))).

6.49.1.5. **Example** : an officer graduates from a Master's degree program sponsored by Air Force Institute of Technology but because of vulnerability for an overseas involuntary short tour assignment, the officer is not assigned immediately upon graduation to an Advance Academic Degree position. The officer is granted relief to delay assignment to an Advance Academic Degree position until the officer completes the overseas tour. Upon return from overseas, a requirement still exists to assign the officer to an Advance Academic Degree position for 3 years (even though a portion of the ADSC for the master's degree has been served). When upon return from overseas, for operational reasons the officer still cannot be assigned to an Advance Academic Degree position, then the officer is again granted relief from fulfilling the Advance Academic Degree requirement. As stated above, at this time consideration should be given to permanently waiving the requirement to be assigned to an Advance Academic Degree position.

6.49.2. AFPC/DP2 is responsible for the management of PhDs and master's degree candidates in Advance Academic Degree training programs. Execution of the process is delegated to each functional assignment team, while oversight is provided by AFPC/DP3AM. Oversight consists of adherence to [paragraph 6.49](#), applicable timelines and assignment procedures. Officers self-nominate through their functional assignment team, which in turn, prepares nominations for review during one of their functional community's Development Team meetings. Once selected, AFPC/DP2LWD matches officers to requirements at specific colleges/universities and processes assignment actions to the Advance Academic Degree program. AFPC/DP2LWD updates AAC 48 (See [Table 3.1](#)) in the PDS. Each functional assignment team, in coordination with AFPC/DP2LWD, will process the subsequent assignment upon graduation from school. (T-1).

6.49.3. When, due to operational requirements, an officer cannot fill an Advance Academic Degree position after graduation, or at any subsequent time if the initial immediate requirement is waived, the assignment OPR will coordinate through Air University Registrar Office (AU/CFR) for the Advance Academic Degree payback delay or permanent waiver. **(T-1)**.

6.49.4. Assignment OPRs give priority assignment consideration to officers who have obtained Advance Academic Degrees through fully-funded programs when filling Advance Academic Degree positions; however, officers possessing Advance Academic Degrees earned by other means are also used to fill Advance Academic Degree requirements whenever possible.

6.49.5. If the pool of available and qualified officers for a given academic cycle is such that not all Air Force Educational Requirement Board Advance Academic Degree requirements can be filled, the Advance Academic Degree program requirement, and thus the FO position, can be changed by the functional assignment team, if approved by Air University Registrar Office (AU/CFR).

6.49.6. If the subsequent Advance Academic Degree position for an Air Force Educational Requirement Board Advance Academic Degree requirement is such that it cannot be supported due to operational and/or force development requirements, the subsequent Advance Academic Degree position may be substituted with another valid Advance Academic Degree position by the functional assignment team, if approved by Air University Registrar Office (AU/CFR).

6.50. Nonrated Line (NRL) Officer Crossflow Program. AFMAN 36-2100, implements the Nonrated Line Officer Crossflow program. The Nonrated Line Officer Crossflow Panel is selected by AFPC/DP2. The Panel competitively select volunteers and non-volunteers from career fields with overages for crossflow/retraining into shortage AFSCs. While the Panel considers the career development of nonrated line officers, it is not the function as a Development Team. AFPC/DP2 will:

6.50.1. Develop announcement message, application guidelines and Panel instructions; select Crossflow Panel members; convene the Panel; announce timeline; and notify officers of their eligibility.

6.50.2. Provide briefing slides to FSS/CCs prior to the application deadline to explain the purpose and process. The goal is to communicate Air Force needs at the strategic level and afford officers opportunities to consider options.

6.50.3. Prepare results package for AFPC/CC approval, with courtesy copy to AF/A1P. When immediate crossflow actions are necessary, AFPC/DP2, in coordination with AF/A1P, is the approval authority and does not require a Crossflow Panel. **(T-1)**.

6.51. Contingency Deployment Assignment Consideration/Contingency Deployment Home Station Assignment Deferral. This program is designed to allow all Airmen (enlisted and officer) who qualify, to request a post-deployment assignment or an in-place 24 month assignment deferment after serving a consecutive contingency deployment tour of duty for the required number of days for award of short tour credit in accordance with [Table 7.6](#), Rule 2, 5, or 6. See [Attachment 7](#). For Airmen that are deploying on an approved 365-Day Extended Deployment, see [Attachment 14](#).

6.52. Controlled Duty Assignment. The Controlled Duty Assignment is a tool to ensure effective utilization of trained Airmen and requires assignment of Airmen for a minimum specified period of time in the career field in which the Airman received training, or for enlisted aircrews, requires assignment within a career field or AFSC to the specific major weapon system in which training is received. The Controlled Duty Assignment is in addition to ADSC for training. The ADSC obligates the Airman to serve on active duty for a specified period while the Controlled Duty Assignment controls the duty assignment.

6.52.1. Airmen with Controlled Duty Assignment reasons code "G" (technical training) or "E" (aircrew training) may be assigned to any job or activity in the normal progression career field ladder for their AFSC. Airmen must not be scheduled for retraining or be assigned out of the Controlled Duty Assignment AFSC and Major Weapon System for aircrews before completing the Controlled Duty Assignment for which obligated. The Controlled Duty Assignments for training normally are provided by a training allocation (TNGALC) RIP. In those cases where the Controlled Duty Assignment is not included with notification, the MPF will immediately contact the selection authority to obtain the Controlled Duty Assignment data.

6.52.2. Airmen who decline to obtain service retainability to fulfill Controlled Duty Assignment requirements are processed according to [paragraph 6.28.3.3.4](#) for career Airmen or [paragraph 6.28.3.3.5](#) for first term Airmen. The MPF will update AAC 08 for these Airmen. Airmen who decline to obtain retainability are still eligible for any training or assignment for which they have service retainability, or the Controlled Duty Assignment retainability may be waived.

6.52.3. Waivers of Controlled Duty Assignment may be considered on a case-by-case basis to permit an Airman with insufficient Controlled Duty Assignment retainability to attend training. Appropriate assignment OPR must approve a controlled duty assignment waiver. **(T-1)**.

6.52.4. The responsible technical training center (TTC) will update the PDS with the Controlled Duty Assignment reason and expiration date.

6.53. Relieved Commanders. The assignment authority will track any officer on "G" series orders who is removed for cause (fired, rotated early, forced retirement, etc.) due to UCMJ violations, impropriety, investigations of impropriety, lost faith, etc. and report to AF/A1P quarterly.

6.53.1. The commander taking action must report the following information via an official memorandum to AFPC/DP3AM as the assignment authority as quickly as possible:

6.53.1.1. Specific reason the Airman was relieved from command. If there was any sexual misconduct, it must be reported in this notice.

6.53.1.2. Immediate and short-term plan for relieved commander. Include the officer's interim assignment and the short-term plan; such as reassignment off the installation because local utilization is not possible, a local move (provide unit, DAFSC, duty title), or that the relieved commander's retirement request be expedited.

6.53.1.3. Investigation and UCMJ status: Is the officer under investigation for misconduct and/or subject to prosecution under the UCMJ.

6.53.1.4. If a referral Officer Performance Report will/will not be accomplished.

6.53.1.5. Interim commander's name and grade and if the individual is on G-Series orders.

6.53.1.6. Requested command assumption or appointment date for the replacement commander. (Additional justification: i.e., "This allows approximately 2 months and 2 exercises prior to the Operational Readiness Inspection re-look.").

6.53.2. For relieved commanders in the grade of colonel and colonel select, the commanders taking action must notify the assignment authority (AF/A1LO) with required documentation, as directed.

6.53.3. The commander notifies the FSS or MPF Commander so appropriate personnel updates can be made (Duty Title, DAFSC, Position Number) and an AF Form 2096 is prepared to reflect PCA action to the temporary position until assignment disposition is received. The MPF will complete all PDS updates (removal of C prefix, DAFSC, duty title) based on the temporary PCA action reflected on the AF Form 2096.

6.54. Threatened Person Assignment.

6.54.1. General Information. This assignment rapidly removes the Airman and dependents from a life threatening situation when they have received threats of bodily harm or death made against them and be of such severity that military and civilian authorities are unable to provide for the family's continued safety. Per DoDI 1315.18, the local AFOSI and Staff Judge Advocate offices must verify the threats and circumstances before a request can be submitted. **(T-0).**

6.54.1.1. Threatened Person Assignment is not an MPF, unit commander, or Airman-initiated assignment request. The decision to request a Threatened Person Assignment rests with the installation commander or the ABG/CC at non-AF led joint bases.

6.54.1.2. The installation commander or ABG/CC at non-AF led joint bases:

6.54.1.2.1. Convenes a meeting with the AFOSI representative, FSS/CC or MPF Chief, Security Forces Commander, the Staff Judge Advocate, the Airman's immediate commander, and other agencies as related to the situation to assess the case and determine appropriate action.

6.54.1.2.2. Decides whether to move the Airman immediately to ensure personal safety by sending the Airman TDY or moving them onto the installation, until the threat is resolved. Do not use permissive temporary duty.

6.54.1.2.3. Does not request PCS until all other means of providing safety are exhausted.

6.54.1.2.4. Decides if reassignment is necessary and if so, prepares a memorandum with the specific facts, circumstances, and information required in [paragraph 6.54.2](#). The memorandum is sent to AFPC/DP3AM through the FSS/CC or MPF Chief using encrypted email for assignment determination.

6.54.2. Information Required for Threatened Person Assignment Requests. A memorandum of request, endorsed by the installation commander or ABG/CC at non-AF led joint bases, includes the following information:

6.54.2.1. Name, grade, SSN (last 4), AFSC, and unit of assignment.

6.54.2.2. Detailed explanation of facts and circumstances of confirmed threats warranting assignment as verified by AFOSI. Include AFOSI, SF, local enforcement agency reports,

etc., as attachments to the memorandum. If confirmed threats are being made by a spouse or an ex-spouse and there are children from the marriage, include custody and visitation information and decision by the court which granted the divorce. If the Airman has custody of a child and the spouse or ex-spouse (parent) has a court order (example: visitation rights), consult with local Staff Judge Advocate to determine whether request can be granted under AFI 51-301, *Civil Litigation*.

6.54.2.3. Information relative to actions taken to safeguard the Airman and dependents (Airman and dependents were moved onto the installation, Airman was sent TDY, person making the threat is banned from the installation, etc.).

6.54.2.4. **(For Airmen stationed overseas)** Recommendation of the local Staff Judge Advocate, who determines whether local (host country) authorities and the American Embassy or other U.S. Military authorities object to the Airman's reassignment.

6.54.2.5. Details regarding jurisdiction over the offense and if the Airman is required to provide testimony, if appropriate.

6.54.2.6. Synopsis of pending administrative or disciplinary action, if appropriate.

6.54.2.7. Any factors that could disqualify or restrict Airman from performing duty in the AFSC or other awarded AFSCs, or being Personnel Reliability Program certified.

6.54.2.8. Military spouse's name and SSN (last 4), if appropriate.

6.54.2.9. Airman's assignment preferences in CONUS. Because assignments to overseas locations require significantly longer processing time (medical clearance, concurrent travel, passport/visa, etc.) *normally*, only CONUS locations are considered.

6.54.3. AFPC/DP3AM Actions.

6.54.3.1. Upon receipt of request, evaluates content and approves or disapproves the reassignment request.

6.54.3.2. When approved, determines final assignment, updates assignment information in the PDS, and notifies requesting FSS/CC or MPF Chief. **(T-1)**.

6.54.3.3. When disapproved, notifies requesting FSS/CC or MPF Chief. **(T-1)**.

6.54.4. Losing Installation Actions.

6.54.4.1. The FSS/CC or MPF Chief will forward the memorandum signed by the installation commander or ABG/CC at non-AF led joint bases to AFPC/DP3AM using encrypted email. **(T-1)**.

6.54.4.2. At a minimum the Unit Commander, Air Force Office Special Investigation (AFOSI), and Staff Judge Advocate (SJA) contacts the gaining Unit Commander, AFOSI, and JA to advise of their inbound Threatened Person Assignment Airman. It is highly recommended the WG/CC notify the gaining WG/CC and WG/CCC for enlisted Threatened Person Assignment Airmen.

6.55. Officers Desiring to Recore. AFPC will hold a crossflow board at a minimum once a year to select officers in overage AFSCs for crossflow into shortage AFSCs. This applies to Mission Support and Non-Rated Operations Officers only. Officers must satisfy (at minimum) the educational and medical requirements for the AFSC in which they desire to crossflow.

Additionally, the officer must have (via email or memorandum), a statement from their current AFSC assignment functional stating they agree to release the officer for crossflow consideration. Officers must have at least three years time-in-service to be considered. The crossflow board will be the only avenue by which officers may recore (crossflow) voluntarily into a new AFSC. This helps ensure fairness, equity, and balanced AFSC manning. AFPC/DP2OSS will announce the application procedures and board timelines via 8106 message.

6.56. Joint Qualification System (JQS). The Joint Qualification System acknowledges joint experiences and establishes two paths for joint credit. The standard path for an officer to acquire joint credit points toward Joint Qualified Officer status is the standard-joint duty assignment path. Joint credit points are based on validated joint experiences captured when assigned to a standard-joint duty assignment position. Joint credit points are accrued based on time served in a joint duty assignment list position in accordance with Secretary of Defense's time in position rules.

6.56.1. Non-joint duty assignment list positions or venues through which an officer demonstrates attainment of knowledge, skills, and abilities in "joint matters" are considered experienced-based joint duty assignments. Experienced-based joint duty assignment credit is accrued via a self-nomination process that an officer must complete after they leave the position. **(T-0).** Experienced-based joint duty assignment credit takes into account the intensity of where an officer works in the joint environment. Effective 1 October 2010, all active duty experience-based joint duty assignment requests must be submitted by the Airman in the Joint Qualification System within one year of completion. (Refer to [para 9](#), Joint Officer Management (JOM) execution guidance located on the MyPers website for joint assignment credit, rules and procedures).

6.56.2. Standard-Joint Duty Assignment joint credit is still the primary means of achieving joint experience and joint duty credit points. AFPC/DP3AM executes policy and guidance, as established by Joint Chiefs of Staff, Manpower and Personnel Directorate (JCS/J1), and AF/A1PP on joint officer matters. This office is the liaison between the officer assignment teams, Joint Chiefs of Staff J1 offices, the Air Staff, and the OSD. The functional assignment officers are responsible for ensuring quality force standards are applied when nominating officers to be assigned to standard-joint duty assignments on the joint duty assignment list. Only officers possessing demonstrated qualities of high personal and professional competence are assigned to a designated standard-joint duty assignment position. Selection for standard-joint duty assignments will be determined by qualifications the officer possesses to perform the required duty. Only joint qualified officers will be assigned to critical joint duty assignment positions by AFPC, unless waived by OSD. **(T-0).**

6.56.3. The tour of duty for officers assigned to standard-joint duty assignment positions, as designated by Secretary of Defense, for general officers is two years and three years for all other officers. Officers are eligible to receive full Joint Tour credit after two years (24 months), if approved for an early release by their Joint Organization and AFPC/DP3AM, unless otherwise specified by DoD policy.

6.56.4. Overseas Tours. Officers are expected to serve the full OSD prescribed tour length. Officers who serve a 24-month unaccompanied-by-dependents tour length are also eligible to receive full Joint Tour credit.

6.56.5. Early departure from a standard-joint duty assignment position by an officer may be authorized when an officer is selected for a command assignment, career milestone assignment

or professional military education. Officers selected for Command assignments (defined as boarded squadron or group command level, not including deputy positions) and officers selected for Senior Developmental Education who need to be released early can be submitted for bulk waivers. All other early release requests to include releases for a career milestone assignment from a designated standard-joint duty assignment position are requested on a case-by-case basis and need to be fully justified and coordinated with the joint organization, the functional assignment team and AFPC/DP3AM. Early release requests not for a boarded command or Senior Developmental Education will not normally be eligible for accrued credit.

6.56.6. National Defense University Procedures. AFPC develops procedures to ensure that, for the active component, more than 50 percent of those officers be assigned to a standard-joint duty assignment as their immediate assignment following graduation from National Defense University Joint Professional Military Education Phase II-awarding schools. One half of the officers subject to that requirement for each school, may be assigned to a standard-joint duty assignment as their second assignment following graduation. For officers graduating from the Joint Advanced Warfighting School, 100% must be out-placed to Joint Staff designated planner positions. Specific positions are approved by the Joint Staff/J7 on an annual basis. All joint qualified officers must be assigned to a standard-joint duty assignment as their next duty assignment following graduation unless waived on a case-by-case basis by the DoD's Office of the Under Secretary for Personnel and Readiness, Military Personnel Policy. **(T-1)**.

6.57. Assignment Incentive Pay. Assignment Incentive Pay is a temporary compensation tool to provide an additional monetary incentive to encourage Airmen to volunteer for select difficult-to-fill or less desirable assignments, locations, or units designated by, and under the conditions of the service specified by the SecAF or approved by Deputy Assistant Secretary of Defense for Military Personnel Policy, in accordance with DoDI 1340.26, *Assignment and Special Duty Pays*, and AFI 36-3012.

6.57.1. Assignment Incentive Pay is awarded to service members (Active or ARC) who enter into a written agreement volunteering to be assigned against positions approved for Assignment Incentive Pay and who meet specified Assignment Incentive Pay program eligibility criteria as outlined in the execution guidance in the MyPers website.

6.57.2. For additional guidance and information including application procedures, update procedures, and responsibilities, refer to AFI 36-3012 and applicable execution guidance, Assignments in MyPers for each SecAF approved Assignment Incentive Pay programs.

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Table 6.1. Time-on-Station Requirements.

R U L E	A	B	C	D	E	F	G
	If the reason for PCS is (See note 1)	And is a Career Officer or Career Enlisted Airman (See note 2)	Or Airman is a Non-career officer or First-Term Airman (See note 2)	Then the minimum time-on-station (in months) for the PCS type shown below is:			
				CONUS -to- CONUS	CONUS -to- Overseas	Overseas -to- CONUS	Overseas -to- Overseas
1	Operational (See note 3)	X		48	N/A	N/A	Completion of Overseas Tour
2			X	48 – First Term Airman 36 – LTs			
3	Rotational (See note 4)	X		N/A	24	Completion of Overseas Tour	
4			X		12		
5	Career Enlisted Airman Base of Preference (in-place or PCS)	X		48	N/A	N/A	N/A
6	first term Airman (in-place or PCS Base of Preference in conjunction with reenlistment and CAREERS retraining)		X	12	N/A	N/A	N/A
7	first term Airman (in-place Base of Preference only in conjunction with reenlistment)		X	No Minimum	N/A	N/A	N/A
8	Join Spouse	X	X	12	12	Completion of Overseas Tour	Completion of Overseas Tour
9	Humanitarian/ EFMP	X	X	No Minimum	Humi-No Minimum; EFMP-N/A	No Minimum	No Minimum
10	To or From training, retraining	X	X	No Minimum	N/A	N/A	N/A

R U L E	A	B	C	D	E	F	G
	If the reason for PCS is (See note 1)	And is a Career Officer or Career Enlisted Airman (See note 2)	Or Airman is a Non-career officer or First-Term Airman (See note 2)	Then the minimum time-on-station (in months) for the PCS type shown below is:			
				CONUS -to- CONUS	CONUS -to- Overseas	Overseas -to- CONUS	Overseas -to- Overseas
	or (officers only) education						
11	PCS solely for training or educational purposes (Distance Education, Air Force Institute of Technology, Air Command Staff College, etc.)	X	X	24	24	N/A	N/A
12	Surplus (as limited in note 5)	X	X	No Minimum	N/A	N/A	N/A
13	VSBAP (Enlisted Airmen only)	X	X	48	N/A	N/A	N/A
14	VSBAP – In-place (Enlisted Airmen only)	X	X	No Minimum	N/A	N/A	N/A
15	From CONUS-Isolated Station	X	X	See note 6	See note 6	N/A	N/A
16	Threatened Person Assignment	X	X	No Minimum	No Minimum	No Minimum	No Minimum
17	A direct result of a major weapons change (example: F-15 to F-22)	X	X	No Minimum	N/A	N/A	N/A
18	Under authority of a DoD directive, statute, or stabilized tour that prescribes a different period	X	X	As specified	As specified	As specified	As specified

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R U L E	A	B	C	D	E	F	G
	If the reason for PCS is (See note 1)	And is a Career Officer or Career Enlisted Airman (See note 2)	Or Airman is a Non-career officer or First-Term Airman (See note 2)	Then the minimum time-on-station (in months) for the PCS type shown below is:			
				CONUS -to- CONUS	CONUS -to- Overseas	Overseas -to- CONUS	Overseas -to- Overseas
19	Disqualified for continued duty as limited in note 7	X	X	No Minimum	N/A	No Minimum	No Minimum
20	Upon release from a hospital patient squadron as a patient or release from confinement as a prisoner	X	X	No Minimum	No Minimum	No Minimum	No Minimum
21	An officer (only) in a professional skill, such as doctor or lawyer, serving an assignment designated by the SecAF, for the purpose of validating professional credentials or developing expertise in selected specialized skills before assigning to independent duty without supervision	X	X	No Minimum	N/A	N/A	N/A

Note:

1. Use this table in conjunction with **paragraph 6.5**. Do not use this as a stand-alone table.
2. See **Attachment 1** for definition of non-career officer and first term Airmen. The minimum time-on-station for a non-career officer or first term Airman is based on the specific reason for PCS shown in Column A, and not on the fact an Airman is a non-career officer or first term Airman.
3. Operational PCS is defined as moves between permanent duty stations that are not within the same corporate city limit; are within the same overseas country but do not cross the border of a country in

R U L E	A	B	C	D	E	F	G
	If the reason for PCS is (See note 1)	And is a Career Officer or Career Enlisted Airman (See note 2)	Or Airman is a Non-career officer or First-Term Airman (See note 2)	Then the minimum time-on-station (in months) for the PCS type shown below is:			
				CONUS -to- CONUS	CONUS -to- Overseas	Overseas -to- CONUS	Overseas -to- Overseas

which currently assigned; **or** move is not to/from a school which is 20 weeks or longer in duration. DOES NOT include base closure or force structure related moves.

Examples:

CONUS to CONUS move: Randolph AFB to Hill AFB.

overseas to overseas (within same country) move: Osan (Air Base) AB, Korea to Kunsan AB, Korea; and Elmendorf AFB, Alaska to Eielson AFB, Alaska.

4. Rotational PCS is defined as moves between permanent duty stations CONUS to overseas and overseas to CONUS, or move is not within the same overseas country and does cross the border of the country in which assigned to another overseas country. DOES NOT include base closure or force structure related moves.

Examples:

CONUS to overseas move: Keesler AFB to Andersen AFB, Guam; and Scott AFB to Canada.

overseas to CONUS move: Ramstein AB, Germany to Columbus AFB.

overseas to overseas move: Aviano AB, Italy to Ramstein AB, Germany; and Osan AB, Korea to Incirlik AB, Turkey.

5. May be used only when the reason for surplus is one of those reasons listed in **paragraph 6.45**. If an Airman is surplus for a reason other than those listed, then an exception must be requested according to **paragraph 6.5** (to include a waiver of time-on-station). **(T-1)**. Also see Rule 19.

6. Airmen accompanied by dependents require 24 months time-on-station before PCS. Single or unaccompanied Airmen require 15 months time-on-station before PCS. Airmen are assigned to a maximum tour and upon expiration of AAC 50, they will PCS.

7. Applies only to Airmen disqualified for duty due to loss of AFSC, security clearance or access to SCI, professional certification, nuclear certification or medical qualification, or relief from duty for cause and where no vacant position exists at the same duty station in which Airmen may serve pending requalification.

Table 6.2. Priority for Overseas Short Tour Selection.

P R I O R I T Y	A	B	C
	If Airmen are (see note 1)	And assigned to a duty location	Then, select for short tours in order of (see note 2) (Airmen with an established DEROS will be selected ahead of Airmen with an indefinite DEROS)
1	IPCOT volunteers	Overseas	Short tour returnees by greatest number of previous overseas tours.
2	Consecutive overseas tour volunteers		Short tour returnees by greatest number of previous overseas short tours.
3			Long tour returnees by greatest number of previous overseas tours.
4	CONUS mandatory mover (CMM) volunteers	In CONUS	Date arrived station.
5	CONUS mandatory mover non-volunteers	In CONUS and are vulnerable for involuntary overseas PCS selection as of their Date of Availability	No previous overseas tours, by ODSD, by date arrived station.
6			Fewest previous overseas short tours, by short tour return date, by date arrived station.
7	Volunteers	In CONUS	Date arrived station.
8	Non-volunteers	In CONUS	No previous overseas tours, by ODSD, by date arrived station.
9			No previous overseas short tours, by ODSD, by date arrived station.
10			Fewest previous overseas short tours, by short tour return date, by date arrived station.
Notes: 1. Use this table in conjunction with paragraphs 3.3 and 6.8 . 2. To break a tie within a priority group, use the guidance in paragraphs 3.3 and 6.8 and Table 7.11 , note 2.			

Table 6.3. Priority for Overseas Long Tour Selection.

P R I O R I T Y	A	B	C
	If Airmen are (see note 1)	And assigned to a duty location	Then, select for long tours in order of (see note 2) (Airmen with an established DEROS will be selected ahead of Airmen with an indefinite DEROS)
1	IPCOT volunteers for extended tour (see note 3)	Overseas (Airmen with an established DEROS will be prioritized before Airmen with an indefinite DEROS within each of the overseas priorities)	Unaccompanied short tour returnees by greatest number of previous short tours; long tour returnees and accompanied Airmen (regardless of tour length) by greatest number of previous short tours.
2	IPCOT volunteers for standard tour		Short-tour returnees (see note 4) by greatest number of previous short tours; long tour returnees by greatest number of previous short tours.
3	Consecutive overseas tour volunteers for extended tour (see note 3)		
4	Consecutive overseas tour volunteers for standard tour		
5	CONUS mandatory mover volunteers for extended tour (see note 3)	In CONUS	Date arrived station.
6	CONUS mandatory mover volunteers for standard tour		
7	CONUS mandatory mover non-volunteers	In CONUS, vulnerable for involuntary overseas PCS selection as of their Date of Availability	No previous overseas tours, by ODSD; one or more previous overseas tours, by ODSD; by date arrived station.
8	Volunteers for extended tour (see note 3)	In CONUS	Date arrived station.
9	Volunteers for standard tour		
10	Non-volunteers	In CONUS	No previous overseas tours, by ODSD, by date arrived station; one or more previous overseas tours, by ODSD, by date arrived station.

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P R I O R I T Y	A	B	C
	If Airmen are (see note 1)	And assigned to a duty location	Then, select for long tours in order of (see note 2) (Airmen with an established DEROS will be selected ahead of Airmen with an indefinite DEROS)
Notes: 1. Use this table in conjunction with paragraphs 3.3 and 6.8 . 2. To break a tie within a priority group, use the guidance in paragraphs 3.3, 6.8 and Table 7.11 , note 2. 3. Extended long tour priorities apply to enlisted only. 4. For additional guidance on match priority within short tour returnees category, use the guidance in Table 7.11 , note 2.			

Table 6.4. PCS Retainability Requirements.

R U L E	A	B	C
	If PCS is	And	Then the minimum service retainability is (see note 1 and note 2)
1	Any	The Airman is ineligible to obtain retainability, declines to obtain retainability, or exercises 7-day option	As directed by the assignment OPR.
2	CONUS to	Rule 3,4,or 5 does not apply	24 months.
3	CONUS (including in-place	AFSC is changing as a result of change of DAFSC (officer) or retraining (first term Airman)	12 months.
4	actions for	Is approved in advance as a low-cost PCS	Not applicable.
5	enlisted)	Is a humanitarian PCS or expedited transfer; upon completion of hospitalization in PCS status, or upon release from confinement	24 months. (see note 7)
6	CONUS to Overseas	Is not approved in advance as a low-cost PCS	The unaccompanied tour length (see PDTATAC AP-TL-01, https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf) and meet the separation and retirement date minimums.
7	Overseas to Overseas (including in-place consecutive		
8	Overseas tour	Is approved in advance as a low-cost PCS	Not applicable
9	Overseas to CONUS	Is a VSBAP (enlisted only)	24 months
10		An accompanied tour is authorized according to the PDTATAC AP-TL-01 (https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf), regardless if serving an accompanied or unaccompanied tour. See Rule 11 if serving an unaccompanied tour at a location managed by a Command Sponsored Position List	12 months (see note 3)
11		Or An accompanied tour is not authorized according to PDTATAC AP-TL-01 (https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf), or if serving an unaccompanied tour at a location managed by a Command Sponsored Position List	12 months (see note 4 , note 5 , and note 6)

R U L E	A	B	C
	If PCS is	And	Then the minimum service retainability is (see note 1 and note 2)
12	To a stabilized tour		For officers, the length of the stabilized tour; for enlisted, the normal PCS retainability unless the assignment OPR specifies a longer period.

Note:

1. Use this table in conjunction with **paragraphs 6.28**. When PCS is to an overseas location, see **Table 6.6**.

2. Certain assignments require service retainability greater than the minimum. When applicable, assignment OPRs state the retainability required in assignment remarks, additional assignment instructions, or a PPC.

3. When the Airman is ineligible to obtain 12 months retainability (example: an officer has an established date of separation or retirement date, an Airman is HYT restricted, or is ineligible due to quality control or some other reason) or declines to obtain the retainability (example: an enlisted Airman signs a DAF Form 964, or an officer elects to 7-day opt), the DEROS is extended to equal the date of separation/retirement date. Normally this involuntary overseas tour extension is accomplished automatically by the PDS.

4. When an Airman is ineligible or declines to obtain 12 months retainability (see note 3 above), and has less than 7 months from DEROS to date of separation/retirement date, the DEROS is extended to equal date of separation/retirement date. When an Airman, who is ineligible or declines to obtain 12 months retainability, has at least 7 months from DEROS to date of separation, assignment OPRs provide an assignment (as an exception to the requirement that Airmen have 12 months service retainability).

5. An Airman eligible to obtain 12 months retainability must do so. **(T-1)**. Airmen may not extend or agree to obligated service just long enough to qualify for the 7 month retainability exception in note 4. Example: An officer with an indefinite date of separation will incur a 12 month ADSC upon PCS. He/she may not agree to incur only a 7 month PCS active duty service commitment. An enlisted Airman eligible to extend to meet the full 12 month retainability requirement will do so. He/she cannot extend just enough to be eligible for the 7 month exception.

6. An Airman who cannot obtain the full 12 months retainability, but can obtain at least 7 (or more) months retainability, must obtain the maximum retainability for which the Airman is eligible before they can receive an assignment under the 7 month retainability exception. **(T-1)**. Example: An enlisted Airman with 5 months service retainability from DEROS to date of separation who is eligible to extend for only an additional 5 months (their maximum allowable), must extend the full 5 months (total 10 months retainability), or decline in writing. The enlisted Airman will not be permitted to extend just 2 months to be eligible for PCS under the 7 month retainability exception.

7. Minimum retainability requirement is 6 months. However, the expectation that Airmen obtain maximum authorized per HYT up to 24 months retainability, if otherwise eligible, remains. If due to short notice assignment, and retainability cannot be obtained at losing location, the Airmen will be required to obtain retainability at gaining location within 30 days from date

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R U L E	A	B	C
	If PCS is	And	Then the minimum service retainability is (see note 1 and note 2)
arrived station. There is no minimum retainability required for Airmen being reassigned as a patient or prisoner.			

Table 6.5. Enlisted Airman Retainability Suspense Delay.

R U L E	A	B
	If an enlisted Airman requests a delay in obtaining retainability and the reason is:	Then, the MPF Chief or designated authority may grant an extension of suspense to (see note 1 , note 2 and note 3):
1	To reduce obligated service which would be deducted from a Selective Reenlistment Bonus	Not later than the 25th day of the 7th month before DEROS for enlisted Airman assigned overseas who will not serve an in-place consecutive overseas tour, or not later than 15 calendar days before enlisted Airman departs on PCS or enters an in-place consecutive overseas tour, or the last day of selective reenlistment bonus eligibility, whichever is earlier (see note 4).
2	For quality control reasons (see note 5)	Not later than 15 calendar days after the enlisted Airman becomes eligible for PCS but not later than 60 days prior to the projected departure date, or the effective date of an in-place consecutive overseas tour, whichever is earlier.
3	For a first-term Airman with CAREERS retraining	The date of award of the 3-skill level (see note 6).
4	The enlisted Airman is on TDY or leave	Not later than 15 calendar days after return to their permanent duty station (for TDY of more than 60 days, forward documents and require the Airman to obtain retainability at the TDY location).
5	For an extended long overseas tour (first-term Airman only)	Allow retainability for a portion of the extended tour (only) to be obtained after arrival overseas (see note 7).
6	Sell leave in conjunction with reenlistment (career enlisted Airmen only)	90 days before ETS but not later than 120 calendar days before RNLTD or effective date of in-place consecutive overseas tour, whichever is earlier.
7	To apply for voluntary retirement which coincides with the Airman's current DEROS (see note 8)	Not later than the 25th day of the 7th month before current DEROS or not later than 15 days after denial of the request, whichever is earlier.
Note: 1. Use this table in conjunction with paragraph 6.28.8 . 2. Do not grant a delay: a. Beyond the date an enlisted Airman desires to use allowances; b. For enlisted Airmen permanently ineligible to obtain full retainability; c. For circumstances not shown above (example: Airmen who are HYT restricted, etc.). 3. Enlisted Airmen assigned overseas must have or obtain at least 12 months retainability within 30 days of receipt of their DEROS Option and Forecast Notification RIP. (T-1) . Delays to this requirement are not considered unless rule 1 or 7 applies (see notes 4 and 8). A delay may be		

R	A	B
U	If an enlisted Airman requests a delay	Then, the MPF Chief or designated authority may
L	in obtaining retainability and the	grant an extension of suspense to (see note 1 , note
E	reason is:	2 and note 3):
granted in obtaining full consecutive overseas tour or in-place consecutive overseas tour retainability only for one of the reasons shown in the table. 4. A delay may be granted to reduce selective reenlistment bonus impact, but it may not be possible within the parameters authorized for delays to eliminate impact entirely. See AFI 36-2606 when assignment is in an additionally awarded selective reenlistment bonus AFSC and the enlisted Airman desires to reenlist in the selective reenlistment bonus AFSC for PCS retainability. Example: An Airman is assigned to Randolph AFB and is selected for reassignment to Osan AB and has an approved FO assignment to Hickam AFB. The Airman has the 12 months retainability. This amount satisfies the requirement for Osan but he needs 36 months retainability for Hickam. The Airman has a selective reenlistment bonus. The Airman can request a delay up to 15 days before departing Randolph but must have the 36 months retainability before departing or the FO will be canceled. 5. A delay for quality control reasons can only be granted if the enlisted Airman already had an assignment prior to the quality control conditions. 6. Enlisted Airmen assigned overseas must have or obtain at least 12 months retainability within 30 days of receipt of their DEROS Option and Forecast Notification RIP. (T-1). Delays to this requirement are not considered. Enlisted Airmen must extend their enlistment the maximum in accordance with AFI 36-2606 if they either cannot reenlist in their present AFSC or desire to reenlist in their retraining AFSC (which is a selective reenlistment bonus skill). (T-1). For reenlistment at an enroute TDY training site, the losing unit commander must obtain concurrence of the TDY unit commander to reenlist the enlisted Airman at the training site (last training site when there are more than one). (T-1). Do not permit departure from the last training site without the full prescribed PCS retainability. If an enlisted Airman does not reenlist upon completion of a training course, hold the enlisted Airman at the training site and notify the assignment OPR responsible for the training into AFSC, AFPC/DP3AM, and the losing MPF within 3 calendar days after course completion and provide a report of the circumstances. Disposition instructions are provided by the assignment OPR within 5 calendar days. 7. Grant first-term Airman ineligible to reenlist because of insufficient time in service to request a Career Job Reservation (CJR), a delay to obtain retainability for a portion of the Extended Long Overseas Tour length. At the time of initial PCS notification, the Airman must extend the maximum in accordance with AFI 36-2606 and, having extended, then have at least the required service retainability to serve the minimum prescribed DoD standard tour length (see PDTATAC AP-TL-01, https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf). (T-0). The AF Form 899, which orders reassignment of Airmen selected under this program, must reflect both the correct total number of months the Airman will serve as an extended long tour volunteer, and the fact that the Airman was selected as an extended tour volunteer. Example: a first term Airman selected as an extended long tour volunteer for reassignment to Ramstein, Germany, who elects the accompanied tour, is required to serve a total of 48 months. Even though the PDTATAC AP-TL-01 (https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf) reflects a tour length of 36 months for an accompanied tour to Germany, the correct entry for block 11 on the AF Form 899 is "48" (JTR tour length of 36 plus the 12 months as an Extended Long Overseas Tour (ELT)		

R U L E	A	B
	If an enlisted Airman requests a delay in obtaining retainability and the reason is:	Then, the MPF Chief or designated authority may grant an extension of suspense to (see note 1 , note 2 and note 3):
volunteer). In addition, item 12, ELT will reflect an "X" to indicate the Airman volunteered for, was selected for, and will serve the ELT (assignment action reason is AO, extended tour volunteer"). Also include the following statement in item 24 (Remarks) of the AF Form 899, "Approval granted to delay obtaining (indicate number) months service retainability for a portion of the extended (indicate accompanied or unaccompanied) tour according to Chapter 2, paragraph 6.28." Upon approval of the delay, the losing MPF updates assignment limitation code "8" with an expiration date equal to the projected tour completion date for the full prescribed tour. The gaining MPF verifies this update upon the Airman's arrival and corrects as necessary. When the Airman's date of separation is updated as a result of reenlistment, the DEROS automatically changes to reflect the full prescribed extended tour length. This is important as the gaining MPF uses the AF Form 899 as the source document to award initial DEROS (standard (accompanied or unaccompanied) tour length plus 12 months). See DAFMAN 36-2102 and the Orders Processing Application execution guidance in the MyPers website for further guidance in accomplishing the AF Form 899. 8. Airman's request for voluntary retirement should be submitted within 30 days of DEROS forecast. The MPF does not need to report delays approved under this rule as they do not purge until the Airman is within 8 months of current DEROS. Once an Airman has an assignment selection date any retirement request is submitted under 7-day option rules.		

Table 6.6. Separation and Retirement Date Minimums for Overseas PCS Selection.

R U L E	A	B	C	D	E
	If the Airman is	And the overseas tour is	And the status is volunteer	Or the status is non-volunteer	Then, the Airman is eligible for selection if the (see note 1 and note 2)
1	An officer	Short dependent-restricted (when the officer <i>is not</i> being assigned to a Command Sponsored Position)		X	<i>Mandatory</i> date of separation or <i>mandatory</i> retirement date is the projected DEROS plus 7 months or more.
2			X		<i>Mandatory</i> date of separation or <i>mandatory</i> retirement date is equal to or greater than the projected DEROS. (see note 3)
3		Short, not dependent-restricted (includes when the officer <i>is</i> being assigned to a Command		X	<i>Mandatory</i> date of separation or <i>mandatory</i> retirement date is not less than projected DEROS for the accompanied tour length plus 12 months or more.

R U L E	A If the Airman is	B And the overseas tour is	C And the status is volunteer	D Or the status is non- volunteer	E Then, the Airman is eligible for selection if the (see note 1 and note 2)
		Sponsored Position)			
4		Standard long			
5	A career enlisted Airman	Short dependent- restricted (when the enlisted Airman <i>is not</i> being assigned to a Command Sponsored Position)	X	X	HYT is equal to projected DEROS, or HYT must be 7 months or more after projected DEROS (see note 4).
6		Short, not dependent- restricted (includes when the Airman <i>is</i> being assigned to a Command Sponsored Position)			HYT is equal to or greater than projected DEROS for the accompanied tour (24/12 tours), or the unaccompanied tour plus 12 months (24/15 tours), or more (see note 5).
7		Standard long			HYT is equal to or greater than projected DEROS for the accompanied tour (see note 6).
8		Extended long		N/A	
9	A first- term enlisted Airman (see note 7)	Short dependent- restricted (when the Airman <i>is not</i> being assigned to a Command Sponsored Position)		X	Initial ETS is equal to projected DEROS, or initial ETS) must be 7 or more months after projected DEROS (see note 8 and note 9).
10			X		Maximum obtainable date of separation (extension of initial enlistment of up to 48 months) is equal to projected DEROS or 7 months or more after projected DEROS.
11		Short, not dependent- restricted (includes when the Airman is		X	Initial ETS is equal or greater than projected DEROS for the unaccompanied tour length (see note 8).

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R U L E	A If the Airman is	B And the overseas tour is	C And the status is volunteer	D Or the status is non- volunteer	E Then, the Airman is eligible for selection if the (see note 1 and note 2)
12		being assigned to a Command Sponsored Position)	X		Maximum obtainable date of separation (extension of initial enlistment up to 48 months) is equal or greater than projected DEROS for the unaccompanied tour length plus 12 months.
13		Standard long		X	Initial ETS is equal or greater than projected DEROS for the unaccompanied tour length (see note 8).
14			X		Maximum obtainable date of separation (extension of initial enlistment of up to 48 months) is equal or greater than the accompanied tour length. (see note 10).
15		Extended long	X	N/A	

Notes:

1. Use this table in conjunction with **paragraph 6.28** and **Table 6.4**.
2. Assignment OPRs will obtain waivers of this requirement from AFPC/DP2 for lieutenant colonels and below and SMSgts and below; AF/A1LO for Cols and selects, and AF/A1LE for CMSgts and CMSgt selects. **(T-1)**.
3. For officers, as an exception, select a volunteer if the officer provides a written statement indicating understanding that their DEROS is involuntarily extended to match their mandatory date of separation or mandatory retirement date. In this case, the officer separates or retires upon completion of the involuntarily extended overseas tour.
4. Career enlisted Airmen, regardless of volunteer status, are ineligible for PCS selection if upon completion of an unaccompanied short tour, they are subject to involuntary DEROS extension due to HYT restriction. AFPC/DP2 is the waiver authority for PCS selection.
5. Career enlisted Airmen, regardless of volunteer status, marital status or whether or not the enlisted Airman has dependents, must have or be eligible to obtain retainability indicated to be eligible for selection. **(T-1)**. AFPC/DP2 is the waiver authority. The intent of a retainability requirement beyond completion of the unaccompanied overseas tour length is: either to ensure the enlisted Airman can obtain the required retainability to receive a CONUS PCS after an unaccompanied overseas tour and preclude involuntary extension of an unaccompanied tour due to lack of PCS retainability, or to ensure adequate retainability to allow election of an accompanied tour. The retainability requirement beyond tour completion is not intended to preclude an involuntary DEROS extension due to lack of PCS retainability for enlisted Airmen who are serving an accompanied tour. The accompanied tour length is not always 12 months more than the unaccompanied tour (e.g., 24/15 month tours), so

R U L E	A	B	C	D	E
	If the Airman is	And the overseas tour is	And the status is volunteer	Or the status is non-volunteer	Then, the Airman is eligible for selection if the (see note 1 and note 2)
eligibility for selection uses the accompanied tour length for 24/12 tours, OR the unaccompanied tour length plus 12 months for 24/15 tours. Example: for a 24/15 tour, the accompanied tour is 9 months longer than the unaccompanied tour, but CONUS PCS retainability required is 12 months. Therefore, in order to be eligible for selection without knowing which tour a person will elect, they must have or be able to obtain 27 months total retainability. 6. Career enlisted Airmen, regardless of volunteer status, marital status or whether or not the enlisted Airman has dependents, must have or be eligible to obtain retainability indicated to be eligible for selection. (T-1). AFPC/DP2 is the waiver authority. 7. Consider a first-term Airman with an approved CJR as a career enlisted Airman for retainability for overseas PCS selection. 8. Initial ETS is the completion of the enlisted Airman's initial enlistment with no extensions. 9. AFPC/DP2 must approve selection for PCS of an enlisted Airman when, upon completion of an unaccompanied overseas short tour the enlisted Airman would have less than 7 months PCS retainability. (T-1). 10. Airmen must be able to obtain retainability, regardless of marital status or whether or not Airmen have dependents, to allow Airmen to elect the accompanied tour length or to request command sponsorship if they acquire dependents. (T-1). Also see Table 6.5, rule 5.					

Table 6.7. Determining Assignment Selection Date.

R U L E	A	B	C	D	E	
	When an Airman is (see note 1)	And is an officer	Or, is enlisted	Then, the assignment selection date is	And the date is	
1	Selected for PCS by the assignment OPR and a prior assignment selection date has not been established per rules 2, 3 or 4	X	X	Established by the assignment OPR	When Airman is selected to fill a specific requirement	
2	Scheduled to complete an overseas tour or CONUS Maximum Stabilized Tour				Automatic	The last day of the 10th calendar month before the DEROS or maximum tour availability month
3				X		The 25th day of the 8th month before the DEROS or maximum tour availability month
4	Vulnerable for PCS selection	X		Established by the assignment OPR	Approximately 8 to 10 months prior to projected PCS selection	
5	Identified by the MAJCOM or lower level	X		The date a name was applied to the requirement	Approved by the assignment OPR, or the assignment OPR may specify a different date.	

R U L E	A When an Airman is (see note 1)	B And is an officer	C Or, is enlisted	D Then, the assignment selection date is	E And the date is
6	Nominated for possible reassignment	X	X	The date a name was applied to the requirement	Approved by the assignment OPR, or the assignment OPR may specify a different date
7	Selected for a training or education course	X	X		As determined by the event selection authority.
8	Assigned to a unit which is moving or deactivating; a base which is closing; or unit/base undergoing other realignment action			Established by the assignment OPR	As directed by HQ USAF or as authorized by AFPC/DP3AM (officers) or AFPC/DP2LWA (enlisted).
9	Reported as available for reassignment			Established by the MAJCOM	Approved by the assignment OPR, or the assignment OPR may specify a different date.

Note:

1. Use this table in conjunction with **paragraphs 6.23** and **6.29**. Besides PCS selection by the assignment OPR, this rule includes selection by the selection authority for training (whether or not listed in the Air Education and Training Course Announcement (ETCA) located at https://cs2.eis.af.mil/sites/app10-etca/SitePages/ETCACourseList_AETC.aspx?OrgID=AETC or an education course, whether the Airman attends training or education course in PCS or TDY status (including TDY on the same base).

Table 6.8. Seven-Day Option Separation and Retirement Dates for CONUS Based Airmen.

R U L E	A	B	C	D	E	F
	If the Airman is (see note 1 and note 2)	And is a	And <u>has</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	Or <u>does not have</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	And has	And is serving in the CONUS, (see note 1)
1	An officer who has been officially notified of selection for PCS, or training, or , who has an assignment selection date but has not been notified of actual PCS selection	Colonel, including colonel select (see note 17)	X		No active duty service commitment, or , an ADSC that expires within 3 months after the event notification date (mo/yr)	Request a retirement date which is not later than the 1st day of the 4th month after the event notification date (mo/yr), however, the actual retirement date approved will be based on the needs of the AF. (See note 3)
2				X		Request a separation date which is not later than the 1st day of the 4th month after the event notification date (mo/yr), however, the actual separation date approved will be based on the needs of the AF.
3			X		An ADSC that expires more than 3 months after the event notification date (mo/yr)	Is not eligible to request retirement or separation under 7-day option provisions. See paragraph 5.5. for exceptions
4	An officer who has an assignment selection date (based on placement on the final VML) but	lieutenant colonel or below	X (See note 4)		No active duty service commitment, or , an ADSC that expires within 12 months after the assignment	Request a retirement date which is not later than the 1st day of the 12th month after assignment selection date establishment (mo/yr), however, the actual retirement date approved will be

R U L E	A	B	C	D	E	F
	If the Airman is (see note 1 and note 2)	And is a	And <u>has</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	Or <u>does not have</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	And has	And is serving in the CONUS, (see note 1)
	has not been officially notified of actual PCS selection				selection date (mo/yr)	based on the needs of the AF.
5	An officer officially notified of selection for PCS or training		X (See note 5)		No active duty service commitment, or , an ADSC that expires within 6 months after the event notification date (mo/yr), or , has an ADSC that does not exceed the ADSC the member would incur for the event for which selected	Request a retirement date which is not later than the 1st day of the 7th month after event notification date (mo/yr) (refer to paragraph 6.29), or , the 1st day of the month after completion of 20 years TAFMS or Active Duty Service Commitment, whichever is latest. The actual retirement date approved will be based on the needs of the AF.
6	An officer officially notified of selection for PCS or training	lieutenant colonel or below	X (See note 6)		An existing ADSC that expires after the ADSC that will be incurred from event for which selected	is not eligible to request retirement or separation under 7-day option provisions.

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R U L E	A	B	C	D	E	F
	If the Airman is (see note 1 and note 2)	And is a	And <u>has</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	Or <u>does not have</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	And has	And is serving in the CONUS, (see note 1)
7	An officer who has an assignment selection date (based on placement on the final VML) but has not been officially notified of actual PCS selection	lieutenant colonel or below		X (See note 7)	No active duty service commitment, or an ADSC that expires within 12 months after the Assignment Selection Date	Request a separation date which is not later the 1st day of the 12th month after assignment selection date establishment, however, the actual separation date approved will be based on the needs of the AF.
8	An officer officially notified of selection for PCS or training	lieutenant colonel or below		X (See note 8)	No active duty service commitment, or an ADSC that expires within 6 months after the event notification date (mo/yr), or , has an ADSC that does not exceed the ADSC the member would incur for the event for which selected and the ADSC the member would incur for the event for which selected will not take them over	Request a separation date which is not later than the 1 st day of the 7th month after event notification date (mo/yr) (refer to paragraph 6.29), or the day after completion of the current active duty service commitment, whichever is latest. The actual separation date approved will be based on the needs of the AF.

R U L E	A	B	C	D	E	F
	If the Airman is (see note 1 and note 2)	And is a	And <u>has</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	Or <u>does not have</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	And has	And is serving in the CONUS, (see note 1)
					20 years TAFMSD	
9	An officer officially notified of selection for PCS or training	lieutenant colonel or below		X (See note 9)	No active duty service commitment, or an ADSC that will expire before the member reaches 20 years TAFMS and the ADSC the member would incur for the event for which selected extends beyond the date they reach 20 years TAFMS	Request a retirement date which is no later than the 1st day of the month after the month the member completes 20 years TAFMS.
10	An officer officially notified of selection for PCS or training	lieutenant colonel or below	X (See note 10)	X (See note 11)	No active duty service commitment, or an ADSC that will expire after the member reaches 20 years TAFMS, but will not take them beyond the ADSC the member would incur for event for which selected	Request a retirement date which is not later than the date the member completes 20 years TAFMS, or their longest ADSC (if current ADSC takes them beyond 20 years TAFMS).

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R U L E	A	B	C	D	E	F
	If the Airman is (see note 1 and note 2)	And is a	And <u>has</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	Or <u>does not have</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	And has	And is serving in the CONUS, (see note 1)
11	Enlisted officially notified of selection for PCS, TDY, or training, or who has an assignment selection date but has	CMSgt or below	X (See note 12)		The required retainability and no active duty service commitment, or an ADSC that expires within 6 months after the event notification date (mo/yr)	Request a retirement date which is not later than the 1st day of the 7th month after the event notification date (mo/yr) if the member reaches 20 years TAFMS on or before the 1st day of the 7th month in current enlistment.
12	not been notified of actual PCS selection		X (See note 13)		Insufficient retainability and refuses to obtain it and no active duty service commitment, or an ADSC that expires within 6 months after the event notification date (mo/yr)	Request a retirement date which is not later than the 1st day of the 7th month after the event notification date (mo/yr) if the member reaches 20 years TAFMS on or before the 1st day of the 7th month in current enlistment, or current enlistment as extended as outlined in paragraphs 6.29.3.6.4 and 6.29.3.7 ; or may decline to obtain PCS retainability as outlined in paragraph 6.28 .
13	Enlisted officially notified of selection for PCS, TDY, or	CMSgt or below		X (See note 14)	Insufficient retainability and refuses to obtain it	Is not eligible to request retirement under 7-day option provisions, but may decline to obtain retainability as

R U L E	A	B	C	D	E	F
	If the Airman is (see note 1 and note 2)	And is a	And <u>has</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	Or <u>does not have</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	And has	And is serving in the CONUS, (see note 1)
	training, or who has an assignment selection date but has not been notified of actual PCS selection					outlined in paragraph 6.29.
14			X (See note 15)		The required retainability and an ADSC that expires more than 6 months after the event notification date (mo/yr)	Is not eligible to request retirement under 7-day option provisions.
15				X (See note 16)	The required retainability and no active duty service commitment, or an ADSC that expires more than 6 months after the event notification date (mo/yr)	

Note:

1. Use this table in conjunction with **paragraph 6.29**. DO NOT use this table alone to determine eligibility or effective dates. DO NOT use this table when Airmen are serving overseas or on a CONUS maximum stabilized tour, instead use **paragraphs 6.29.2.7.2**, or **6.29.2.7.3** (for officers) or **paragraphs 6.29.3.6.2** or **6.29.3.6.3** (for enlisted). Also see **paragraph 6.28** and AFI 36-3203 for officer and enlisted Airmen retirements, and officer separations.
2. Establishment of an assignment selection date is addressed in **paragraph 6.23** and **Table 6.7**. During the time between establishment of an assignment selection date and notification of actual PCS selection (with an end location, etc.), if an Airman requests separation or retirement, the request must be according to 7-day option provisions. **(T-1)**.
3. If a colonel or colonel select has 19 years TAFMS or more and will not reach 20 years TAFMS as of the 1st day of the 4th month following event notification (mo/yr) the officer may request a retirement date through AF/A1LO for the first day of the month upon completion of 20 years TAFMS.
4. The following is an example to clarify Rule 4:
Member: Lt Col Schuler.
Assignment selection date: 10 Nov 2010 (placement on final Vulnerable Mover List).

R U L E	A	B	C	D	E	F
	If the Airman is (see note 1 and note 2)	And is a	And <u>has</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	Or <u>does not have</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	And has	And is serving in the CONUS, (see note 1)

TAFMSD: 26 Feb 1991 (19 years, 9 months as of assignment selection date).

Current Active Duty Service Commitment: 11 Mar 2011 (expires within 12 months after the assignment selection date).

Lt Col Schuler may request a retirement date which is no later than 1 Nov 2011 (1st day of the 12th month after assignment selection date establishment) but no earlier than 1 Apr 2011 (1st day of the month following completion of an existing active duty service commitment).

5. The following is an example to clarify Rule 5:

Member: Maj Hayes.

Assignment selection date: 1 Mar 2010.

Assignment Notification Date: 4 Mar 2010.

TAFMSD: 28 Dec 1987 (over 20 years as of assignment notification date).

Current Active Duty Service Commitment: N/A.

Incurring Active Duty Service Commitment: 24 months from 31 Aug 2010 RNLTD.

New Active Duty Service Commitment: 31 Aug 2012.

Maj Hayes may request a retirement date which is no later than 1 Oct 2010 (1st day of the 7th month after event notification date) but no earlier than 1 Jul 2010 (minimum 120 days).

6. The following is an example to clarify Rule 6:

Member: Lt Col Hunter.

Assignment selection date: 1 Mar 2011.

Assignment Notification Date: 6 Mar 2011.

TAFMSD: 26 Feb 1991 (19 years, 9 months as of assignment notification date).

Current Active Duty Service Commitment: 11 Mar 2014 (expires beyond the incurring ADSC for PCS).

Incurring Active Duty Service Commitment: 24 months from 30 Apr 2011 RNLTD.

New Active Duty Service Commitment: 30 Apr 2013.

Lt Col Hunter is ineligible for retirement under the 7-day option.

7. The following is an example to clarify Rule 7:

Member: Capt Thomas.

Assignment selection date: 10 Nov 2010 (placement on final VML).

TAFMSD: 9 Aug 2004 (6 years, 3 months as of assignment selection date).

Current Active Duty Service Commitment: 12 Aug 2011 (expires within 12 months after the assignment selection date).

Incurring Active Duty Service Commitment: 24 months from 20 Jun 2011 RNLTD.

New Active Duty Service Commitment: 20 Jun 2013.

R U L E	A	B	C	D	E	F
	If the Airman is (see note 1 and note 2)	And is a	And <u>has</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	Or <u>does not have</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	And has	And is serving in the CONUS, (see note 1)

Lt Col Vasquez may only request a retirement date of 1 Dec 2011 (1st day of the month following completion of current ADSC that takes her beyond 20 years TAFMS).

11. The following is an example to clarify Rule 10.

Member: Lt Col Bowes.

Assignment selection date: 15 Mar 2010.

Assignment Notification Date: 18 Mar 2010.

TAFMSD: 20 Sep 1991 (18 years, 6 months as of notification date).

Current Active Duty Service Commitment: N/A.

Incurring Active Duty Service Commitment: 24 Months from 1 Jun 2010 RNLTD.

New Active Duty Service Commitment: 1 Jun 2012.

Lt Col Bowes may only request a retirement date of 1 Oct 2011 (1st day of the month following completion of 20 yrs TAFMS).

12. The following is an example to clarify Rule 11 when Airman is assigned in the CONUS, who is over 19 years TAFMS or more, has an ADSC expiring within 6 months, does have full retainability, and can retire on the 1st day of the 7th month following event notification.

Member: MSgt Escobar.

Assignment selection date: 15 Sep 2016.

Assignment Notification Date: 16 Sep 2016.

TAFMSD: 2 January 1997 (19 years, 8 months as of notification date).

Date of Separation: 31 Dec 2018 (24 months retainability from 15 Dec 2016 RNLTD).

ETS: 31 Dec 2018 (24 months retainability from 15 Dec 2016 RNLTD).

Current Active Duty Service Commitment: 18 January 2017 (expires 4 months after event notification date).

MSgt Escobar may request a retirement date of 1 Feb 2017 (earliest date/completion of active duty service commitment) or 1 Apr 2017 (latest date/1st day of the 7th month after notification).

13. The following is an example to clarify Rule 12 when Airman is assigned in the CONUS, who has 19 years TAFMS or more, has an ADSC expiring within 6 months, does not have full retainability and is requesting to retire in lieu of, will not complete a DAF Form 964, but may retire on a date as extended as outlined in **paragraph 6.29.3.6.4** and **6.29.3.7**.

Member: MSgt Culley.

Assignment selection date: 15 Sep 2016.

Assignment Notification Date: 16 Sep 2016.

TAFMSD: 5 Sep 1997 (19 years as of notification date).

Date of Separation: 12 Jul 2017 (6 months retainability from 15 January 2017 RNLTD).

R U L E	A	B	C	D	E	F
	If the Airman is (see note 1 and note 2)	And is a	And <u>has</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	Or <u>does not have</u> 19 yrs TAFMS or more as of the event notification date (mo/yr)	And has	And is serving in the CONUS, (see note 1)

ETS: 12 Jul 2017 (6 months retainability from 15 January 2017 RNLTD).

Current Active Duty Service Commitment: 18 Feb 2017 (expires 5 months after event notification date).

MSgt Culley may request a retirement date of 1 Oct 2017 only; which is the 1st day of the month following the month he reaches retirement eligibility; however is required to request for extension of enlistment with his retirement application and will not complete a DAF Form 964.

14. The following is an example to clarify Rule 13 when Airman is assigned in the CONUS, does not have full retainability and refuses to obtain it, and are not eligible to request retirement.

Member: MSgt Miller.

Assignment selection date: 15 Sep 2016.

Assignment Notification Date: 16 Sep 2016.

TAFMSD: 24 Oct 1998 (17 years, 11 months as of notification date).

Date of Separation: 14 May 2017 (5 months retainability from 31 Dec 2016 RNLTD).

ETS: 14 May 2017 (5 months retainability from 31 Dec 2016 RNLTD).

MSgt Miller is not retirement eligible and is ineligible to 7-day opt, he does not have full retainability and refuses to obtain it, then he must decline retainability on a DAF Form 964, as outlined in **paragraph 6.28**.

15. The following is an example to clarify Rule 14 when Airman is assigned in the CONUS, does have full retainability, has an ADSC beyond 6 months, and is not eligible to request retirement.

Member: CMSgt Alejandro.

Assignment selection date: 15 Sep 2016.

Assignment Notification Date: 16 Sep 2016.

TAFMSD: 2 May 1997 (19 years, 4 months as of notification date).

Date of Separation: 31 Dec 2018 (24 months retainability from 15 Dec 2016 RNLTD).

ETS: 31 Dec 2018 (24 months retainability from 15 Dec 2016 RNLTD).

Current Active Duty Service Commitment: 18 May 2017 (more than 6 months).

CMSgt Alejandro has an ADSC beyond 6 months and has the retainability for the assignment, therefore she is ineligible for retirement under the 7-day option program and must go on assignment. Declination is not an option.

16. The following is an example to clarify Rule 15 when Airman is assigned in the CONUS, does have full retainability, does not have an active duty service commitment, and are not retirement eligible.

Member: SMSgt Haines.

Assignment selection date: 15 Sep 2016.

Table 6.9. De-Conflicting PCS Assignment and AEF Contingency Deployment Selection.

R U L E	A	B	C	D
	If the AEF contingency deployment vulnerability window & PCS assignment RNLTD overlap and assignment selection was: (see note 1)	And the Airman is a volunteer for the assignment	And the Airman is a non-volunteer for the assignment	Then the commander in priority order will:
1	Prior to AEF contingency deployment selection	X	X	1. Select another Airman to deploy. 2. If no other Airmen are available, request an RNLTD extension with justification. (see note 2 and note 4)
2	After AEF contingency deployment selection and <u>is within</u> 60 days of departure for the AEF contingency deployment or required associated training (see note 4)	X	X	1. Request an RNLTD extension (see note 2). 2. Request assignment cancellation (see note 3).
3	After AEF contingency deployment selection, and <u>has more</u> than 60 days till departure for the AEF contingency deployment or required associated training (see note 4)	X		1. Select another Airman to deploy. 2. Request an RNLTD extension with justification (see note 2 and note 4). 3. Request assignment cancellation (see note 3).
4			X	Reselect for AEF contingency deployment as non-volunteer PCS selection remains firm.
5	After AEF contingency deployment departure (see note 4)	X		1. Request an RNLTD extension (see note 5). 2. Request assignment cancellation (see note 3).
6			X	1. Request an RNLTD extension. 2. Request assignment cancellation.
Note: (The mission ultimately dictates if a RNLTD adjustment or assignment cancellation is most appropriate. The gaining CC, losing CC, AFPC/DP2, work closely together to determine what action is in the best interest of the Air Force and the Airman.)				

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R U L E	A	B	C	D
	If the AEF contingency deployment vulnerability window & PCS assignment RNLTD overlap and assignment selection was: (see note 1)	And the Airman is a volunteer for the assignment	And the Airman is a non-volunteer for the assignment	Then the commander in priority order will:
1. Placement in an AEF contingency deployment vulnerability window (i.e., association) is not the same as being identified to actually deploy. Being identified to deploy is defined as being tasked (selected by name) and/or training for the deployment has already started. 2. Requests are forwarded to AFPC/DP3AM as an exception to policy and are considered on a case-by-case basis. Commander must justify why the Airman cannot be replaced on deployment. (T-1). In case of short notice assignment, a later RNLTD may be appropriate. 3. Upon CC request, AFPC/DP2 assignment teams will cancel the PCS regardless of the Airman's volunteer status. 4. Updating the proper duty status code (20, 21 or 25), AEF Indicator, and accurately reporting departure dates in the PDS, prevents the assignment system from selecting Airmen for overseas assignments with a RNLTD within the deployment period plus 30-days upon return. 5. The CC must request a RNLTD extension as the only option if the Airman was a volunteer for the assignment. (T-1). Returning the Airman from deployment is not an option unless the deployed CC, Command Chief Master Sergeant, MAJCOM/A1R, AFPC/DP2, and AFPC/DP3AM agree it is in the best interest of the Air Force.				

Table 6.10. Determining Projected Departure Date and RNLTD.

R U L E	A	B	C
	If PCS is	Then the projected departure date is determined in accordance with paragraph 6.31 and	And the RNLTD is determined in accordance with paragraph 6.32 and is
1	CONUS to Overseas	The commander and Airman	The last day of the requirement month, or as directed by the assignment OPR.
2	Consecutive overseas tour	The commander and Airman and departure must be within the DEROS month	
3	Overseas to CONUS		The DEROS plus 45 calendar days, or as directed by the assignment OPR.
4	CONUS to CONUS (unless rule 5, 6, or 7 applies)	The commander and Airman	The last day of the requirement month, or as directed by the assignment OPR.
5	From training or education (does not apply to non-prior service (NPS) enlisted pipeline students, refer to Attachment 16 to determine projected departure date and RNLTD)	The commander and the graduation date (see note)	45 calendar days after the graduation date (see note).
6	To training or education	The commander and Airman, and if current assignment is overseas, departure must be within DEROS month	1 day before the class starting date, or as required by the Air Force Education and Training Course Announcements.
7	Due to base or unit deactivation or closure (CONUS-to-CONUS, overseas-to-overseas only); (for CONUS-to-overseas, use rule 1; for overseas to CONUS, use rule 3)	By the commander based on mission requirements and, as an exception, the departure date may exceed 60 days before RNLTD without approval of the assignment OPR	As directed by the assignment OPR.
8	From a joint duty assignment tour (officer only)	Departure before expiration of AAC 46 is not authorized except per paragraph 6.11.	
Note: When the PCS is overseas, the Airman’s port call may be earlier than the RNLTD month as determined by the actual departure date, and leave and travel time authorized. This will preclude a requirement to request a change to the RNLTD and Airman to not use more leave than desired. Under such circumstances, reporting overseas prior to the RNLTD month does not result in a Category 1 PCS Processing Discrepancy.			

Table 6.11. Officer Mandatory Utilization Requirements.

R U L E	A	B	C
	If the officer (see note 1)	Then utilization is (see note 1)	And the utilization field or AFS is (see note 1)
1	Is a 2nd Lieutenant accession (not scheduled for undergraduate pilot or navigator training)	In the AFS in which accessed for 4 years from date of entry on active duty	Determined by AFPC/DP2.
2	Graduates from USAF Test Pilot School	3 years, effective the day after graduation	Determined by assignment OPR.
3	Is in the 13BX career field and completes MAJCOM specialized training leading to fully qualified AFS	2 years, effective the day after completion of training	13BX.
4	Is a rated officer completing formal flying training	2 years, effective the day after completion of training (see note 2)	In aircraft for which the officer trained or as directed by AFPC/DP2O.
5	Completes formal or special technical training	Equal to ADSC incurred under AFMAN 36-2100 but not exceed 4 years, effective the day after completion of training (see note 3)	The AFS for which the officer trained.
6	Graduates from the Air Force Institute of Technology education program (including Airmen Education and Commissioning Program, except Minute Man Education Program after 1 Feb 80)	3 years effective the day after completion of the education program. For AECP, 3 years, effective on EAD date	The same as held while assigned to Air Force Institute of Technology, and the assignment OPR will assign the Airman to an Advance Academic Degree position per paragraph 6.49 (does not apply to Airmen Education and Commissioning Program).
7	Must remain in a specific AFS for other reasons approved by the assignment OPR.	Period determined by the assignment OPR	Determined by the assignment OPR.
Notes: 1. Use this table in conjunction with paragraph 6.47 . The mandatory utilization requirements apply whether or not the PDS reflects the requirement. Submit requests for exception to the assignment OPR. 2. Exception: USAF Weapons Instructor Course is 3 years. 3. Exception: DoD Equal Opportunity Management Course is 2 years.			

Chapter 7

REGAF AND EAD OVERSEAS DUTY

7.1. Overseas General Information. Mission sensitivities, coupled with the overseas environment, require assignment of Airmen whose qualifications, performance, and conduct meet established Air Force standards. This chapter supplements the general policies and procedures prescribed elsewhere in this instruction and contains guidance applicable to overseas tour lengths, management of Airmen while assigned overseas, and actions in conjunction with overseas tour completion. Airmen will not be assigned to active duty on land outside the U.S. and its territories or possessions until they have completed Air Force basic training requirements. In time of war or national emergency declared by Congress or the President, the period of required basic training (to include specialty training immediately following basic training), or its equivalent, shall not be less than 12 weeks. Airmen must be at least 18 years of age to be assigned to a hostile fire or imminent danger area (See [Table 3.2](#)). DoD 7000.14-R, Volume 7A designates those areas which are hostile fire or imminent danger areas **(T-0)**.

7.2. Overseas Tour Lengths. Overseas tour lengths prescribed by DoD are normally based on quality of life conditions with long tour locations usually comparing favorably to U.S. standards. Normally all Airmen assigned to a location serve the prescribed tour length, regardless of the military Service in which they serve. However, there are exceptions and most of these are shown below or are listed by location in the PDTATAC AP-TL-01 (<https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>). Also, overseas tour lengths Airmen serve can be affected by choices Airmen are authorized to make as outlined in [paragraph 7.11](#). Airmen performing duty at a permanent duty station which has a different tour length than that of their parent organization or a different tour length than the location of the manpower authorization to which assigned (see [paragraph 1.2](#) and [3.4](#) for additional guidance), will serve the tour length applicable to their permanent duty station. **(T-1)**. In accordance with DoDI 1315.18 the standard tour length for Airmen stationed OCONUS is 36 months accompanied and 24 months unaccompanied (except for Alaska and Hawaii), unless the Air Force provides conclusive evidence to the DoD that tours at specific locations should be shorter because of the lack of support facilities. The tour length (for assignment planning purposes) is 36 months accompanied and 24 months unaccompanied if the PDTATAC AP-TL-01 (<https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>) does not specify a tour length for a location. Accompanied by dependent tours and command sponsorship of dependents are permitted only when government family quarters or government approved family quarters and support facilities are available to the Airman. When a tour length of less than 36/24 is requested, before selection of Airmen for PCS, the Assignment OPR must obtain tour length approval from DoD according to [paragraph 7.2.1](#) below, or by SecAF when the guidance in [paragraph 7.2.3](#) applies. **(T-0)**.

7.2.1. Request to Establish or Change Overseas Tour Lengths. The DoD is the approval authority for establishment of, or changes to, overseas tour lengths, except those described in [paragraph 7.2.3](#). Requests to establish a tour length or change to the DoD prescribed tour lengths reflected in the PDTATAC AP-TL-01 (<https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>), require the coordination of the Services affected and are submitted by the Unified Commander concerned, through the Chairman of the Joint Chiefs of Staff, to the Under Secretary of Defense (Personnel and Readiness), for final decision. DoDI 1315.18 contains specific site survey data and other

information required as justification for the requested tour length. Tour lengths based on factors other than quality of life conditions are requested as an exception according to [paragraph 7.2.2](#) and approved by DoD.

7.2.1.1. Whenever possible, the effective date of a change of overseas tour length should be far enough in advance (approximately 12 months or more) that the fewest number of Airmen projected for assignment are affected, or a sufficient amount of time exists to cancel Airmen selected for PCS and reselect, if appropriate, without undue hardship to Airmen or waste of PCS funds. This is very important when the overseas PCS selection criteria changes from long to short, or vice versa. Because of commitments to FO assignments, etc., it may not be possible in all cases to preclude any impact on Airmen who are projected for assignment. Similarly, whenever possible, a tour length change should exclude those Airmen currently assigned unless it is clearly appropriate to include them. Establishing a tour length change effective date which affects Airmen already selected for assignment or currently assigned can create turmoil, hardship, stress on families and Airmen, and generate additional PCS costs.

7.2.1.2. When an overseas tour length change requires an immediate or near-term effective date affecting Airmen projected with an assignment or currently assigned, specific guidance is provided when the tour length change is announced.

7.2.2. Tour Length Exceptions. In some instances tour lengths are specified by DoD based on duty to be performed or category of Airmen rather than being based on the normal tour length criteria which is quality of life conditions. Also, for some assignments, DoD has approved an Air Force request for exception to the normal prescribed tour length. The assignment instructions or other guidance identifies the tour length to be served in conjunction with the assignment. When a tour length is based on criteria other than normal quality of life criteria (such as duty to be performed, category of Airmen, or the tour length for Air Force Airmen is an exception), such tours are not prorated (also see [paragraph 7.8](#)). Requests for tour length exceptions (those which are not based on quality of life conditions at a location, such as, for Professional Military Education (PME), formal education, in conjunction with training, a school, scholarship, fellowship or grant, and so on) may be submitted per [paragraph 5.5](#) for consideration and approval by the appropriate level. Adequate time should be allowed to permit the exception request to be submitted to DoD for consideration. When it is known that the duration of an assignment is less than the normal prescribed tour length for an overseas location, then either a request for overseas tour length exception is requested and approved in advance, or curtailment of the tour length prescribed for the location is requested and approved as an exception per [paragraph 5.5](#). Documentation on approved overseas tour length exceptions, including some circumstances not listed in this instruction, is maintained by AFPC/DP3AM.

7.2.3. "AF Only" Tour Lengths. The SecAF may establish the tour length for a location or country not listed in the PDTATAC AP-TL-01 (<https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>) provided only Air Force Airmen (fewer than 25) are assigned and it does not involve introducing command-sponsored dependents into an area where dependents currently are not authorized. The documentation required in support of these requests is the same as that to establish or change a tour length as explained in [paragraph 7.2.1](#), but does not require DoD approval.

7.2.4. Alaska and Hawaii Tour Lengths. Assignment to a major military installation in Alaska and Hawaii is, in many respects, similar to duty within the CONUS (customs, laws, language, etc.). However, some aspects are similar to duty overseas, that is, geographically separated from the CONUS, Airmen receive overseas allowances, and so on. For these reasons, personnel management for most locations in Alaska and Hawaii is a combination of both CONUS and overseas policies and procedures. Unless the PDTATAC AP-TL-01 (<https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>) indicates otherwise, both the accompanied and unaccompanied minimum tour lengths are 36 months. Airmen who desire to remain assigned beyond completion of the minimum tour may opt to keep their automatic indefinite DEROS (see [paragraph 7.5.5.1.1](#)), request extension of tour, or an IPCOT.

7.2.5. Officer joint duty assignment Overseas Tour Length. See [paragraph 6.56](#) To receive credit for completion of a joint duty assignment tour, the period of time an officer must serve overseas may differ from the normal DoD prescribed tour length (tour length published on joint duty assignment listing). **(T-0)**. A joint duty assignment tour is not subject to tour proration.

7.2.6. Air Liaison Officer and Air Mobility Liaison Officer Duty Tour Length.

7.2.6.1. Officers assigned from the CONUS to overseas for Air Liaison Officer/Air Mobility Liaison Officer duty must serve a minimum of 24 months, accompanied or unaccompanied, at the Air Liaison Officer/Air Mobility Liaison Officer location. **(T-1)**. Upon completion of the 24 month Air Liaison Officer/Air Mobility Liaison Officer tour, officers may be reassigned on a consecutive overseas tour to serve the full prescribed tour at the gaining location, for which they receive COT leave travel allowances, or they may be reassigned to the CONUS. An Air Liaison Officer/Air Mobility Liaison Officer tour is not subject to proration.

7.2.6.2. Officers reassigned intra-theater to serve an Air Liaison Officer/Air Mobility Liaison Officer tour serve a minimum of 18 months of a 36 month tour at the initial overseas location. Then they must serve the remaining 18 months at the Air Liaison Officer/Air Mobility Liaison Officer location. **(T-1)**. Consecutive overseas tour leave travel allowances are not authorized as this move is a continuation of overseas tour. An Air Liaison Officer/Air Mobility Liaison Officer tour is not subject to proration.

7.2.7. Contract Tours. Airmen assigned to locations where the tour length is specified by government-to-government contract will serve the specified contract tour. **(T-0)**. The fact that a foreign government may be reimbursing the U.S. government for costs associated with a mission does not exempt the Air Force from complying with DoD and Air Force assignment policies. Contract tours cannot be prorated.

7.2.8. Medical Service Officer Shortage Specialty Accompanied overseas Tour Length. Two and three year obligated medical service officers serving in shortage specialties as determined by the SecAF in consultation with the Air Force Surgeon General, are allowed to serve two year accompanied tours in long tour areas. Travel of dependents overseas, shipment of household goods, etc., at government expense is contingent upon the officer meeting all other allowance criteria except the normal accompanied long tour retainability requirement.

7.2.9. Defense Attaché Tour Lengths. The Director, Defense Intelligence Agency (DIA), determines the tour lengths and whether the tours will be accompanied or unaccompanied for

Airmen assigned to the Defense Attaché System. Assignment instructions stipulate the tour length to be served. Attaché tours are not subject to proration.

7.2.10. Command Sponsored Position List Tour Lengths. A command sponsored position is a position established as such because of a direct supporting role to the warfighter or life support, mission essential to maintain the armistice and/or support the warfighter. These positions require duties where continuity is essential to mission effectiveness and a list of positions is maintained by the installation. At locations where election of the accompanied by dependents tour is restricted by a command sponsored position, a limited number of Airmen selected to serve what is otherwise a dependent-restricted unaccompanied tour may be given the opportunity to elect an accompanied by dependents tour and receive command sponsorship of dependents. The criteria used to determine who may be authorized to elect an accompanied tour may vary. Not all Airmen are eligible to serve an accompanied tour in those locations where such tours are authorized. Eligibility is contingent upon the Airman's actual duty assignment. Airmen identified to fill or offered a command sponsored position, but who elect instead to serve the unaccompanied tour length, are not required to serve the accompanied tour length and are considered to be serving a dependent-restricted unaccompanied tour.

7.2.11. Key Billet Tour Length. Certain manpower positions may be formally designated and approved as "key billets" in overseas units or activities where the presence of the Airman is of such unusual responsibility that continued presence for at least 24 months is determined to be absolutely essential to the mission of the activity of the unit or to the U.S. presence in that area. The key billet designation applies only to those overseas locations where the accompanied tour is at least 24 months. Airmen filling key billets, whether accompanied or unaccompanied, will serve a 24 month tour. **(T-0)**. Key billet tours are not subject to proration.

7.2.11.1. Since it is mandatory that Airmen filling approved key billets serve the 24 month tour, the requestor must submit requests for key billet designations through the unified command (United States Indo-Pacific Command (USINDOPACOM), United States Central Command (USCENTCOM), United States Commander in Chief, United States Atlantic Command (USCINCLANT), etc. when joint positions are involved), or for Service-specific positions through the parent MAJCOM to the approval authority with an information copy to AF/A1PPA and AFPC/DP3AM. **(T-1)**. The approval authority, as reflected in DoDI 1315.18, is as follows:

7.2.11.1.1. The Joint Chiefs of Staff for the Joint Staff and other activities under its cognizance.

7.2.11.1.2. The Principal Under Secretary of Defense (Personnel & Readiness) for joint staffs and activities under OSD cognizance.

7.2.11.1.3. The Secretary concerned, when paragraphs [7.2.11.1.1](#) or [7.2.11.1.2](#) do not apply.

7.2.11.2. Key billet requests include:

7.2.11.2.1. Specific duty location, MAJCOM, AFSC, grade, duty title, and position number.

7.2.11.2.2. Position description and justification for a 24 month tour based on the unusual responsibility and need for continuity in the position.

7.2.11.2.3. Statement that government-furnished quarters are available for the Airman and that concurrent travel of dependents is authorized.

7.2.11.2.4. Statement that key billet is at a location where command sponsorship of family members is authorized.

7.2.11.3. Once the approval authority makes a decision, the requester, AF/A1PPA, and AFPC/DP3AM is notified. The approval authority and AFPC/DP3AM will maintain a master listing of all approved Air Force key billets. **(T-1)**. When a position no longer requires key billet designation or the designated position changes, the original requesting activity will notify AFPC/DP3AM, in writing, so the master list can be kept current. **(T-1)**.

7.2.12. Designated Location Move Tour Length. Airmen selected for assignment to a dependent-restricted location, who request and receive approval for a designated location move according to AFI 36-3012, will serve an unaccompanied tour of 24 months when the overseas country where the Airman will serve is the same as the native country of their civilian spouse (see [Table 7.1](#)). **(T-1)**. Airmen do not receive short tour credit. A designated location move tour is not subject to proration. For award of ODS based on a 24 month unaccompanied designated location move tour refer to [Table 7.5](#).

7.2.13. **(Enlisted Only)** Extended Long Overseas Tour (ELT) Length. The Air Force extended long overseas tour length is the prescribed long accompanied or unaccompanied tour shown in the PDTATAC AP-TL-01 (<https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>), plus 12 additional months. This voluntary program affords enlisted Airmen special assignment selection consideration ahead of volunteers for the DoD prescribed overseas tour length according to the priorities shown in [Table 6.3](#). Example: an enlisted Airman with dependents who volunteers and is selected as an extended long tour volunteer for a location with a 36 month accompanied and 24 month unaccompanied tour length would be required to serve 48 months accompanied or 36 months unaccompanied. **Note:** This program does not apply to short tour locations, that is, the PDTATAC AP-TL-01 (<https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>) lists the tour lengths as NA/12, 24/12, or 24/15. Enlisted Airmen who are selected for an extended long tour, but do not have, do not desire, or are ineligible to obtain retainability will not be permitted to retain an assignment and change to the standard tour length (accompanied or unaccompanied). **(T-1)**. Allowing such action would result in enlisted Airmen receiving special assignment selection priority without serving the longer tour. First term Airmen who have extended their enlistment the maximum in accordance with AFI 36-2606 may request a delay in obtaining the service retainability for a portion of the extended long overseas tour if they have retainability for the prescribed standard (unaccompanied or accompanied) tour length, until arrival overseas as outlined in [paragraph 6.28](#) and [Table 6.5](#), Rule 5 and note 7. See [paragraph 7.2.13.3](#) and [Attachment 8](#) for ELT requirements in conjunction with join spouse assignment.

7.2.13.1. The AF Form 899 which directs reassignment of Airmen selected under this program must reflect that the Airman was selected for and will serve as an extended long tour volunteer. Example: an Airman selected as an extended long tour volunteer for reassignment to Ramstein, Germany, who elects the accompanied tour, is required to serve a total of 48 months. Even though the PDTATAC AP-TL-01 (<https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>), reflects a tour length of 36

months for an accompanied tour to Germany, the correct entry for block 11 on the AF Form 899 is “48” (JTR tour length of 36 plus the 12 months as an extended long tour volunteer). In addition, item 12, (Extended long tour volunteer) will reflect an “X” to indicate the Airman volunteered for, was selected for, and will serve the extended long tour (assignment action reason is AO, extended tour volunteer”). Finally, item 24 (Remarks) of the AF Form 899 will reflect the correct ADSC of “48” months (tour length plus 12) and the statement, “Airman has obtained the full 48 months retainability for the standard accompanied extended long tour.” Retainability must be obtained before authentication of orders. This is important as the gaining MPF uses the AF Form 899 as the source document to award initial DEROS (standard (accompanied or unaccompanied) tour length plus 12 months). See DAFMAN 36-2102 and the Orders Processing Application execution guidance in the MyPers website for further guidance in accomplishing the AF Form 899.

7.2.13.2. An enlisted Airman serving an extended overseas tour is not usually reassigned involuntarily from the country for which initially selected. When involuntary reassignment to another country is necessary, the tour length is prorated on request of the enlisted Airman according to **Table 7.10**, rule 1, and **paragraph 7.8**. On PCS notification the enlisted Airman is required to sign a statement indicating whether or not the member desires DEROS proration. **(T-1)**. When an enlisted Airman desires DEROS proration and the prorated DEROS would result in the Airman serving less than 12 months at the gaining location, the MPF will reclama the assignment. **(T-1)**. The enlisted Airman must not depart until a response to the reclama is received. **(T-1)**.

7.2.13.3. When one Airman of an enlisted military couple is selected as an extended tour volunteer, the joining spouse (regardless of the assignment action reason shown in the assignment) will also serve the extended long tour (see **paragraph 7.2.13** and **Attachment 8, paragraph A8.8.3**) unless waived by AFPC/DP3AM. Waivers to less than the prescribed accompanied standard tour length are not authorized. **(T-1)**.

7.2.14. (Officers Only) Accompanied Equivalent Tour Length Program. The officer accompanied equivalent tour length program affords a single officer with no dependents an opportunity to choose to serve an overseas tour equal to the accompanied tour length. **Note:** This option does not apply to officers with a military spouse and it does not require officers who have no dependents to complete a tour election statement. The following procedures apply:

7.2.14.1. During the initial relocation briefing, the MPF will counsel single officers with no dependents of the option to choose an accompanied equivalent tour length when an accompanied tour is authorized by the PDTATAC AP-TL-01 (<https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>). **(T-1)**. **Example:** a single captain with no dependents selected for reassignment to Ramstein AB would normally serve a 24 month unaccompanied tour. Under this program, the member may choose instead to serve a 36 month accompanied equivalent tour length. The officer sends an email to their MPF Assignment Counselor, Subject: (Controlled Unclassified Information)–Officer Accompanied Equivalent Tour Length Volunteer Statement with the following information: “I (last name, first name, MI), (grade), (SSN), have a projected assignment to (location) and I volunteer to serve the accompanied equivalent tour length at this location. I understand as a result of this volunteer statement I am obligated to serve the prescribed unaccompanied tour length of (# of months) plus an additional (# of months),

which makes the total overseas tour length I agree to serve equal to the prescribed accompanied tour length shown in the PDTATAC AP-TL-01 (<https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>). I understand and agree that my ADSC will be equal to my DEROS which will be based on the accompanied tour length. I further understand after arrival overseas that my overseas tour extension opportunities and procedures for curtailment of my overseas tour will be the same as others who were required to serve the accompanied by dependents tour length.” The MPF uses this email to record an officer’s choice and is the source document for the entry in the Remarks section of the PCS orders as required below. The email is filed in the Airman’s relocation folder.

7.2.14.2. Include in the officer's PCS orders the total number of months to be served in item 11 of the AF Form 899 and include the following statement in the Remarks area when an officer chooses to serve the accompanied equivalent tour length, "Airman elected to serve the accompanied equivalent tour length which was approved by and corresponding DEROS will be updated upon in-processing at gaining location."

7.2.14.3. An officer's request to change back to the unaccompanied tour length prior to departure may be approved by the assignment OPR and requires amendments to the PCS orders, if previously published, to delete the officer's choice to serve the accompanied equivalent tour length.

7.2.14.4. DEROS extension requests for officers serving the accompanied equivalent tour length may still be requested as outlined in [paragraph 7.5.6](#).

7.2.14.5. Any request to change back to the unaccompanied tour length after departure on the overseas PCS are processed as a DEROS curtailment as provided in [paragraph 7.5.8](#).

7.2.15. Lask, Poland Tour Length. Airmen assigned to Lask, Poland, serve a 12-month unaccompanied, dependent-restricted tour (NA/12) to support the aviation detachment at this overseas location. This location will not be referenced in the PDTATAC AP-TL-01 (<https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>), since it is an “AF Only” tour, per [paragraph 7.2.3](#), as authorized and approved by SecAF.

7.2.16. **(RegAF Only)** Tour Lengths for Unaccompanied First-Term Airmen in Certain Overseas Locations extended. Unaccompanied Airmen (enlisted and officers) on their first permanent duty assignment following training assignment (s) will serve the accompanied tour length (36-months) at the below locations. **Note:** This rule is not intended to limit statutorily granted assignment authority over officer assignments, where applicable (i.e., The Judge Advocate General (TJAG) who holds statutory authority over judge advocate officer assignments).

7.2.16.1. United States Forces in Europe (USAFE): Mildenhall (UK); Alconbury (UK); Croughton Air Base (UK); London (UK); Menwith Hill (UK); Fairford (UK); Welford (UK); Molesworth (UK); Aviano (Italy); Stavanger (Norway); Ramstein (Germany); Kaiserslautern (Germany); Sembach (Germany); Vogelweh (Germany); Landstuhl (Germany); Kapaun (Germany); Einsiedlerhof (Germany); and Spangdahlem (Germany).

7.2.16.2. Pacific Air Forces (PACAF): Kadena (Japan); Misawa (Japan); and Yokota (Japan).

7.2.16.3. During the initial relocation briefing, the MPF will counsel single first-term Airmen (enlisted and officer) that they will be serving the accompanied tour length of 36-months.

7.2.16.4. Include in the member's PCS orders (AF Form 899, item 11) that the total number of months to be served is 36-months and include the following statement in the Remarks area, "Airman will serve the accompanied equivalent tour length and their corresponding DEROS will be updated upon in-processing at gaining location."

7.2.16.5. DEROS extension requests for members serving the accompanied equivalent tour length may still be requested as outlined in [paragraph 7.5.6](#).

7.3. Credit for Overseas Service. Credit is given for overseas service performed in any of the Armed Forces of the U.S. within the guidelines below. Overseas duty begins on the date of departure from the CONUS, for assignment purposes, unless an Airman has leave approved in an overseas area. Credit for overseas service begins on Airman's date of arrival at the new overseas station for an Airman with approved leave in an overseas area prior to reporting to a new overseas duty station. Credit for overseas service ends on the date of arrival at the CONUS port of entry, unless an Airman has leave approved in an overseas area after completion of an overseas tour. When an Airman has leave approved in an overseas area after completion of an overseas tour, then credit for overseas service ends upon departure from the current overseas duty station. As explained below, "award" of an overseas service date means to give the Airman a new date equal to the completion date of the last TDY performed in a cumulative TDY period which qualifies for award of a new date. Example: an Airman who has never served overseas has a TAFMSD and ODSD of 10 Sep 2000. Upon completion of an overseas TDY, that qualifies for credit of a completed short tour per [Table 7.6](#), on 25 Oct 2009; the Airman would be awarded a new ODSD of 25 Oct 2009 and awarded short tour credit. An "adjustment" of an overseas service date is adding the number of days an Airman was in TDY status to a previously awarded date. Example: an Airman serving in the CONUS last returned from PCS overseas on 25 Sep 2003 (ODSD is 25 Sep 2003) and the member performs 5 days TDY overseas from 1 Feb 2005 through 5 Feb 2005. Upon completion of the overseas TDY the Airman's ODSD would be adjusted by 5 days to 30 Sep 2003.

7.3.1. In cases where the overseas tour completion dates are earlier than the TAFMSD, the ODSD and short tour return date (see [paragraph 7.4.1.2](#) and [7.4.2.2](#)) are updated to match the TAFMSD (the ODSD and short tour return date cannot be before an Airman's TAFMSD).

7.3.2. Non-CONUS residents of Alaska, Hawaii, Guam, and the Canal Zone receive credit for overseas service performed in their home state or area since 1 May 1985. No overseas credit was awarded prior to this date.

7.3.3. Airmen performing duty with the Navy (such as officer Navy exchange tours) when assigned to Air Force units in the CONUS (which are collocated with Navy facilities) and who are deployed to sea are considered to be performing CONUS to overseas TDY and are credited for TDY according to the rules in [Table 7.6](#). Airmen assigned overseas and are performing duty with the Navy are assigned PCS to land-based Air Force units overseas (which are collocated with Navy facilities). These Airmen when deployed to sea are considered performing overseas to overseas TDY and are credited for TDY according to the rules in [Table 7.6](#).

7.3.4. Update of Overseas Service.

7.3.4.1. Overseas Credit for PCS. The ODSO, short tour return date, and number of short tours, if applicable, are automatically updated in the PDS when the Airman completes or is curtailed from an overseas tour. The appropriate tour credit automatically updates once the Airman in-processes at the new location and the MPF gains the Airman to file. Tours starting prior to January 2000 that are missing from Airman's record cannot be updated by the MPF, however tours starting after January 2000 that are missing can be updated by the MPF. Submit a correction request in accordance with [paragraph 7.3.4.3](#) for missing tours that started prior to January 2000. [Table 7.5](#) provides the rules for award or adjustment of the ODSO and/or short tour return date based on PCS.

7.3.4.2. Overseas Credit for TDY. The ODSO, short tour return date, and number of short tours, if applicable, is automatically updated in PDS when an Airman completes 2 or more consecutive days TDY in an overseas location. This day-for-day credit is automatic when travel vouchers are filed. The interface between the Air Force Military PDS and the Defense Finance Accounting Service (DFAS) makes it possible for Airmen to receive automatic overseas TDY credit for their overseas service. **Note:** Airmen who perform overseas TDYs and who file their travel voucher through other than Air Force FSO (i.e., Army, Navy) must provide a copy of their paid travel voucher to their MPF for individual update of the overseas TDY to receive credit (an automatic system interface does not exist between Army, Navy FSOs and Air Force FSOs). **(T-1).** MPF must ensure that all data fields are updated, using information from the travel voucher, to document the TDY. **(T-1).** The 43F data documents the date the travel voucher was processed by FSO. [Table 7.6](#) provides the rules for award or adjustment of the ODSO and/or short tour return date based on TDY.

7.3.4.3. Errors discovered by the Airman or MPF on overseas dates (ODSO, short tour return date, overseas tour dates, and/or number of short tours) must be thoroughly researched and verified by the MPF prior to submitting a correction of record request to AFPC/DP3AM. **(T-1).** The MPF must conduct a records audit and use a combination of the following documents to verify overseas tours or completed TDYs: travel vouchers, PCS orders, decoration citations, Officer Performance Report/Enlisted Performance Reports, Initial Duty Assignment worksheet, records review RIP. **(T-1).** Requests for corrections include the start and stop dates (day, month, and year) of the overseas tour or TDY, specific country and location, overseas tour length or number of days TDY, previous ODSO and short tour return date, and what the ODSO and short tour return date should be based on the information provided. If the dates for the TDY tour award overlaps with another overseas TDY accumulation award, the Airman decides what type of tour they want to receive credit for in accordance with [Table 7.6](#). Airmen cannot receive dual credit for overlapping TDY tours. Tours correction requests are sent via CMS to AFPC/DP3AM in accordance with execution guidance in the MyPers website, overseas credit for PCS and TDY.

7.3.5. Credit for overseas service prior to the date of this publication cannot be corrected or otherwise changed by the MPF because policies, definitions, tour lengths, and so on are subject to change over time. Send unusual cases, such as those based on prior service or service in another branch of the U.S. Armed Forces, via CMS to AFPC/DP3AM (to AF/A1LG for generals and general selects, AF/A1LO for colonel and colonel selectees, and AF/A1LE for

CMSgts and CMSgt selects) for review and final decision. All requests for overseas duty credit for prior service in the U.S. Armed Forces include the documentation listed in [paragraph 7.3.4.3](#). It is the Airman's responsibility to provide the documentation. Do not send cases to AFPC/DP3AM for review without the appropriate documentation to make a decision. In the case of prior service in which an Airman claims service at sea, include special orders assigning the Airman to and from the ship, copies of the ship's logs for the period of time sea service claimed, reports of separation verifying the Airman's prior service, and any other documentation that substantiates the Airman's request. In addition, see [paragraph 7.3.4](#) for the guidance on Air Force Airmen who perform sea duty.

7.4. Overseas Duty Selection Date (ODSD) and Short Tour Return Date. The ODSD and short tour return date are awarded and adjusted according to Tables [7.5](#) and [7.6](#), and the following guidelines below. AFPC/DP3AM may authorize award or adjustment of ODSD/short tour return date as an exception to the guidance in this instruction. A source document validated by AFPC/DP3AM or this instruction authorizes such credit.

7.4.1. ODSD. The ODSD is used along with other factors to place Airmen in the proper sequence for selection for an overseas tour (long or short) as shown below and in Tables [6.2](#) and [6.3](#). For selection for an overseas short tour, the ODSD is used as shown below and in [Table 6.2](#). The ODSD is the most recent of the following:

7.4.1.1. Non-prior service Airmen are awarded an initial ODSD equal to their TAFMSD; or

7.4.1.2. For prior service Airmen who have completed a prior overseas tour, the ODSD is either the TAFMSD or date Airmen completed the overseas tour, whichever is most recent. If the stop date of a prior service overseas long tour is before the adjusted TAFMSD then the overseas tour information may be input in the PDS under the overseas tour history area for historical purposes, but this data does not adjust the ODSD. The ODSD remains the same as the adjusted TAFMSD if more recent; or

7.4.1.3. The ODSD is the date an Airman arrives in the CONUS after completing a long or short overseas tour; or

7.4.1.4. The date which is 1 day before arrival at a new permanent duty station on a consecutive overseas tour when there is no travel through the CONUS; or

7.4.1.5. On completion of the current tour for an in-place consecutive overseas tour (see [paragraph 7.5.7](#)); or

7.4.1.6. The date of return from the last TDY when a new ODSD is awarded (see [Table 7.6](#)); or

7.4.1.7. The total number of days served on an overseas TDY(s) which are added day-for-day to the ODSD upon completion of the TDY (only TDYs of two or more consecutive days are creditable for TDY performed after 5 January 1995).

7.4.2. Short Tour Return Date and Number of Short Tours Completed. The short tour return date and number of short tours completed are used in combination with the ODSD and other factors to place Airmen in the proper sequence for selection for overseas short tours as shown in [Table 6.2](#). The short tour return date is the most recent of the following:

7.4.2.1. Non-prior service Airmen are awarded an initial short tour return date equal to their TAFMSD; or

7.4.2.2. For prior service Airmen who have completed a prior overseas short tour, the short tour return date is either the TAFMSD or date Airman completed the overseas short tour, whichever is most recent. If the stop date of a prior service overseas short tour is before the adjusted TAFMSD, then the overseas tour information may be input in the PDS under the overseas tour history area for historical purposes, but this data does not adjust the short tour return date. However, it is credited to the short tour counter. The short tour return date remains the same as the adjusted TAFMSD if more recent; or

7.4.2.3. The short tour return date is the date the Airman arrives in the CONUS after completing a short overseas tour; or

7.4.2.4. The date which is 1 day before arrival at a new permanent duty station on a COT when there is no travel through the CONUS; or

7.4.2.5. On completion of the current tour when it is a short tour for an IPCOT (see [paragraph 7.5.7](#)); or

7.4.2.6. The date of return from the last TDY when a new short tour return date is awarded (see [Table 7.6](#)); or

7.4.2.7. The total number of days served on an overseas TDY(s) which are added day-for-day to the short tour return date upon completion (only TDYs or two or more consecutive days are creditable for TDY performed after 5 January 1995).

7.5. Date Eligible for Return from overseas (DEROS) Management. The following paragraphs provide guidance on initial establishment and computation of DEROS, adjustment of DEROS, the overseas Returnee Counseling Program, DEROS options (such as, indefinite DEROS, extension, IPCOT), DEROS curtailments, and DEROS proration. Any request that might result in a change of DEROS for an officer serving in a joint duty assignment position is coordinated with the joint organization (Director, J-1, or equivalent) and AFPC/DP2LWA. See execution guidance in the MyPers website, DEROS Management for procedural guidance.

7.5.1. Initial DEROS Establishment and Computation. The tour length for the initial DEROS is established according to [Table 7.4](#), an Airman's tour election, remarks in PCS orders, the assignment action reason or instructions from the assignment OPR. The DEROS is computed by adding the overseas tour length (in months) to the date departed CONUS (or date arrived station when applicable). Example: an Airman with an RNLTD of 30 Jun 2008 who departs the CONUS on 20 Jun 2008 to serve a 36 month tour would have a DEROS of 20 Jun 2011. An Airman with an RNLTD of 10 Sep 2008 who departs the CONUS on 1 Sep 2008 to serve a 12 month tour would have a DEROS of 1 Sep 2009. An Airman with an RNLTD of 10 Feb 2008 who departs the CONUS on 31 January 2008 and arrives on 1 Feb 2008 to serve a 12 month tour would have a DEROS of 1 Feb 2009 (this Airman should not have departed the CONUS prior to the DEROS month according to [Table 7.4](#) and paragraphs [6.31](#) and [6.32](#)). No other method is used to compute the DEROS except when Airman is authorized to report prior to their RNLTD month. In those instances DEROS is computed by adding the overseas tour length to the RNLTD month. The DEROS is updated per the execution guidance in the MyPers website. The DEROS for general officers (and selectees) is established or adjusted at the discretion of the SecAF. On arrival of a general officer or selectee at the overseas duty station,

the DEROS is established as shown in [Table 7.4](#), or based on assignment instructions from the assignment OPR. AFPC does not change the DEROS of general officers (or selectees) once initially established. Send DEROS change requests out of system to AF/A1LG for approval and reentry into the PDS. For all Airmen, when PCS orders show the Airman elected the accompanied tour, the initial DEROS is based on the accompanied tour length, whether or not the Airman arrives with dependents. If the Airman desires to change their tour election after arrival at the overseas duty station, see [Table 7.3](#) and/or [paragraph 7.11](#).

7.5.2. Adjustment of DEROS. An adjustment of DEROS is a change (extension, curtailment, proration, tour election change, etc.) after initial award. [Table 7.4](#) describes those events which necessitate adjustment of DEROS.

7.5.3. DEROS Election Option or Forecast Notification. All enlisted Airmen assigned overseas and all officers assigned to Korea only will receive a DEROS Election Option or Forecast Notification which reflects several DEROS Options. **(T-1)**. Officers indicate their DEROS elections at the time they are placed on the VML for all overseas locations other than Korea. The DEROS Election Option is automated through the vMPF at short tour locations (for officers only at Korea and for enlisted at all locations) and for enlisted Airmen (only) who are eligible to make an OTEIP election (see [Attachment 12](#)) at long tour locations. The DEROS Forecast Notification is automated through the vMPF at all other locations (that is enlisted at long tour locations, except for Airmen eligible to make an OTEIP election). The automation of the DEROS election Option and Forecast Notification, its purpose, and DEROS options are explained below.

7.5.3.1. At locations where the unaccompanied tour length is 18 months or more, the DEROS Election Option or Forecast Notification is automated through the vMPF between 13 to 15 months prior to an Airman's DEROS.

7.5.3.2. At locations where the unaccompanied tour length is less than 18 months, the DEROS Election Option or Forecast Notification is automated through the vMPF 10 months prior to DEROS.

7.5.3.3. Both the DEROS Election Option and Forecast Notification require an Airman to elect one of the DEROS management options listed in [paragraphs 7.5.5](#). Depending on which option the Airman elects, additional actions may be required, such as obtaining the required retainability.

7.5.3.3.1. Airmen who are notified of a DEROS Election Option must review it, initial next to their preference, sign the RIP, and have their supervisor and commander sign it. **(T-1)**. Airmen must return the RIP to the MPF NLT 30 calendar days from date it was produced. **(T-1)**.

7.5.3.3.2. Airmen who are notified of a DEROS Forecast Notification must review their options and elect a DEROS option. **(T-1)**. The Airman must submit the RIP to the MPF with the elected DEROS option NLT 30 calendar days from the date it was produced. **(T-1)**. The MPF will update the DEROS option. **(T-1)**. The MPF forwards to AFPC. AFPC is the final approval authority for all DEROS option requests.

7.5.4. Overseas Returnee Counseling Program. All Airmen assigned overseas must be advised of the specific options available to them. **(T-1)**. To accomplish this, the MPF must give enlisted the execution guidance in the MyPers website, Assignments: overseas returnee/CMM

Counseling Handout and must give officers the Air Force Officer Assignment System Guide. **(T-1)**. The MPF is responsible for providing up-to-date handouts to each Airman at the same time in which they receive their DEROS Election Option or Forecast Notification RIP. Airmen are responsible for reading the contents of the execution guidance or Air Force Officer Assignment System Guide and ensuring they understand all their DEROS options or seek assistance from their MPF. See Attachments **9** and **14** for program information. The minimum overseas returnee counseling requirements are satisfied when the MPF provides the Airman a copy of the execution guidance or Air Force Officer Assignment System Guide and confirms the Airman's acknowledgement of receipt. An Airman's receipt of the handout or guide is the primary proof that counseling has been provided. The MPF is encouraged to conduct face-to-face overseas returnee counseling briefings either individually or by group to supplement the information in the guide. MPF arranges individual counseling upon request.

7.5.5. DEROS Options. Most DEROS options are intended to increase the stability of the Airman and family, save PCS costs by deferring or eliminating the move of the Airman and their replacement, and provide continuity to the unit of assignment. Each DEROS Option is reviewed on its individual merits and a recommendation for approval or disapproval is based on a combination of factors. These factors include eligibility, duty performance, conduct, adaptability, medical suitability, the impact of continued overseas duty on the Airman and family, and opportunities for continued local career progression. A recommendation for disapproval may not be based solely on the passage of time.

7.5.5.1. Indefinite DEROS. Airmen who desire to remain at the overseas duty location beyond their minimum prescribed tour length may elect the indefinite DEROS option. The commander may recommend approval or disapprove the Indefinite DEROS request as long as it is consistent with DoD and Air Force policy. Commanders and Airmen must comply with procedures outlined in **paragraph 7.5.3.3** to request an Indefinite DEROS. **(T-1)**.

7.5.5.1.1. For Alaska or Hawaii, Airmen assigned to a long tour location have their DEROS automatically changed to indefinite at the time their DEROS Election Option or DEROS Forecast is automated in the vMPF. Airmen's options are: confirming and accepting the indefinite DEROS with their commander's concurrence; requesting reinstatement of the original DEROS; or electing any other option available as referenced through the vMPF.

7.5.5.1.2. Enlisted Airmen with an indefinite DEROS who have overseas preferences reflected in the PDS receive continuous consideration for consecutive overseas tour selection.

7.5.5.1.3. Enlisted Airmen with an indefinite DEROS must maintain at least 8 months service retainability to maintain the indefinite DEROS and receive continuous consecutive overseas tour consideration. **(T-1)**. Once an enlisted Airman is within 8 months of date of separation, the member is no longer considered for a consecutive overseas tour and their DEROS is automatically established to match their date of separation. This, in turn, causes the enlisted Airman to be identified for separation. Enlisted Airmen must obtain and maintain sufficient service retainability to avoid establishment of an involuntary DEROS as outlined in **paragraph 6.28** and **Table 7.9**. **(T-1)**.

7.5.5.1.4. Eligible enlisted Airmen who want to participate in the OTEIP cannot also elect an indefinite DEROS, and vice versa. Participation in the OTEIP requires enlisted Airmen to make an entitlement election and agree to a specific period (12 month extension), and the period requires a specific start and stop date.

7.5.5.1.5. To establish a DEROS from an indefinite DEROS, Airmen request a DEROS through the vMPF, self-service actions. The requested DEROS cannot be more than 15 months, nor less than 12 months from the date of request. To allow for systematic rotation the unit commander or the assignment OPR may approve an alternate DEROS that is not more than 15 months or less than 9 months from the date selected via the vMPF. Officers with an indefinite date of separation who want to separate or retire upon completion of their overseas tour must request establishment of a DEROS which coincides with the date of separation or date of retirement requested. **(T-1)**. Enlisted Airmen who desire to retire should request establishment of a DEROS to coincide with their retirement application. Enlisted Airmen who desire to separate automatically have a DEROS established when they get within 8 months of date of separation.

7.5.5.1.6. An Airman's unit commander can request a DEROS be established from an indefinite DEROS for the reasons listed in [paragraph 7.5.5](#), or when such action serves the best interest of the AF. In addition, the assignment OPR may also initiate such action. Final decision on any request submitted under this paragraph is the assignment OPR.

7.5.5.2. Airmen within 60 days of DEROS. When an Airman is within 60 days of the first day of the DEROS month (overseas returnees are considered mandatory movers) and has not received an assignment, the MPF sends an email message to the assignment OPR. The assignment OPR determines assignment and updates the PDS. The assignment OPR will notify the MPF via return email. **(T-1)**. The email message from the MPF includes:

7.5.5.2.1. Grade, name, SSN (last 4), CAFSC.

7.5.5.2.2. DEROS, SEIs, CONUS and overseas preferences.

7.5.5.2.3. All AACs and assignment limitation codes with date of availability/expiration date, if applicable.

7.5.5.2.4. Date of separation. Include statement to show whether Airman extended or reenlisted, and date of action.

7.5.5.2.5. If there are any personnel actions, assignment actions, or requests for assignment pending that could conflict with the short-notice assignment. If so, state the kind of action and the status. If none, so state.

7.5.5.2.6. If Airman previously declined retainability for an assignment, whether declination statement signed, and date signed. Whether the Airman a career Airman or a first-term Airman when declination was signed.

7.5.5.2.7. E-9s. Overseas selections and returnee assignment match processes for E-9s are managed by AF/A1LE.

7.5.6. Voluntary DEROS Extension. Airmen may request a DEROS extension not to exceed the standard accompanied tour length at the current location in a single increment. Upon deciding how long to extend, Airmen should consider if the Airman is eligible to obtain at least 12 months retainability after the requested DEROS in order to be eligible for a CONUS PCS. Also, enlisted Airmen in a selective reenlistment bonus AFSC requesting a DEROS extension should be counseled in regards to the effect on their Selective Reenlistment Bonus due to retainability requirements for the DEROS extension. Selective reenlistment bonus eligible Airmen should consider requesting a retainability suspense delay as outlined in [Table 6.5](#). All other enlisted Airmen must obtain the appropriate retainability as outlined in [paragraph 6.28. \(T-1\)](#). To request a voluntary DEROS extension, Airmen must comply with procedures as outlined in [paragraph 7.5.6.6. \(T-1\)](#). Enlisted Airmen serving in short tour areas who extend their overseas tour for a period of 6 or more months and those in long tour areas who extend for a period of 12 months are given higher assignment priority within their returnee match group as outlined in [Table 7.11](#). This is done to encourage enlisted Airmen to request voluntary overseas DEROS extension during their DEROS Option window.

7.5.6.1. Approval/Disapproval Authority. Unit commanders may recommend approval or disapprove extension requests as outlined in [Table 7.7](#). Approval recommendations are forwarded to the assignment OPR. Assignment OPRs approve or disapprove extension requests submitted for consideration.

7.5.6.2. Enlisted Airmen not recommended for reenlistment or promotion are not eligible for voluntary extension of overseas tour.

7.5.6.3. Enlisted Airmen eligible for the OTEIP must apply using their DEROS Election Option and ensure their extension request is directly processed and submitted/updated. **(T-1)**. An OTEIP extension is different than other voluntary DEROS extensions. Refer to [Attachment 12](#) for further OTEIP guidance.

7.5.6.4. DEROS extensions for Airmen of military couples (who marry during current overseas tour) at an overseas area without government approved accompanied housing are not authorized, except for the purpose of establishing a common DEROS in order to facilitate join spouse assignment consideration according to [Attachment 8](#).

7.5.6.5. Airmen ineligible to obtain CONUS PCS service retainability computed in accordance with [Table 6.4](#) (example: enlisted Airmen who decline to obtain retainability) have their DEROS involuntarily extended to match their date of separation (see [Table 7.9](#)).

7.5.6.6. A DEROS extension request submitted later than 30 days from the day the DEROS Election Option or DEROS Forecast Notification is produced is submitted and considered as an exception to [paragraph 7.5.3.3.1](#). This type of request requires full justification and may be disapproved by the commander. When the unit commander recommends approval, the request is forwarded to the assignment OPR for a final decision.

7.5.6.7. Airmen surplus to current unit authorizations may request a DEROS extension and may be approved if they can be utilized within another MAJCOM at the same location. The MPF forwards this type request, along with recommendations of both commanders concerned, to the assignment OPR for a final determination. If approved, appropriate PCA instructions and DEROS change are flowed via the PDS.

7.5.6.8. Airmen may request cancellation of any part of an approved voluntary DEROS extension provided:

7.5.6.8.1. The new DEROS does not place an enlisted Airman within the overseas allocation cycle as outlined in [Attachment 13](#), or an officer does not have an assignment selection date according to [Table 6.7](#).

7.5.6.8.2. Airmen have or obtain the full minimum service retainability for a CONUS assignment as outlined in [Table 6.4](#).

7.5.6.8.3. Airmen who have voluntarily extended their overseas tour are not involuntarily reassigned during the period of extension to any other location without the approval of AFPC/DP3AM. If reassignment is mandatory, these Airmen are reported to the appropriate assignment OPR as available for CONUS assignment.

7.5.6.8.4. Overseas DEROS extension is viewed as a commitment to the Airman. Requests for cancellation of all or part of a DEROS extension by the Airman's commander is an exception to procedures and requires full justification to the assignment OPR. Cancellation of an approved voluntary extension should not be taken in lieu of appropriate administrative or disciplinary action. Cancellation due to force structure changes or authorization deletions does not require additional justification.

7.5.7. Consecutive Overseas Tour, In-Place Consecutive Overseas Tour, and Involuntary Consecutive Overseas Tour.

7.5.7.1. Consecutive Overseas Tour. The objective of the voluntary consecutive overseas tour program is twofold: conserve PCS funds by encouraging eligible Airmen to serve consecutive overseas tours and reduce PCS turbulence. Since overseas returnees require rotation from overseas, a move from the CONUS to the overseas location is eliminated when an overseas returnee fills another overseas requirement. Consecutive overseas tours are authorized for any combination of overseas assignments (short to long, long to long, etc.).

7.5.7.1.1. General Information. All PCS assignments between overseas duty stations are accomplished as consecutive overseas tours except when an Airman is reassigned on a continuation of tour due to being surplus ([paragraph 6.45](#)). Do not use the abbreviation COT in reference to a continuation of tour.

7.5.7.1.1.1. Airmen reassigned on a consecutive overseas tour must serve the full prescribed tour at their current location and serve the full prescribed tour at the gaining location. **(T-1)**. Exceptions involving curtailment of current overseas tour and reassignment on a consecutive overseas tour may be requested according to [paragraph 5.5](#) and are considered on a case-by-case basis.

7.5.7.1.1.2. The Airman's overseas duty selection date and short tour return date (if applicable) are updated after completion of the original tour, plus any approved DEROS extension.

7.5.7.1.1.3. For consecutive overseas tours, no priority travel of dependents or guarantee of government quarters is given over Airmen being assigned from the CONUS.

7.5.7.1.2. Consecutive Overseas Tour Consideration. To receive consideration for a consecutive overseas tour, Airmen must be eligible for PCS to include having at least 12 months PCS retainability from current DEROS, and meet consecutive overseas tour eligibility requirements. **(T-1)**. See [paragraph 6.28](#), [Table 6.4](#) and [Table 6.6](#) for further information concerning retainability requirements and separation and retirement date minimums for overseas PCS selection. Officers (except judge advocates) volunteer for a consecutive overseas tour using the Airman Development Plan. Enlisted Airmen volunteer for a consecutive overseas tour by updating overseas preferences in vMPF as advertised during their overseas EQUAL Cycle.

7.5.7.1.3. Consecutive Overseas Tour Selection Priorities/Procedures and Retainability Requirements. Consecutive overseas tour volunteers receive assignment consideration according to the priorities in [Table 6.2](#) and [Table 6.3](#).

7.5.7.1.3.1. Enlisted volunteers for consecutive overseas tours receive consideration for requirements (reporting) during their DEROS month plus the following 2 months (example: a consecutive overseas tour volunteer with a June DEROS receive consideration for requirements with reporting during June, July, or August). Airmen with an indefinite DEROS receive continuous consideration for consecutive overseas tours provided their DEROS remains indefinite, they maintain overseas preferences in the PDS, they remain eligible for PCS, and they are not within 8 months of their date of separation. Once an Airman is within 8 months of their date of separation, the DEROS is automatically established to equal the date of separation and consecutive overseas tour consideration stops.

7.5.7.1.3.2. Airmen with an indefinite DEROS selected for a consecutive overseas tour will not depart before completing the full current tour, plus any previously approved DEROS extensions. **(T-1)**.

7.5.7.1.3.3. Airmen are considered for consecutive overseas tours in their CAFSC; however may request consideration in an additionally awarded AFSC through the MPF to the assignment OPR. Such a request is submitted prior to assignment selection date and the needs of the Air Force determine if selection is approved in an additional AFSC. Airmen possessing an overseas imbalance AFSC normally are considered only in that AFSC. However, if a consecutive overseas tour cannot be approved in the imbalance AFSC, Airmen may be considered in an additional AFSC. The assignment OPR has final approval/disapproval authority.

7.5.7.1.3.4. Airmen notified of consecutive overseas tour approval have 30 calendar days from notification in which to take one of the following actions as outlined in [paragraph 6.28](#): 1) obtain the full required retainability for the elected overseas tour (DAF Form 965, *Overseas Tour Election Statement*); 2) decline in writing (DAF Form 964) to obtain the additional consecutive overseas tour retainability; or 3) request a delay in obtaining the retainability from the MPF Chief in accordance with [Table 6.5](#).

7.5.7.1.4. Release From/Cancellation of an Approved Consecutive Overseas Tour. The requirement to request concurrent travel still exists when a consecutive overseas tour assignment is to an overseas location where concurrent travel is not automatic. If for some reason concurrent travel cannot be approved for a consecutive overseas tour

from one accompanied long tour to another, the MPF reclaims the assignment upon receiving the denial of concurrent travel. Airmen may submit a request for release from a consecutive overseas tour based on a change of volunteer status in accordance with [paragraph 6.10](#) for best interest of the Air Force or hardship reasons only (this does not delay the requirement for enlisted Airmen to obtain consecutive overseas tour retainability). The MPF submits the reclama request via the CMS. Requests are considered on a case-by-case basis.

7.5.7.1.5. Consecutive Overseas Tour Allowances. Airmen who serve a consecutive overseas tour, and in certain circumstances their command sponsored dependents, may be entitled to consecutive overseas tour travel and transportation allowances as provided in the JTR, par. 050812. In no instance can these allowances be used prior to completion of the Airman's current tour. Leave taken in conjunction with consecutive overseas tour travel and transportation allowance is chargeable leave in accordance with AFI 36-3003.

7.5.7.2. In-Place Consecutive Overseas Tour. The objective of the in-place consecutive overseas tour program is the same as for consecutive overseas tour.

7.5.7.2.1. General Information. The in-place consecutive overseas tour length shall be equal to or greater than the tour length currently being served. Example: an Airman serving a 36 month accompanied tour may not serve a 24 month (unaccompanied) in-place consecutive overseas tour. An in-place consecutive overseas tour is a new tour, not an extension. The date arrived station does not change because there is no change in duty station. (**Exception:** An Airman serving an accompanied tour who has a change in dependent status and is no longer accompanied by dependents may request an unaccompanied in-place consecutive overseas tour. In addition, enlisted Airmen may request a standard tour length in-place consecutive overseas tour if currently serving the extended long tour and single officers with no dependents may request a standard unaccompanied tour length in-place consecutive overseas tour if serving the accompanied equivalent tour length).

7.5.7.2.1.1. Airmen serving the unaccompanied tour at a location where an accompanied tour is authorized may serve an accompanied in-place consecutive overseas tour, if desired, provided they have, or are able to obtain, retainability to serve the full accompanied tour (plus, for enlisted, 12 additional months if selected as an extended long tour volunteer). Airmen should understand that this change of tour is effective on completion of the current unaccompanied tour, and any previously approved DEROS extension. The use of allowances associated with the accompanied in-place consecutive overseas tour (transportation of dependents, shipment of household goods, etc.) is not authorized until completion of the full unaccompanied tour, plus any extensions.

7.5.7.2.1.2. For Airmen with an established DEROS, the in-place consecutive overseas tour is effective on completion of the current tour, and any previously approved DEROS extension. The in-place consecutive overseas tour DEROS is computed by adding the full length of the tour the Airman elects to the current DEROS. For Airmen with an indefinite DEROS, the in-place consecutive overseas tour DEROS is effective upon completion of either the initial full prescribed tour,

plus any previously approved DEROS extensions, or upon approval by the assignment OPR if the original tour, plus extensions, has been completed.

7.5.7.2.1.3. The Airman's ODS and short tour return date (if applicable) are updated after completion of the original tour, plus any approved DEROS extension. The date arrived station does not change.

7.5.7.2.1.4. For in-place consecutive overseas tours, no priority travel of dependents or guarantee of government quarters is given over Airmen being assigned from the CONUS.

7.5.7.2.1.5. IPCOT approval is based on manning by location, not unit, so the possibility exists that the Airman may be reassigned to another unit or command at the same overseas location.

7.5.7.2.2. IPCOT Consideration. To receive consideration for an IPCOT, Airmen must be eligible for PCS to include having at least 12 months PCS retainability from current DEROS, and meet IPCOT eligibility requirements. **(T-1)**. Airmen that do not have at least 12 months PCS retainability from current DEROS must obtain retainability within 30 days of requesting in-place consecutive overseas tour consideration on their DEROS option RIP. Example: An Airman who receives their DEROS Option RIP on 1 June 2012 and has 9 months PCS retainability from current DEROS must extend for 3 months by 1 July 2012 in order to be considered for an in-place consecutive overseas tour.

7.5.7.2.2.1. Officers (except judge advocates) volunteer for an in-place consecutive overseas tour using the Vulnerable Mover List reclama process through their commander. Enlisted Airmen with an established DEROS, or those assigned to long tour locations in Alaska and Hawaii, request an in-place consecutive overseas tour at the time of DEROS forecasting by using the DEROS Option RIP. Airmen with an indefinite DEROS may request an in-place consecutive overseas tour at any time through their MPF.

7.5.7.2.2.2. The unit commander must certify Airman's eligibility, including quality control, and recommend approval or disapproval on the DEROS Option RIP. **(T-1)**. The unit commander has disapproval authority, however; approval authority is the AFPC assignment officer/NCO.

7.5.7.2.3. IPCOT Selection Priorities/Procedures and Retainability Requirements. An Airman's in-place consecutive overseas tour preference is considered ahead of all consecutive overseas tour preferences.

7.5.7.2.3.1. Airmen are considered for an in-place consecutive overseas tour in their CAFSC; however may request consideration in an additionally awarded AFSC through the MPF to the assignment OPR. Such a request is submitted prior to assignment selection date and the needs of the Air Force determine if selection is approved in an additional AFSC. Airmen possessing an overseas imbalance AFSC normally are considered only in that AFSC. However, if an in-place consecutive overseas tour cannot be approved in the imbalance AFSC, Airmen may be considered in an additional AFSC. The assignment OPR has final approval/disapproval authority.

7.5.7.2.3.2. Airmen notified of in-place consecutive overseas tour approval have 30 calendar days from notification in which to take one of the following actions as outlined in [paragraph 6.28](#): 1) obtain the full required retainability; 2) decline to obtain the additional in-place consecutive overseas tour retainability; or 3) request a delay in obtaining the retainability from the MPF Chief in accordance with [Table 6.5](#) MPF only needs to reclaim the in-place consecutive overseas tour, do not have the Airman complete a DAF Form 964.

7.5.7.2.4. Release From, Cancellation of, or Curtailment of an Approved in-place consecutive overseas tour. While every effort is made to honor the full length of an approved in-place consecutive overseas tour, the MPF should advise Airmen that curtailment and reassignment prior to the IPCOT DEROS may become necessary due to loss of authorizations, base or unit closure, promotion, and so on.

7.5.7.2.4.1. In limited situations, officers may request an exception in accordance with [paragraph 5.5](#), and if a replacement is available who can meet the same reporting date, an in-place consecutive overseas tour may be canceled by the assignment OPR provided the officer has not entered into the in-place consecutive overseas tour.

7.5.7.2.4.2. Enlisted Airmen may request release from an in-place consecutive overseas tour provided they have not entered into it. The new DEROS is established as either the original DEROS or 10 months from the date of cancellation, whichever is greater, unless manning supports an earlier DEROS if the cancellation request is approved. An Airman must complete at least the initial full prescribed tour, plus any previously approved DEROS extension. **(T-1)**. If an Airman fails to obtain the required retainability for the in-place consecutive overseas tour within 30 calendar days from approval notification, reclaim the assignment but do not have the Airman complete a PCS declination statement (DAF Form 964).

7.5.7.2.5. IPCOT Allowances. Airmen who serve an in-place consecutive overseas tour, and in certain circumstances their command sponsored dependents, may be entitled to travel and transportation allowances as provided in the JTR, par. 050810. In no instance can these allowances be used prior to completion of the Airman's current tour. Leave taken in conjunction with in-place consecutive overseas tour travel and transportation allowance is chargeable leave in accordance with AFI 36-3003.

7.5.7.3. Involuntary consecutive overseas tour selection of Airmen may be directed by the AFPC assignment OPR, with advance approval of AFPC/DP3AM, for lieutenant colonel and below and SMSgt and below when necessary to satisfy overseas requirements. In-Place Consecutive Overseas Tour, and Involuntary Consecutive Overseas Tours are only used after less objectionable alternatives have been exhausted. Selection for In-Place Consecutive Overseas Tour, and Involuntary Consecutive Overseas Tour is accomplished according to the selection order prescribed in [Table 6.2](#) and [Table 6.3](#) Selection for colonels, including selectees, is done by AF/A1LO; by AF/A1LE for CMSgts and CMSgt selects, and AF/JAX for judge advocates.

7.5.8. Curtailment of Overseas Tour. To offset the costs associated with overseas assignments, provide operational continuity, and reduce the frequency of PCS, Airmen serve the full prescribed tour length for which they are assigned. Reassignment of Airmen that involve PCS earlier than the DEROS month is a curtailment, except when the Airman requests cancellation of all or part of a previously approved voluntary DEROS extension (see [paragraph 7.5.6.8](#) and [PDTATAC AP-TL-01, <https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>](#)). This includes an in-place consecutive overseas tour, which is a new tour, not an extension. The needs of the Air Force may require curtailment and reassignment before completion of the prescribed tour; however, such decisions are kept to an absolute minimum.

7.5.8.1. Curtailments may be granted on an individual case-by-case basis if that is the only recourse available, and the action is clearly in the best interest of the AF. Airman's unit commander must endorse requests for curtailment. (T-2). [Table 7.8](#) lists those reasons for which curtailment of an overseas tour may be considered, who originates requests, and the approval authority.

7.5.8.2. A curtailment request for a reason other than those listed in [Table 7.8](#) is an exception and is processed in accordance with [paragraph 5.5](#) with full justification. Exception curtailment can only originate from a general officer or colonel in a wing commander position, or ABG/CC at non-AF led Joint bases, or equivalent. In addition, curtailment exception requests should clearly show that the Airman is experiencing an unusual situation in comparison to other Airmen in similar circumstances, or that the Airman is being adversely affected more severely than other Airmen in similar circumstances, and that the desire to be curtailed does not stem from factors over which the Airman had (or should have had) reasonable control or which they caused by their own actions. Requests for curtailment as an exception based solely on personal reasons are not considered.

7.5.8.3. Airman-initiated exception requests for overseas tour curtailment may be disapproved at any level (unit/group commander, installation commander or ABG/CC at non-AF led Joint bases, or assignment OPR). If denied locally, the request is returned to the Airman with the rationale for disapproval. AFPC/DP3AM is the approval authority for curtailment exception requests or forwards to the appropriate level as necessary.

7.5.8.4. Changes to DEROS for authorized reasons such as proration or an Airman's request to cancel part of voluntary DEROS extension do not constitute a curtailment of overseas tour (for enlisted Airmen serving an extended long overseas tour, cancellation only applies to a DEROS extension over and above the full extended tour). However, the adjusted DEROS cannot be within the enlisted Airman's Overseas or overseas returnee allocation cycle as outlined in [Attachment 13](#), and for officers the adjusted DEROS cannot result in the officer receiving an assignment selection date which is past, unless an exception is requested and approved by the assignment OPR (see [Table 6.7](#), for the assignment selection date schedule).

7.5.8.5. In limited circumstances, Airmen may be curtailed and reassigned on consecutive overseas tours without having completed the full tour lengths at both the losing and gaining locations. Such curtailment/reassignment requests are exceptions and can only be originated by a general or flag officer (except for humanitarian/EFMP/expedited transfer

requests and Force Structure/Base Realignment and Closure actions). Reassignment can only be within the same theater. Further, only those exceptions that result in the Airman serving at least the equivalent of two unaccompanied tours can be considered for approval by AFPC/CC. A request that an Airman serve less than the equivalent of two unaccompanied tours can only be authorized by the SecAF. Computation of the equivalent of two unaccompanied tours is as follows: If an Airman is assigned from a 36/24 month tour area within the same theater to a 36/24 month tour area, the Airman cannot serve less than 48 months total between the two locations before being reassigned from the theater. Refer to [paragraph 7.5.7](#) for further information on consecutive overseas tour assignments.

7.5.8.6. Terminal leave taken before the DEROS does not result in tour curtailment or accelerated replacement action. Ordinary leave taken before DEROS begins and ends in the local area; therefore, it may not be taken as a means of accelerating the departure before DEROS.

7.5.9. Curtailment of Overseas Tour or Restriction from Overseas Duty for Cause. If an Airman and/or their dependents are involved in a serious incident in the host country which has resulted, or could result, in significant adverse publicity to the United States, prompt, positive action is to be taken. However, curtailment and reassignment is not to be used in lieu of appropriate administrative or disciplinary action, and should be used only as a last resort.

7.5.9.1. In most situations misconduct on the part of dependents, in itself, is not an appropriate reason to curtail and reassign the Airman. Normally, early return of dependents due to misconduct is processed under AFI 36-3012 and the JTR, par. 050804, without curtailment of the Airman. The exception is when the severity of the incident(s) is such that senior installation leadership believes curtailment and reassignment of the Airman is justified due to the strong likelihood of adverse publicity to the United States that can only be prevented by removal of the Airman and family from the overseas area.

7.5.9.2. Where there is evidence of spousal or child abuse or neglect, involuntary curtailment and reassignment may be requested if an effective family advocacy program cannot be established locally, or the family's needs exceed local capabilities. In addition, these are sensitive issues which could lead to criminal, administrative, or other actions that may cause embarrassment or adverse publicity to the United States government. If senior installation leadership believes an Airman should be reassigned and the Airman does not choose to apply for reassignment under humanitarian provisions, (see [Attachment 15](#)), then the commander may request curtailment and reassignment of the Airman under this provision. The commander must comply with DAFI 40-301 and the following paragraphs. **(T-1)**.

7.5.9.3. Requesting Curtailment for Cause. When curtailment for cause is necessary, the request can only originate or be endorsed by the installation commander or ABG/CC at non-AF led Joint bases. Requests are processed through the host overseas MAJCOM Staff Judge Advocate for recommendation to AFPC/DP3AM, with information copies to the parent MAJCOM if applicable. **Note:** If the curtailment request is based on incidents which have resulted, or could result in significant adverse publicity to the United States, also forward a copy of the request to: AF/JAO, 1420 Air Force Pentagon, Washington DC 20330-1420. All requests include:

- 7.5.9.3.1. Airman's name, grade, SSN (last 4), CAFSC (enlisted) or DAFSC (officers), DEROS, and unit.
 - 7.5.9.3.2. Full facts and circumstances warranting curtailment and reassignment or other restriction.
 - 7.5.9.3.3. Details on involvement of host country to include what, if any, adverse publicity has occurred.
 - 7.5.9.3.4. Details regarding jurisdiction over the offense, if appropriate.
 - 7.5.9.3.5. Administrative or disciplinary action taken or pending against the Airman, or why these actions were not deemed appropriate.
 - 7.5.9.3.6. Installation Staff Judge Advocate recommendation, to include if any objection exists to the reassignment from the area by the host country, the American Embassy, or United States military authorities in the country concerned.
 - 7.5.9.3.7. The number of dependents and whether or not they are command sponsored.
 - 7.5.9.3.8. Reasons why curtailment and reassignment within the theater would not be a better solution than reassignment to the CONUS.
 - 7.5.9.3.9. CONUS assignment preferences.
 - 7.5.9.3.10. Recommendation whether or not Airman should be restricted from a return assignment to the same overseas area. Indicate whether this restriction should be temporary or permanent.
- 7.5.10. If the curtailment and reassignment request is based on dependent misconduct include the following in addition to the above required information:
- 7.5.10.1. Actions taken by the Airman to correct the problem and reasons why the Airman cannot, or chooses not to, solve the problem.
 - 7.5.10.2. Actions taken by the commander to solve the problem to include administrative or disciplinary actions taken against the Airman when it is within their capability to solve the problem. **Note:** While the Airman cannot be held directly responsible for the misconduct of their dependents, lack of action or refusal by the Airman without justifiable hardship, humanitarian, or medical reasons, to influence the dependents to return, presumptively indicates an attitude that is incompatible with the maintenance of good order and discipline. Commanders should take appropriate administrative or disciplinary action before requesting curtailment of the Airman.
- 7.5.11. Requests to Restrict Future Overseas Assignments Without Curtailment. On occasion while assigned overseas, Airmen or their dependents may establish an unfavorable record of misconduct (that is, on or off base incidents, black-marketing, and so forth) which may indicate they should be restricted from specific future overseas assignments. Although there may be insufficient justification to warrant a curtailment for cause, an intervening length of time in the CONUS may be appropriate before the Airman is allowed to return to a specific overseas base, country, or area. If the installation commander or ABG/CC at non-AF led Joint bases, determines that a restriction would be in the best interests of the AF, process the request before the departure of the Airman from the overseas area. Requests, including installation Staff

Judge Advocate recommendation, are processed through the host overseas MAJCOM/JA to AFPC/DP3AM and include the information listed in [paragraph 7.5.9.3](#).

7.6. Involuntary DEROS Extension. Involuntary extension of an Airman's overseas tour beyond the DEROS month is authorized only for those reasons shown in [Table 7.9](#) and in accordance with this paragraph. Also refer to [paragraph 7.6.6](#) for situations where the Airman is retained overseas beyond DEROS with no involuntary DEROS extension (and the DEROS is allowed to expire).

7.6.1. Insufficient Retainability for CONUS Assignment. Airmen are not returned to the CONUS with less than the minimum service retainability as provided in [paragraph 6.28](#) and [Table 6.4](#). Airmen who do not have the required retainability are given the opportunity to obtain it (except officers with a mandatory date of separation or retirement date and enlisted Airmen not eligible due to quality reasons or HYT) as part of the overseas returnee counseling requirements or DEROS option election. Airmen who do not have or are ineligible to obtain the required retainability have their DEROS automatically extended involuntarily to match their date of separation (see [Table 7.9](#)). Airmen who have had their DEROS involuntarily extended to match their date of separation because of insufficient retainability for PCS do not have their original DEROS reinstated solely as the result of acquiring retainability after the established cutoff. The DEROS change selection in vMPF is used as the source document for involuntary overseas tour extension.

7.6.2. Involuntary Extension of Overseas Tour for Cause. DoD and, in turn, the Air Force permit involuntary extension of Airmen in the overseas area for limited specific reasons. This paragraph provides the losing commander the opportunity to involuntarily extend Airmen in order to take appropriate action to rehabilitate, discipline, or separate those Airmen, who by their actions or performance, have demonstrated they are unwilling or unable to meet minimum Air Force standards. Involuntary extension is a function of command and the decision to extend rests solely with the losing commander. Airmen may be involuntarily extended as indicated below, in increments of 30 days, not to exceed a total of 120 days. For reasons not specifically listed below, or when the reason in combination with an Airman's accompanied/unaccompanied status is other than shown, or for periods longer than 120 days, an involuntary extension request must be submitted by the MPF to, and approved in advance by, AFPC/DP3AM. **(T-1)**. Requests submitted to AFPC/DP3AM may require further processing to DoD for approval as exceptions.

7.6.2.1. The reasons and authority for involuntary overseas tour extensions are limited and specific. For the purpose of PCS assignments the term "admin hold" is too general in nature; all involuntary extensions are based on one of the specific reasons authorized or approval of the extension received as an exception. Unit commanders take prompt administrative or disciplinary action to reduce the need for involuntary overseas extension.

7.6.2.2. When more time is necessary to complete an administrative or disciplinary action, they may request involuntary DEROS extension. The commander exercising Special Court-martial Convening Authority (or AFPC/CC) may approve a unit commander's request for involuntary DEROS extension of an Airman serving any overseas tour (accompanied or unaccompanied, short or long), for the following reasons. (Approval authority may not be delegated). When the Special Court-martial Convening Authority approves an involuntary extension, the MPF must take PDS update action as prescribed in

paragraph 7.6.4. (T-1). Note: Airmen serving an unaccompanied short tour can be involuntarily extended for only the following reasons.

7.6.2.2.1. AFOSI or Security Forces investigation (AAC 17).

7.6.2.2.2. Court-martial or civil charges preferred (AAC 15).

7.6.2.2.3. Key and essential (material witness) at courts-martial (AAC 14).

7.6.2.2.4. Completion of Article 15 action (AAC 12). Does not include suspended punishment period.

7.6.2.2.5. Completion of Administrative Discharge Actions and/or Article 32 investigations (AAC 21).

7.6.2.2.6. Compliance with the host country's customs regulations.

7.6.3. In addition to the reasons listed above, a unit commander may request, and the commander exercising Special Court-martial Convening Authority (or AFPC/CC) may approve, involuntary DEROS extension of an Airman serving accompanied, short or long tour, or accompanied or unaccompanied at a long tour (see **Attachment 1** for tour definitions) location for the following reasons. (Approval authority may not be delegated). Upon approval, the MPF must take PDS update action as prescribed in **paragraph 7.6.4. (T-1)**.

7.6.3.1. Enlisted Airmen non-selected for reenlistment (AAC 10, authorized only in conjunction with rehabilitative, administrative, or disciplinary action also being taken).

7.6.3.2. Control Roster (AAC 16).

7.6.3.3. Enlisted only. Administrative Demotion (AAC 21).

7.6.3.4. Failure to meet Fitness Standards only authorized if rehabilitative, administrative, or disciplinary action is also being taken.

7.6.3.5. Mandatory retraining action (authorized only if reporting identifier 9A100, 9A200, or 9A300 applies).

7.6.4. Involuntary extension requires a change in DEROS. If an Airman is involuntarily extended, the servicing MPF updates the PDS to reflect the appropriate AAC from **Table 3.1**, and assignment limitation code from **Table 3.2**, and then updates the DEROS according to the execution guidance in the MyPers website, DEROS Management. Local updates to involuntarily extend the DEROS are accomplished prior to the current DEROS date reflected in the PDS. If the PDS action to involuntarily extend the DEROS is taken after the DEROS date on file, the update rejects. In these situations, an email request to the assignment OPR, with an information copy to AFPC/DP3AM, is necessary. The email includes full facts and circumstances, to include date action was approved by Special Court-martial Convening Authority. Assignments on file are not normally changed or canceled unless the Airman is pending assignment on a consecutive overseas tour, overseas FO, or is otherwise disqualified according to the assignment instructions, or cancellation is in the best interests of the AF. The assignment RNLTLD is adjusted by the assignment OPR as necessary.

7.6.5. Involuntary extension of Overseas Tour for Operational Requirements, Training, Education, Unit Deactivation, or Base Closure. Involuntary extension of an overseas tour may be requested for up to 180 days by an Airman's commander or ordered by AFPC/CC, for only

the following reasons: to meet immediate and critical operational needs (example: to meet contingency requirements of such urgency that stop-loss has been implemented); to attend training or education when class start date does not reasonably coincide with the Airman's tour completion date; when the Airman is currently assigned to a unit being deactivated; or due to base closure. Requests are initiated at least 90 days prior to the current DEROS and contain justification for the action requested including alternatives considered and why the alternatives are unsatisfactory. Include all pertinent information on Airman's status (selected for assignment or pending separation/retirement; status of dependents; household goods, etc.). Involuntary extension of DEROS does not extend a date of separation or retirement date. Requests initiated by commanders are submitted to the assignment OPR for final decision by AFPC/CC. Voluntary extension should be solicited before involuntary extension.

7.6.6. Retention Overseas Without Involuntary DEROS Extension. For the following reasons, Airmen who are retained in place as ineligible, not qualified, or prohibited from departing on PCS, do not require involuntary DEROS extension. The current DEROS is allowed to expire, unless the Airman voluntarily extends their DEROS according to [paragraph 7.5.6](#).

7.6.6.1. Airman is not medically cleared for PCS (AAC 31 or 37), or has no awarded AFSC due to disqualification action (RI 9A000, 9A100, 9A200, 9A300, 9A400, and 9A500 for enlisted and Report Identifier (RI) 96U0 for officers).

7.6.6.2. Airman has been placed on International Hold (AAC 13).

7.6.6.3. Airman is serving a confinement sentence overseas as a result of court-martial, or civil court action (duty status code 04, 05, 16, 17, 56, and 59), or desertion (duty status code 06).

7.7. Emergency Leave, Airmen Assigned Overseas. The criteria for granting emergency leave are in AFI 36-3003. An Airman granted emergency leave must return overseas to complete their overseas tour unless the Airman requests and is granted a curtailment according to [Table 7.8. \(T-1\)](#). Unit commanders carefully assess their manning requirements when considering these curtailment requests. Curtailment approval is with the understanding that TDY manning assistance or accelerated replacement is not provided. If the immediate commander concurs with the request, the commander may approve the curtailment if, upon completion of emergency leave, the Airman has 60 calendar days or less remaining to DEROS. Notify the assignment OPR once curtailment is approved. If the requested curtailment is more than 60 days, then the request is processed as an exception in accordance with [paragraph 5.5](#).

7.7.1. If an Airman is granted emergency leave after the Airman has received their CONUS assignment based on the original DEROS, that assignment usually remains firm. The MPF advises the assignment OPR, via the Change Management System, of the Airman's departure date from the overseas area on leave, number of days leave the commander approved, date to which the overseas tour is being curtailed by the commander, and the Airman's leave address and phone number. If a second PCS dislocation allowance in the same fiscal year occurs, refer to [paragraph 6.44](#).

7.7.2. When an Airman is granted emergency leave during the overseas returnee assignment cycle, but before receipt of a CONUS assignment, and curtailment of overseas tour is requested, the MPF advises the assignment OPR, via the Change Management System, and provides, DAFSC (Officers) or CAFSC (Enlisted), and additional AFSCs; Date Departed

CONUS; Date Departed on Emergency Leave; Current DEROS; Updated Assignment Preferences, if possible; Reason for Emergency Leave; Leave Address and Phone Number; and whether this is the second PCS during the current fiscal year.

7.7.2.1. Upon receipt in the Change Management System, the assignment OPR processes the curtailment request and, if approved, provides the CONUS assignment information in the Change Management System to the gaining and losing MPF. The losing MPF will notify Airman at their leave address. **(T-1)**. At the same time, the assignment OPR updates the DEROS and projects the assignment in the PDS. The losing MPF issues orders unless the assignment OPR authorizes another MPF to issue orders. Copies of the orders are forwarded to the Airman at the leave address and the gaining MPF.

7.7.2.2. If the Airman has a date of separation or an approved retirement date within 60 calendar days of the date departing on emergency leave, the Airman is given the opportunity to choose early separation or retirement. Before the Airman leaves the overseas area, the MPF gets a signed statement of the Airman's desires. If separation is requested and the commander concurs, the AFPC Total Force Service Center issues orders assigning the Airman PCS without PCA to the MPF nearest the emergency leave address for accountability while Airman is accomplishing separation processing. These orders include the remarks: "Emergency leave overseas returnee with insufficient retainability for PCS." If curtailment is approved and adjustment of an approved retirement or separation date is needed, ensure compliance with AFI 36-3203 or DAFI 36-3211.

7.7.2.3. If the Airman does not request and receive approval of curtailment before departure on emergency leave, leave orders indicate that the Airman is to return to the overseas unit on completion of emergency leave.

7.8. Tour Proration Based on PCS or Tour Length Change. Overseas tour proration recognizes overseas service at one location in proportion to overseas service at another location with a different tour length. Proration in conjunction with PCS is an Air Force policy, except DoD may authorize or direct proration in some instances in conjunction with a change of overseas tour length affecting Airmen currently assigned. When proration is authorized (and not prohibited, see [paragraph 7.2](#)), an Airman's current overseas tour (DEROS) could either be lengthened or shortened depending on the circumstances. Proration may be based on when reassigned PCS to another overseas location with a different tour length before completing the full prescribed overseas tour at the initial location; when a tour length is changed at the Airman's duty station during a Airman's overseas tour; or as determined by AFPC/DP3AM. Proration may be suspended or an individual request disapproved when approval does not serve the best interests of the AF. Enlisted Airmen serving an OTEIP extension (AAC 77) are not eligible for tour proration. When an Airman is reassigned to an overseas location with a different tour length than the one currently being served, or a tour length is changed and the implementation date affects Airmen currently assigned, then the overseas tour is not normally prorated (longer or shorter) unless the individual assignment instructions or tour length implementation guidance affords the Airman options or prohibits proration. Example: implementation guidance for a change of current tour from a shorter to longer tour may contain the option for Airmen currently assigned to retain the current (shorter) tour or voluntarily serve the longer tour, or it may require serving the longer tour as mandatory, or may stipulate proration from the shorter to the longer tour. Usually, a tour length change effective date is far enough in advance to allow Airmen already assigned, or enroute, to serve the existing tour length. Airmen who are to serve the new tour length are selected for PCS based on their

eligibility for the new tour length. Proration of DEROS to less than 6 months remaining is not authorized when a tour length change occurs and the Airman is remaining in place, unless an exception is granted by AFPC/DP3AM. This allows adequate time for all action related to PCS to occur in a timely manner. When tour length changes due to PCS, the Airman cannot be reassigned overseas if serving a tour of 18 months or more. The procedure to determine the amount of proration for these reasons is outlined in [Table 7.10](#).

7.9. Medal of Honor Recipients and Candidates. Airmen who are recipients, or who have been recommended for award of the Medal of Honor by their group or higher command cannot be assigned to duty overseas in a hostile fire or imminent danger area without the Airman's consent. On receipt of the directive awarding, or correspondence recommending award of the Medal of Honor to an Airman, the MPF advises the assignment OPR via the CMS for assignment disposition. Include the Airman's assignment preferences. The assignment OPR immediately issues instructions reassigning the Airman, or takes action to cancel a projected assignment to a designated hostile fire or imminent danger area as shown in the DoD Financial Management Regulation, Volume 7A. Recipients of the Medal of Honor have assignment limitation code "E" entered in the PDS. An Airman may request waiver of this assignment restriction via the CMS request to AFPC/DP3AM. File approved waivers electronic UPRG until separation or retirement.

7.10. Citizenship Considerations (Non-U.S. Citizens and Dual Citizenship).

7.10.1. Security Access for Non-U.S. Citizens. In general, an Airman who is a non-U.S. citizen is ineligible to be granted security access. Accordingly, these Airmen may not be selected for assignment to any position in the CONUS or overseas requiring security access.

7.10.2. Overseas Assignment Eligibility of Non-U.S. or Dual Citizens.

7.10.2.1. Officers. All commissioned officers must be U.S. citizens. **(T-0)**. However, for overseas assignment of officers who hold dual citizenship or if their dependents are non-U.S. citizens, then comply with [paragraph 7.10.3.1](#).

7.10.2.2. Enlisted. Non-U.S. citizens with a TAFMSD of 1 Nov 82 or later are not assigned overseas (except to Alaska and Hawaii). In addition to the considerations in [paragraph 7.10.3](#), not assigning non-U.S. citizens overseas allows these enlisted Airmen the opportunity to obtain U.S. naturalization which is mandatory for reenlistment eligibility. Further, a non-U.S. citizen may not be eligible for entry into a third country because of agreements between the Airman's native country and the third country. Notwithstanding [paragraph 7.10.3](#) and the concern for reenlistment eligibility, should assignment overseas be deemed essential, regardless of TAFMSD, then comply with [paragraph 7.10.3](#). Also, before authorizing any non-U.S. citizen or their dependents to proceed overseas, the provisions of DoDD 1000.21E, *DoD Passport and Passport Agent Services*, are to be met.

7.10.2.3. To preserve the best interest of the Air Force and to protect its Airmen and their dependents, Airmen may request release from assignment to a foreign country of which they are citizens or are former citizens, or to a country where their dependents are citizens or former citizens. The request is submitted to the MPF after official notification of assignment and the MPF will immediately reclama the assignment. **(T-1)**. The decision to cancel an assignment under these circumstances is made by the assignment OPR and is based on various factors (volunteer status, sufficient time to select replacement, and so on).

When a request based on dependents is disapproved, the Airman may be required to remain on assignment to serve the unaccompanied tour depending on the individual circumstances.

7.10.3. Overseas Assignment of Persons Holding Dual Citizenship. Citizenship is the relationship between a person and a country under which the person owes allegiance and is entitled to protection by the country. The laws of each nation determine who its citizens are. Differences in the citizenship and nationality laws of the nations of the world can result in dual citizenship; that is, two or more nations claiming the same person as its citizen. Dual citizenship most frequently occurs when a person changes their citizenship by naturalization or is born in one country of parents who are citizens of another country. Persons possessing dual citizenship may have legal obligations to both countries and persons who are non-U.S. citizens may have legal obligations to their native country. These obligations might include but are not limited to, the payment of foreign income taxes, mandatory foreign military service, liability for import taxes on household goods or privately owned vehicles, departure restrictions by immigration laws to mention a few. In most cases, enforcement of these obligations is attempted only if the Airman enters the territorial boundaries of the other country. In the absence of an agreement, the U.S. government cannot assert a legal objection to a foreign government applying, within its own territorial boundaries, its internal laws to persons qualifying as citizens under its laws. This is true even though the Airman may also be a U.S. citizen under U.S. law and be serving in the U.S. Armed Forces. The Airman and the assignment OPRs should be aware of those circumstances, especially when humanitarian assignment is being requested.

7.10.3.1. Actions Required. An Airman who is a U.S. citizen and also holds citizenship in another country (dual citizenship) or an Airman who is not a U.S. citizen, cannot be assigned to the foreign country where citizenship is held unless approval is granted by the MAJCOM/JA having overseas jurisdiction. A request for approval of assignment is mandatory to allow review of the Status of Forces Agreement and to determine other legal ramifications (such as, would the foreign government choose to hold the Airman to any of the obligations mentioned above). A request is also processed when an Airman is selected for reassignment to a location where an accompanied tour is authorized and their dependents are non-U.S. or dual citizens. Failure to obtain approval may have serious consequences and the requirement for this review and approval cannot be waived. The request includes the following information and is forwarded by the Airman's servicing MPF via the CMS to the assignment OPR:

- 7.10.3.1.1. Name, grade, SSN (last 4), and AFSC.
- 7.10.3.1.2. Gaining unit, AAN, and RNLTD.
- 7.10.3.1.3. Country of citizenship.
- 7.10.3.1.4. Whether or not Airman has applied for U.S. citizenship.
- 7.10.3.1.5. Date and point of entry into the U.S.
- 7.10.3.1.6. Alien dependents of Airman and relationship.
- 7.10.3.1.7. Record of any courts-martial.
- 7.10.3.1.8. Previous assignment to country of which Airman holds citizenship.

7.10.3.1.9. Names and addresses of relatives residing in the country the Airman is a citizen.

7.10.3.1.10. Country of citizenship of Airman's natural parents.

7.10.4. Assignment OPR Actions. On receipt of a request via CMS, the assignment OPR consults with the AFPC Staff Judge Advocate to determine whether any legal or community relations problems exist that could make the assignment objectionable. In particular, whether the Airman (or dependents) would be subject to the draft laws of the country, restricted from departure by immigration laws, or if factors exist that would present a high risk to continued Air Force service. The assignment OPR will approve or disapprove the request. When assignment of an Airman is disapproved, the assignment OPR immediately reassesses the selection using justification for assignment disqualification. When the denial is based on an Airman's dependents, the Airman may remain on the assignment to serve the unaccompanied tour.

7.11. Overseas Tour Election, Command Sponsorship, Individually Sponsored Dependents, Acquired Dependents, and Dependents OS.

7.11.1. Overseas Tour Election. An Airman with dependents must elect to serve an overseas tour either accompanied by dependents or unaccompanied when the Airman has accepted a PCS to an overseas location where an accompanied tour is authorized (as shown in the PDTATAC AP-TL-01, <https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>), and election of such a tour is not restricted (example: by grade or by a Command Sponsored Position List). **(T-1)**.

7.11.1.1. The Airman accomplishes this election by completing and signing DAF Form 965. A copy of the form is scanned and sent to Automated Records Management System and filed in the assignment relocation folder. The purpose of the form is to record the Airman's choice of overseas tour and their understanding of the entitlements associated with their choice.

7.11.1.1.1. Choosing an accompanied tour requires the Airman serve the usually longer accompanied tour length which, in turn, affects the amount of service retainability and/or ADSC associated with their election. Airmen must obtain any additional service retainability or accept the associated ADSC upon signing the DAF Form 965 when: approval of concurrent travel is automatic, when command sponsorship (and change of tour election to an accompanied tour) is being requested after arrival overseas, or within 15 calendar days of the reply to an advance application for concurrent travel. **(T-1)**. Airmen must not be permitted to receive or use any of the allowances associated with travel of dependents (or command sponsorship) without the full prescribed retainability. **(T-1)**. Airmen are not authorized to depart their losing base without the full prescribed retainability.

7.11.1.1.2. Airmen who have dependents must be briefed they should not elect the unaccompanied tour at the time of PCS notification unless they are certain they do not, and will not at any time during their overseas tour, desire to be accompanied by dependents. **(T-1)**. Airmen undecided or uncertain whether or not they want to be accompanied by dependents should be advised to elect the accompanied tour. Airmen can change their tour from accompanied to unaccompanied before departure on PCS or

after arrival overseas as shown below, and may request cancellation of an extension of enlistment, or ADSC accepted for the purpose of serving an accompanied tour as authorized in the prescribing instruction for these actions.

7.11.1.2. Completion of a tour election is not required for Airmen who do not have dependents, or when there is no accompanied tour length authorized at the overseas location (see the PDTATAC AP-TL-01, <https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>), or when there is an accompanied tour length authorized at the location but the Airman is restricted from electing the accompanied tour (example: when election of the accompanied tour is restricted by a command sponsored position, by grade, etc.).

7.11.1.3. Travel of dependents at government expense may be authorized concurrently with the Airman's PCS travel when "automatic" concurrent travel is authorized. **Note:** If dependents delay concurrent travel for personal reasons, they may travel later to the overseas location under authority of the initial PCS order, (valid until subsequent PCS orders are published) provided the Airman has 12 months remaining at the overseas location upon arrival of dependents to the overseas location and have a valid approval of family member travel (AF Form 1466, completed not more than 6 months from date dependents will travel).

7.11.1.4. When concurrent travel of dependents is not automatic, the losing MPF will send an advance application requesting concurrent travel to the gaining MPF. **(T-1)**. The MPF briefs the Airman upon receipt of approval/disapproval to make a tour election. The Airman must not sign the DAF Form 965 until a reply to the advance application is received. **(T-1)**. This advance request and reply does not take the place of the AF Form 1466, which requires processing before overseas travel of dependents is authorized. The AF Form 1466 is used to advise the gaining MTF of any medical or educational problems the dependents have so a determination can be made if proper medical care or school needs are available. Gaining MTFs reply to advance applications as soon as possible to ensure Airmen have the needed information to make a tour election. If the dependents are not cleared for travel, the MPF will counsel the Airman on options outlined in **Attachment 15** and **paragraph 3.18**. **(T-1)**. If travel of dependents overseas is approved but travel is not authorized concurrent with the Airman's PCS travel, then the reply to the advance application indicates the length of delay for dependent travel. (This type of delay is when travel is delayed by a military authority, not for personal reasons or for delays in processing dependent relocation actions, i.e., passports, AF Form 1466, etc.). The length of delay is either:

7.11.1.4.1. Less than 20 weeks, in which case the Airman is entitled to move dependents at government expense only to the overseas location. When it is determined at what time dependents are actually authorized to travel, Airman and/or dependents can arrange transportation with the local TMO utilizing orders, or

7.11.1.4.2. Twenty weeks or more, in which case the Airman is entitled to move dependents at government expense to a designated place while waiting authorization to move to the overseas location. When it is determined at what time dependents are actually authorized to travel, the gaining MPF will amend the original PCS orders stating that travel of dependents is authorized. **(T-1)**. The Airman must have 12 months remaining on their DEROS at the time of the arrival of dependents to the

overseas location. The MPF must ensure the AF Form 1466 is current (within 6 months from approval date and dependents projected departure date for the overseas location). **(T-1)**. If the dependents moved to a designated place awaiting further travel, they may move again at government expense to the overseas location.

7.11.1.5. Change of Tour Election Before Departure on PCS. An Airman who had dependents but initially elected an unaccompanied tour and wants to change their overseas tour election to the accompanied tour, is afforded the opportunity to change or make an election prior to departure. This also applies to an Airman who acquires dependents before departure on PCS. See [Table 7.2](#) for approval authority. An Airman who delays notifying the MPF of a change in status or when the change occurs too close to Airman's PCS departure to complete routine dependent overseas relocation processing actions (obtaining shots, passport/visa processing, dependent medical clearance, etc.) may have to proceed on PCS without dependents in order to comply with the RNLTD. In such cases, dependents may have to travel later to join the Airman after their arrival overseas and only after dependent overseas relocation processing has been completed. The AF Form 899 PCS order will not be annotated with delayed dependent travel in these instances. An Airman may request a change to their projected departure date/RNLTD to await medical clearance and concurrent travel approval; however requests based solely on the receipt of a passport/visa may not be supported. **Note:** If an Airman is considering moving dependents at personal expense (including to the overseas area), the Airman should be counseled by the FSO to determine if, per the JTR, the Airman is entitled to reimbursement for expenses before issuance of written orders authorizing movement of dependents at government expense.

7.11.1.6. Change of Tour Election After Departure on PCS, but Before Arrival Overseas. If a change occurs affecting an Airman's previous tour election or requiring the Airman make an election (example: the Airman gets married to a civilian spouse), the Airman must contact the nearest MPF to initiate the acquired dependent's clearance for overseas travel. **(T-1)**. The MPF will assist Airmen who are enroute PCS as follows: complete a tour election change, request approval from the overseas duty station for travel of dependents (unless concurrent travel is automatic), process dependents for overseas travel (obtaining shots, dependent medical clearance, passport/visa processing, etc.), obtain additional service retainability or additional active duty service commitment, if necessary, and other actions required for an overseas assignment normally completed at the losing base prior to departure. **(T-1)**. Airmen who marry another military member (with or without dependents) and the military couple wants to be assigned to the same location, do not wait until arrival at their next duty station (see [Attachment 8](#)). An Airman may request a change to their projected departure date/RNLTD to await medical clearance and concurrent travel approval, however requests based solely on the receipt of a passport/visa may not be supported. **Note:** If an Airman is considering moving dependents at personal expense (including to the overseas area), the Airman should be counseled by the FSO to determine if, per the JTR, the Airman is entitled to reimbursement for expenses before issuance of written orders authorizing the movement of dependents at government expense.

7.11.1.7. Change of Tour Election After Arrival Overseas. A request for change of tour election from accompanied to unaccompanied is approved according to the guidelines in [Table 7.3](#). Normally the MPF can approve a request when dependents and/or household

goods have not joined the Airman in the overseas area at government expense. A request for change of tour election from unaccompanied to accompanied for the purpose of securing command sponsorship is included as a part of an Airman's request for command sponsorship as shown in [paragraph 7.11.2](#).

7.11.2. Command Sponsorship. Command sponsorship is approval of the overseas installation commander, ABG/CC at non-AF led joint bases, or designated representative for dependents to reside with the Airman at the overseas duty station. See [Attachment 1](#) and the JTR, Appendix A, for definitions of dependents. Provided they meet the eligibility criteria, Airmen are given every opportunity to be granted command sponsorship. While an Airman is not entitled by statute to command sponsorship or to serve an accompanied tour, there are statutory entitlements associated with approval of command sponsorship. Normally, for an Airman who has dependents at the time of initial PCS notification and who elects the accompanied tour, approval of command sponsorship entitles an Airman to receive overseas station allowances at the "with dependents" rate, shipment of household goods and/or travel of dependents to and from the overseas duty station at government expense, and authorizes dependents to receive other benefits and privileges associated with command sponsorship. When dependents are not entitled to travel and/or shipment of household goods to the overseas duty station at government expense (example: acquired dependents), or when dependents travel to the overseas duty station at the Airman's personal expense, then command sponsorship (with concurrent tour status change) is requested and approved according to [paragraph 7.11.2.4](#).

7.11.2.1. An overseas installation commander, ABG/CC at non-AF led joint bases, or designated representative evaluates requests from eligible Airmen and approves command sponsorship.

7.11.2.1.1. Command sponsorship is approved when the Airman satisfies all of the following eligibility criteria:

7.11.2.1.1.1. The Airman is projected to be assigned (or is currently assigned) to a duty location where an accompanied by dependents tour is authorized (see the PDTATAC AP-TL-01, <https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf>), election of the accompanied tour is not restricted (such as by a command sponsored position, by grade, etc.), and the Airman has completed a DAF Form 965 electing to serve the accompanied tour (may be either a change to a previous election or an initial election). **Exception:** Airmen assigned to Alaska, Hawaii, the Commonwealth of Puerto Rico, or a territory or possession of the United States, who marry a civilian spouse or adopt a person who is a bona fide resident of the state, commonwealth, territory, or possession of the United States, are authorized station allowances as Airmen "with dependents" upon effective date of the marriage or adoption. A bona fide resident is defined as a person who, before becoming a military dependent, made their actual and legal domicile in the state, commonwealth, territory, or possession. Transportation of dependents is paid at government expense incident to PCS upon Airmen completing at least the unaccompanied overseas tour length. This also applies to an employee of the United States stationed in the respective area. These allowances apply whether or not the Airman elects to serve the accompanied tour length.

7.11.2.1.1.2. Travel of dependents to the overseas duty station at government expense has not been prohibited or suspended by appropriate authority for any of the reasons listed in [paragraph 7.11.4.3](#).

7.11.2.1.1.3. Adequate dependent support can be provided by local facilities if travel of dependents at government expense is involved. When an Airman has dependents (prior to the effective date of PCS orders as defined in the JTR, Appendix A) and requests travel at government expense to the overseas duty station, an AF Form 1466 and all supporting documentation must be processed according to AFI 40-701, *Medical Support to Family Member Relocation and Exceptional Family Member Program (EFMP)*. **(T-1)**.

Example: MSgt Hammond is single when issued orders on 12 January 2021. Her RNLTD is 30 April 2021. She gets married on 14 Feb 2021. Her dependent spouse is authorized government funded travel since he became her dependent prior to the effective date of PCS orders (provided all other requirements are met).

7.11.2.1.1.3.1. When travel of dependents at government expense is not requested (example: travel was at the Airman's expense), or the Airman is not entitled to travel of dependents at government expense (example: dependents were acquired after Airman's arrival overseas, or were not initially medically cleared for travel but traveled at Airman's expense), then an AF Form 1466 for the purpose of approving travel of dependents at government expense is not a prerequisite for approval of command sponsorship.

7.11.2.1.1.3.2. For command sponsorship requests, not involving travel of dependents at government expense (acquired dependents or those that were not initially medically cleared for travel but traveled at Airman's expense), include the AF Form 4380, *Air Force Special Needs Screener*, and a statement of support/clearance from the local medical and education activity. The purpose of the statement of support/clearance is to enable local officials to identify a dependent with special educational needs to include related services incident to an individualized education program, or early intervention services incident to an individualized family service plan.

7.11.2.1.1.3.3. Identification of dependents who qualify under the EFMP ensures the Airman receives counseling on the availability or lack of availability of facilities and permits EFMP consideration in conjunction with their next assignment. Similarly, the statement of support/clearance is to enable local medical officials to identify dependents who may have special medical needs which cannot be treated locally. Identification of dependents with medical problems which cannot be treated locally allows medical officials to recommend to the installation commander or the ABG/CC at non-AF led joint bases to deny command sponsorship and counsel Airmen in advance of independently sponsoring dependents on what they can anticipate in the event of a medical emergency. Installation commanders or the ABG/CC at non-AF led joint bases use the information and recommendations received to form the basis for approving or disapproving an Airman's request. **(Note:** Command sponsorship can only be denied by the installation commander or the ABG/CC

at non-AF led joint bases when special medical needs cannot be accommodated at the overseas location as determined by the medical authorities.) If the installation commander or the ABG/CC at non-AF led joint bases does not want to grant command sponsorship for reasons other than inability to accommodate special needs, he/she must forward to the appropriate authority (see [paragraph 7.11.2.3](#)). (T-1).

7.11.2.1.1.4. The Airman possesses or is eligible to obtain the required service retainability and serve the ADSC associated with the accompanied tour length. Airmen who are ineligible to obtain retainability are ineligible for command sponsorship. It is not considered denial of command sponsorship when an Airman cannot satisfy the retainability requirements for approval of command sponsorship. This includes Airmen that are not permitted to extend their tour to the equivalent of the accompanied tour length due to critical impact of the Air Force mission.

7.11.2.1.2. The MPF forwards the approval memorandum to Automated Records Management System to be included in the Airman's master personnel record in accordance with DAFI 36-2608 and this AFI.

7.11.2.2. After arrival overseas, approval of an Airman's request for command sponsorship normally results in an adjustment of DEROS as shown in [Table 7.4](#). A tour election change is not an extension of overseas tour (although many of the extension procedures are used), and is therefore not subject to disapproval for the same reasons as a request for extension of overseas tour. However, the tour change request can be denied by the AFPC assignment OPR for critical impact of Air Force mission. Airmen serving an unaccompanied extended long tour who request and receive command sponsorship must serve the accompanied tour plus 12 months. (T-1). The intent is to maintain equity and fairness for the selection priority of those who volunteered and were selected for an extended long tour over those that volunteered for a standard tour.) Example: a single Airman serving a 36-month unaccompanied extended long tour at Ramstein AB, Germany would have to serve a total of 48 months (36-month accompanied tour plus 12 months) if command sponsorship was approved.

7.11.2.3. Revoking or denying command sponsorship to an Airman who meets all of the eligibility requirements may only be authorized by the SecAF (this does not include denial due to lack of special medical services, see [paragraph 7.11.2.1.1.3](#)). Command sponsorship may not be disapproved due to quality control problems of either the Airman or dependents or based on the criteria normally considered for overseas tour extension requests. (**Exception:** Command sponsorship may be disapproved if an Airman is unable, due to critical impact of Air Force mission, to extend their tour to serve at least the accompanied tour length required to grant command sponsorship.) A request to revoke or deny command sponsorship is originated by the installation commander or the ABG/CC at non-Air Force led joint bases with information copy to the MPF. Requests contain a complete description of the situation and address why approval of command sponsorship would not be in the best interests of the Air Force, the Airman, and/or dependents. Requests are forwarded to AFPC/DP3AM. AFPC/DP3AM will make a recommendation and forward to AF/A1. AF/A1 will make a recommendation and forwards to SecAF for final decision. (T-1).

7.11.2.4. Airmen serving overseas on an unaccompanied tour must request and receive approval of command sponsorship. **(T-1)**. Approval of command sponsorship is also approval of an accompanied tour election. An Airman's request must be submitted to the installation commander, ABG/CC at non-AF led joint bases, or designated representative. **(T-1)**. Airman's request includes:

7.11.2.4.1. Reason for request and justification.

7.11.2.4.2. Date departed last duty station and date departed CONUS.

7.11.2.4.3. If applicable, address to which dependents and household goods were moved incident to Airman's PCS to current location.

7.11.2.4.4. Name of civilian spouse and name, age, sex, and relationship of all dependents for whom command sponsorship is requested.

7.11.2.4.5. Location of dependents and household goods at the present time, and whether dependents and/or household goods were shipped to present location at government expense or Airman's expense.

7.11.2.4.6. If applicable, place to which the government last paid for movement of dependents and/or HHG if other than as shown in paragraph 7.11.2.4.3 or 7.11.2.4.4, and include why movement from that place to current location was made.

7.11.2.4.7. Copy of PCS orders directing PCS to current overseas duty station including all amendments.

7.11.2.4.8. If applicable, the waiting period for move of dependents to the overseas area. Attach a copy of the reply to the Airman's advance application for concurrent travel.

7.11.2.4.9. If applicable, copy of previous DAF Forms 965 executed and a signed copy of FAF Form 965 with new election.

7.11.2.4.10. Copy of any previous AF Forms 1466 (approved or disapproved) executed in connection with PCS to current location, if applicable. Requests which do not include an AF Form 1466 or AF Form 4380 with medical statement of availability of services preclude the installation commander, ABG/CC at non-AF led joint bases, or designated representative from making a determination on the Airman's request.

7.11.2.5. The MPF forwards the approval memorandum to Automated Records Management System to be included in the Airman's master personnel record in accordance with DAFI 36-2608 and this AFI.

7.11.2.6. When an Airman, who has dependents who were dependents as of the effective date of PCS orders, requests command sponsorship (and changes tour status from unaccompanied to accompanied) and as outlined in Table 7.3 has used the government transportation allowance for their family and/or HHG, then the Airman must submit a request through the installation commander, ABG/CC at non-AF led joint bases, or designated representative with the information required by paragraph 7.11.2.4 to AFPC/DP3AM. **(T-1)**. AFPC/DP3AM will approve or disapprove, or it may be necessary to process the request to a higher level. **(T-1)**. The intent is to grant a change of tour only in cases where it is proven that the main reason the Airman chose the unaccompanied tour

and/or moved either dependents or HHG at government expense, was due to official Air Force actions. The Airman must show that an official Air Force action caused the use of transportation allowances and, had it not been for the AF's action, it would clearly have been the Airman's intent to have dependents accompany them at the overseas duty station. **(T-1)**. Official Air Force actions are written directions from Air Force officials responsible to issue such directions as part of their official duty that caused an Airman to use their transportation allowances.

7.11.2.7. If one spouse of a military couple separates or retires from an overseas station and remains in the vicinity of the duty station of the spouse who is serving the accompanied tour length, the separating or retiring spouse may be command sponsored effective the day following the last day of active duty. If the spouse is not serving an accompanied tour, the spouse must be eligible to request and obtain approval of command sponsorship to receive the associated allowances. **(T-1)**. An AF Form 1466 or statement of support/clearance is needed to ensure adequate dependent medical support can be provided by local facilities.

7.11.2.8. Command sponsorship of a dependent may be transferred to another military sponsor provided the acquired dependent has been command sponsored at least 12 months preceding transfer. Example: a command sponsored dependent marries an Airman who is serving an unaccompanied tour. The new sponsor does not have to serve an accompanied tour in order for the dependent to receive travel at government expense upon completion of the new sponsor's tour.

7.11.2.9. Children born to command-sponsored dependent spouses are command-sponsored at birth. Children born to command-sponsored dependents that are not the spouse of the Airman (example: grandchildren) are not eligible for command sponsorship, unless they become legal dependents through separate action.

7.11.2.10. An Airman who was accompanied at the current duty station by command sponsored dependents and returns dependents early at government expense and is later joined by those same dependents at the Airman's expense, may again have the dependents command sponsored provided the sponsor (Airman) does not have an assignment selection date for PCS from the current duty station and has at least 24 months remaining on their overseas tour after approval of command sponsorship.

7.11.2.11. An Airman who early returns command sponsored dependents as a result of divorce may have newly acquired dependents command sponsored. It is not necessary for the Airman to obtain additional theater retainability. Command sponsorship carries over to the new spouse and/or dependents (as long as the spouse is medically cleared); however, government funded travel to the overseas location is not authorized as there are no travel and transportation allowances for acquired dependents since they were not dependents on the effective date of orders to the overseas duty station.

7.11.2.12. The effective date of approval of command sponsorship is the date signed by the installation commander, ABG/CC at non-AF led Joint bases, or designated representative; or the date of approval for requests forwarded to a higher headquarters; or the date of arrival of dependents in the overseas area in instances where movement at government expense is involved, whichever is later. (Except for children born to command sponsored spouses, in accordance with [paragraph 7.11.2.9](#), or when one Airman of a military couple separates or retires in accordance with [paragraph 7.11.2.7](#)).

7.11.2.13. Airmen with dependents, who were dependents as of the effective date of PCS orders, who initially elect an unaccompanied tour and later want to bring their dependents to the overseas location, must apply for command sponsorship in accordance with [paragraph 7.11.2.4](#) above. **(T-1)**. These requests are sent to AFPC/DP3AM for approval/disapproval. Airmen must serve the accompanied tour length for that location and have 12 months left on the tour after arrival of dependents or approval date of command-sponsorship, whichever is later. **(T-1)**. This time is to off-set the cost to the government to move the family to the overseas location.

7.11.2.14. Airmen who do not have dependents as of the effective date of PCS orders and later acquire dependents and wish to have them command-sponsored are not authorized government travel and transportation allowances (includes household goods shipment) to the overseas location. However, the dependents are authorized travel and transportation allowances (including household goods) on their subsequent PCS, if they are command sponsored. The Airman must agree to serve the prescribed accompanied tour length and have the required service retainability. **(T-1)**. If the Airman is already serving the equivalent of the accompanied tour, command sponsorship shall be effective as stated in [paragraph 7.11.2.1](#). Airmen must still submit the command-sponsorship request in accordance with [paragraph 7.11.2.4](#) above. **(T-1)**. **Note:** Airmen initially serving an unaccompanied tour who elect and have entered an OTEIP extension, and subsequently acquire dependents and apply for command sponsorship, keep their OTEIP entitlement. However, Airmen initially serving an unaccompanied tour who elect but have NOT entered an OTEIP extension at the time of acquiring dependents and applying for command sponsorship have their OTEIP canceled (see [paragraph A12.6.3](#)) but still have to extend to fulfill the requirement to serve the equivalent of the accompanied tour length for approval of command sponsorship.

7.11.3. Individually Sponsored Dependents and Acquired Dependents. An individually sponsored dependent (sometimes referred to as non-command sponsored dependent) is one who either was not entitled to travel to a Airman's overseas duty station at government expense, or who may have been entitled to travel at government expense but travels to the overseas duty station without approval of the overseas installation commander or the ABG/CC at non-AF led Joint bases. An acquired dependent is one who became a dependent after the start of an Airman's current overseas tour (such as by marriage, adoption, etc.). See the JTR, Appendix A, for definition of acquired dependents. This term does not include persons dependent upon the Airman before the start of Airman's current overseas tour. The tour status of Airmen with individually sponsored dependents or acquired dependents is not automatically changed from unaccompanied to accompanied, nor are dependents automatically granted command sponsorship. When an Airman wants command sponsorship of individually sponsored or acquired dependents, the Airman must submit a request in accordance with [paragraph 7.11.2](#) and receive approval. **(T-1)**.

7.11.3.1. A change of tour election or command sponsorship is not required when dependents are vacationing or visiting overseas in a tourist status.

7.11.3.2. See [paragraph 7.11.2.1.1](#) for Airmen assigned to Alaska, Hawaii, the Commonwealth of Puerto Rico, or a territory or possession of the United States, who marry a civilian spouse or adopt a person who is a bona fide resident of the state, commonwealth, territory, or possession of the United States.

7.11.4. Dependents Overseas. Military dependents are citizens of the United States or foreign nation in their own right, so the Air Force is limited in what it may prohibit or direct with regard to dependent travel.

7.11.4.1. Unless travel overseas is prohibited by the Department of State or the host country denies entry, military dependents may travel at their own expense to any foreign country. When they do, both the dependents and the Airman should understand that the dependents may not be protected by existing Status of Forces Agreements, may require entry/exit VISA and may not permit the dependent to remain for the entire length of the Airman's tour.

7.11.4.2. Any dependent residing overseas may be requested by an installation commander to depart the overseas location. However, neither the commander nor the Air Force may require dependents to leave a foreign country. Requiring that dependents leave a foreign country is an action which may only be taken by the government of the host nation under normal diplomatic protocol. However, the Air Force may take steps within its authority, including Secretarial denial or revocation of command sponsorship (which would, in turn, terminate overseas station allowances), restricting dependents' access to the installation and/or facilities, denial of privileges such as use of exchange, commissary, and so on.

7.11.4.3. The decision to authorize dependent travel overseas at government expense is based on the standard of living, general desirability of the location, adequacy of dependent support facilities, political climate in the foreign country, possible adverse effect the presence of dependents may have on mission accomplishment, operational readiness, or combat capability. Normally, dependent travel at government expense is not authorized to any overseas location where one or more of the above factors is significantly unfavorable.

7.11.4.4. All dependents in an overseas area are furnished medical care. Medical care is based on dependency status, not on command sponsorship; however, not all overseas locations have adequate medical facilities to care for all medical conditions. Accordingly, medical care for dependents who are not command sponsored is provided according to medical guidelines and priorities.

Table 7.1. Determining Type of Overseas Tour.

R U L E	A	B
	If the Airman is to serve, or is serving, a tour of duty overseas, and is	Then the Airman serves the (see note 2)
1	Accompanied upon arrival by dependents transported at government expense or joined after arrival by dependents transported at government expense (see note 1)	Accompanied tour length shown in the PDTATAC AP-TL-01 (https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf).
2	Married while overseas, acquires dependents, or joined by individually sponsored dependents, and command-sponsorship is approved (see note 1)	
3	Married (prior to PCS departure) to a member of the Armed Forces assigned to the same or an adjacent base where an accompanied tour is authorized	
4	Married (after arrival overseas) to a member of the Armed Forces assigned to the same or an adjacent base (see note 3)	Unaccompanied tour length shown in the PDTATAC AP-TL-01 (https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf).
5	Married while overseas, or joined by individually sponsored dependents, and command-sponsorship of dependents is not requested or Airman is ineligible to receive approval of command-sponsorship	
6	Married or unmarried, and unaccompanied	Unaccompanied tour length shown in the PDTATAC AP-TL-01 (https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf) (see note 4).
7	Married and assigned to a dependent-restricted location and a designated location move is approved to the native country of the Airman's foreign-born civilian spouse, which is different from the country where the Airman is serving	Unaccompanied tour length shown in the PDTATAC AP-TL-01 (https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf).
8	Married and assigned to a dependent-restricted location and a designated location move is approved to the native country of the Airman's foreign-born civilian spouse which is the same country in which the Airman is serving	Unaccompanied tour of 24 months (see note 5).
9	Assigned to position formally designated and approved as a "key billet" (see Attachment 1) and is unaccompanied	Unaccompanied tour of 24 months (see note 6).
Notes: Use this table in conjunction with paragraphs 7.2 and 7.11 . 1. Includes Airmen who return dependents to the CONUS for personal reasons.		

R U L E	A	B
	If the Airman is to serve, or is serving, a tour of duty overseas, and is	Then the Airman serves the (see note 2)
2. If an Airman is to serve or is serving an extended long overseas tour, then the tour length becomes the type tour indicated plus 12 months. When one Airman of an enlisted military couple is selected as an extended long tour volunteer, both must serve the accompanied tour plus 12 months. (T-0). 3. If Airmen have or acquire dependents and desire government paid travel or dependents, shipment of household goods, etc., upon PCS, then the Airman claiming the dependents must request command sponsorship and serve the accompanied tour length. (T-1). 4. An exception to rule 6 is a single officer with no dependents who elects to serve the accompanied equivalent tour length as provided in paragraph 7.2.14. 5. Do not give short tour credit to Airmen for designated location move approved on or after 1 November 1985. 6. See paragraph 7.2.12 and Table 7.6, note 2.		

Table 7.2. Tour Election Changes Prior to Departing Losing Base.

R U L E	A	B	C
	If the Airman has (see note)	And submits a request to change their overseas tour status to	Then the MPF
1	Not relocated dependents or HHG at government expense	Accompanied	Approves the request.
2		Unaccompanied	
3	Relocated dependents or household goods at government expense	Accompanied	Approves only when the anticipated delay of the overseas movement of dependents was 20 weeks or more as determined by the overseas installation commander or ABG/CC at non-AF led Joint bases.
4		Unaccompanied	Approves, provided dependents and (or) household goods were not relocated overseas.
Note: Use this table in conjunction with paragraph 7.2 and paragraph 7.11.			

Table 7.3. Tour Election Changes After Arrival Overseas.

R U L E	A	B	C	D
	If the Airman (see note)	And submits a request to change their overseas tour status to accompanied	Or submits a request to change their overseas tour status to unaccompanied	Then the installation commander, ABG/CC at non-AF led Joint bases, or designated representative
1	Has not relocated dependents or household goods at government expense	X	X	Approves, unless rule 6 or 7 applies.
2	Relocated dependents or HHG at government expense to a designated location and the anticipated delay for moving dependents overseas was 20 weeks or more based on disapproved concurrent travel request	X	X	
3	Relocated dependents or household goods at government expense to a designated location and the anticipated delay for moving dependents overseas was less than 20 weeks	X		Sends the request to AFPC/DP3AM for decision.
4			X	Approves.
5	Originally elected the accompanied tour and household goods were shipped overseas at government expense but dependents never joined overseas		X	Sends the request to AFPC/DP3AM for decision.
6	Is eligible for change under rule 1 or 3, but current DEROS is in the overseas cycle (Attachment 13, Table A13.1 , allocations column for enlisted or officer has an assignment selection date according to Table 6.7).	X		Sends request for DEROS adjustment to assignment OPR for decision.
7	Is assigned to a position on the Osan AB Korea Command-Sponsored Position Listing	X		Sends request to AFPC/DP3AM for decision.
Note: Use this table in conjunction with paragraphs 7.2 and 7.11.				

Table 7.4. Award and Adjustment of DEROS.

R U L E	A	B	C
	If the Airman	Then (see notes 1, 2, and 4)	And the MPF must
1	Is assigned CONUS to overseas, or on a consecutive overseas tour with travel through the CONUS	Add the overseas tour length to the last date departed CONUS (see note 3)	Award the DEROS unless rule 2 or 3 applies.
2	Is assigned CONUS to overseas and takes leave enroute in any overseas area; is assigned on a consecutive overseas tour without travel through the CONUS; or is assigned on a consecutive overseas tour with travel through the CONUS but takes leave enroute after departing the CONUS	Add the overseas tour length to the date arrived at the overseas duty station (see note 3)	Award the DEROS unless rule 3 applies.
3	Arrives overseas and for any reason has insufficient retainability to complete the prescribed minimum tour (without an approved delay or waiver of retainability), require the Airman to obtain retainability or decline, and when the Airman declines or is ineligible	Determine date of separation	Award a DEROS that coincides with date of separation and counsel the Airman of action required by rule 4.
4	Is awarded a DEROS under rule 3 and for any reason the Airman later obtains additional retainability		Adjust the DEROS to reflect completion of the full overseas tour or adjust DEROS to equal the new date of separation if less than the full overseas tour completion date.
5	Requests extension, curtailment, or proration of DEROS according to Tables 7.7, 7.8, or 7.10.		Adjust the DEROS when authorized or submit a request for DEROS change per Tables 7.7, 7.8, or 7.10.
6	Has their DEROS involuntarily extended		Adjust the DEROS when authorized or submit a request

R U L E	A	B	C
	If the Airman	Then (see notes 1, 2, and 4)	And the MPF must
	according to Table 7.9 (also see paragraph 7.6)		for DEROS change when required by Table 7.7, 7.8, or 7.9.
7	Has an approved separation or retirement date before DEROS month	Confirm date of separation or retirement date	Adjust the DEROS.
8	Has tour election change approved after arriving overseas	Convert the tour to appropriate tour length	
9	Is married to a member of the Armed Forces and assigned to the same or adjacent base	Determine type tour to be served per Attachment 8.	Award or adjust DEROS of Air Force Airman or both Airmen accordingly.
10	Is serving an extended overseas tour and is reassigned involuntarily to another country or area	Subtract 12 months from current DEROS and prorate DEROS if to a different tour length (see Table 7.10)	On request by the Airman, adjust the DEROS according to Table 7.10.

Note:

1. Use this table in conjunction with **paragraphs 7.3, 7.4, and 7.5, and Table 7.2.**
2. Airmen serving the extended long tour serve the standard tour length plus 12 months.
3. If the Airman reports to the gaining overseas duty location before the RNLTD month, the DEROS is awarded by adding the overseas tour length to the RNLTD month (this includes Non-prior service students PCSing from training or education per **Table 6.10** rule 5 and Non-prior service students PCSing from training or education per **Attachment 16**). If the Airman departs the CONUS on the last day of the month prior to the RNLTD month and reports on the first day of the RNLTD month then the DEROS will be awarded by adding the overseas tour length to the RNLTD month. This note does not apply if the Airman departs an overseas duty location and reports to the gaining overseas duty location before the RNLTD month, who has leave approved in the overseas area, consecutive overseas tour leave in the CONUS, or has approval to defer their consecutive overseas tour leave in accordance with AFI 36-3003 (also see **paragraphs 6.31 and 6.32**). This note includes Airmen who travel to Alaska via the Alaskan Marine Highway System.
4. Aircrew Airmen (accompanied or unaccompanied) serve a 36-month tour plus the length of in-country training if assignment is to the NATO AWACS E-3A Component as follows: Officers in AFSC 11SX, 12RX, and 13BX and enlisted in AFSCs 1A1X1, 1A3X0, 1A4X0, 1A5X0, 1A5X2 and 1A5X3.

Table 7.5. Award or Adjustment of ODSD and Short Tour Return Date Based on PCS.

R U L E	A	B	C
	Airman was assigned PCS overseas and	Then credit with	And (see note 1)
1	Completed a tour of 18 months or more, accompanied or unaccompanied, and rules 2, 20, or 21 do not apply	A long tour	Award new ODSD (see notes 4 and 7).
2	Completed a tour, accompanied or unaccompanied, where both the accompanied tour was 24 months and the unaccompanied tour was less than 18 months	A short tour (see note 2)	Award new ODSD and short tour return date (see notes 4, 5 and 7).
3	Completed an unaccompanied tour of less than 18 months and no accompanied tour was authorized	A short tour (see note 3)	Award new ODSD and short tour return date (see notes 4 and 7).
4	Was curtailed after completing at least 365 days of an 18-month or longer tour, accompanied or unaccompanied, and rule 5 does not apply	A long tour	Award new ODSD.
5	Was curtailed after completing at least 365 days of an accompanied tour where both the accompanied tour was 24 months and the unaccompanied tour was less than 18 months	A short tour	Award new ODSD and short tour return date (see notes 4 and 5).
6	Was curtailed after completing at least 181 days of a less than 18-month tour		Award new ODSD and short tour return date.
7	Was curtailed before completing 365 days of an 18-month or longer tour, and rule 8 does not apply	Number of days served	Adjust ODSD by adding the number of days served to the existing ODSD.
8	Was curtailed before completing 365 days of an accompanied tour where both the accompanied tour was 24 months and the unaccompanied tour was less than 18 months		Adjust ODSD and short tour return date by adding the number of days served to the existing ODSD and short tour return date.
9	Was curtailed before completing 181 days of a less than 18-month tour		Adjust ODSD and short tour return date by adding the number of days served to the existing ODSD and short tour return date.
10	Served less than the prescribed tour for the location, and the overseas tour was not curtailed and an overseas tour length waiver was not approved prior to overseas assignment		Adjust ODSD and (when appropriate) short tour return date by adding the number of days served to the existing ODSD and (when appropriate) short tour return date.

R U L E	A	B	C
	Airman was assigned PCS overseas and	Then credit with	And (see note 1)
11	Served in Saudi Arabia on or after 30 Apr 78, on an accompanied tour and completed a tour, or was curtailed and served at least 365 days of the accompanied tour	A short tour	Award new ODSD and short tour return date (see notes 2 and 4).
12	Served in Turkey on or after 1 Jan 80 and completed a tour, or was curtailed and served at least 181 days of an unaccompanied tour or 365 days of an accompanied tour	A short tour	Award new ODSD and short tour return date (see notes 2 and 4).
13	Filled a position on a Command Sponsored Position List, or is married to an Airman filling a position on the Command Sponsored Position List and served at least 365 days of an accompanied tour		
14	Served in Iran on or after 1 Jan 79 and was evacuated before completing the prescribed tour, or was held as a hostage		
15	Served in Pakistan on or after 9 Nov 79 and was evacuated before completing the prescribed tour		
16	Served at Adak, Alaska, and completed an unaccompanied tour by 1 Oct 90, or was curtailed after completing at least 181 days of an unaccompanied tour		
17	Served at Comiso, Sicily, prior to 1 Dec 89, and completed the tour or was curtailed after completing at least 181 days of the unaccompanied tour, or at least 365 days of the accompanied tour (For those in country after 1 Dec 89, see rule 2.)		
18	Served in Panama on an unaccompanied tour and arrived on or after 1 Mar 88 and before 1 Jun 90; or arrived prior to 1 Mar 88 and served at least 181 days after 1 Mar 88; or served an accompanied tour for any period between 1 Dec 89 and 1 Jun 90 (regardless of tour start date)		
19	Served in the Philippines on an unaccompanied tour and served at least 181 days prior to departure, or served an accompanied tour and served at least 365 days prior to departure, and in either instance, departed on PCS on or after 1 Oct 90 (see rules 8 or 9 when time served was less than as shown)		
20	Served at Naples, Italy, (date arrived station between 1 Mar 96 and 31 Dec 2005), accompanied or unaccompanied, and served at least 365 days.		

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R U L E	A	B	C
	Airman was assigned PCS overseas and	Then credit with	And (see note 1)
21	Completed a 24-month unaccompanied designated location move tour in same country as native country of Airman's civilian spouse (see Table 7.1).	A long tour	Award new ODSD.
22	Was awarded or recommended for the award of the Medal of Honor	A short tour	Award new ODSD and short tour return date.
23	Was designated as missing, and subsequently officially categorized as captured (Prisoner of War), Missing In Action, beleaguered, besieged, detained (hostage), or interned as defined in DAFI 36-3002 (see note 6)		

Note:

1. Use this table in conjunction with **paragraph 7.3**. Award or adjustment of an ODSD or short tour return date does not change an Airman's date arrived station.
2. Give credit for additional short tours when the Airman extends for at least the accompanied tour length (also give credit if later curtailed after serving at least 365 days of the extension). Airmen serving a 24-month tour in a key billet or in a Command Sponsored Position List position in a short tour area receive one short tour credit. If they extend their tour for 24 months they receive an additional short tour credit (includes if curtailed after serving at least 365 days of the tour extension).
3. Give credit for additional short tours when Airman extends for at least the unaccompanied tour length and also give credit if later curtailed after serving at least 181 days of the extension.
4. Award new dates for Airmen with in-place consecutive overseas tours upon completion of tour which precedes the in-place consecutive overseas tour.
5. Credit Airmen in country as of 1 December 1989 and those departing the CONUS or arriving on a consecutive overseas tour after 1 December 1989 with a short tour upon completion of the prescribed tour.
6. Airmen who are officially categorized via DD Form 1300 receive credit for at least one short tour, regardless of the length of time served overseas. Additional short tour credit is awarded in 12 month increments and for any portion thereof at the time of release/return to US control.
7. Overseas service in connection with a study program under a fellowship, scholarship, or grant is not creditable for award or adjustment of an ODSD or Short Tour Return Date.

Table 7.6. Award or Adjustment of ODSD and Short Tour Return Date for TDY.

R U L E	A	B	C
	If Airman performed TDY (see note 1)	And served (see note 2)	Then (see note 3, 4 and 5)
1	From CONUS to Overseas, including sea duty with the U.S. Navy	2 days or more (see note 6)	Adjust current ODSD and short tour return date by adding number of days served.
2		300 days or more in a consecutive 18 month period	Give Airman credit for a completed short tour and award a new ODSD and short tour return date to equal date of return from last TDY.
		548 days in a consecutive 3 year period	
3		365 days or more in a consecutive 3 year period	Give Airman credit for a completed long tour and award a new ODSD to equal date of return from last TDY.
4	From a overseas long tour location to any other overseas location, including sea duty with the U.S. Navy, on or after 1 Jul 72	2 days or more (see note 6)	Adjust current short tour return date by adding number of days served.
5		300 days or more in a consecutive 18 month period	Give Airman credit for a completed short tour and award a new short tour return date to equal date of return from last TDY.
6		548 days in a consecutive 3 year period	
7	From CONUS to the Trust Territories of the Pacific Islands as a Civic Action Team Member, arriving prior to 1 Jul 11	179 consecutive days or more	Give Airman credit for a completed short tour and award new ODSD and short tour return date as of date of return to CONUS (see note 7).
8	At a Ground-Based Radar site in South America (Plan Identification Number (PID) F117T), arriving prior to 1 Jul 11	172 consecutive days or more on site	Give Airman credit for a completed short tour and award new ODSD and short tour return date to equal date of return from TDY (see note 7).
9	And as a result was awarded or recommended for award of the Medal of Honor	Any amount	Give Airman credit for a completed short tour and award new ODSD and short tour return date equal to date of award/recommendation.
10	And as a result was designated as missing, and subsequently officially categorized as captured, Missing In Action,	Any amount	Give Airman credit for a completed short tour and award new ODSD and short tour return date to equal date released/returned to U.S. control (see note 8).

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R U L E	A	B	C
	If Airman performed TDY (see note 1)	And served (see note 2)	Then (see note 3, 4 and 5)
	beleaguered, besieged, detained (hostage), or interned as defined in DAFI 36-3002 (see note 8)		
11	In the area of responsibility (see note 9), arriving between 1 Aug 90 and 10 Jun 91, in support of Operation Desert Shield/Storm	181 consecutive days or more (see note 10)	Give Airman credit for a completed short tour and award new ODSD and short tour return date to equal date of return from TDY (see note 7).
12	At Moron AB, Spain, in direct support of Operation Desert Storm arriving between 1 Aug 90 and 10 Jun 91		
13	At Diego Garcia as a crew member in support of Operation Desert Storm arriving between 1 Aug 90 and 10 Jun 91		
14	At Al Kharj, Saudi Arabia or Thumrait, Oman (PID F089T) between 1 Dec 91 and 1 Apr 95	168 consecutive days or more on site	Give Airman credit for a completed short tour and award new ODSD and short tour return date to equal date of return from TDY (see note 7).
15	in support of Coronet Drake or Coronet Aspen (PID F079T) arriving prior to 16 May 95		
16	Deployed to a hostile fire/imminent danger pay zone arriving between 11 Sep 01 through 30 Jun 11	181 consecutive days or more (see note 10)	Give Airman credit for a completed short tour and award new ODSD and short tour return date to equal date of return from TDY (see note 11).
Notes: 1. Use this table in conjunction with paragraphs 7.3 and 7.4 . 2. Time creditable as overseas duty for TDY begins the day of departure from the CONUS port excluding all leave, hospitalization, and other non-mission periods (i.e., confinement, prisoner, Absent without Leave periods). 3. Adjustment or award of the ODSD or short tour return date does not change an Airman's date arrived station.			

R U L E	A	B	C
	If Airman performed TDY (see note 1)	And served (see note 2)	Then (see note 3, 4 and 5)
4. The number of days served in TDY status to qualify for award of a new ODSD/short tour return date is not the same as an Airman in PCS status whose overseas tour is curtailed (see Table 7.5). 5. The only source document to be used to validate overseas TDY is a copy of the paid travel voucher for each TDY claimed. 6. Credit for 2 days or more TDY began on 5 Jan 95. For TDYs prior to this date Airmen needed to serve a cumulative total of 90 or more days in a consecutive 3 year period to earn an adjustment to the ODSD/short tour return date. 7. Use country code "ZT" with a tour length of number of days served for the PDS update. 8. Airmen who are officially categorized via DD Form 1300 receive credit for at least one short tour, regardless of the length of time served overseas. Additional short tour credit is awarded in 12 month increments, and any portion thereof, at the time of release/return to U.S. control. 9. Use AFPC/DP3AM correspondence as the source document. Countries comprising the area of responsibility are: Saudi Arabia, Kuwait, Iraq, United Arab Emirates (UAE), Oman, Bahrain, Qatar, Yemen, Turkey, Egypt, Israel, Jordan, Syria, and the airspace and adjacent waters of these countries. 10. For overseas tour crediting purposes, for this TDY only, begin credit with the day of arrival in the area of responsibility and end with the day of departure from the area of responsibility. 11. Overseas tour length is updated to 12 months provided Airman meets minimum award criteria. Those Airmen previously awarded short tour credit under the temporary 181-day guidelines keep their short tour credit. Airmen arriving in the area of responsibility prior to 1 Jul 11 and serving at least 181 days in a hostile fire or imminent danger pay area receive short tour credit under the previous criteria. Those arriving in the area of responsibility on or after 1 Jul 11 do not receive short tour credit under the 181-day guidelines.			

Table 7.7. Voluntary Extension of Overseas Tour.

R U L E	A	B	C
	If the reason for extension is (see notes 1 and 2)	Then the maximum period of extension is (not to exceed mandatory date of separation/HYT)	And process the request as follows:
1	Service member's request	Any increment not greater than the standard accompanied tour length in a single increment	Use the DEROS Option RIP (or letter) to request extension. Unit commanders have disapproval authority. When the commander recommends approval, the MPF sends to the assignment OPR. Assignment OPR approves or disapproves and advises the MPF.
2	Service member's request for DEROS to coincide with date of separation or desired retirement date		
3	Service member's request due to pregnancy of civilian spouse and the recommendation of attending physician	60 calendar days or less	Installation commander (may be delegated to the Group or Squadron Commander) or ABG/CC at non-AF led Joint bases may approve (see note 3).
4		More than 60 calendar days	See note 3 .
5	Service member's request, female service member is pregnant and the attending physician recommends	60 calendar days or less	Installation commander (may be delegated to the Group or Squadron Commander) or ABG/CC at non-AF led Joint bases may approve (see note 3).
6		More than 60 calendar days	See note 3 .

Notes:

1. Use this table in conjunction with **paragraph 7.5.6**. Commanders may not disapprove a voluntary extension request based solely on a service member's assignment overseas for an arbitrary maximum period of time. However, commanders may disapprove extension requests based on a requirement for fresh expertise or for reasons such as job stress, personal or family hardship, lack of adequate medical or educational facilities, etc.
2. Normal voluntary DEROS extension criteria do not apply to an Service member's request for change of overseas tour status from unaccompanied to accompanied. Approval of command sponsorship and change of overseas tour status requires the service member to serve the accompanied tour length. Therefore, the DEROS change action is an adjustment of DEROS as shown in **Table 7.4** (not a voluntary extension action), also see **paragraph 7.11**.
3. Travel restriction date (TRD) is six weeks after estimated delivery date. Establish new DEROS as one day after TRD. If new DEROS is 60 days or less from old DEROS, the installation commander or ABG/CC at non-AF led Joint bases may approve extension. If new DEROS exceeds 60 days from old DEROS, forward request to the assignment OPR. In the case of military couples, the installation commander or ABG/CC at non-AF led Joint bases may approve up to a 60 calendar day extension of tour for both service members as long as the new DEROS of both service members is within the same month. The commander must notify the MPF immediately so they can make the necessary changes to DEROS and other adjusted suspense. **(T-1)**.

Table 7.8. Curtailment of Overseas Tours.

R U L E	A	B	C	D
	If request originator is and reason for curtailment of an Overseas tour is (see note 1)	And period is more than 60 calendar days	Or period is less than 60 calendar days`	Then the authority shown below may approve the curtailment
1	Commander's request to permit systematic rotation (see note 2)		X	Assignment OPR
2		X		AFPC/CC
3	Commander's request for Service members selected for school, special duty assignment, approved separation, and so on, and requires reporting earlier than original DEROS		X	Assignment OPR
4		X		AFPC/CC
5	Commander's request when in the best interests of the Air Force (such as dormitory or housing renovation)		X	Assignment OPR
6		X		AFPC/CC
7	Curtailment of DEROS extended/approved under Table 7.7	X	X	See Table 7.7 , column C.
8	Service member's or medical authority's request due to pregnancy of service member or civilian spouse and medical authority recommends return before DEROS		X	Installation commander (may be delegated to the Group or Squadron Commander) or ABG/CC at non-AF led Joint bases (see note 3)
9		X		Assignment OPR
10	Service member's request upon medical evacuation of dependents to CONUS		X	
11		X		AFPC/CC
12	Unmarried pregnant service member desires to place the child for adoption		X	Assignment OPR
13		X		AFPC/CC
14	Commander's request when service member returns to CONUS on emergency leave, and on completion of leave will have (number of days shown) remaining before DEROS		X	Unit commander (see note 4)
15		X		AFPC/CC
16	Service member's request to accompany a military spouse with an earlier DEROS who cannot extend due to manning or		X	Assignment OPR
17		X		AFPC/CC

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R U L E	A	B	C	D
	If request originator is and reason for curtailment of an Overseas tour is (see note 1)	And period is more than 60 calendar days	Or period is less than 60 calendar days`	Then the authority shown below may approve the curtailment
	operational necessity (see note 5)			
18	To effect reassignment based on an approved humanitarian or EFMP request		X	Assignment OPR
19		X		AFPC/CC
20	Commander's request for service members sentenced to a dishonorable or bad conduct discharge, or when General Court-martial Convening Authority directs service members to take involuntary excess leave (see note 6)	X	X	AFPC/DP3AM
21	Commander's request for service members surplus due to unit deactivation, base closure or consolidation, authorization deletion, reclassification, or other action resulting in loss of Service member's AFSC (see note 7)			Assignment OPR
22	Commander's request for service members or dependents involved in unfavorable military or civilian incident in host community			AFPC/CC or AF/JA for Judge Advocates
23	Service member's request to accompany a military spouse reassigned on a humanitarian or EFMP assignment		X	Assignment OPR
24		X		AFPC/CC
25	Service member's request to cancel all or part of an approved voluntary overseas tour extension	X	X	Assignment OPR (see note 8)
26	Threatened Person Assignment	X (see note 9)	X (see note 8)	AFPC/DP3AM
Notes: 1. Use this table in conjunction with paragraph 7.5.8 . Service member's unit commander must endorse requests for curtailment. (T-1) .				

R U L E	A	B	C	D
	If request originator is and reason for curtailment of an Overseas tour is (see note 1)	And period is more than 60 calendar days	Or period is less than 60 calendar days`	Then the authority shown below may approve the curtailment
2. Systematic rotation is only for the purpose of spreading the rotation dates for service members possessing like skills over a greater period of time to ensure continuity of operation. 3. Travel restriction date is six weeks prior to Estimated Delivery Date. Establish the RNLTD to gaining unit as one day prior to TRD. Compute new DEROS by subtracting a maximum of 45 days (leave and travel time) from the new RNLTD. If new DEROS exceeds 60 days from old DEROS, forward a curtailment request. In the case of military couples, the installation commander or ABG/CC at non-AF led Joint bases may only approve curtailment of the pregnant service member. Submit a request to curtail the spouse, depending on period of curtailment. Enlisted service members who have extension to overseas tour approved under the OTEIP are not eligible for curtailment (except for pregnant service members at dependent-restricted locations). These service members may extend their DEROS beyond the travel restriction date or request early return of civilian spouse. In accordance with AFI 44-102, <i>Medical Care Management</i>, pregnant service members assigned to isolated or remote areas without appropriate obstetrical care will have their assignment curtailed by the 24th week of pregnancy or earlier. If local medical personnel are not capable of managing the early complications of pregnancy or the pregnancy is complicated, the service member's assignment shall be immediately curtailed. The commander must immediately notify the MPF so they can make the necessary changes to DEROS and other suspenses. (T-1). 4. See paragraph 7.7. 5. When manning will not support extending the military spouse with the earlier DEROS in their AFSC or when the military spouse was curtailed due to operational necessity such as force closure action within the unit assigned. This rule does not apply when a change of DEROS was the result of a service member's request for the change such as cancellation of all or partial voluntary extensions of an overseas tour. 6. Request for CONUS assignment is sent via CMS to the AFPC OPR responsible for a service member's AFSC (see Table 2.1) with information copy to the Air Force Military Justice and Policy Division (JA/JAJM), JB Andrews AFB, MD. Request includes date confinement ends and home of record. 7. See paragraph 6.45. Curtailment as a result of surplus based on promotion permitted only when the promotion is to the grade of CMSgt or colonel. 8. The assignment OPR may approve cancellation (provided it is not an OTEIP extension) if the new DEROS does not place the enlisted service member in the overseas or overseas returnee cycle (see Attachment 13 Table A13.1. allocations column) and for officers, the new DEROS cannot result in an assignment selection date which is past (see Table 6.7, rule 3 for assignment selection date schedule). This does not apply to an enlisted service member serving an extended long tour unless cancellation requested is to an extension of the ELT. Requests involving OTEIP extensions are submitted to AFPC/DP3AM as exceptions according to paragraph 5.5. 9. As requested by installation commander or ABG/CC at non-AF led Joint bases.				

Table 7.9. Involuntary Extension of Overseas Tour.

R U L E	A	B	C
	If the reason for involuntary extension is (see note 1)	Then the maximum period of extension is (not to exceed date of separation)	and
1	Airman does not have required retainability for CONUS PCS	Airman's date of separation	DEROS update is automatic.
2	Due to quality control reasons; to provide testimony for a court-martial (material witness); or, to comply with host country's customs regulations	120 days (see notes 2 and 3)	Comply with paragraph 7.6.
3	To attend training or education and the class start date does not reasonably coincide with current DEROS	180 days	Submit requests as shown in paragraph 7.6. AFPC/CC is the approval authority.
4	To meet immediate and critical operational needs		
5	When assigned to a unit being deactivated or due to base closure		

Notes:

1. Use this table in conjunction with **paragraph 7.6.**
2. Airmen placed on International Hold (AAC 13), **Table 3.1**, Airmen not medically qualified for PCS (AAC 31 and 37), and Airmen serving a confinement period as a result of court-martial or civil court action (duty status code 04, 05, 16, 17, 56, 59) do not have DEROS involuntarily extended. Allow the DEROS to expire even though the Airman remains assigned overseas.
3. Action to involuntarily extend an Airman overseas for quality reasons meets the requirements outlined in **paragraph 7.6.** Extend the Airman's DEROS in 30 day increments only.

Table 7.10. Overseas Tour Proration.

R U L E	A	B
	If proration is for : (see note 1)	Then follow the steps below to determine new DEROS
1	PCS to an overseas location with a different prescribed tour length (PDTATAC AP-TL-01, https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf), or when the tour length changes at the current location	Step 1. <u>Months on Current Tour</u> (see note 2)

Table 7.11. Assignment Priority Groups For Airmen Completing Overseas or CONUS Stabilized Tours (AAC 50).

G R O U P I N G	A	B	C
	If an Airman is serving an (See note 1)	And is credited with the number of short tours shown (<u>excluding</u> current tour) (see note 2)	Then the match priority (<u>considering</u> current tour) is
1	Unaccompanied <u>and</u> the unaccompanied tour length is 17 months or less <u>and</u> dependents are restricted or limited (per PDTATAC AP-TL-01, https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf)	8 or more	1
		7	2
		6	3
		5	4
		4	5
		3	6
		2	7
		1	8
		0	9
2	Unaccompanied <u>and</u> the unaccompanied tour length is 17 months or less <u>and</u> dependents are not restricted or limited (per PDTATAC AP-TL-01, https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf)	8 or more	10
		7	11
		6	12
		5	13
		4	14
		3	15
		2	16
		1	17
		0	18
3	Unaccompanied <u>and</u> the unaccompanied tour length is 18 months or more, <u>or accompanied</u> (regardless of the accompanied tour length) (per PDTATAC AP-TL-01, https://www.defensetravel.dod.mil/Docs/AP-TL-01.pdf)	8 or more	19
		7	20
		6	21
		5	22
		4	23
		3	24
		2	25
		1	26
		0	27
4	Stabilized Tour and is a CMM (See note 3)	N/A	28
Notes: 1. Use this table for enlisted Airmen and in conjunction with Attachment 13, paragraph A13.3 and the overseas returnee/CMM execution guidance in the MyPers website. Apply it to officers when other eligibility and qualification factors are equal or similar enough and you need to determine the order to match officers against requirements. 2. Each returnee is aligned within their grouping and within each grade and AFSC, and further grouped by number of short tours previously served (this does not include the current tour).			

G R O U P I N G	A	B	C
	If an Airman is serving an (See note 1)	And is credited with the number of short tours shown (<u>excluding</u> current tour) (see note 2)	Then the match priority (<u>considering</u> current tour) is
Airmen possessing the most number of short tours receive higher priority. When the number of short tours is equal for two or more returnees, higher priority within each group is given to Airmen who voluntarily extended their tour for a period of 6 or more months in a short tour area or 12 months in a long tour area (OTEIP extension of tour). Higher priority is not given when an extension was for the purpose of command sponsoring dependents (because this is a change in tour election and not an extension). Additionally, each month extended beyond the 6 or 12 month minimum raises the Airman's priority. In the event of a tie within a priority group, Airmen are matched in the following order: Grade (highest grade takes precedence). Example: a SSgt will receive higher priority over a SSgt selectee. Date of Rank (DOR) (earliest date takes precedence); Total Active Federal Commissioned Service Date (Officers only, when applicable per note 1) (earliest date takes precedence); Total Active Federal Military Service Date (TAFMSD) (earliest date takes precedence); Date of Birth (DOB) (earliest date takes precedence); Reverse Social Security Number (SSN) order (use all 9 digits and lowest number takes precedence). Example: if the SSN is 123-45-6789 as a normal number it would be 123,456,789, and reversed it would 987,654,321. 3. CMMs are aligned into the fourth priority group after overseas returnees within each grade and AFSC, and further grouped by Date Arrived Station, DOR, TAFMSD, and then DOB. 4. The following example is provided to illustrate how Airmen are prioritized: overseas returnee/CMM cycle for 3D0X2 SSgt's with a DEROS/date of availability equal to May, Jun, or Jul 2011. There are 7 Airmen identified with a DEROS/date of availability during this cycle, therefore there will be 7 locations advertised on EQUAL. The following are the SSgts competing in the cycle: 4a. SrA (SSgt select) Romer, DOR: 16 Sep 2009, assigned to Hickam AFB, Hawaii, serving a 36 month accompanied tour, DEROS: 2 May 2011, Number of Completed Short Tours: 0, TAFMSD: 2 Oct 2007, Date of Birth: 22 Dec 1986, SSN: 111-22-5678. 4b. SSgt Knight, DOR: 1 Aug 2009, assigned to Ramstein AB, Germany, originally served a 24 month unaccompanied tour, elected an IPCOT to serve an additional 24 month unaccompanied tour, then extended 12 months during her DEROS Option window, DEROS: 1 Jul 2011, Number of Completed Short Tours: 1, TAFMSD: 24 Jan 2006, Date of Birth: 14 Apr 1987, SSN: 111-22-4567. 4c. SSgt Izawa, DOR: 1 Aug 2005, assigned to Petersen AFB, CO, serving a stabilized tour, Date of Availability: 1 Jul 2011, date arrived station: 28 May 2006, TAFMSD: 25 Jul 2001, DOB: 8 Jun 1983.			

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G R O U P I N G	A	B	C
	If an Airman is serving an (See note 1)	And is credited with the number of short tours shown (<u>excluding</u> current tour) (see note 2)	Then the match priority (<u>considering</u> current tour) is
4d. SrA (SSgt select) Tongson, DOR: 1 Aug 2009, assigned to Kunsan AB, Korea, serving a 12 month unaccompanied tour: DEROS: 9 Jun 2011, Number of Completed Short Tours: 0, TAFMSD: 23 Sep 2007, Date of Birth: 12 Mar 1987, SSN: 111-22-1234. 4e. SSgt Koenig, DOR: 1 Sep 2008, assigned to Yokota AB, Japan, originally served a 24 month unaccompanied tour and then extended 12 months for the purpose of command sponsorship, DEROS: 9 May 2011, Number of Completed Short Tours: 1, TAFMSD: 12 Oct 2000, Date of Birth: 6 Sep 1978, SSN: 111-22-3456. 4f. SSgt Kirkpatrick, DOR: 1 Jan 2006, assigned to Bolling AFB, D.C., serving a stabilized tour, Date of Availability: 1 May 2011, date arrived station: 28 May 2006, TAFMSD: 14 Aug 2001, DOB: 11 Feb 1982. 4g. SSgt Hammond, DOR: 1 Sep 2003, assigned to Incirlik AB, Turkey, serving a 15 month unaccompanied tour, DEROS: 3 Jun 2011, Number of Completed Short Tours: 1, TAFMSD: 20 Feb 1998, Date of Birth: 10 Dec 1976, SSN: 111-22-2345. 4h. The following will be the assignment selection priority for the SSgts: #1: SrA Tongson (only Airman in Group 1 returning). #2: SSgt Hammond (only Airman in Group 2 returning). #3: SSgt Knight (Group 3, 1 short tour, voluntarily extended his 24 month in-place consecutive overseas tour for 12 months which places him before SSgt Koenig). #4: SSgt Koenig (Group 3, 1 short tour, extended 12 months but was for command sponsorship which places her after SSgt Knight). #5: SrA Romer (Group 3, 0 short tours and no extensions). #6: SSgt Kirkpatrick (Group 4, date arrived station is before SSgt Izawa). #7: SSgt Izawa (Group 4, date arrived station is after SSgt Kirkpatrick).			

Chapter 8

REGAF AND EAD 365-DAY EXTENDED DEPLOYMENTS

8.1. General Information. The following information applies mostly to lieutenant colonel/SMSGt positions and below. AFPC/DP2 has the lead in advertising, identifying and notifying Airmen for OCONUS 365-day extended deployments. AF/A1LO and AF/A1LE have the lead in advertising, identifying and notifying for colonels and colonel-selects and Chief Master Sergeant and Chief Master Sergeant selects. Certain key positions in the area of responsibility are required to be filled by Airmen serving on 365-day tours. Each requirement is a Chief of Staff, United States Air Force (CSAF) approved, high priority, mandatory fill position; therefore, all Airmen should be prepared to depart home station at a moment's notice.

8.1.1. ARC members may volunteer for active component 365-Day extended deployment requirements with the approval of their component in accordance with DAFMAN 36-2114 (AFR only) and AFI 10-402, *Mobilization Planning*.

8.1.2. HQ AFRC POC for 365-day TDYs/deployments is the Force Generation Center AFRC/FGC. ANG POC for 365-day deployments is NGB/A1X.

8.1.2.1. DELETED.

8.1.2.1.1. DELETED.

8.1.2.1.2. DELETED.

8.1.2.1.3. DELETED.

8.1.3. **(Added)** Requests for ANG members are initiated through NGB FAMs to NGB/A1X. The unit Installation Personnel Readiness (IPR) technician will coordinate through the NGB FAM to NGB/A1X. NGB/A1X will notify HQ AFPC of the volunteer's status. Packages must include Squadron and Wing/CC concurrence. In accordance with ANGI 36-101, *Air National Guard Active Guard Reserve (AGR) Program*, Title 10 tours of 365 days are beyond the intent and purpose of the AGR program.

8.2. Eligibility. Airmen not already selected for an assignment or do not have an assignment selection date are eligible for 365-day extended deployments, provided they meet the following criteria:

8.2.1. Airmen currently serving in the CONUS with a minimum of 12 month time on station from date of first training or Required Delivery Date, whichever is earlier. Includes Airmen serving on any stabilized tour (minimum or maximum), to include, but not limited to AAC 32, 39, 41, 42, 43, 44, 45, 47, 50, 51, 55, and 87 (see [Table 3.1](#)). Airmen currently serving a CONUS Maximum Stabilized Tour and categorized as a CMM (AAC 50), may only volunteer if their AAC 50 expiration date is equal to the Required Delivery Date or is within 2 months after the AAC expiration date. **(Example:** If AAC 50 expiration date equals June 2011, Airman is eligible for 365-day extended deployment with Required Delivery Dates of June, July, and August 2011.)

8.2.2. Enlisted Airmen currently serving overseas with an established DEROS equal to or within 2 months after the required delivery date. **(Example:** If DEROS equals June 2011, Airman is eligible for 365-day Extended Deployment with Required Delivery Dates of June,

July, and August 2011). Airmen with an indefinite DEROS may volunteer if original tour completion date is on or after the Required Delivery Date.

8.2.3. Enlisted Airmen must have or be eligible to obtain 13 months retainability from Required Delivery Date. **(T-1)**.

8.3. Ineligibility. Airmen not meeting the eligibility criteria in [paragraph 8.2](#), may volunteer as an exception to policy, with commander concurrence and are only selected if there are no other volunteers. Airmen are required to forward their commander's concurrence to the AFPC/DP2 assignment team at the time they volunteer. Airmen are not considered if the commander's concurrence is not on file at the time of selection.

8.4. Application Procedures. AFPC/DP2 will solicit volunteers for all OCONUS 365-day extended deployment requirements before selecting non-volunteers. Enlisted positions will be advertised on EQUAL Plus in 10 day increments until a volunteer is found. If no volunteer is found by the 180 day to First Movement date, Assignment teams will begin non-volunteer actions, in accordance with the 365-Day extended deployments execution guidance in the MyPers website.

8.4.1. Airmen are encouraged to volunteer for any 365-day Extended Deployment for which they are eligible and qualified. Eligible Airmen are not required to coordinate or obtain commander approval to volunteer for a 365-day Extended Deployment, unless required in accordance with [paragraph 8.3](#). Commanders will not establish policies, supplementing this instruction, that direct prior approval for volunteering. Once an Airman is selected by AFPC, commander coordination is required on the official notification tasking memorandum. **(T-1)**.

8.4.2. Withdrawal of Volunteer Statement. Airmen may request to withdraw their volunteer statement prior to the close-out date of the advertisement. To withdraw a volunteer statement, an Airman must contact their AFPC assignment via email or delete the volunteer request on EQUAL Plus (enlisted) prior to the close out of the ad. **(T-1)**. Requests to withdraw volunteer statements after selection are submitted in accordance with [paragraph 6.10](#). If a cancellation request is submitted under this paragraph and subsequently disapproved, an Airman is not eligible to request separation or retirement if the 3-day option window has expired. See [paragraph 8.8](#) and [Table 8.2](#).

8.5. Selection Procedures. Airmen volunteering for a 365-day extended deployment are selected based on eligibility and qualifications. If there are no volunteers, selections are based on most eligible and qualified non-volunteers.

8.5.1. Selection of Enlisted Eligible Volunteers (SMSgt and below). Once the EQUAL Plus advertisement closes, the appropriate AFPC assignment team determines which volunteers meet eligibility and qualification requirements in accordance with [paragraph 8.2](#), then prioritizes all eligible volunteers as follows:

8.5.1.1. CMM volunteers by date arrived station (prioritized longest to shortest time-on-station). Upon selection, Airman's AAC 50 is extended 13 months from Required Delivery Date to accommodate the 365-day extended deployment and out-processing actions upon return.

8.5.1.2. CONUS volunteers with a minimum of 12 months time-on-station by date arrived station (prioritized longest to shortest time-on-station).

8.5.1.3. Overseas volunteers only when their DEROS is equal to or 2 months following the Required Delivery Date (prioritized in accordance with [Table 6.2](#), Priority 1 for overseas Short Tour Selection, Priority 2 for Airmen at short tour locations, and Priority 3 for Airmen at long tour locations). Upon selection, Airman's DEROS is extended 13 months from Required Delivery Date to accommodate the 365-day extended deployment and out-processing actions upon return.

8.5.1.4. Overseas volunteers with an indefinite DEROS only if they have completed their original tour by the Required Delivery Date (prioritized in accordance with [Table 6.2](#), Priority 1 for overseas Short Tour Selection, Priority 2 for Airmen at short tour locations, and Priority 3 for Airmen at long tour locations). Upon selection, Airman's DEROS is extended 13 months from Required Delivery Date to accommodate the 365-day extended deployment and out-processing actions upon return.

8.5.1.5. CONUS volunteers who do not meet time-on-station eligibility by date arrived station and have commander concurrence (prioritized longest to shortest time-on-station) and whose volunteer statement has been accepted as an exception to policy.

8.5.2. Officer Selection of Eligible Volunteers. AF/A1LO (colonels and colonel-selects) or the appropriate AFPC assignment team (lieutenant colonels and below) determines which volunteers meet eligibility and qualification requirements in accordance with [paragraph 8.2](#).

8.5.3. Selection of Non-Volunteers. A non-volunteer is selected if there were no volunteers or qualified volunteers per [paragraph 8.2.1](#) through [8.2.3](#). Established short tour selection rules as outlined in [paragraph 3.3](#) and [6.8](#), and [Table 6.2](#), Priority 8, 9, and 10 are used. Airmen overseas at long tour locations may be used to fill a 365-day extended deployment. Airmen must have 30 days left on their current tour (before DEROS) to be selected as a non-volunteer (to allow reconstitution and out-processing time following the 365-day extended deployment). **(T-1)**.

8.5.3.1. Enlisted. Enlisted Airmen who are HYT restricted and otherwise not eligible for 3-day option (as prescribed in [Table 8.2](#)), may only be selected as a non-volunteer if they have at least 7 months retainability following the expected return date. Vulnerability dates used to select enlisted Airmen for short tour requirements are also used in non-volunteer selections for 365-day extended deployments.

8.5.3.2. Officers. If there are not enough volunteers, AFPC will use modified short tour selection rules. Non Volunteers are prioritized based on number of short tours, short tour return date (STRD) and ODSD. Officers serving overseas long tours may be used as a resource to fill these taskings. Officers must have sufficient time remaining on their current tour (before DEROS) to be selected as a non-volunteer, i.e., 30-days upon return from deployment to out-process their respective unit. Officers not selected for promotion that have a mandatory date of separation established and are otherwise not eligible for 3-day option (see [Table 8.2](#)) are not eligible for selection as a non-volunteer unless they have at least 7 months retainability following the expected return date. Officers may contact their AFPC/DP2 assignment team for information on potential vulnerability for non-volunteer selection.

8.5.4. Selection of Airmen assigned to joint organizations. Regardless of volunteer status, releasability of all Airman assigned to joint organizations is subject to the concurrence of the respective J1 or personnel division chief. Requests for availability are coordinated with the J1/personnel division staff prior to official notification.

8.5.5. Selection of Airmen assigned as students. Airmen who are assigned to a student PAS Code (Air Force Institute of Technology, Air Force Intern Program, Intermediate Development Education, Senior Developmental Education, etc.) must PCS to a valid position at their next permanent duty station assignment prior to departing on 365-day extended deployment and must return to that same assignment for a tour of duty following their 365-day extended deployment. **(T-1).**

8.5.6. Airmen selected for a 365-day extended deployment receive an AAC “ET” (Extended Deployment) in the PDS. The expiration date is Airman’s expected return date. The AAC is deleted if Airman is released from the requirement.

8.5.7. Airmen Assigned to a Short Tour Location. Airmen currently serving in an O/S short tour location may volunteer for an extended deployment as an exception to policy; however, are only considered for selection if they will PCS to a CONUS location prior to date of first training. AFPC must have gaining CC approval for Airmen selected in this situation. **(T-1).**

8.6. Notifications. A minimum of 120 days notification is provided to Airmen for 365-day extended deployments, whenever possible. Advertisements are announced well in advance in an effort to reduce the number of Airmen selected with less than 120 days notification. However, there are occasions, when notification is short-notice. For instance, when an Airman is released from a tasking at the last minute, the replacement gets very short notification. Additionally, new missions may drive less notification time. Installation Personnel Readiness offices receive notification of 365-day extended deployments via Deliberate and Crisis Action Planning and Execution Segments and email, and notify the Airman and their commander.

8.7. 365-day Extended Deployment and AEF Contingency Deployment Deconfliction. AF/A1LO has the lead for extended deployments for colonels/colonel-selects, and AF/A1LE has the lead for extended deployments for CMSgt and CMSgt selects. A 365-day extended deployment takes priority over an AEF contingency deployment if Airman receives official selection/tasking prior to AEF contingency deployment notification. A 365-day extended deployment selection/tasking is defined as when the notification tasking memorandum is sent to the Installation Personnel Readiness office or the 365-day extended deployment is in Deliberate and Crisis Action Planning and Execution Segments, whichever is earlier. The Airman is no longer eligible for selection for an AEF contingency deployment unless released from the 365-day extended deployment by the applicable AFPC/DP2 Division Chief, AF/A1LO or A1LE Division Chief. If an Airman is formally selected for an AEF contingency deployment and is within 60 days of departure for the AEF contingency deployment/required associated training or has already attended required training, the AEF contingency deployment takes priority. Use this paragraph in conjunction with **Table 8.1.**

8.8. Declinations. 365-day extended deployments do not have an active duty service commitment; however, there is a commitment (to include prior training preparation time plus 365-day extended deployment duration) associated with the selection for 365-day extended deployments. Therefore, Airmen may be eligible to decline that commitment under 3-day option

procedures. The time allotted for declining the 365-day extended deployment to separate or retire is 3 days, hence “3-day option.”

8.8.1. Airmen selected for a 365-day extended deployment and want to decline should refer to [Table 8.2](#) to determine 3-day option eligibility. Airmen who do not have the retainability and do not meet the criteria to 3-day opt should refer to [paragraph 6.28](#) for retainability declination information. Those who elect to decline retainability or initiate a 3-day option, will be processed for separation/retirement. **(T-1)**. While reclamation for 3-day option/retainability declination requires Wing CC/equivalent or ABG/CC at non-AF led joint bases approval in the Reclama Processing Tool, this action is for 365-day extended deployment processing purposes only. The Wing CC/equivalent or ABG/CC at non-AF led joint bases does not have approval/disapproval authority for 3-day opt/retainability declination. The approval button in the Reclama Processing Tool represents Wing CC/equivalent or ABG/CC at non-AF led joint bases acknowledgement of the Airman’s decision and keeps the notification/acknowledgement moving through the system.

8.8.2. Airmen must obtain retainability within 30 days of notification and acceptance of the 365-day extended deployment. **(T-1)**. If the Airman does not possess and refuses to obtain the required retainability, or if the Airman is eligible under 3-day option provisions, the MPF must counsel the Airman in accordance with [paragraph 6.28](#), [Table 8.2](#), and the execution guidance in the MyPers website under Assignments: 365-Day extended deployments. **(T-1)**.

8.8.2.1. Enlisted Airmen who are not retirement eligible and are declining retainability must complete a DAF Form 964. **(T-1)**.

8.8.2.2. Reclamas are processed using the Reclama Processing Tool in accordance with DAFI 10-401 and must be initiated by the unit commander or equivalent. **(T-1)**.

8.8.2.2.1. Reclama actions are only to occur after the Airman has completed their portion of the notification memorandum and are not justification for an Airman to delay their statement of intent to accept/decline the deployment. Reclama reasons may be for:

8.8.2.2.1.1. Severe Mission Impact. SMI reclamation is only approved by the MAJCOM/CD or equivalent. Airmen with an approved reclama for severe mission impact receive an AAC 39. (Operational Continuity). AAC 39 is a 6-month deferment from the Required Delivery Date (in accordance with [Table 3.1](#), Rule 29 and 30). Airmen are exempt from selection for AEF contingency deployments, 365-day extended deployments, and PCSs for the duration of the deferment period. This allows sufficient time for units to prepare for an Airman’s potential departure once the AAC expires. Extensions to the deferment period are not permitted.

8.8.2.2.1.2. Medical. Airmen selected (volunteer or non-volunteer) with an AAC 31 or 37 and assignment limitation code “C,” “X,” or “Y” in the PDS require a medical exception in accordance with AFMAN 41-210. The commander must submit a reclama processing tool action when medical exception is disapproved. **(T-1)**. Airmen with an AAC 31 or 37 that expires prior to First Movement date of the tasking are eligible to be selected.

8.8.2.2.1.3. Three day option and/or retainability declination.

8.8.2.2.1.4. Other. Reason(s) other than those in paragraphs 8.8.2.2.1.1 through 8.8.2.2.1.3, when the commander deems serious enough to prevent the Airman from deploying.

8.8.2.2.2. Deployment availability codes in and of themselves may not be the sole justification for a reclama, i.e., a deployment availability code “64” (Operational Deferment) or “65” (Commander’s Option) do not disqualify an Airman from 365-day extended deployment selection; however the underlying reasons for the deployment availability code “64”/”65” may form the basis for an “Other” or SMI reclama.

8.8.2.2.3. The approval/disapproval authority for unsourcing a 365-day extended deployment in Deliberate and Crisis Action Planning and Execution Segments due to reclama reasons is the AFPC/DP2.

8.9. Extended Deployment Advance Assignment/Assignment Deferment Program Incentives. All Airmen selected for a 365-Day extended deployment are eligible to apply for an Advance assignment or assignment deferment immediately upon selection. See [Attachment 14](#).

8.10. Short Tour Credit. Award of short tour credit is in accordance with [Table 7.6](#), Rules 2, 5, or 6. Eligibility is reviewed after completion of the 365-day extended deployment and processing of the travel voucher.

8.11. Joint Duty Assignment Credit. There are no 365-day extended deployment joint duty assignment billets. All temporary joint duty assignment positions were eliminated effective 1 Jan 2009. Officers with questions regarding qualifications for award of joint credit need to apply for experience joint duty assignment credit (see [paragraph 6.56](#)).

8.12. Post Deployment Stand-Down Period. Commanders will grant Airmen post-deployment stand-down time upon return from the 365-day extended deployment. **(T-1).** This affords Airmen time to reconstitute, unless otherwise established by home station MAJCOM guidance. Airmen must adhere to MAJCOM guidance and remain at the permanent duty station during reconstitution time. **(T-2).**

8.13. Post Deployment Deferment Period. Airmen are exempt from 365-day extended deployment selection if first movement will occur inside their one-to-two dwell. If an Airman recently returned from an AEF contingency, they cannot begin training for another deployment until they have served twice the number of days since leaving the area of responsibility as spent deployed in the area of responsibility, i.e., 1:2 Secretary of Defense Boots on Ground: dwell policy. Airmen are only selected for a 365-day Extended Deployment before deferment period if they are a volunteer and have the approval of the Secretary of Defense.

8.14. Training. Many 365-day extended deployments require additional TDYs for associated/required training. TDYs can range from 1 week to 6 months, are usually enroute, and are in addition to the 365-day extended deployment. Installation Personnel Readiness offices process any associated training in accordance with AFI 10-403.

8.15. Voluntary Extensions. Airmen are expected to complete the entire duration of the 365-day extended deployment. Airmen may voluntarily extend the length of the 365-day extended deployment, but must do so in writing. The waiver approval authority is the first General/Flag officer in the Airman’s home station chain of command. Additionally, requests need to be routed through the applicable Component Command/A1, AFPC/DP2LWA and Airman’s losing/gaining

commander. No additional financial incentives are offered by the Air Force for Airmen extending in the area of responsibility.

8.16. Functional Elements. Refer to the appropriate AFIs for all other functional actions required in management of 365-day extended deployments (Personnel Readiness Functions: DAFI 36-3802 and AFI 10-403. Career Enhancement Functions: DAFI 36-2502, DAFI 36-2501, *Officer Promotions and Selective Continuation*, DAFI 36-2406, DAFMAN 36-2806, *Military Awards: Criteria and Procedures*, and DAFMAN 36-2905).

Table 8.1. De-Conflicting 365-day Extended Deployment and AEF Contingency Deployment.

Rule	A	B	C	D	E
	Airman tasked for 365-day Extended Deployment (note 1)	Airman is tasked for AEF contingency deployment (name in Deliberate and Crisis Action Planning and Execution Segments)	Is AEF contingency deployment within 60 days? (notes 2 & 3)	Then 365-day Extended Deployment takes precedence	Then AEF contingency deployment takes precedence
1	Yes	No (note 4)	N/A	Yes	N/A
2	Yes	Yes	No	Yes	No
			Yes	No	Yes
3	No	Yes	Yes	No	Yes
			No	Yes	No

Notes: Use this table in conjunction with **paragraph 8.7**.

1. Airmen are considered “tasked” based on the date of the formal notification memo sent to the Installation Personnel Readiness Office or the date name was input into Deliberate and Crisis Action Planning and Execution Segments, whichever is earlier.
2. If an Airman is tasked with a 365-day extended deployment after being tasked for an AEF contingency deployment, the 365-day extended deployment takes precedence unless the Required Delivery Date is less than 60 days.
3. If an Airman is tasked for an AEF contingency deployment after the 365-day extended deployment has been tasked, the 365-day extended deployment takes precedence regardless of AEF contingency deployment/365-day extended deployment Required Delivery Date.
4. Airmen tasked for a 365-day extended deployment are not eligible for selection for an AEF contingency deployment regardless of the 365-day extended deployment Required Delivery Date.

Table 8.2. 365 day Extended Deployment Declination/3-Day Option.

R U L E	A	B	C	D	E	F
	If the Airman is	And is a	And has 19 or more yrs TAFMS as of event notification date (mo/yr) or as of the required delivery date (mo/yr)	Or does not have 19 yrs TAFMS as of the event notification date (mo/yr) or as of the required delivery date (mo/yr)	And has	Then, if serving in the CONUS, (if serving overseas, or on a CONUS Maximum Stabilized Tour, see note)
1	An officer officially notified of selection for a 365- day extended deployment	Colonel and/or Colonel-select	X		No active duty service commitment	Officers may request a retirement date which is not later than the first day of the fifth month following TDY notification date (mo/yr), however the actual retirement date approved will be based on the needs of the AF.
					An ADSC that expires on or before completion of 365-day required delivery date commitment and associated training plus 30 days	
2	An officer officially notified of selection for a 365-day required delivery date	Colonel and/or Colonel-select		X	No active duty service commitment	Officers may request a separation date which is not later than the first day of the fifth month following TDY notification date (mo/yr), however the actual separation date approved will be based on the needs of the AF.

R U L E	A	B	C	D	E	F
	If the Airman is	And is a	And has 19 or more yrs TAFMS as of event notification date (mo/yr) or as of the required delivery date (mo/yr)	Or does not have 19 yrs TAFMS as of the event notification date (mo/yr) or as of the required delivery date (mo/yr)	And has	Then, if serving in the CONUS, (if serving overseas, or on a CONUS Maximum Stabilized Tour, see note)
					an ADSC that expires on or before completion of 365-day required delivery date commitment and associated training plus 30 days	
3	An officer officially notified of selection for a 365- day extended deployment	lieutenant colonel or below	X		No active duty service commitment	Airmen may request a retirement date which is not later than the first day of the 7 th month following 365-day extended deployment notification date (mo/yr), OR , the first day of the month upon completion of 20 years TAFMS

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R U L E	A	B	C	D	E	F
	If the Airman is	And is a	And has 19 or more yrs TAFMS as of event notification date (mo/yr) or as of the required delivery date (mo/yr)	Or does not have 19 yrs TAFMS as of the event notification date (mo/yr) or as of the required delivery date (mo/yr)	And has	Then, if serving in the CONUS, (if serving overseas, or on a CONUS Maximum Stabilized Tour, see note)
					An ADSC that expires on or before completion of 365-day extended deployment commitment and associated training plus 30 days	Airmen may request a retirement date which is not later than the first day of the 7 th month following 365-day extended deployment notification date (mo/yr), OR , the first day of the month upon completion of 20 years TAFMS, OR , the first day of the month after completion of active duty service commitment, whichever is later.
4	An officer officially notified of selection for a 365-day extended deployment			X	No active duty service commitment	Airmen may request a separation date which is not later than the first day of the 7 th month following 365-day extended deployment notification

R U L E	A	B	C	D	E	F
	If the Airman is	And is a	And has 19 or more yrs TAFMS as of event notification date (mo/yr) or as of the required delivery date (mo/yr)	Or does not have 19 yrs TAFMS as of the event notification date (mo/yr) or as of the required delivery date (mo/yr)	And has	Then, if serving in the CONUS, (if serving overseas, or on a CONUS Maximum Stabilized Tour, see note)
					An ADSC that expires on or before completion of 365-day extended deployment commitment and associated training plus 30 days	A separation date which is not later than the day they complete their existing active duty service commitment.
5	An officer officially notified of selection for a 365-day extended deployment	lieutenant colonel or below	X	X	An ADSC that expires beyond completion of 365-day extended deployment commitment and associated training plus 30 days	Airmen are not eligible to request retirement or separation under 3-day option provisions.

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R U L E	A	B	C	D	E	F
	If the Airman is	And is a	And has 19 or more yrs TAFMS as of event notification date (mo/yr) or as of the required delivery date (mo/yr)	Or does not have 19 yrs TAFMS as of the event notification date (mo/yr) or as of the required delivery date (mo/yr)	And has	Then, if serving in the CONUS, (if serving overseas, or on a CONUS Maximum Stabilized Tour, see note)
6	An enlisted Airman officially notified of selection for a 365- day extended deployment	CMSgt or below	X		The required retainability and no active duty service commitment	Airmen may request a retirement date which is not later than the first day of the 7th month following 365-day extended deployment notification date (mo/yr), OR , the first day of the month upon completion of 20 years TAFMS
					The required retainability and an ADSC that expires on or before completion of 365-day extended deployment commitment and associated training plus 30 days	A retirement date which is not later than the first day of the 7th month following 365-day extended deployment notification date (mo/yr), OR , the first day of the month upon completion of 20 years TAFMS, OR , the first day of the month after completion of active duty service commitment, whichever is later.

R U L E	A	B	C	D	E	F
	If the Airman is	And is a	And has 19 or more yrs TAFMS as of event notification date (mo/yr) or as of the required delivery date (mo/yr)	Or does not have 19 yrs TAFMS as of the event notification date (mo/yr) or as of the required delivery date (mo/yr)	And has	Then, if serving in the CONUS, (if serving overseas, or on a CONUS Maximum Stabilized Tour, see note)
7	An enlisted Airman officially notified of selection for a 365- day extended deployment	CMSgt or below	X		Insufficient retainability and refuses to obtain it, and no active duty service commitment, OR, an ADSC that expires on or before completion of 365-day extended deployment commitment and associated training plus 30 days	Airmen may request a retirement date which is not later than the first day of the 7 th month following 365-day extended deployment notification date (mo/yr), OR , the first day of the month upon completion of 20 years TAFMS, OR , the first day of the month after completion of ADSC, whichever is later.

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R U L E	A	B	C	D	E	F
	If the Airman is	And is a	And has 19 or more yrs TAFMS as of event notification date (mo/yr) or as of the required delivery date (mo/yr)	Or does not have 19 yrs TAFMS as of the event notification date (mo/yr) or as of the required delivery date (mo/yr)	And has	Then, if serving in the CONUS, (if serving overseas, or on a CONUS Maximum Stabilized Tour, see note)
8	An enlisted Airman officially notified of selection for a 365- day extended deployment	CMSgt or below	X		Insufficient retainability and refuses to obtain it and no active duty service commitment, OR An ADSC that expires within 6 months after the 365-day extended deployment notification date (mo/yr)	Airmen may request a retirement date which is not later than the first day of the 7th month following 365-day extended deployment notification date (mo/yr) OR request a retirement date the first day of the month after reaching 20 yrs TAFMS, whichever is later OR decline to obtain retainability as outlined in paragraph 6.29 .
9				X	The required retainability	Airmen are not eligible to request retirement or separation under 3-day opt provisions
					Insufficient retainability and refuses to obtain it	Airmen are not eligible to request retirement or separation under 3-day opt provisions, but may decline to obtain retainability as outlined in paragraph 6.29 .

R U L E	A	B	C	D	E	F
	If the Airman is	And is a	And has 19 or more yrs TAFMS as of event notification date (mo/yr) or as of the required delivery date (mo/yr)	Or does not have 19 yrs TAFMS as of the event notification date (mo/yr) or as of the required delivery date (mo/yr)	And has	Then, if serving in the CONUS, (if serving overseas, or on a CONUS Maximum Stabilized Tour, see note)

Note: Use this table in conjunction with **paragraph 8.8**. DO NOT use this table alone to determine eligibility or effective dates. Do not use column F for separation or retirement dates Airmen may request if they are serving overseas or on a CONUS Maximum Stabilized Tour as they must request a retirement or separation date which is the first day of the month following DEROS or Date of Availability, if otherwise eligible to retire or separate on that date per AFI 36-3203 for retirements and separations. **(T-1)**.

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PART 3 AIR FORCE RESERVE

Chapter 9

AIR FORCE RESERVE (AFR) SELECTED RESERVE ASSIGNMENTS THROUGH THE GRADE OF COLONEL

Section 9A—Overall Policies and Responsibilities for Ready Reserve Assignments.

9.1. Assignments and Reassignments within the Ready Reserve. The AFR, unlike active duty, does not have a centralized assignment system to manage Lt Cols and below except for its full-time support staff. AFRC/A1 manages assignments/reassignments for ARTs and ARPC/DPA manages AGRs (Lt Cols and below). For the part-time force, assignments are driven by position vacancy and member qualifications.

9.1.1. Member Qualifications. Members must qualify for positions by grade and AFSC or meet the retraining requirements for the AFSC of the position for which the member is applying. **(T-2).** Any personnel selected to fill SMSgt/CMSgt authorizations are required to have completed the SNCOA (in-residence or by correspondence) prior to assignment to the higher graded position. This guidance is to be implemented without exception. Any enlisted member of the AFR currently holding the grades of TSgt, MSgt or SMSgt will not be placed into or against positions graded as SMSgt and CMSgt without prior successful completion of an Associate's Degree or higher from a nationally or regionally accredited academic institution. Any SMSgt or CMSgt in a valid position commensurate with their current grade prior to the date of this publication is not required to have completed a Community College of the Air Force degree and is deemed to have met requirements to retain their current position. However, these members are highly encouraged to complete their Community College of the Air Force degree enabling them to be promoted to CMSgt and/or compete for a higher leadership position.

9.1.2. HQ RIO commander and Recruiters.

9.1.2.1. HQ RIO commander is responsible for personnel, manpower, and programming issues relating to assigned IR.

9.1.2.2. HQ RIO commander must:

9.1.2.2.1. Actively support the recruitment of qualified members without regard to race, creed, religion, sex, sexual orientation, gender identity, or national origin. **(T-0).**

9.1.2.2.2. Process assignment requests (DAF Form 1288) in a timely fashion to prevent excessive processing times for applicants applying/affiliating from other service components.

9.1.2.2.3. Review their decisions from a quality force standpoint. Reassignments due to deactivation, relocation, or manpower authorization changes of unit and IR positions may be voluntary or involuntary, in an appropriate AFSC or with retraining. **(T-2).**

9.1.2.2.4. Make every effort to reassign qualified overage members to a vacant position. **(T-2).**

9.1.2.2.5. Reassign members to the non-participating individual ready reserve or stand-by reserve managed by ARPC if they cannot locate a vacant position per [Chapter 12](#) of this instruction.

9.1.2.2.6. Consider TAFMS, the applicant's place of residence, future plans, and possible conflicts with civilian occupation before approving an assignment or reassignment to attract fully qualified willing members to service opportunities across the AFR. (T-2).

9.1.2.3. AFR Recruiters. Recruiters may recruit to projected vacancies 12 months in advance in grades of lieutenant colonel and below (see [Table 9.2](#)). Reserve recruiters are responsible for qualifying and processing applicants to include the initiation of necessary assignment waivers and physical requirements, as well as all non-pay members requesting a position in the SelRes or the individual professional education and stipend programs. (T-2). This includes:

9.1.2.3.1. Assignments from the ANG to the AFR SelRes, or:

9.1.2.3.2. Assignments from a non-pay AFR program to the participating SelRes, or:

9.1.2.3.3. Assignments from a non-participating AFR status to the participating SelRes, or:

9.1.2.3.4. Members separating from active duty for an AFR SelRes assignment (PALACE FRONT, PALACE CHASE, etc.) with the exception of members in the AGR full-time support program, or:

9.1.2.3.5. Prior service enlistments and accessions to a points-only program OCONUS.

9.1.3. Officer Promotions/Assignments. Members promoted to grades above major are required to serve satisfactorily in the SelRes or IRR in that grade for a period of not less than 3 consecutive years in order to retire at that higher grade, unless:

9.1.3.1. If the member has served satisfactorily a minimum of 6 months in the grade of lieutenant colonel or above and is involuntarily separated for maximum age or length of service, the member may retire at that higher grade or be reassigned to the Inactive Status List Reserve Section. Requirements for satisfactory participation are found in AFMAN 36-2136, *Reserve Personnel Participation*.

9.1.3.2. An officer in a points only program is removed from the program for failure to earn the number of required points for a satisfactory year. A one-time, 1-year approved waiver to accommodate unforeseen or uncontrollable circumstances may allow for an additional year to qualify for retirement at the higher grade. RIO Det/CCs will serve as the authority to grant waivers for IR members. (T-2).

9.1.4. Active Duty Sanctuary. Active Duty sanctuary is a means to protect ARC members who attain 18 but less than 20 years of TAFMS while serving on active duty (other than for training). Unless they have waived the right, voluntarily separated, medically disqualified for continued service, administratively discharged, or either separated or discharged for cause, these members may invoke sanctuary and must be retained on active duty until 20 years TAFMS. (T-0). Additional information and guidelines regarding both active duty and reserve sanctuary can be found in [Chapter 17](#). Additional guidelines can also be found in AFMAN 36-2136. (T-2).

9.1.5. Special Screening of the Ready Reserve.

9.1.5.1. The SecAF may direct a special screening of the Ready Reserve:

9.1.5.1.1. When the Ready Reserve has more members than required to meet mobilization needs.

9.1.5.1.2. To make sure that members are within the maximum service or age limits, and they meet standards for active force assignments.

9.1.5.2. The screening process determines if members:

9.1.5.2.1. Stay in the Ready Reserve.

9.1.5.2.2. Transfer to Retired Reserve if the member is eligible.

9.1.5.2.3. Transfer to Standby Reserve or;

9.1.5.2.4. Are discharged.

9.2. Assignment and Waiver Authorities.

9.2.1. Unit Program. Unit Commanders or their designated representatives must coordinate waivers for lieutenant colonels and below to the appropriate approval authority as defined by policy. **(T-2).**

9.2.2. IR waivers. RIO Det/CCs, or their designated representatives must coordinate waivers for lieutenant colonels and below to HQ RIO, those approved waivers must be forwarded to AFPC/DPSID to be filed in the members' Automated Records Management System record. AFRC/CD, in coordination with AF/REG, must approve waivers for colonels. **(T-2).**

9.2.3. For assignment to SMSgt or CMSgt positions, members must have already completed an associate degree or higher for an accredited college or university. **(T-2).** If this requirement has been previously waived for a member currently filling a SMSgt or CMSgt position, the member may not be reassigned to another SMSgt or CMSgt position without degree completion. **(T-2).**

9.3. Relocation (Unit/IR). This guidance applies to AFR personnel who move their residence from one unit's commuting area to another unit's commuting area. It applies to officers (lieutenant colonel and below) and enlisted members (SMSgt and below) and seeks to prevent the loss of valuable personnel because of relocation. The gaining NAF, Regional Support Group, wing, detached group commander or RIO detachment CC has approval authority to accommodate the assignment of a relocating member, depending on the organization. The following rules apply:

9.3.1. Personnel relocating within their prior commuting area or asking to change assignments within their prior commuting area are ineligible. **(T-2).**

9.3.2. Aircrew members will be reassigned to the same weapons system and not exceed C1 status requirements. **(T-2).**

9.3.3. Do not assign personnel who impact the command or supervisory structure unless the gaining commander agrees.

9.3.4. Relocation overages are not overgraded.

9.3.5. An enlisted member may accept a voluntary demotion (not below the grade of staff sergeant) to qualify for a position.

9.3.6. Use UMD overage code “7” if no valid position is available with the UMD expiration date equaling the members Military Service Obligation (MSO) or 2 years from the Effective Date of Change of Strength Accountability, whichever is greater. Any requests for revalidation will be reviewed on a case-by-case basis. Commanders may utilize this overage provision to place members transitioning from AGR (Headquarters or Unit) tours, ART positions, Palace Chase, Palace Front, or the Retired Reserve. Approvals will be updated in 2-year increments. See [Table 9.3](#).

9.3.7. The losing commander/Det Commander recommends the member and certifies on DAF Form 1288 that the member meets all quality force standards.

9.3.8. The losing commander/Det Commander must advise the gaining commander via the DAF Form 1288 if the member has an assignment limitation code “C” (Medical Deferral). See [paragraph 9.9](#).

9.3.9. The losing Career Development Element files a copy of the commander's certification in the member's relocation folder. Keep members in their present assignment if the losing commander disapproves the reassignment and initiates appropriate discharge action or reassigns to ARPC.

9.3.10. The losing Career Development Element sends the assignment application and the commander's certification to the gaining Force Management Element for processing. The losing base (Career Development) projects the assignment to the gaining in PDS.

9.3.11. The gaining Force Management Element:

9.3.11.1. Processes the assignment application for gain within 10-working days after receiving it, provided there are no requirements for interviews or waivers, and advises the losing Force Management Element what the gaining commander decided, if required.

9.3.11.2. Ensures all mandatory information is provided in the second endorsement to include reporting official.

9.3.11.3. Gains the member.

9.3.11.4. Maintains copies of the assignment order as well as the overage statement in the member's electronic record or in their local files.

9.4. Reserve Assignment Branch (ARPC/DPAAA). ARPC/DPAAA is responsible for:

9.4.1. Processing assignment orders on personnel who are reassigned to:

9.4.1.1. IMA positions and the Participating Individual Ready Reserve program.

9.4.1.2. ANG and AFR units from the IRR, participating individual ready reservists or any other points-only status.

9.4.1.3. IR and AFR units from the Retired Reserve.

9.4.2. Executes completed, coordination actions with MAJCOM and field operating agencies in cases involving:

9.4.2.1. AFSC determination.

9.4.2.2. Reclassification.

9.4.2.3. Retraining.

9.4.2.4. DELETED.

9.4.2.5. Assigning individuals to AFR units at the request of AFRC/A1 or an AFR MPF.

9.5. IR Assignments. All IMA requirements are validated in accordance with AFI 38-101, *Manpower and Organization*. Fill IR positions based on active force war-time manpower needs. Normally, attach IMAs to RegAF or AFR units for inactive duty training. For additional information on IR participation, reference AFMAN 36-2136.

9.6. Assignment Priorities.

9.6.1. Volunteers for positions in the SelRes. Volunteers for SelRes positions must be processed according to priorities. **(T-2).**

9.6.1.1. Priority 1--Members of the SelRes who want to re-enlist.

9.6.1.2. Priority 2--Members without positions because of unit inactivation, relocation, or manpower authorization changes.

9.6.1.3. Priority 3--Members of the SelRes who desire transfer to another SelRes assignment.

9.6.1.4. Priority 4--Members applying under the PALACE CHASE program and members involuntarily separated from RegAF because of force reductions.

9.6.1.5. Priority 5--Members of the IRR to include medical stipend graduates.

9.6.1.6. Priority 6--Other prior service individuals, to include PALACE FRONT.

9.6.1.7. Priority 7--Non-prior service individuals.

9.6.2. Do not reassign an obligor to make room for a volunteer.

9.7. Undergrades, Overgrades and Overages.

9.7.1. Leveling Requirements. In collaboration with supporting Force Support units, commanders and directors (or equivalent) should make every effort to fill vacant positions with qualified officers and enlisted personnel in the grade authorized. Make internal realignments to reduce or eliminate undergrade, overgrade, or overage situations before making assignments. Encourage Airmen assigned as an overgrade/overage to work with wing career assistance advisors to find a valid vacant position or explore possible retraining opportunities. When manning situations develop that allow for elimination of overgrade/overage, the commanders (unit program) or RIO Det/CCs (IR program) will initiate necessary personnel actions to eliminate the overgrade and/or overage. **(T-2).** **Note:** Approval of overgrade and overage conditions for officers and enlisted may impact on future promotion quotas.

9.7.2. Undergrade/Overgrade Approvals. (Officers in colonel positions and colonels).

9.7.2.1. Unit Program. The NAF, Regional Support Group (RSG), wing, or detached group commander, via the Force Management Career Element, will send waivers for AFR unit assigned officers in colonel positions and colonels, through channels to AF/REG for AFRC/CD consideration. **(T-3).**

9.7.2.2. IR Program. HQ RIO will send IR colonel waivers to AF/REG for HQ AFRC/CD consideration. For centrally managed career fields (JA, SG, HC, IAS) forward assignments

and waivers to appropriate recommendation authority (TJAG, HQ AFRC/SG, HQ AFRC/HC, and SAF/IAS). **(T-2)**.

9.7.2.3. **(Added)** Enlisted Overgrade. For CMSgts assigned to SMSgt positions, waiver requests must be submitted and coordinated through the MFM and AF/REG Chiefs' Group to Air Force Reserve Cener (AFRC)/CCC for approval consideration. Waiver authorizations must not exceed two (2) years. **(T-2)**.

9.7.3. Undergrade/Overgrade Approvals (lieutenant colonels and below).

9.7.3.1. For the unit program, the appropriate commander will only approve undergrade or overgrade waivers only when considered to be in the best interest of the AFR and leveling action cannot be accomplished. Unit commanders will submit requests for overgrade waivers to the wing or RSG commander for approval. Waivers requiring AFRC/CD approval should be forwarded through the appropriate tasking system to the AFRC/A1K workflow box.

9.7.3.2. For the IR program, RIO Det/CCs will process overgrade waivers as per **Table 9.3**. **(T-3)**.

9.7.3.3. The member's eligibility and the signature from the approval authority (**Table 9.3**) on the DAF 1288, would constitute an approval for an undergrade waiver. **(T-3)**.

9.7.4. Overgrade Waiver Requests.

9.7.4.1. As a minimum, overgrade waiver requests must contain the following information:

9.7.4.1.1. Member's grade, name, and SSN (last 4).

9.7.4.1.2. Whether this is a one or two grades overgrade waiver condition.

9.7.4.1.3. Previous position number and authorized grade (If unknown or not applicable, so state. Not applicable if the member is reassigned from ARPC or another base).

9.7.4.1.4. Position number/authorized grade.

9.7.4.1.5. Member's DAFSC; PAS code; date overgrade condition originated.

9.7.4.1.6. Current overgrade expiration date, if applicable.

9.7.4.1.7. Desired expiration date.

9.7.4.1.8. Explanation of how the overgrade condition occurred.

9.7.4.1.9. Authorization change number for manpower changes.

9.7.4.1.10. Justification to warrant the overgrade waiver.

9.7.4.2. The approval document must contain the following statement; "This overgrade is approved as being in the best interest of the AFR, after consideration of the guidance provided by this instruction, and DAFI 36-2502 (enlisted only). Overgrade code (code) with expiration date of (date) is approved." **(T-3)**.

9.7.4.3. The Force Management Element will notify the TR unit commander. The RIO Det/CC will notify the IR supervisor of overgrade waiver approval. The Force Management Element and ARPC/DPA (IR) will continue the assignment processing on approved waivers. **(T-3)**. **Note:** Overgrade/overage code “M” will be updated for unit requests pending approval.

9.7.5. Approval Provisions. **Table 9.3** lists undergrade and overgrade situations and approval authorities. Approval authorities must also apply the following provisions:

9.7.5.1. Approve only the two-grade overgrade waivers resulting from a manpower change the NAF, wing, RSG, group, or unit did not initiate. **(T-2)**.

9.7.5.2. Do not delegate the overgrade approval authority within the unit program. **(T-2)**.

9.7.6. Voluntary Demotion (Enlisted only). Voluntary demotion may be needed for a member to qualify for a position. However, demotion below the grade of staff sergeant is not authorized. **(T-2)**.

9.7.7. Denied Waivers or Removals.

9.7.7.1. Denied waivers or removals by the appropriate assignment or waiver authority must be in writing. **(T-2)**.

9.7.7.2. The Airmen may accept voluntary demotion (see **paragraph 9.7.6**) or be assigned to another position, if waiver was denied or removed, in order to qualify for assignment.

9.7.7.3. If the Airmen is being reassigned to ARPC, they will have an effective date of change of strength accountability of no later than 180 calendar days from the date the waiver was denied or removed.

9.7.8. Waiver Expiration or Withdrawal. The appropriate Force Management Element notifies unit commanders 240 calendar days before an overgrade waiver expires. RIO Detachments will manage their overgrade waiver rosters and notify the RIO Det/CC 90 calendar days before an overgrade waiver expires. **(T-2)**.

9.7.8.1. The unit commander or RIO Det/CC has 60 calendar days to send a revalidation; if no revalidation is received, the appropriate Force Management Element or ARPC/DPA will assign the member in accordance with **paragraph 9.7.8.2**.

9.7.8.1.1. A position consistent with the member’s grade and AFSC (using the appropriate manning document within member’s current assigned unit).

9.7.8.1.2. ARPC in a non-participating status no later than the waiver’s expiration date.

9.7.8.2. If a unit commander or RIO Det/CC withdraws an overgrade waiver, the Force Management Element will notify the Force Management Element (unit) or the HQ RIO Det/CC will notify the unit or the RIO Det/CC will notify ARPC.

9.7.8.3. The unit commander or RIO Det/CC will provide written notification to the member about changes in overgrade status. **(T-3)**.

9.7.9. Overages for Lt Col and below. Assignment of a reserve member to an occupied position is an overage. An overage and overgrade situation cannot exist on an individual at the same time. Members assigned as overages are not eligible for unit/position vacancy promotions if the number of assigned in the members’ AFSC exceeds the number authorized

in the next higher grade. Only assign an overage if no other valid position is available. Numbered Air Force, Regional Support Group, wing, or detached group commander, or RIO Det/CC assign overages in accordance with [Table 9.3](#) on a case-by-case basis. This includes training capability/readiness enhancement overages. All approved unit-manning policies must be on file in the servicing Career Development Element. The Chief of Career Development may finalize assignments authorized by the Wing and Unit Manning Plan. A HQ AFRC programming plan guides the disposition of overages in the unit program. In the absence of a programming plan, keep overages in their present assignment for up to 2 years from the date the position is deleted, unless identified in the applicable manning guidance. Any request for continuance of overage will be processed as exceptions to policy and if approved will be coded as overage code 4. For CMSgt position overages, waiver requests must be submitted and coordinated through the MFM and AF/REG Chiefs' Group to HQ AFRC/CCC for approval consideration (excluded from consideration are the following AFSCs: 9E000 and 8F000). Waiver authorizations must not exceed 2 years. **(T-2).**

9.7.9.1. Processing Overages. See [Table 9.4](#) for guidance on the use of various overage codes, unless overage condition is addressed in the manning guidance. Overage code dates begin on the effective date of change of strength accountability, duty effective date, or date member is assigned to the position. The appropriate commander or RIO Det/CC approving an overage assignment includes this statement in the remarks section of DAF Form 1288: "Member is approved as an overage with an expiration date of (date)." The appropriate commander or RIO Det/CC may withdraw this waiver at any time. In the unit program, overage/overage code "M" will be updated for requests pending approval. **(T-2).**

9.7.9.1.1. The Commander (unit program) or HQ RIO Det/CC (IMA program) advises the member in writing of the overage status. For personnel in the unit program, file a copy of the overage approval and the members' acknowledgement in the members' personnel records or in the MPF Force Management Element files. For personnel in the IMA program, the detachments must maintain a copy of the overage approval and the members' acknowledgement for the duration of the overage. **(T-2).**

9.7.9.1.2. In the unit program, revalidation of overages based upon the wing manning plan or manning guidance does not require a new overage letter. The Force Management Element will update all overages using the previous overage memo and manning plan as a source document. Both the commander and the member will acknowledge overage continuation by endorsing the previous overage memo. In the IMA program, the member must sign an amended or new overage document. ARPC/DPA will update the over-manning overage code "4" and expiration date to the end of the current fiscal year (FY) (30 September). **(T-2).**

9.7.9.1.3. Exceptions to policy should be requested electronically to streamline the process. Ensure all required information is provided within the request to include: member's name, grade, SSN (last 4), DAFSC, position number, PAS code, date overage condition originated, desired expiration date, explanation of how condition occurred, and justification to warrant approval of request. Include fill-rate data along with the exception to policy request. Each request will be reviewed on a case-by-case basis by AFRC/A1KK.

9.7.9.1.3.1. Unit program requests should be forwarded by the servicing Force Management Element with Wing/CC and NAF/CC recommendation to HQ AFRC/A1KK for HQ AFRC/CD decision. If the exception is approved, the servicing Force Management Element will be notified through command channels and apply overage code “4”. The headquarters approved overage code will be updated by HQ AFRC/A1KK. **(T-2).**

9.7.9.1.3.2. IMA program requests should be forwarded by the servicing HQ RIO Det/CC with HQ ARPC/CC recommendation to the overage approval authority for decision. If the exception is approved, HQ ARPC/DPA will update the appropriate overage code. **(T-2).** **Note:** Do not forward packages where either the requestor or the HQ RIO Det/CC are the approval authority.

9.7.10. Promotions to colonel.

9.7.10.1. A lieutenant colonel promoted to the grade of colonel who is not assigned against a colonel position may voluntarily delay promotion in accordance with DAFI 36-2501. If the member does not voluntarily delay promotion, the unit applies overage code “M” and projects the officer for reassignment to the IRR with an effective date of change of strength accountability established as the promotion effective date plus 6 months.

9.7.10.2. If a vacant position is not located prior to the established execution date, the unit will reassign the member to the IRR in a surplus status (see [Table 12.3](#), rules 14 and 15). This also applies to a colonel who has been replaced or a colonel who is no longer qualified for their position due to a manpower change of position or when their assigned position has been deleted, per [paragraph 9.7.14](#).

9.7.11. Enlisted Promotions: Stripes for Exceptional Performers (STEP) I. An enlisted member promoted under STEP I program is authorized for promotion to the grade of TSgt (unit members, IMAs, and IR) for members who meet the criteria in DAFI 36-2502.

9.7.12. STEP II Program. An enlisted member promoted under STEP II does not need the overgrade waiver as described in paragraphs [9.7.1](#) through [9.7.4](#). The STEP II promotion order is the source document for the waiver. Once the STEP II promotion has consummated, overgrade code “L” is applied by the Career Development Element (Unit Program) or HQ ARPC/DPAA (IR Program). **(T-2).**

9.7.12.1. STEP II members:

9.7.12.1.1. May be considered for normal overgrade assignment when STEP II overgrade is lost due to transfer to another manpower position or their position is downgraded or deleted.

9.7.12.1.2. May be two grades overgrade only as authorized in accordance with [paragraph 9.7.5.1](#) of this AFI.

9.7.12.2. MPFs and HQ RIO Force Management Section are required to keep copies of the authorization change number, UMD change, or associated documentation to reflect the manpower change to the affected position as backup to the STEP II promotion order.

9.7.12.3. Voluntary moves by the member to another position of equal or lower grade is not authorized for the STEP II overgrade continuance.

9.7.12.4. If the STEP II individual is moved to a position equal to or greater than the STEP II grade, remove the STEP II overgrade code "L".

9.7.13. PME Requirements. Enlisted members must meet PME requirements for their grade as prescribed in DAFI 36-2670 and [paragraph 9.1.1](#) Members must sign a statement of understanding acknowledging the PME requirements outlined in DAFI 36-2502. If officer or enlisted PME requirements are not met, commanders, directors (or equivalents) and HQ RIO Det/CCs will:

9.7.13.1. Reassign members as directed in, [Chapter 12](#) and [Table 12.3](#), rule 5, (T-2).

9.7.13.2. Realign the individual to a lower graded position in their organization, or (T-2).

9.7.13.3. Initiate a manpower request to realign the position with a lower graded position on the organization manning document as prescribed in AFI 38-101. (T-2).

9.7.14. By-Pass Authorizations (PSEUDO 8) for Lt Col and below. Any requests for by-pass positions are an exception to policy and are to be temporary in nature to generate a "holding" place for members whose funded manpower authorizations (positions) have been deleted from the UMD, one deep officer overage authorizations, efficient facilities initiatives/force reduction force structure announcements ([paragraph 9.7.15](#)), medical shortfall AFSCs, or Professional Military Education. **Note:** By-Pass authorizations (PSEUDO 8) are not permitted for Colonel billets. (T-1).

9.7.14.1. One Deep Officer Overage Authorization. The appropriate commanders are authorized to assign officers as overages in squadron/flights that have only one officer authorization. The primary purpose of this authorization is to allow these overages to be groomed/trained to assume leadership positions. Approval authority is the Wing Commander (or equivalent).

9.7.14.2. Positions pertaining to Undergraduate Flight Training and other such requirements for members attending schools are approved by the Commander (or equivalent).

9.7.14.3. For the IMA program, assignments to a by-pass position number (PSEUDO 8) should be limited to a new or realigned position pending manpower update. A copy of the manpower change request must be submitted with the assignment action to justify placing an IMA in a by-pass position number with an overage code "3" and expiration date 6 months from the effective date of change of strength accountability. (T-2).

9.7.14.4. By-Pass positions pertaining to overage of a SMSgt and above are considered exception to policy and must be forwarded to AFRC/A1KK TMT workflow for AFRC/CD approval.

9.7.14.5. AFRC/A1KK uses overage code "4" with an expiration date of 2 years from date of approval after notification by the Career Development.

9.7.15. Efficient Facilities Initiatives (formerly Base Realignment and Closure)/Force Reduction Force Structure Announcements, Overages (two grade overgrade). (T-2).

9.7.15.1. Enlisted. Commanders are allowed to assign displaced enlisted personnel to other organizations for up to 2 years when there are no valid vacant positions as overage code "8." Displaced enlisted members will not count against promotion opportunities of

incumbents for up to 2 years from the date assigned. Qualified members will be assigned to a valid vacant position at the earliest opportunity.

9.7.15.2. Officer. Commanders are allowed to assign displaced officers to other organizations for up to 2 years when there are no valid vacant positions. However, promotion relief is not possible due to Reserve Officer Personnel Management Act. Officers will be tracked as or overgrade code "T" after overage code "4."

9.7.15.3. No Assignment Opportunities for Officer/Enlisted. In the unit program, for individuals whose position and AFSC have been deleted from the wing and there are no other placement opportunities within the command, the following provisions apply: commanders are authorized to assign enlisted personnel overage code "8" and officers (lieutenant colonel & below) overage code "4" and overgrade code "T," for up to 2 years from the date the individual's position was deleted, either through an efficient facilities initiatives, force reduction, or force structure announcements. Commanders have the authority to withdraw the overage code or overgrade at any time after determining the member has exhausted priority placement opportunities. Once the overage code is withdrawn the member is reassigned to the IRR, or retired if eligible. Enlisted facilities initiatives/force reduction enlisted overages do not affect promotion opportunities for incumbent members, however, officer overages do. For those IMAs whose position and AFSC have been deleted or realigned and there are no other placement opportunities within the AFR, the following provisions apply: RIO Det/CCs may assign individuals as overage code "8" for up to 2 years from the date the individual's position was deleted either through force reductions or manpower realignments. Members must sign an overage document, which is maintained by the detachment. These personnel will be updated with a by-pass (pseudo 8) position number. RIO Det/CCs have the authority to withdraw the overage code at any time after determining the member has exhausted placement opportunities. Once the overage code is withdrawn, the member may be reassigned to ARPC. Members assigned as force reduction overages are not eligible for unit vacancy promotion.

9.7.15.4. Commanders, supervisors and RIO Det/CCs are required to employ all means possible to give Reserve members the opportunity to continue to be part of the AFR team. Greater emphasis must be put on assignment to positions in other than PAFSCs (2AFSC, 3AFSC), authorized overages/overgrades, and retraining. In some instances the commander may need to consider exceptions to standard policies to accommodate retention. Commanders must retain all displaced personnel via priority placement guidelines to assign displaced members in any awarded AFSC, authorized overage/overgrade, and retraining.

9.7.16. Anticipated Losses. When an individual is a projected loss (retirement, separation, reassignment, relocation, etc.) an overage can be established against their position not to exceed 1 year prior to the effective loss date, i.e., retirement effective date, ETS expiration date, or the anticipated relocation date. In such cases, the overage code applies to the member projected as a loss.

9.7.17. Medical squadron commanders may over-man (lieutenant colonel and below) to fulfill mission requirements. Use of the by-pass routine is authorized. Overage wartime medical and dental shortfall AFSC officers should be coded in PDS. Authorized AFSCs will be in accordance with AFR Military Manning Policy and Strength Requirements. **(T-2)**.

9.7.17.1. Aircrew Position Indicator Code “5” is only assigned to authorized 48X3 positions or those AFSCs for which a 48X3 is an authorized substitution in accordance with the Unit Tasking Code mission capabilities statement. In accordance with War and Mobilization Plan, Annex F, Wartime plans/Unit Tasking Code physician AFSCs (44X3) may be offset to 48G3 as requested to allow attendance at the Flight Medicine course and award of 48G1/3 AFSC as a secondary AFSC. This will allow the incumbent to be trained and become fully qualified as a 48G3, but will not be put on Aircrew Position Indicator-5 status (aircrew) nor draw flight pay. These individuals are permitted to fly on a non-interference basis. All flying duties performed will be a duty status. In such cases, AFRC Form 106, *Manpower Change Request*, action is required because the authorized AFSCs in the Manpower Data System will not change. **(T-2).**

9.7.17.2. Once an AFSC has been removed from the wartime shortfall list, any request to continue a member as an overage beyond the 2-year point period must be processed as an exception to policy. The AFRC/SG functional representative will review requests for continuance. **(T-2).**

9.8. AFSC Criteria.

9.8.1. Before accepting a member for an assignment, gaining unit commanders and RIO Det/CCs must consider:

9.8.1.1. Assignment of a member to a position in the same or similar career field. **(T-3).**

9.8.1.2. Assignment in an additional AFSC. **(T-3).**

9.8.1.3. Classification actions that **Chapter 1** authorizes. **(T-3).**

9.8.1.4. Qualifications a member gains from civilian schooling or employment. **(T-3).**

9.8.1.5. Assignment for retraining in a new Air Force specialty when possible. **(T-3).**

9.8.2. In the unit program, personal interviews to fill non-rated officer positions, Lieutenant Colonel and below, and enlisted positions are no longer authorized, with the exception of command, key, E-9 and Joint positions. Case-by-case exceptions for rare or unique circumstances require formal AFRC Recruiting Squadron Commander coordination and NAF/CC approval. “Blanket waivers” are not authorized. This does not apply to 726th Operations Group, 379th Space Range Squadron, 26th Space Aggressor Squadron, 7th Space Operations Squadron, and 14th Test Squadron or centrally managed programs.

9.8.2.1. AFSC fully qualified, prior service aircrew candidates will be accepted, and therefore exempted from interviews. Interviews for retrainees and non-prior service aircrew positions (1A, 1U, 11X, 12X, 13X and 18X) are not required.

9.8.2.2. The execution of this change will require interview and selection no later than the Monday following the unit’s monthly Unit Training Assembly.

9.8.2.3. Only Wing Commanders will have the authority to deny selection and placement of fully qualified, prior service aircrew candidates as well as retrainee and non-prior service aircrew candidates (all grades) with justification to the local recruiting flight chief for quarterly reporting back to the Chief AFR.

9.8.3. In the IMA program, accession and assignment authorities are authorized to directly place Airmen (Lieutenant colonel and below) that are fully qualified in their core AFSC into vacant IMA positions in accordance with DAFMAN 36-2032.

9.8.3.1. This applies to all MAJCOMs and hiring officials with AFR members assigned to their units.

9.8.3.2. This direction also applies to Joint Staff and Joint Duty Assignment List (JDAL) positions, however, assignment authorities will forward the names and records of IMAs intended for placement into joint billets to the Joint Staff J1, in accordance with Chairman Joint Chief of Staff Instruction (CJCSI) 1340.01A, *Assignment of Officers (O-6 and Below) and Enlisted Personnel to the Joint Staff*. **(T-0)**

9.8.3.3. This guidance does not apply to centrally managed programs, Colonel or Chief Master Sergeant positions.

9.8.3.4. The Director of Personnel, Office of Air Force Reserve (AF/REP) is the approval authority for any exceptions.

9.8.4. Assignment of Only Fully-Qualified Persons to IMA Positions. The RIO Det/CC or central manager should consider exceptions on a case-by-case basis. Members with approved IMA assignments without required AFSC qualifications must adhere to mandatory school attendance requirements. RIO Det/CCs must immediately program formal training attendance with ARPC/DPAT in accordance with AFMAN 36-2136, and DAFI 36-2670. **(T-2)**.

9.8.5. Apprentice Skill Levels for ARTs. Immediately classify all new retrainee or enlisted ARTs not possessing the required AFSC, at the entry level, if they satisfy the minimum Office of Personnel Management (OPM) standards. **(T-2)**.

9.8.5.1. The supervisor conducts an initial evaluation within 60 days of the date of hire, using the current career field education and training plan and the AFECD.

9.8.5.2. AFRC functional managers must sanction awarding the 3-skill level if, after completion of the initial evaluation, the supervisor determines the member does meet mandatory requirements, but warrants the award of the 3-skill level based on exceptional qualification. Waiver requests will be submitted through channels to AFRC/A1KK in accordance with AFMAN 36-2100. Disapproval by the AFRC functional manager will require the ART to remain at the entry level AFSC until satisfactory completion of technical school. **(T-2)**.

9.9. Changes in a Member's Medical Profile.

9.9.1. There are primarily two factors that determine the necessity for update of duty status codes and deployment availability codes. The first factor for update is whether or not the member is qualified for worldwide duty. The second factor is whether or not the member will be allowed to participate. There may also be a requirement to update an assignment limitation code to "C" status for members who have been determined to not be medically qualified for worldwide duty but fit for continued military duty. This must be based upon a fitness determination by the appropriate authority for unit assigned members or by AFRC/SGO for IR members. For any reassignment of these members with the selected reserve, the losing commander must advise the gaining commander of the member's assignment limitation code "C" status. **(T-2)**.

9.9.2. Processing of AF Form 422, *Notification of Air Force Member's Qualification Status*. **(T-2)**. The Force Management Element will receive the AF Form 422 from the servicing reserve medical unit (unit program) or HQ AFRC/SGO (IMA program) and will be responsible for updating PDS. **(T-2)**. The Force Management Element will also be responsible for ensuring all other work centers are provided the AF Form 422 for their required coordination and update. Each MPF/CC will determine which sections will be required to update the PDS. **(T-2)**. Updates are made to the following items:

9.9.2.1. If the member is not qualified for worldwide duty and there are no allowances for participation in the remarks of the AF Form 422.

9.9.2.2. Duty status code "14."

9.9.2.3. Duty Status Effective Date – date form is prepared.

9.9.2.4. Duty Status Expiration Date – date as indicated in remarks, cannot equal 888888. Duty status expiration date will not exceed 1 year.

9.9.3. As directed by the MPF/CC, the appropriate work center must update the deployment availability code to indicate Deferred Pregnancy or Medical Deferment. **(T-3)**.

9.9.3.1. The deployment availability code expiration date will be updated as directed on the AF Form 422.

9.9.3.2. If the member is not worldwide qualified and there are participatory allowances stated in the remark section of the AF Form 422, there will only be a requirement to update the appropriate deployment availability code and expiration date as listed in [paragraph 9.9.2.4](#). When members are placed in assignment limitation code status "C" by AFRC/SGO for both the unit and IR programs, the assignment limitation code must be updated to status "C" with an expiration date as indicated on the AF Form 422.

9.9.4. Pregnancy. Pregnant members in the non-participating IRR, the Standby Reserve or on active duty with a remaining MSO may ask for an assignment to the Participating Ready Reserve. The servicing recruiter must obtain a document from the member's healthcare provider which states that the member's pregnancy is uncomplicated and allows for an assignment. **(T-2)**.

9.9.4.1. The recruiter provides the gaining Force Management Element (HQ RIO Det/CC for IMAs) the DAF Form 1288 and the physician's statement. Once the Force Management Element (HQ RIO Det/CC for IMAs) will forward both documents to servicing force support unit (for Traditional Reserve members) or to HQ ARPC/DPA (for IMAs) to complete necessary gain actions. **(T-2)**. **Note:** If the gaining activity chooses to forward the application for additional review, the DAF Form 1288 must be returned within the same timeframe.

9.9.4.2. Participating pregnant members who do not ask for reassignment keep their present status.

9.9.4.3. When reassigning pregnant members to the Standby Reserve, use guidelines in [Chapter 11](#).

9.9.5. Human Immunodeficiency Virus. Members who test Human Immunodeficiency Virus positive may stay in a position that does not require overseas deployment. To do so, the member must prove to be clinically well in accordance with DAFMAN 48-123, *Medical Examinations and Standards*. Reassign members testing Human Immunodeficiency Virus positive to the Standby Reserve, active section, only if the Ready Reserve cannot effectively employ them. (T-2). These reassignments are defined in [paragraph 11.2](#).

9.9.6. Reentering the Ready Reserve. The member must contact a reserve recruiter to re-enter the Ready Reserve following reassignment to Standby or Retired Reserve for “medical disqualification” or “unfit for military duty” determination. (T-2). The reserve recruiter will obtain a copy of the member’s report of medical examination and a statement of the reasons for the physical disqualification. (T-2).

9.9.6.1. The reserve recruiter will process a member for assignment to a unit or IMA position if AFRC/SGO finds that the medical condition is no longer disqualifying, and the individual is otherwise eligible for Ready Reserve. However, members with assignment limitation code status “C” (medical deferral) require review and approval by AFRC/SGO prior to assignment. Recruiters will work with the servicing reserve medical unit to provide medical documentation required for processing through AFRC/SGO for final approval/disapproval. If the assignment limitation code status “C” remains on the member’s file, the recruiter must advise the gaining commander and the gaining Career Development Element of the member’s medical restrictions. (T-2). The member will only be assigned to a Non-Mobility position. (T-2).

9.9.6.2. The gaining commander must provide comments on the DAF Form 1288 stating that he/she is aware of member’s medical restrictions resulting in assignment limitation code status “C” and agrees to assign the member to a non-mobility position. (T-2). The gaining MPF ensures the update of the deployment availability code “41” as well as assignment limitation code “C”. HQ RIO Det/CC coordinates with HQ AFRC/SGO on assignment limitation code “C” and notifies the HQ ARPC/DPA. (T-2).

9.9.6.3. ARPC/DPA may assign a member who was assigned to the Retired Reserve because of medical disqualification, if the individual is otherwise eligible for Ready Reserve assignment and AFRC/SGO determines that the individual is medically qualified.

Section 9B—Assignments for Specific Kinds of Positions.

9.10. Rated Assignments.

9.10.1. Rated Officer Assignment.

9.10.1.1. Rated officer assignments are managed collaboratively between hiring officials and the HQ AFRC CFM.

9.10.1.2. Do not assign a rated officer to a chaplain or judge advocate without a signed request for voluntary disqualification from aviation service from the member. On approval of request by AF/HC or AF/JA, HQ ARPC/DPA appoints the member to the Chaplain or the Judge Advocate General's corps.

9.10.1.3. Assign members chosen for Undergraduate Pilot Training or undergraduate navigator training to vacant positions if at all possible. If unable to do so, overages are permitted for up to 6 years from the member's total federal commissioned service date (TFCSD). UMD overage Code "6" applies. If an overage Undergraduate Pilot Training/Undergraduate Navigator Training candidate has over 6 years TFCSD, the servicing MPF updates PDS.

9.10.2. For lieutenant colonel and below authorizations with an Aircrew Position Indicator "3" or "4", the Force Management Element (HQ RIO Det/CC for IMAs) coordinates assignment actions with the squadron commander or operations officer. For IMAs, detachments coordinate all aircrew position actions with RIO Host Aviation Resource Management, Flight Management, prior to forwarding to HQ ARPC/DPAR to ensure that any member that has held or holds the 11XX, 12XX, 13BXX, and 48XX AFSCs qualifies for the requested assignment in accordance with AFMAN 11-402.

9.10.2.1. For positons with the grade of lieutenant colonel and below and with authorization Aircrew Position Indicator "0", the Force Management Element or HQ RIO:

9.10.2.1.1. Verifies officer's eligibility for new AFSC in accordance with Officer Classification Directory.

9.10.2.1.2. Works in concert with the gaining and losing commander to confirm the assignment to the new position.

9.10.3. Reassign members disqualified for aviation service the day after disqualification. Members medically disqualified for aviation service may fill rated positions that do not require flying certification or duties.

9.10.4. Commanders initiate involuntary reassignment action in accordance with [paragraph 11.5](#) and [Table 12.3](#), rule 8 for members disqualified from aviation service if no suitable position is available. The RIO Det/CC assigns IR members to ARPC within 180 days of disqualification.

9.10.5. Enlisted Aircrew Assignments. Unit Program enlisted aircrew personnel must meet the medical standards in accordance with DAFMAN 48-123 and have a current class III flying physical. Individuals attending a formal school must also comply with special medical requirements listed in Education and Training Course Announcement (T-2). For IMAs, detachments coordinate with HQ RIO Host Aviation Resource Management, Flight Management, to ensure that any member that has held or holds the 1AXXX/1UXXX any X & J-prefixed AFSC, qualifies for the requested assignment and that the appropriate disqualification action is accomplished, if necessary, per AFMAN 11-402.

9.11. Professional Specialty Assignments (Chaplain, Legal, International Affairs and Medical).

9.11.1. Career field managers will evaluate members for reassignment based on the needs of the Air Force and Air Force Reserve and will approve all professional specialty applications for their respective IR programs. (T-2).

9.11.2. Unit Assignments. Commanders recommend approval for chaplain, legal, and medical professional specialty assignments for lieutenant colonel and below. They must:

9.11.2.1. Coordinate with AFRC/HC before approving a chaplain assignment. (T-2).

9.11.2.2. Receive approval from the office of the Judge Advocate General before recommending a JAG assignment, including an assignment to fill a colonel position. **(T-2)**. Commanders must also receive approval from AFRC/JA to fill a paralegal position in accordance with AFI 51-101, *The Air Force Judge Advocate General's Corps (AFJAGC) Operations, Accessions, and Professional Development*. **(T-2)**.

9.11.2.3. Send requests for professional specialty assignments to fill colonel positions through command channels to AF/REG for AFRC/CD consideration. **(T-2)**.

9.11.3. Medical Services Officer Career Area. Applicants for medical services must have the AFSC of the position. If no qualified candidates are available, unit commanders or RIO Det/CCs send requests for waivers through channels to AFRC/SG. Unit commanders or RIO Det/CCs will send waivers for officers in colonel positions or colonel assignments through command channels to AF/REG for AFRC/CD consideration. **(T-2)**.

9.11.4. Flight Surgeon.

9.11.4.1. AFRC/SG, or the AF/SG certifies the required medical examinations.

9.11.4.2. Applicants for flight surgeon positions must qualify medically for flying duties in accordance with DAFMAN 48-123. **(T-2)**.

9.11.4.3. Applicants for the Aerospace Medicine, Primary Course (B3OBY48G1-000) must have completed all medical requirements and have a physical exam medically certified for "FC II" duties prior to submitting a request for course attendance 120 days before the course start date.

9.11.4.4. An applicant may already be rated as a flight surgeon, pending aeronautical revalidation or re-qualification and medical qualification.

9.11.4.5. Reassign medical officers who do not meet medical requirements to a position for which they qualify or to ARPC (non-participating status).

9.11.4.6. Unit commanders or AFRC/SG for IMAs may offer their assigned physicians in clinical patient care specialties an opportunity to use an aeronautical rating as an aerospace medicine physician, AFSC 48GX (Flight Surgeon). The following provisions apply:

9.11.4.6.1. The applicant must agree in writing to start the Aerospace Medicine, Primary Course (B3OBY48G1-000) within 1 year of assignment.

9.11.4.6.2. The applicant must apply for and complete the 7-week Aerospace Medicine, Primary Course (B3OBY48G1-000). This course may be attended in increments; however, course completion is required within 3 years of appointment/assignment.

9.11.4.7. Upon course completion, physicians able to satisfy the flying and ground training to maintain "active flying status" will be designated a DAFSC of 48R1 and awarded 2AFSC or 3AFSC as 48R1. Concurrently, the medical unit commander should submit a Manpower Change Request unfunding the wartime required physician position. This should establish a position with AFSC 48R3 and Aircrew Position Indicator-5. This will entitle the physician to aircrew incentive pay in accordance with DAFMAN 11-401.

9.11.4.8. Physicians completing the course but unable to meet active requirements (i.e., civilian practice limits Reserve participation) will be placed in inactive flying status. The

physician is nonetheless authorized to fly and log time without aircrew incentive pay on a noninterference basis with unit training and flying schedules (DAFMAN 11-401). Inactive flyers must fly in a duty status to include MPA, Reserve Personnel Appropriation, or inactive duty training. Physicians in this category should not change their DAFSC but may be awarded 2AFSC or 3AFSC as 48R1. Aircrew Position Indicator-5 codes are not applicable.

9.11.4.9. Commanders reassign officers who fail to complete this course to a position for which they qualify or to ARPC in a non-participating status.

9.11.5. Nurses. Do not assign to the Reserve, or attach as a member of the IRR, a nurse who does not actively practice nursing. **(T-2)**. This requirement is in addition to those in DAFMAN 36-2032 and the AFOCD.

9.11.5.1. Actively practice in nursing is defined as a nurse who is employed or working voluntarily in a position that requires a registered nurse. The minimum requirement for actively practice nursing is 180 hours per calendar year. Documented verification of actively practice nursing can be obtained from one of the following:

9.11.5.1.1. Employer.

9.11.5.1.2. If self-employed and affiliated with a hospital or other institution, that institution can verify.

9.11.5.1.3. If self-employed without affiliation, verification can be determined by another colleague or by Form 1040, *U.S. Individual Income Tax Return*, with all information blacked out except for name, SSN (last 4) and occupation.

9.11.5.2. The requirement for 180 hours of actively practice in nursing a year can also be met by:

9.11.5.2.1. Military Personnel Appropriation-funded active duty tours that relieve critical active duty personnel shortages at a MTF.

9.11.5.2.2. Military Personnel Appropriation-funded active duty tours for any operational aeromedical evacuation mission.

9.11.5.2.3. Military Personnel Appropriation-funded active duty tours that support specific active duty medical operations.

9.11.5.2.4. Points only volunteer nursing in active duty MTF.

9.11.5.2.5. Studying full time for a degree in nursing as defined by the educational institution.

9.11.5.3. For assignment to IR positions within RIO/Det 5, a nurse must be employed full-time (at least 32 hours a week) in a critical skill as defined by AF/SG or AF/REM. **(T-2)**.

9.11.5.4. For unit assigned nurses:

9.11.5.4.1. The unit commander or approving officer verifies employment.

9.11.5.4.2. The unit chief nurse notifies the unit commander of noncompliance.

9.11.5.4.3. The unit commander advises the officer, in writing 90 calendar days before reassignment and sends an information copy to AFRC/SGN.

9.11.5.5. For IR nurses:

9.11.5.5.1. Unit of attachment verifies employment.

9.11.5.5.2. AFRC/SG monitors the program and notifies the individual that noncompliance resulted in reassignment.

9.11.5.6. Commanders must make sure applicants (flight nurses) for positions in Aeromedical Evacuation units meet the following requirements:

9.11.5.6.1. Meets DAFMAN 48-123 medical requirements.

9.11.5.6.2. Obtains a flying Class III medical examination within 90 calendar days of effective date of assignment.

9.11.5.6.3. Obtains Medical certification from AFRC/SG.

9.11.5.6.4. Completes all medical requirements and has a physical exam medically certified for FC III duties prior to submitting a request for course attendance 120 days before course start date.

9.11.5.6.5. Agrees in writing to attend Course B30BY46FX0NA within one (1) year after assignment or appointment.

9.11.5.6.6. Completion of the Flight Nurse Course is necessary for a Chief Nurse in Aeromedical Evacuation units.

9.11.5.7. Commanders may keep medically disqualified flight nurses in non-flying positions for which they qualify or reassign them to ARPC in a non-participating status.

9.11.6. Legal Career Area. See AFI 51-101 for guidance on eligibility and processing requirements for assignment to any judge advocate or paralegal position. Contact AF/JA for further details.

9.11.7. **(Added)** International Affairs Specialists (IAS) Career Area (16F/16Z/16P). Applicants for IAS positions must possess the qualifications as outlined in AFI 16-109, *International Affairs Specialist (IAS) Program*, and have been accepted through the applicable Direct Crossflow Board. Contact SAF/IAPA (AFR IAS) for further details.

9.12. AFR CMSgt Assignments.

9.12.1. When filling CMSgt positions, all vacancies shall be screened by a panel before the hiring official makes selection. **(T-2)**.

9.12.1.1. This panel, at a minimum, shall consist of the following: hiring official, Command Chief or a CMSgt designee, and an external stakeholder (may be within the same organization, however at a minimum, they must be in different directorate/group/squadron).

9.12.1.2. All CMSgt vacancies (excluding those outlined in AFI 36-2109, *Chief Master Sergeant of the Air Force, Senior Enlisted Leadership Management, and Air Force Enlisted Council*) will be advertised through the established processes ensuring every Airman has visibility and equal opportunity to compete for these positions.

9.12.2. AFRC/CC will establish Command Chief Master Sergeant positions at each NAF and at each AFRC Wing. **(T-2).**

9.12.2.1. AFRC/CCC will coordinate with owning/gaining senior raters as vacancies open. See AFI 36-2109 for guidance on eligibility.

9.12.2.2. Do not reassign an individual into/from a Command Chief Master Sergeant position who is within 6 months of their HYT Date or age 60.

9.12.3. Overage Assignment of Former Command Chief Master Sergeants.

9.12.3.1. Assignment of a former Command Chief Master Sergeant to a CMSgt position (other than a Command Chief Master Sergeant position) as an overage:

9.12.3.1.1. Is authorized regardless whether the member completes a full tour of duty as a Command Chief Master Sergeant. If less than a full tour has been completed in a Command Chief Master Sergeant position, retention as an overage will be permitted for up to 4 years from the date removed from the Command Chief Master Sergeant position, unless removed for cause.

9.12.3.1.2. May be for only one former Command Chief Master Sergeant at a time within a wing.

9.12.3.1.3. Is exempt from other wing or group non-commissioned officer promotion accountability.

9.12.3.1.4. May be placed in any Chief Enlisted Manager position if the member meets the prerequisites of the AFSC or retraining qualifications.

9.12.3.1.5. Will normally exist for a maximum of 4 years. PDS will be updated in 2-year increments. If an extension is requested beyond the allotted 4-year point it will fall under the FY manning guidance in effect at the time. NAF/wing commanders who elect to extend the overage beyond the normal 4-year period must submit an exception to policy to AFRC/A1KK for approval.

9.12.3.2. Priority placement fills vacancies first and keeps overages only if no other positions are available. If there are no positions available and the NAF/Wing commander elects not to retain the individual as an overage, they must assign the member to ARPC in a non-participating status after the member completes their Command Chief Master Sergeant tour, provided there is sufficient cause.

9.12.3.3. A NAF/wing commander who approves a former Command Chief Master Sergeant as an overage includes this statement in the assignment source document: "Member approved as an overage per DAFI 36-2110, *Total Force Assignments*, paragraph 9.12.3. Overage waiver expires_____, wing commander may withdraw this waiver at any time."

9.12.3.4. Send AFRC/A1KK a copy of the assignment source document for PDS updating of the overage code or expiration date. UMD overage code "4" applies in all cases.

9.12.3.5. Assignment of a former Command Chief Master Sergeant against a by-pass position number as an overage for a maximum of 4 years will be authorized if no positions are available.

9.12.3.6. If an extension is requested beyond the allotted 4 year point it will fall under the FY manning plan in affect at that time. All exceptions to policy will be forwarded to AFRC/A1 for approval.

9.12.3.7. Overages against the Command Chief Master Sergeant position are not authorized under any circumstances.

9.13. Overseas Assignments.

9.13.1. Approval for Overseas Assignments. RIO Det/CCs may approve assignments for individuals both inside and outside the CONUS regardless of where the individual resides. RIO Det/CCs must recommend approval to HQ RIO commander for IRs living overseas who wish to be assigned outside the theater in which they reside. Training requirements are explained in AFMAN 36-2136. Follow DAFMAN 36-2032, guidelines for Air Force Admission Liaison Officer assignments and AFI 52-101, *Planning and Organizing*, guidelines for Air Force Chaplain assignments overseas.

9.13.2. MAJCOMs and units overseas may allow members to participate for points only if IMA positions in the proper AFSCs are not available. Some of these individuals may be eligible for MPA tours. Line personnel (other than JA) in this category may request assignment to the Ready Reinforcement Personnel Section through HQ RIO. JA, SG, HC, and IAS personnel request assignment through their appropriate career field managers and support HQ AFRC functional directors divisions.

9.13.3. In some situations, strictly enforcing these policies would not benefit the DAF. ARPC/DPA, RIO Det/CCs and AFR MFM and CFMs have waiver authority for departing from these procedures. In all cases, the parent MAJCOM or Air Staff agency must agree with waiver requests.

9.13.4. Prospective applicants, not currently in the reserve program, must contact the nearest AFR recruiter for assistance in processing their application for an IR position.

9.14. AFR Unit Commander Assignments. The grade of an officer appointed as an AFR unit commander must equal or exceed the grades of all unit officers assigned or attached, present for duty, and otherwise eligible and authorized to command. **(T-0).**

9.15. ART Assignments. Assign ARTs to the corresponding military and civilian position. The Career Development Element coordinates on locally established method for documentation (memo/letter, etc.), and notifies the losing Career Development Element for completion of DAF Form 1288 by the member and the losing commander. **(T-2).** **Note:** DAF Form 1288 is not required for ART officer management directed assignments. The AFRC/CD message is approval authority.

9.15.1. Unit commanders may submit a waiver request on lieutenant colonels and below to the RSG, detachment group, and wing or group commander to assign an ART to a TR position, or a TR to the part B of the ART position. Waivers may not exceed 180 days. Both TR to ART part B and ART to TR assignments are approved only to relieve temporary, adverse manning situations and are not intended to be permanent in nature. Forward any extensions beyond 180 days through command channels for approval by AFRC/A1KK. Forward waiver requests on colonels or officers in colonel positions through command channels to AF/REG for AFRC/CD consideration. Waiver packages must include:

9.15.1.1. Justification to warrant the temporary assignment. Include name, grade, SSN (last 4), position numbers (both Part A and Part B). **(T-3)**.

9.15.1.2. Information to explain if the position has been vacant; how long the position has been unfilled, and what has been done to rectify the problem in lieu of this action. **(T-3)**. UMD overage code “1” applies in all approved cases.

9.15.2. RSG, Detachment Group, and wing or group commanders may revoke a waiver at any time for officers in the grade of lieutenant colonel and below not assigned to a colonel position. Members will acknowledge that they received revocation of the waiver, in writing, and that the member will vacate the position immediately (30 days or less) if an ART fills the position.

9.15.3. The appropriate Career Development Element files a copy of the waiver and acknowledgment in the member’s electronic record or local files.

Section 9C—Assignments for Individual Circumstances.

9.16. Individuals in Key (or Emergency/Mission-Essential) Civilian Positions.

9.16.1. Designated Key Positions. DoD Instruction (DoDI) 1200.07, *Screening the Ready Reserve*, provides guidance on the processing of key or emergency/essential employees (hereafter referred to as Key) in both the Federal and non-Federal sector. AFI 36-129, *Civilian Personnel Management and Administration*, provides additional guidance for Air Force employees. Key positions are those that cannot be vacated during a national emergency or mobilization without seriously impairing the capability of the parent Federal agency or office to function effectively.

9.16.1.1. Those designated by name are:

9.16.1.1.1. The Vice President of the United States or any official specified in the order of presidential succession.

9.16.1.1.2. The Heads of Federal agencies appointed by the President with the consent of the Senate (does not include persons appointed to a Federal agency as a member of a board or commission).

9.16.1.1.3. The Federal judiciary and other Federal positions determined by Federal agency heads, or their designees, to be key positions, require a case-by-case determination and designation.

9.16.1.1.4. **(Added)** Individuals who are both Members of Congress and in the Ready Reserve. Such persons may not be transferred to the Standby Reserve or discharged unless ordered by the Secretary of Defense based on the needs of the Air Force in accordance with DoDI 1200.07.

9.16.1.2. Individuals serving as a civilian employee who occupies a position that is designated as a key position. That individual shall be designated as a key employee and considered to be ineligible to serve in the Ready Reserve. **(T-2)**. Once an individual who has received Special Separation Bonus/Variable Separation Incentive changes civilian status to a position not designated as a key position, transfer them back to the Ready Reserve to fulfill the military service commitment incurred based on receipt of Special Separation Bonus/Variable Separation Incentive, or release from the Air Force.

9.16.2. Employers:

9.16.2.1. Determine key employee status.

9.16.2.2. Inform ARPC/DPAM (for AFR members) that a member is a key employee.

9.16.3. HQ ARPC/DPAMR sends letters it receives from members' employers to the members' MPF or RIO Det/CC to determine the military mobilization manpower needs and decide whether a conflict exists which requires negotiation. **(T-2)**.

9.16.3.1. Upon determination of manpower needs and no conflict exists, ARPC/DPAMR instructs the Force Management Element/RIO Det/CC to notify the member of pending transfer to the standby reserve.

9.16.3.2. Transfer the member to the Standby Reserve as stated below, where they will remain for the period in which they will fill a key position. The member may apply for an assignment to the Non-Affiliated Reserve Section (NARS)-Key Employees (ND), of the Active Standby Reserve, and if accepted, continue to earn retirement points. This also applies to appointed or elected officials who want to earn points for retirement. The Force Management Element/HQ RIO Det/CC reassigns members to the NARS-ND within 30 calendar days from the date of members' application.

9.16.4. If the member does not apply to the NARS-ND within 45 calendar days after being named, the orders publishing agency will assign the member to:

9.16.4.1. The NARS-Obligors (NB) if the member has a MSO with assignment action reason RJ (key employees). **(T-2)**.

9.16.4.2. The Inactive Status List Reserve Section if the member has no MSO with assignment action reason RJ (key employees). **(T-2)**.

9.16.5. Negotiation of designated key employee status:

9.16.5.1. Seeks to resolve conflicting civilian and mobilization manpower needs.

9.16.5.2. May not begin without the member's written acknowledgment.

9.16.5.3. Takes place between the member's commander and the civilian agency or employer.

9.16.6. Resolution: If negotiations do not result in a solution, the commander documents the case and sends it through channels to AF/REP. AF/REP sends the case to SAF/MR for arbitration with the civilian agency or employer. If SAF/MR does not negotiate a mutually acceptable solution with the civilian agency or employer, SAF/MR sends the case to Deputy Secretary of Defense for final resolution per DoDI 1200.7. **(T-0)**.

9.16.7. Designated key employees (except for those positions designated by-name in [paragraph 9.16.1.1](#)) who want to stay in their current Reserve assignments may petition their commanders to:

9.16.7.1. Help resolve the matter with their employers.

9.16.7.2. Document their continued participation based on military needs.

9.16.8. After making a removal determination in response to a petition for such action, the commanders must promptly notify the reservist and employer. **(T-2).**

9.16.9. All action must take place within 30 calendar days after the Air Force receives notice that an individual is a key employee. **(T-2).**

9.16.10. If negotiation between the commander and the employer does not resolve the matter of the employee's petition, then the commander sends the case through the resolution channels (see [paragraph 9.16.6](#)). **(T-2).**

9.17. AFR Key, Command and Joint Duty Assignment List (JDAL) Assignments.

9.17.1. Key, Command, and JDAL assignments offer career broadening and developmental experiences as an element of Total Force Development. Citizen Airmen may apply for Key, Command, and JDAL assignments via AF/REG's senior leader assignments page for colonel positions and HQ ARPC's assignments website for lieutenant colonel and below positions

9.17.2. Only lieutenant colonel and colonel authorized positions may be included on the Key, Command and JDAL manpower document and will be managed by AFRC/A1K and the appropriate CFM.

9.17.3. CFMs in coordination with appropriate senior leaders in each career field determine "key" positions within their portfolio which would provide the experiences necessary to develop Citizen Airmen and equip them with the right capabilities to potentially become TF senior leaders.

9.17.3.1. Command positions referenced on the Key, Command and JDAL list are all colonel commander positions determined by organization manpower requirements. CFMs, in coordination with appropriate senior leaders, may identify lieutenant colonel squadron commander billets as key and staff recommendations via the established process for key position approval by AFRC/CD and/or the Deputy to the Chief of the Air Force Reserve (AF/RE-D). JDAL positions are determined by the joint staff and are considered key experiences for development.

9.17.3.2. Eligible candidates for Key, Command, and JDAL positions include individuals listed on Reserve Development Team Key Personnel Lists, sitting colonel commanders, Reserve Command Screening Board selects, and Reserve Brigadier General Qualification Board selects.

9.17.4. Each CFM in coordination with career field senior leaders, must review their career field Key, Command, and JDAL rosters annually to determine if changes are needed. **(T-2).**

9.17.5. Assignments into Key, Command and JDAL positions will have established tour lengths and focused rotational turnover for the identified Key, Command and JDAL positions. This turnover ensures required breadth in conjunction with the depth reservists obtain within their core AFS.

9.17.5.1. Assignments into Key, and Command positions will have a 3-year tour length to ensure consistent rotational movement.

9.17.5.2. Reservists assigned to JDAL positions are encouraged to serve the required tour length (up to 4-years for part-time Reservists) in order to receive full joint duty assignment credit in accordance with DoDI 1300.19, *DoD Joint Officer Management (JOM) Program*.

9.18. AFR Key and Strategic Assignments (AFR Enlisted).

9.18.1. Key and Strategic assignments offer career broadening and developmental experiences as an element of Total Force Development and are managed by AF/REG Chiefs' Group in coordination with AFRC/CCC on behalf of Chief of Air Force Reserve. **Note:** All Key and Strategic AGR, IMA, and TR positions are managed, advertised, and announced by AF/REG Chiefs' Group.

9.18.2. Assignments into Key and Strategic positions will have a 3-year tour length to ensure consistent rotational movement. **(T-2).** Extension requests must be coordinated through the AF/REG Chiefs' Group, AFRC/CCC, and then submitted to AFRC/CD for approval consideration. **(T-2).** Members serving in Key and Strategic AGR positions may submit for a 1 or 2-year extension IAW DAFMAN 36-2114, *Management of The Air Force Reserve Individual Reserve (IR) and Full-Time Support (FTS) Program* paragraph 6.7.

9.19. Assignments for Officers Selected to Attend PME In-Residence. Note: This does not apply to AGRs, see DAFMAN 36-2114, *Management of The Air Force Reserve Individual Reserve (IR) and Full-Time Support (FTS) Programs*, for AGR program guidance and DAFI 36-2670, *Total Force Development*.

9.19.1. Overage. For lieutenant colonels and below, the unit commander, HQ RIO commander, or RIO Det/CC may assign an overage to a position while the incumbent is in PME. The commander or RIO Det/CC writes to the temporary replacement about the assignment's temporary nature and the lack of guaranteed continued participation. File a copy of the commander or RIO Det/CCs letter in the member's electronic record; local Career Development Element (Unit Program) and RIO Det (IMA) have respective filing responsibility. **(T-2).**

9.19.1.1. Assign overage code "0" to the overage and code "4" to the student. The overage expiration date equals the PME graduation date plus 60 days. Individuals may not be reassigned while attending PME but may be projected for reassignment effective after graduation. While member is attending PME, the Career Development Element (Unit Program) or RIO Det (IMA) will update individual's duty title to reflect "Student (Air War College, Naval War College, etc.)."

9.19.1.2. Graduation. After PME graduation, allow members to resume their previous position. However, make every effort to place the individual in a position where they will utilize their newly gained skills. As part of Force Development, ARPC/DPA heads a student outplacement working group designed to facilitate this process for PME students.

9.20. Assignment of Twice Deferred Officers.

9.20.1. Twice Deferred Officers. Officers applying for a position in the SelRes, separating from active duty or those previously separated from the IRR due to failure to promote may request unit or IMA assignment through an AFR recruiter. The servicing recruiter will gather the required documentation and submit for an original AFR appointment. **(T-2).**

9.20.2. Servicing recruiter will ensure the following documentation is included:

9.20.2.1. DAF Form 1288 to include any derogatory information. **(T-2).**

9.20.2.2. Recommendation memo(s) from losing commander(s) – if available. **(T-2).**

9.20.2.3. Members may not be assigned to a SelRes position until properly scrolled and approved for a new appointment in accordance with DAFMAN 36-2032. **Note:** All previously approved scrolls prior to the officer's twice non-selection for promotion are void. **(T-0).**

9.20.2.4. Statement from member concerning payback of severance upon retirement. **(T-2).**

9.20.2.5. Gaining wing commander's (for TRs) or RIO CC's (for IMAs) endorsement on the DAF 1288 annotating quality force review of twice deferred officers. **(T-2).**

9.20.2.6. Medical officers require credentials (the document that constitute evidence of appropriate education, training, licensure, experience, and expertise of a healthcare provider). **(T-2).**

9.21. Assignment of RegAF Retired Members to IMA, Reserve Units, or ART positions. The SecAF has delegated approval/disapproval authority to AF/RE to assign retired RegAF members to Selected Reserve positions, per 10 USC § 10145, based on indispensability. No further delegation is required. This also applies to retired Reserve members, to include those under age 60, however, member's effective retirement must not exceed 5 years from date of application.

9.21.1. Before requesting retirees, priority should be given to recruitment of personnel not in a retired status. Commanders and RIO Det/CCs will ensure that assigned Airmen who are available for training are used to the fullest extent possible before requesting the assignment of retired personnel. Before requesting a retiree to fill a position, document proof that all other avenues to fill the position have been exhausted and provide supporting documentation to highlight efforts taken to fill the position. All officers must be submitted to the President for appointment (scrolled) and colonels must subsequently be forwarded for Senate confirmation. Airmen currently on active duty will not be encouraged to retire to apply for assignment to a Selected Reserve position. Therefore, they may not apply before their retirement effective date. Members will be restricted to 2-year contracts with an annual review thereafter to determine continued service based on AFR needs.

9.21.1.1. Interested members must first identify a unit that has exhausted all other avenues to fill a valid requirement. Members requesting consideration for ART positions must first obtain AF/RE approval for assignment in the Selected Reserve (unit, IMA, or AGR). If the unit commander agrees to use a retiree to fill the position, then the member can apply by submitting an application as identified in paragraph **9.21.1.2** and **9.21.1.3** through the servicing reserve recruiter. Members approved for assignment will serve at the discretion of the AFR and may be curtailed at any point based on the needs of the AFR. Members approved for assignment will serve at the discretion of the AFR and may be curtailed at any point based on the needs of the AFR. Members requiring Reserve appointments may be processed in accordance with DAFMAN 36-2032. Assigning retired members to ART positions is typically not allowed however, if the needs of the AFR dictates the use of retirees are an option to fill an ART vacancy, the members must first obtain AF/RE approval for assignment in the Selected Reserve (unit, IMA, or AGR) before being assigned to the ART position. Applications may be disapproved at any level in the chain of command and there is no appeal once disapproved.

9.21.1.2. For the unit program, once the wing commander has endorsed the DAF Form 1288 it is returned to the Force Management Element for forwarding along with the other required documentation to the NAF then to HQ ARPC/DPAA for retired reservists, HQ AFPC/DPAR for retired RegAF applicants and AF/REG for colonels or colonel positions. AF/REG will coordinate on the package prior to HQ AFRC/CD approval. **(T-2).**

9.21.1.3. For IMAs, the package is submitted through the recruiters to the HQ RIO Det/CC through HQ ARPC/DPAAA for retired reservists, HQ ARPC/DPAR for retired RegAF applicants, to HQ ARPC/DPA, then AF/REP for routing to AF/RE for final approval/disapproval. The HQ Det/CCs should coordinate with AF/REG on applications for assignments to line IMA colonel positions. Retired RegAF applicants must also be scrolled and appointed in accordance with DAFMAN 36-2032 paragraph 5.2.

9.21.1.4. Retirees must be current in the required AFSC and/or skill level or can become current in time to meet the critical need. They must also be assigned to valid funded vacant positions and overgrades are limited to one grade and code as overgrade code "P" (counts towards promotions). Overages for retirees will be reviewed on a case-by-case basis and will not exceed authorized manning levels by AFSC within the AFR based upon annual guidance review. If the retiree is assigned as an overage, limit overages to lieutenant colonels/SMSgt and below and update overage code "R". **Note:** These overages will not be eligible for promotion consideration for a period of 2 years from date of assignment. However, promotion selection does not entitle a member to be continued under this program but will be driven based on the needs of the AFR. Members who are selected for promotion and must move to a higher graded position to pin on, will be required to submit a new indispensability package to ensure the position meets the same requirements i.e., unable to be filled by any other means. Members may not be assigned as both an overage and overgrade. Overage personnel are not eligible for position or unit vacancy promotion. Commanders and Det/CCs must make every effort to level overage and overgrade personnel.

9.21.2. Applicants:

9.21.2.1. Must not be within 1 year from their HYT Date (enlisted) or Mandatory Separation Date (officers). For enlisted members wishing to request HYT Date extensions, waivers must be requested in conjunction with the request for assignment. Officers will be reappointed by the president and confirmed by the Senate and execute an original Reserve Oath of Office in accordance with DAFMAN 36-2032.

9.21.2.2. Members should be fully qualified for the AFSC, however, in some circumstances retraining may be approved where short technical school requirements exist. Technical school duration should be based on members' retainability. Commanders at all levels may approve/disapprove requests for retraining. Members must have 3 years retainability from date of graduation from technical school.

9.21.3. Applications must include at a minimum:

9.21.3.1. DAF Form 1288. Requires assignment blocking information in second endorsement.

9.21.3.2. Copy of member's retirement order, or an approved retirement in PDS.

9.21.3.3. Statement from the recruiter stating member is qualified for the AFSC, unless retraining is requested.

9.21.3.4. Statement of Veterans Affairs disability, if applicable, with concurrence from the reserve medical unit that member is physically qualified. Members who are accessed and are later found to be disabled pursuant to the above will be reassigned back to their Retired status.

9.21.3.5. Copies of Officer Performance Report/Enlisted Performance Reports (last three).

9.21.3.6. Copies of other documents relevant to the request, such as an approved overage/overgrade waiver if applicable.

9.21.3.7. Copy of DD Form 214.

9.21.3.8. Supporting documentation on how long the positions has been vacant, when and how many times the position was advertised, reason for not hiring any applicants, manning and any other data and documents to support the request.

9.22. Assignment of Members for Unsatisfactory Participation.

9.22.1. General Discharge from an ARC: Unsatisfactory participation may result in administrative discharge in accordance with DAFI 36-3211 or an involuntary transfer to the IRR or Standby Reserve as set out in [Chapter 12](#). In some cases members processed for administrative discharge may still be transferred to the non-participating IRR because they have a remaining statutory MSO. These members will serve out their remaining MSO in the non-participating IRR, unless otherwise transferred or discharged. **(T-2)**.

9.22.1.1. Former members with no current military assignment who have been discharged for unsatisfactory participation, may be accessed into the AFR upon receiving a waiver. HQ AFRC/A1 has the waiver authority to allow for the accession of these members, either by enlistment or through the commissioning process. This waiver authority only applies to members discharged due to unsatisfactory participation. Recruiters will process waiver requests (see [paragraph 9.21.2](#)) through the gaining Force Management (unit program) to HQ AFRC/A1KK for A1 decision or directly to HQ ARPC/RIO (IMA program) for decision. **(T-2)**.

9.22.2. For members currently assigned to a non-participating status due to unsatisfactory participation waiver package, contents is as follows:

9.22.2.1. DAF Form 1288, (with gaining commander or RIO Det/CC comments stating he or she is aware of member's General Discharge due to non-participation). Requires assignment information in the second endorsement.

9.22.2.2. Copy of member's NGB Form 22 (former ANG only).

9.22.2.3. Discharge order.

9.22.2.4. Single Unit Retrieval Format (SURF)

9.22.2.5. Last three performance reports.

9.22.2.6. A detailed statement from the individual as to the circumstances surrounding the incidents leading to the discharge.

9.22.2.7. Any other supporting documentation or recommendations.

9.22.3. When a waiver is approved/disapproved for the unit program, AFRC/A1 will provide the decision in writing to the gaining Career Development Element. **(T-2).**

9.22.4. When a waiver is approved/disapproved for the IR program, HQ ARPC/RIO CC will provide the decision in writing to the gaining HQ RIO Det/CC. **(T-2).**

9.22.5. Notwithstanding **paragraph 9.21.2**, members previously involuntarily reassigned to non-participating status due to unsatisfactory participation are eligible to return to the unit or IMA program (excluding IR program), within 1 year of reassignment to non-participating status. The recruiter will forward the DAF Form 1288 through the Force Management Element to the gaining commander for approval or through the detachment to the HQ RIO Det/CC for approval if IMA/participating Individual Ready Reservist. **(T-2).** If the commander or the HQ RIO Det/CC approves the assignment, he/she will endorse with the following statement: “I am aware of this member’s prior involuntary reassignment for failure to meet participation requirements. I have reviewed the circumstances surrounding the member’s unsatisfactory participation and concur with the assignment.” **(T-2).** The Force Management Element or the HQ RIO Det will ensure all assignment information is included on the DAF Form 1288. **(T-2).** The Force Management Element or HQ RIO Det will forward the completed DAF Form 1288 to servicing force support unit or HQ ARPC/DPA (for IMAs only), respectively, for update of the required action. **(T-2).**

9.23. Assignment of Members Involuntarily Reassigned for Failure to Meet the Requirements of the Air Force Fitness Program. Members previously involuntarily reassigned to non-participating status based on unsatisfactory progress in the Air Force Fitness Program are eligible to return to the unit or IR program, if they meet fitness standards. The recruiter, through the Career Development Element will forward the DAF Form 1288 to the gaining commander or RIO Det/CC for approval. **(T-2).** The results for each of the components of the “Fit to Fight” test failed must be included with the DAF Form 1288. If the commander or RIO Det/CC approves the assignment, he/she will endorse with the following statement: “I am aware of this member’s prior reassignment for failure to meet the requirements of the Air Force Fitness Program and I have verified that he/she is currently within the Air Force “Fit to Fight” standards and concur with the assignment.” **(T-2).** The Career Development Element or RIO Det/CCs will ensure all assignment information is included on the DAF Form 1288. **(T-2).** The Career Development Element or RIO Det/CC will forward the completed DAF Form 1288 to AFRC/A1KK (unit program) or ARPC/DPA (IMA/IR program) for update of the required gain action.

Section 9D—Assignment Processing.

9.24. DAF Form 1288.

9.24.1. The DAF Form 1288 is used initiate and document initial (accession) and reassignment actions for AFR personnel. Approval and signatory authorities should be routed as outlined on the prescribed form.

9.24.2. The DAF Form 1288 is not required for:

9.24.2.1. Reassignments for those in the grade of colonel and above. **Note:** This does not apply to IRR, ANG, Voluntary Limited Period of Active Duty (VLPAD) accessions

9.24.2.2. AGR, traditional reserve, or air reserve technicians applying for positions in the grade of lieutenant colonel and below.

9.24.2.3. Management directed reassignments for air reserve technicians.

9.24.3. DELETED.

9.24.3.1. DELETED.

9.24.3.1.1. DELETED.

9.24.3.1.2. DELETED.

9.24.3.1.3. DELETED.

9.24.3.1.4. DELETED.

9.24.3.1.5. DELETED.

9.24.3.1.6. DELETED.

9.24.3.2. DELETED.

9.24.3.2.1. DELETED.

9.24.3.2.2. DELETED.

9.24.4. DELETED.

9.24.4.1. DELETED.

9.24.4.2. DELETED.

9.24.5. DELETED.

9.25. Voluntary Assignments. See [Chapter 10](#) for specific instructions for assignments to general officer positions. **(T-2).**

9.25.1. Fully Qualified Members. When fully qualified members request a specific assignment, not restricted by [Table 9.2](#), assign or reassign them to the Ready Reserve. Hiring officials have 10 calendar days from application receipt for non-interview positions and 30 calendar days for interview positions to select applicants. **(T-2).** Should the hiring authority exceed these timeframes, the Recruiting Flight Chief will collaborate with the servicing force support unit or RIO Detachment to fill the vacancy with a qualified candidate. **(T-2).** **Note:** These timelines do not apply to CMSgt positions which are governed by AFR CMSgt hiring guidelines ([paragraph 3.13](#)).

9.25.1.1. A fully qualified IR Airman must have a 5-skill level or higher AFSC than the assignment AFSC. A fully qualified IR officer must have a company grade level or higher AFSC than the assignment AFSC or have completed a formal training course with an entry-level AFSC.

9.25.1.2. Assign fully qualified IRs without MAJCOM review to positions that are not in special categories, do not require interviews (TSgt/lieutenant colonel and below), waivers, or are not centrally managed.

9.25.1.3. Coordinate IR officers or air crew assignments solely on the basis of military and civilian skills or retraining potential with the gaining MAJCOM.

9.25.1.4. DELETED.

9.25.1.5. AFRC/RS approves recruiting of non-prior-service personnel except for specific centrally managed IMA programs when no prior-service personnel are available.

9.25.1.6. Have losing commanders (unit program) or RIO Det/CCs (IR program) review the members' qualifications from a quality force viewpoint. Losing commanders (unit program) or RIO Det/CCs (IR program) are required to include in the first endorsement of the DAF Form 1288 mandatory comments stating any negative or questionable information, to include UIF actions within the last 2 (enlisted) or 5 (officers) years.

9.25.2. **(Added)** UIF. Applicants requesting assignment to the Ready Reserve or NARS must certify that they have or have not received a UIF within the last 2 (enlisted) or 5 (officers) years in accordance with DAFI 36-2907. **(T-2). Note:** This certification will be accomplished using the DAF Form 1288.

9.25.2.1. **(Added)** The gaining reserve MPF or RIO Det/CC will request a copy of the UIF or AF Form 1137, *Unfavorable Information File Summary*, from the applicant's current commander (or HQ ARPC/DPAMR if assigned to the IRR) prior to approval of the assignment and forward all documentation in relation to the UIF along with the DAF Form 1288 for assignment consideration. **(T-2).**

9.25.2.2. **(Added)** The HQ ARPC/CC will be final approval authority for assignment/accession action for personnel with a UIF within the last 2 (enlisted) or 5 (officers) years into the Ready Reserve or NARS. **(T-2). Note:** The last 5 Enlisted Performance Reports/Officer Performance Reports must accompany the assignment/accession request for all personnel with a UIF within the last 2 (enlisted) or 5 (officers) years. **(T-2).**

9.26. Accession Assignment Actions.

9.26.1. Recruiter. With the exception of judge advocates, colonels and general officers, individuals not currently drawing AFR pay who desire to enter a pay status in the AFR must work with a recruiter for accession processing. **(T-2).**

9.26.2. During accession processing, an AFR recruiter may determine an individual currently in PDS (ANG or non-participating IRR) to be disqualified for a position in the SelRes. The recruiter will immediately inform the HQ ARPC Recruiting Squadron Operations Office (HQ ARPC/RSOO) upon this determination. The HQ ARPC/RSOO will forward this information to HQ ARPC/DPAA within 24 hours. HQ ARPC/DPAA will update the individual assigned to HQ ARPC in a non-participating status in the PDS with AAC "TD" (indefinite). This action precludes a disqualified individual from entering the SelRes by going elsewhere for accession. **Note:** Request for waivers for disqualifying conditions will be considered on a case-by-case basis and routed through HQ AFRC/A1KK for unit and HQ ARPC/RSOO for IMA/participating Individual Ready Reservists.

9.27. IR Applications.

9.27.1. Applications must have a DAF Form 1288. **(T-2).** Applications may also require the following:

9.27.1.1. DAF Form 1288, military or civilian resume, Air Force Fitness Management System II (AFFMS-II) report, and the last three Officer Performance Reports/Enlisted Performance Reports (as applicable) for Reserve Management Vacancy System identified interview positions only.

9.27.1.2. The losing Det/CC makes recommendations and quality control comments on the reverse side of DAF Form 1288.

9.27.2. Process DAF Form 1288:

9.27.2.1. Through the losing commander (for unit) or RIO Det/CC (for IRs) to the gaining unit/RIO Det/CC.

9.27.2.2. Directly to the gaining organization through RIO Det/CC for Air Forces Cyber, AFOSI, and AFR units.

9.27.2.3. Through RIO Det/CC responsible for IRs assigned to the Selective Service System to ARPC/DPAA.

9.27.2.4. **(AFR JAs only)** Member signed DAF Form 1288 is not required to effectuate an assignment approved by The Judge Advocate General.

9.27.2.5. **(Added)** Member who has signed DAF Form 1288 is not required to effectuate an assignment approved by SAF/IA.

9.27.3. Recruiters may assess members upon receipt of an approved DAF Form 1288 for authorizations that are not centrally managed or require interviews in accordance with [paragraph 9.25.1](#) and [paragraph 9.8.2.1](#).

9.28. AFR CFM Applications. Applications must be sent directly to the POC for the central manager concerned. **(T-2).**

9.28.1. HQ AFRC/SG for medical assignments.

9.28.2. HQ AFRC/HC for chaplain/religious affairs assignments.

9.28.3. AF/JA for judge advocate/paralegal assignments.

9.28.4. HQ RIO for Ready Reinforcement Personnel Section assignment.

9.28.5. SAF/IAPA (AFR IAS) for foreign area officer/political-military affairs strategist assignments.

9.29. Reserve Management Vacancy System. The Reserve Management Vacancy System is an on-line interactive retrieval and job reservation system utilized to efficiently manage, as well as recruit for, all funded unit and IMA positions. This is applicable for all lieutenant colonel and below positions. Ensuring all requirements, vacancies and authorized overages are identified in the Reserve Management Vacancy System will allow reserve recruiters to facilitate meeting the AFR's funded allocation.

9.29.1. Requirements (codes "A", "C", "M", "B") must be input in the Reserve Management Vacancy System within 30 days of change in status. E-5 and below positions may be moved by ARPC/DPA to codes "C" status following the 30-day point. Additionally, identifying specific position requirements in the Reserve Management Vacancy System "remarks" will ensure that recruiters are recruiting qualified applicants for each program, i.e., "13SX position

requires missile ops experience versus space ops.” **Note:** (IMA program): During the semiannual IMA Program Reviews (IPRs), each command’s FY vacancies, code “3” (unadvertised), are used to determine numbers for possible manpower reallocation projects or initiatives.

Table 9.1. Assignment and Waiver Authorities.

R U L E	A	B
	If the member is to fill an AFR position	Assignments and waivers are approved by
1	Wing commander (colonel authorization), detached wing commander, line and non-line IR, and unit program colonel positions, or officers other than colonels in unit colonel positions	AF/REG routed to HQ AFRC/CD
2	Unit program lieutenant colonels and below position	HQ AFRC/A1 or AF/RE-CV (depending upon waiver condition)
3	IR program lieutenant colonel and below positions	HQ RIO Det/CC or HQ RIO/CC (depending on waiver condition)
4	Command position (lieutenant colonel and below)	NAF/RSG/Wing Commanders
5	Unit assignments not requiring waivers	Unit/Wing/Group/RSG Commanders

Table 9.2. Assignment Restrictions.

R U L E	If a member	then units will not assign the member to
1	Is in the Standby Reserve and has met all service requirements for Reserve retired pay except for age and has 1 year or less before reaching maximum age or length of service	the Ready Reserve. (T-2).
2	Is an officer in the Standby Reserve who cannot reach 18-20 satisfactory years for retirement before reaching maximum age or length of service	the Ready Reserve (see note 1). (T-2).

R U L E	If a member	then units will not assign the member to
3	Is in the Ready Reinforcement Personnel Section or the Non-obligated Non-participating Ready Personnel Section and has met all requirements for Reserve retired pay except for age and will reach maximum age or length of service within a year	any other section of the Ready Reserve. (T-2) .
*4	Is an officer released from active duty under DAFI 36-3211, Secretarial directive, or under sentence to dismissal	the Ready Reserve. (T-2) .
5	Is a dual-status member (Reserve commissioned officer serving on active duty as an enlisted member)	the Ready Reserve. (T-2) .
6	Is an officer who has been assigned a second time to Inactive Status List Reserve Section	the Ready Reserve without a waiver. (T-2) . AFRC/A1 (unit) or HQ RIO/CC (IR) (see note 2).
7	Is an IR officer or enlisted member in the medical services	the Ready Reinforcement Personnel Section, Air Liaison Officer, or Civil Air Patrol Category E programs (see note 3). (T-2) .
8	Is assigned to the Inactive Status List Reserve Section and has met all requirements for Reserve retired pay except is not age 60	the Ready Reserve without a waiver. (T-2) . AFRC/A1 (unit), HQ RIO (IR), AF/REG (line O-6 IMAs) (see note 2).
9	Does not meet medical standards for worldwide military duty	the Ready Reserve. (T-2) .
10	Is enrolled in the college scholarship or advanced Reserve Officer Training Corps program of any Armed Force, or is an AFROTC appointee	the Ready Reserve other than Obligated Reserve Section (ORS)/RC. (T-2) .

R U L E	If a member	then units will not assign the member to
11	Awaits EAD orders, has been granted a delay from entry on EAD	the Ready Reserve other than ORS/RC. (T-2).
12	Is a medical corps officer, an officer in the Legal Intern Program , or other direct appointee with an ADSC and an AFR commission	the Ready Reserve other than ORS/RC. (T-2).
13	Is enlisted and has less than 3 months (2 years for ARTs) left in the current enlistment or MSO	the Ready Reserve, other than ORS/RA, unless the member elects discharge to immediately re-enlist upon assignment to a unit. (see note 3). (T-2).
14	Is an officer twice deferred promotion to the Reserve grade of captain, major, or lieutenant colonel	the SelRes or Participating Individual Ready Reserve with a commission. Officers with past enlisted service may enlist if otherwise qualified. (T-2).
15	Is in the Retired Reserve (receiving pay or Reserve Transition Assistance Program payments)	the SelRes unless the SecAF makes a special finding that the member's service is indispensable (see paragraph 9.21). (T-2).
16	Is in the Retired Reserve (not receiving pay)	the Ready Reserve except as paragraph 9.21 . (T-2)
17	Is retired from active duty under 10 USC § 9314, <i>Twenty to Thirty Years: Enlisted Members</i>	the Ready Reserve except as paragraph 9.21 . (T-2).
18	Is a twice-deferred regular officer applying for a reserve commission and requesting a concurrent assignment to an AFR paid position	an AFR position unless approved at the appropriate level. (see notes 4 and 5) (see paragraph 9.20.1). (T-2).
19	Has less than 24 months active duty, including active duty for training and has a statutory participation requirement or an MSO	a Ready Reserve position other than category A or B, or Ready Reinforcement Personnel Section, or ORS/RA. (T-2).

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R U L E	If a member	then units will not assign the member to
20	Is an employee of the DoD (Non-ART)	a Ready Reserve position with the same mobilization assignment as the civilian employee position they fill, in accordance with DoDI 1200.7. Those Ready Reservists shall be reassigned or transferred, as applicable. ARC military technicians (dual status), as members of Reserve units, are excluded from this provision. (T-2).
21	Receives a General Discharge from the National Guard or any other service's reserve component	the Ready Reserve without a waiver (see paragraph 9.22). (T-2).
22	Has been involuntarily reassigned to a nonparticipating status due to unsatisfactory fitness program	the Ready Reserve without a waiver (see paragraph 9.23). (T-2).
23	Has been reassigned to a non-participating status due to unsatisfactory participation	the Ready Reserve without a waiver (see paragraph 9.22). (T-2).
24	Is currently assigned to IRR with an assignment limitation code C, G, K, N, or T	an AFR unit position without AFRC/A1 approval or to an IR position without HQ RIO/CC approval. (T-2).
25	Is currently assigned to the IRR or separating from active duty holding a training status code "T" (withdrawal of AFSC)	an AFR unit position without AFRC/A1 approval or to an IR position without HQ RIO/CC approval. (T-2).
26	Is currently assigned to the IRR or separating from active duty with an AAC of 12, 13, 15, 16, 17, 19, 20	an AFR unit position without AFRC/A1 approval or to an IR position without HQ RIO/CC approval. (T-2).
27	Is currently assigned to the IRR or separating from active duty holding an assignment action reason of Q1, QB, QC, QD, QG, QH, R4, RA, RC, RG, RI, RJ, RK, RP, RR, RT, or RZ	an AFR unit position without AFRC/A1 or SecAF approval or to an IR position without HQ RIO/CC approval. (T-2).

R U L E	If a member	then units will not assign the member to
Notes: 1. Have the officer state in writing acknowledging the officer will not be able to complete 20 satisfactory years for retirement purposes prior to reaching the Mandatory Separation Date and submit with DAF Form 1288. Assign Medical Service officers who volunteer to the Ready Reserve if they have at least 2 years of retainability. Officer will submit the following statement with the DAF Form 1288: "I understand that I will not be able to complete 20 satisfactory years for retirement purposes prior to reaching my mandatory separation date." 2. HQ AFRC/SG, HQ AFRC/HC, AF/JA, and SAF/IAPA (AFR IAS) have waiver authority for centrally managed programs. 3. AFR MPF or HQ ARPC/DPA may approve assignment of such personnel provided they immediately reenlist. Coordinate to accomplish assignment of members within 20 calendar days of their ETS. If a member does not reenlist before ETS, the gaining MPF is responsible for discharging the member. 4. See DAFMAN 36-2032, for guidance on twice deferred regular officers applying for a Reserve commission. 5. An officer who received severance, separation, or readjustment pay when released from active duty or discharged from any uniformed service (Variable Separation Incentive/Special Separation Bonus recipients sign a separate statement of understanding for those programs) must sign an acknowledgment of understanding of obligation to repay. This note only pertains to those officers who are being assigned to the Ready Reserve and require a waiver and the statement of understanding to repay. Chapter 12, Non-Obligated Non-Participating Ready Personnel Section, is for those officers with a Reserve commitment and no Ready Reserve assignment.		

Table 9.3. Grade Considerations/UMD Codes.

R U L E	A	B	C1	C2	D	E
	If members grade is	And auth. grade is	Then approval authority for Unit Program is (see paragraph 9.7)	Then approval authority for IR Program is (see paragraph 9.7)	UMD codes	With expiration date of (see note 1)
1	O-6	O-5	AFRC/CD	AFRC/CD	P	2 years
2	O-5	O-6	AFRC/CD	AFRC/CD	V	2 years
		O-4	RSG, Det, Group (GP), and Wing Commander	RIO Det/CC	P (see note 2)	2 years (see note 1)

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		O-3	RSG, Det, GP, and Wing Commander	HQ RIO/CC	T (see note 3)	
		O-2	not authorized	not authorized	N/A	N/A
3	O-4	O-5	RSG, Det, GP, and Wing Commander	RIO Det/CC	N/A	N/A
		O-3	RSG, Det, GP, and Wing Commander	RIO Det/CC	P (see notes 1 and 2)	2 years
		O-2	AFRC/CD	HQ RIO/CC	T (see note 3)	
4	O-3	O-5	RSG, Det, GP, and Wing Commander	RIO Det/CC	V	Indefinite
		O-4	RSG, Det, GP, and Wing Commander	RIO Det/CC	N/A	N/A
		O-2	RSG, Det, GP, and Wing Commander	RIO Det/CC	N/A	N/A
5	O-1 or O-2	O-5	RSG, Det, GP, and Wing Commander	HQ RIO/CC	V	Indefinite
		O-4	RSG, Det, GP, and Wing Commander	HQ RIO/CC	N/A	N/A
	O-1 or O-2	O-3	RSG, Det, GP, and Wing Commander	RIO Det/CC	N/A	N/A
6	E-9	E-8 (see note 4)	RSG, Det, GP, and Wing Commander	RIO Det/CC	N/A	N/A
		E-7	MFM, AF/REG Chiefs Group, AFRC/CCC	MFM, AF/REG Chiefs Group, AFRC/CCC	P	2 years
		E-6 and below	RSG, Wing/Group Commander	MFM, AF/REG Chiefs Group, AFRC/CCC	T (see note 3)	2 years

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7	E-9 (see note 3 & 4)	RSG, Wing/Group Commander	RIO Det/CC	N/A	N/A	RSG, Wing/Group Commander
	E-7 (see note 3)	RSG, Wing/Group Commander	RIO Det/CC	P	2 years	RSG, Wing/Group Commander
	E-6	RSG, Wing/Group Commander	RIO Det/CC	T (see note 3)	2 years	RSG, Wing/Group Commander
	E-5 or below	Not authorized	Not authorized	N/A	N/A	Not authorized
8	E-7	E-9 (see note 3 & 4)	RSG, Wing/Group Commander	RIO Det/CC	V	Indefinite
		E-8 (see note 3 & 4)	RSG, Wing/Group Commander	RIO Det/CC	N/A	N/A
		E-6	RSG, Wing/Group Commander	RIO Det/CC	P	2 years
		E-5	RSG, Wing/Group Commander	RIO Det/CC	T (see note 3)	2 years
9	E-6	E-9 or E-8 (see note 3 & 4)	Unit Commander	RIO Det/CC	V	Indefinite
		E-7 (see note 3 & 4)	RSG, Det, Group, and Wing Commander	RIO Det/CC	N/A	N/A
		E-5	Unit Commander	RIO Det/CC	N/A	N/A
		E-4	RSG, Wing/Group Commander	RIO Det/CC	T (see note 3)	2 years
10	E-5 and below	E-9, E-8, (see note 4) or E-7	Unit Commander	RIO Det/CC	V	Indefinite
		E-6 or below	Unit Commander	RIO Det/CC	N/A	N/A

Notes:

1. Overgrade expiration dates may not exceed 2 years from date the condition began or 2 years from current expiration date for revalidated waivers except as specified in Column E. In the unit program for lieutenant colonel and major where two grades overgrade conditions exist, HQ AFRC/CD is the approval authority and will determine the expiration date. Forward all waiver requests through command channels to HQ AFRC/A1K or AF/REG (for colonels) for staffing to HQ AFRC/CD for approval/disapproval. Waivers may be processed via TMT provided all required information is provided. Any requirements for exception to policy must include all required information as outlined in **paragraph 9.7.4**. If there are questions concerning processing requirements contact HQ AFRC/A1KK for further processing instructions. Within the IR program HQ RIO/CC is the approval authority.

2. Every effort must be made to assign lieutenant colonels and majors to valid authorizations.

Line Officers: First-time single overgrade waivers may be approved by the RSG, detached group commander (unit program) or HQ RIO Det/CC (IR program) not to exceed 2 years. The RSG, NAF, Wing, detached group commander or HQ RIO Det/CC may revalidate this waiver for an additional 1 year based on critical mission needs. HQ AFRC/CD (unit program) or HQ RIO/CC (IR program) approval is required for fourth year waivers based on critical mission needs. All waivers requiring HQ AFRC/CD approval must be processed as listed in note 1.

Non-Line Officers: Non-line officers may be initially placed in code "P" for 2 years if approved by the wing commander. The wing commander may revalidate this waiver in 2-year increments.

The appropriate central manager (HQ AFRC/HC, HQ AFRC/SG, SAF/IAS) will approve IMAs.

ART Line Officers: ART line officers who have not attained civil service retirement eligibility for an immediate annuity, require biannual waivers approved by their wing commander until they are placed in a non-overgrade status, or attain retirement eligibility. Retention of an ART in an overgrade status beyond their civil service retirement date requires an approved waiver by HQ AFRC/CD the first year and AF/RE for subsequent years. All waivers requiring HQ AFRC/CD approval must be processed as listed in note 1.

3. Two grades overgrade. Two grades overgrade is only authorized in accordance with **paragraph 9.7** and PDS code "T" applies. Members may be initially placed in code "T" for 2 years if approved by the wing commander. All reevaluations for enlisted personnel for additional time must be approved by the appropriate commander in 2 year increments. Additionally, any requirement to place lieutenant colonels or majors against positions causing two grades or more overgrade condition requires HQ AFRC/CD or HQ ARPC/DPA approval. All waivers requiring HQ AFRC/CD or HQ ARPC/DPA approval must be processed as listed in **note 1**.

4. See **paragraph 9.1.1**.

Table 9.4. Overage Codes.

R U L E	A	B	C	D	E
	If Reason For Overage Is	Use Overage Code	Grade	Update Authority	Expiration Date
1	Training capability enhancement	0	AB – MSgt, 2Lt - Maj	MPF, HQ ARPC/ DPA	2 years from date of input (see note 1)
2	PME overage	0	2Lt – Lt Col	MPF, HQ / DPA	60 days from date of graduation (see paragraph 9.19.1)
3	ART in non-ART and non-ART in ART	1	Lt Col and below	MPF	180 days (see paragraph 9.15.1)
4	Anticipated loss within 12 months	2	Colonel and below	MPF, HQ ARPC/ DPA	1 year from date of input (see notes 1 and 4) (see paragraph 9.7.16)
5	Readiness enhancement	3	AB - MSgt; 2Lt - Maj	MPF, HQ ARPC/ DPA	2 years from date of input (see note 5)
6	Approved or PME student	4	All grades	HQ AFRC, HQ ARPC/DPA	60 days from date of graduation (see note 6) (see paragraphs 9.7.9 and 9.19.1)
7	Specialized Undergraduate Pilot Training/Joint Undergraduate Navigator Training trainee	6	2Lt - Capt	MPF, HQ ARPC/DPA	Not to exceed 6 years from TFCSD
8	Residence relocation, members transferred from AGR, ART, and Retired Reserve	7	AB - SMSgt; 2Lt – Lt Col	MPF, HQ ARPC/DPA	Not to exceed MSO or 2 years from effective date of change of strength accountability, whichever is greater (see note 2)
9	Efficient facilities initiatives/force reductions	8	Lt Col and below	MPF, HQ ARPC/DPA	(See note 3)
10	Former Command Chief Master Sergeants	4	SMSgt	HQ ARPC/DPA	(See paragraph 9.12.3.1)

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R U L E	A	B	C	D	E
	If Reason For Overage Is	Use Overage Code	Grade	Update Authority	Expiration Date
11	AFROTC graduates	4	2Lt	HQ ARPC/DPA	6 years to be updated at 2 year increments
12	Retired active duty accessions	R	SSgt - SMSgt; Capt – Lt Col	HQ ARPC/DPA	2 years (see note 7) (see paragraph 9.21.1)
13	Request pending approval	M	Lt Col and below	MPF	6 months from date initiated (paragraph 9.7.4.3)
14	Colonel not in colonel position projected to ARPC	M	Colonel	MPF, HQ AFRC, AF/REG, HQ ARPC/DPA	6 months from promotion effective date or date became overage (see paragraph 9.7.10)

Notes:

1. Overage code will be updated on the incumbent who is leaving the position. When used for training mission enhancement reasons, this code is used for Unit Training Assembly induced workload as well as units with physical exam responsibilities.

2. Commanders may utilize this overage provision to place members transitioning from AGR (Headquarters or Unit) tours, ART positions, or the Retired Reserve. It applies to officers (lieutenant colonel and below) and enlisted members (SMSgt and below) and seeks to prevent the loss of valuable personnel because of relocation. The gaining NAF, RSG, wing, detached group commander or HQ RIO Det/CC has approval authority. Personnel relocating within a commuting area or asking to change assignments within a commuting area are ineligible with the exception of AGR and ART personnel. During this period overages will not count towards promotion opportunities. Overage periods are not to exceed the member's MSO or 2 years from effective date of change of strength accountability, whichever is greater. Additional information is located in **paragraph 9.3**.

3. Once the overage code is withdrawn the member is reassigned to HQ ARPC, or retired, if eligible. Efficient facilities initiatives/force reduction enlisted overages do not affect promotion opportunities for incumbent members, however, officer overages do. Officers will be tracked as overage code "4."

4. Approval of colonel actions will be routed through AF/REG and approved by HQ AFRC/CD (unit) or (line IMAs). The appropriate central manager (HQ AFRC/HC, AF/JA, HQ AFRC/SG, SAF/IAS) will approve their O-6 actions. Rated positions may be included in this authority against anticipated losses as long as the overage can be eliminated within a single 2-year increment.

R U L E	A	B	C	D	E
	If Reason For Overage Is	Use Overage Code	Grade	Update Authority	Expiration Date
5. This code is used during the period to attain/maintain C rating/wartime shortfall. HQ RIO Det/CCs who have reached their FY funded allocation may assign an individual as an overage. 6. For the IR program, the code “4” will also be used to identify individuals that are hired when a command has executed its FY Defense Program authorization. This restricts these over-manning overages to Maj/MSgt and below. Commands who wish to pursue an exception to this grade restriction must submit justification to HQ RIO/CC (see paragraph 9.7.9.1.3). 7. Retirees approved in an overage position will be identified as an overage code “R” with an expiration date of 2 years from date of assignment. Requests for extension of the 2-year overage period will be reviewed and processed as an exception to policy. Within the IMA program, all retirees will be identified as an overage code “R” regardless of overage status and this overage condition will not exceed a total of 4 years from original date of assignment.					

Chapter 10

AFR SELECTED RESERVE GENERAL OFFICER ASSIGNMENTS

10.1. Assignment Approval.

10.1.1. The Deputy Chief of Staff for Manpower, Personnel and Services, AF/A1, approves the assignment of all reserve general officers and colonels to general officer positions.

10.1.2. Chief of the Air Force Reserve (AF/RE). Before final approval, AF/RE consults with the gaining and losing organizations and recommends officers for assignments.

10.1.3. AF/RE approves waivers for AFRC and Mobilization Assistant general officers and AFRC and IMA colonel assignments to general officer positions.

10.2. The Reserve Brigadier General Qualification Board.

10.2.1. Convening a Board. AF/RE convenes a board yearly to identify reserve colonels who have the potential to be assigned to reserve general officer positions. Only colonels selected by the Reserve Brigadier General Qualification Board are eligible for a reserve general officer position and subsequently to meet a reserve general officer vacancy promotion board.

10.2.1.1. The Reserve Brigadier General Qualification Board is composed of at least:

10.2.1.1.1. Six general officers.

10.2.1.1.2. Minimum of three general officers not on EAD.

10.2.1.2. AF/RE issues a memorandum (serving as the board's charge) to each board member.

10.2.1.3. The SecAF is the approval authority for the board's report, which lists reserve colonels best and fully qualified to serve in reserve general officer positions. Each approved list is only valid until the next public release announcement.

10.2.1.4. AF/REG notifies the MAJCOMs of their selectees.

10.2.2. Criteria. All reserve colonels who meet these criteria are eligible for Reserve Brigadier General Qualification Board consideration:

10.2.2.1. Projected to have 3 years' time in grade at the time of the next reserve Brigadier General (BG) promotion board.

10.2.2.2. Must be less than 55 years of age when the next reserve BG Promotion Board meets.

10.2.2.3. Mandatory Separation Date no earlier than 90 days after the date of the next reserve BG promotion board.

10.2.2.4. Be in a Selected Reserve position but not recalled from a retired status or on EAD in accordance with AFI 36-2008, *Voluntary Limited Period of Active Duty (VLPAD) for Air Reserve Component (ARC) Service Members and the Career Intermision Program*, and assigned to an active component position.

10.2.2.5. Have completed Senior Developmental Education not later than 90 days before the board meets. Contact the Force Development Office for an inclusive list of applicable SDEs. **Note:** Completion of a 1 or 2 week orientation or a similar short course does not satisfy this requirement.

10.2.2.6. Accrue at least 50 retirement points during the last 2 Retention/Retirement years.

10.2.2.7. Must not be currently assigned to or previously assigned out of a general officer position.

10.2.2.8. AF/RE is the waiver authority for all above criteria.

10.2.3. AF/REG sends each eligible officer a letter electronically approximately 180 days prior to the board convening date. An officer can decline consideration by completing and sending an enclosed response card via e-mail AF.REG.WORKFLOW@US.AF.MIL no later than 60 days before the board meets.

10.2.4. Upon notification of eligibility, AGR officers are required to sign a statement of understanding acknowledging the officer is a volunteer for reassignment out of the AGR program if selected by the Reserve Brigadier General Qualification Board and placed into a general officer position.

10.2.5. DAF Form 3559, *General Officer Qualification Recommendation*, is mandatory and must be prepared for all eligible colonels meeting the board. Remove the DAF Form 3559 from the individual's selection folder after the board adjourns. AF/REG keeps a copy of all DAF Forms 3559 until no longer required for post-board inquiries and then destroys them. Although not a promotion document, the DAF Form 3559 is similar to AF Form 709, *Promotion Recommendation*. The DAF Form 3559 covers the member's entire career and highlights significant performances and accomplishments and is used to assist Reserve Brigadier General Qualification Board members in determining those best and fully qualified to serve in general officer positions.

10.2.5.1. Agencies with colonel positions are responsible for checking the Air Force Promotions System to verify board eligible. Be advised that Promotion Recommendation In-Board Support Management (PRISM) is updated daily and that current additions or deletions can be determined by checking PRISM regularly.

10.2.5.2. A DAF Form 3559 will be prepared no earlier than 90 days and no later than 60 days before the board meets. The first general officer or civilian equivalent with a Senior Rater ID in the rating chain completes the form. For centrally managed individuals assigned to ARPC, the first general officer or civilian equivalent with a senior rater id at the unit of attachment completes the DAF Form 3559. The organization the individual is assigned to as of the accounting date is responsible for preparing the DAF Form 3559. The accounting date is established by AF/REG and published in the Reserve Brigadier General Qualification Board convening notice.

10.2.5.3. A completed DAF Form 3559 contains:

10.2.5.3.1. Sections I, II, III; Ratee Identification Data, Unit Mission Description, and Job Description. Enter the same information as on AF Form 707, *Officer Performance Report (Lt thru Col)*.

10.2.5.3.2. Section IV, Qualification Recommendation. The first general officer or civilian equivalent in the rating chain may seek advice and information from current and past supervisors and commanders. Comments are required for a "Definitely Qualified" recommendation, and should be commensurate with the rank order provided in Section V. Comments must substantiate, amplify and explain the "Definitely Qualified" recommendation. Comments are not required for other recommendations.

10.2.5.3.3. Section V, Group Size. Rank officers by competitive category. For officers who rated "Definitely Qualified," show the officer's rank order among the number of "Definitely Qualified" officer ratings out of the total number of eligible officers in the management level and competitive category. **Example:** for an officer, who ranks second of the six "Definitely Qualified" ratings awarded in a competitive category with 25 total eligible officers, write 2/6/25. For officer ratings of "Qualified" or "Not Qualified This Board," leave this section blank or "NA" may be entered. If an officer is given a "Definitely Qualified" ranking, only DAF Forms 3559 marked with a 3-digit number will be accepted.

10.2.5.3.4. Section VI, Date of Rank. The service member's date of rank.

10.2.5.3.5. Section VII, Board ID. The Board ID will be identified in the Reserve Brigadier General Qualification Board announcement message published by AF/REG.

10.2.5.3.6. Section VIII, Competitive Category. Use a 1-letter code:

10.2.5.3.6.1. Line of the Air Force—A.

10.2.5.3.6.2. Judge Advocate—J.

10.2.5.3.6.3. Chaplains—C.

10.2.5.3.6.4. Dental Corps—D.

10.2.5.3.6.5. Medical Corps—M.

10.2.5.3.6.6. Nurse Corps—N.

10.2.5.3.6.7. Medical Service Corps—S.

10.2.5.3.6.8. Biomedical Sciences Corps—W.

10.2.5.3.7. Section IX, Overall Recommendation. The first general officer or civilian equivalent in the rating chain marks one of the three recommendations. This recommendation does not carry over to future boards.

10.2.5.3.7.1. Definitely Qualified: The officer has demonstrated potential for immediate assignment to a general officer positions.

10.2.5.3.7.2. Qualified: The officer makes valuable contributions to the mission and has potential for assignment to a general officer position.

10.2.5.3.7.3. Not Qualified This Board: Do not recommend the officer for a general officer position at this time.

10.2.5.3.8. Section X, Senior Rater/Head of Management Recommendation. The first general officer or civilian equivalent in the rating chain must complete this section for all reservists.

10.2.5.4. Send the completed DAF Forms 3559 to AF/REG, via email to AF.REG.WORKFLOW@US.AF.MIL, no later than 45 days before the board meets. Each organization is responsible for providing a copy of the completed DAF Form 3559 to its eligible officers.

10.3. Initial Assignment to a General Officer Position.

10.3.1. Eligibility. Only colonels selected by the Reserve Brigadier General Qualification Board are eligible for a reserve general officer position.

10.3.2. Reporting Official. The Reporting Official is the official (usually the ratee's immediate supervisor) designated by management. Upon assignment to a general officer position the reporting official will:

10.3.2.1. Closely monitor each newly assigned officer for 120 days after the reporting date.

10.3.2.2. Encourage the officer to maximize their annual tour and initial active duty training participation during the 120 day period.

10.3.2.3. Prepare an Air Force directed AF Form 707 at the end of 120 days of assignment in new position. Include a mandatory statement in Section VI recommending the officer continues in, or be reassigned out of the general officer position.

10.4. Reassignment Out of a General Officer Position. Individuals in the grades of Brigadier General and Major General must serve satisfactorily in the SelRes in that grade for a period of not less than 3 years in order to retire in grade (10 USC § 1370, *Commissioned Officers: General Rule; Exceptions*). **(T-0)**.

10.4.1. Reserve General Officer Cadre. Age, experience, and time in grade should balance the reserve general officer cadre. The flow of officers through the general officer grades should be relatively constant. When reassigning general officers to the Standby Reserve, the AF/RE will consult with the senior rater and consider the following specific criteria: time-in-grade, promotion eligibility, particular skill qualifications, the best interest of the Air Force, any misconduct or inefficiency, ineligibility for promotion, and failure to report information relating to fitness for promotion to include arrests, convictions other than minor traffic offenses, and misconduct.

10.4.2. Approval of Reassignment. AF/A1 approves the reassignment of all Reserve general officers and colonels in general officer positions.

10.4.3. Instructions for Reassignment. Reassign general officers, in grade, to Inactive Status List Reserve Section of the Standby Reserve, within 30 days after they leave their position, per 10 USC § 14314(a), *Army and Air Force Commissioned Officers: Generals Ceasing to Occupy Positions*, and § 12771, *Reserve Officers: Grade on Transfer to Retired Reserve*, or if they become a key employee. Officers who qualify may request transfer, in grade, to the Retired Reserve in accordance with DAFI 36-3211, or may be appointed in the Reserve grade held before appointment to a general officer grade.

Chapter 11

AFR INDIVIDUAL READY RESERVE (IRR), REASSIGNMENTS AND TEMPORARY RELEASES

11.1. Propriety of Assignments. Involuntary reassignment from the Selected Reserve, including ANG, for cause, is generally inappropriate. Use involuntary reassignment only as a last resort. Initiate involuntary reassignment for cause or derogatory reasons only after all appropriate disciplinary and/or administrative actions have been taken and documented. Consider exceptions to these policies on a case-by-case basis. AFRC/A1 (for unit program), HQ RIO/CC (for IR program), and ANG Readiness Center NGB/A1 (for ANG members), must consider the best interests of the Air Force before granting waivers to any of these policies. In some cases, granting waivers will allow individuals to fall under other reserve programs, such as sanctuary. See [Chapter 17](#) and AFI 36-2606, before allowing an individual to remain in a current assignment if discharge or reassignment is more appropriate. Process all waiver requests through the appropriate channels. In this part of this AFI, members of both ARC units will be referred to as “unit members.” (T-2).

11.1.1. Denial of Reassignment Requests. Commanders must deny “voluntary” requests for reassignment to ARPC resource pools (IRR, Standby Reserve, or Retired Reserve) when discharge is more appropriate.

11.1.1.1. Keep these members in their unit or IR position during investigation.

11.1.1.2. If the investigation and/or information verifies an offense or disqualifying condition exists, initiate action to discharge in accordance with DAFI 36-3211 by initiating the involuntary reassignment to ARPC for purposes of discharge (see [paragraph 11.5](#) and [Table 12.3](#), rule 9) or involuntarily reassign member to ARPC for another reason specified in [Table 12.3](#), if discharge action is deemed inappropriate.

11.1.1.3. Debrief members with access to SCI.

11.1.2. Unexcused Absences (Unit Program). Commanders reassign or discharge members who have nine or more unexcused absences from scheduled training periods within a 12-month period. Discharge members determined by the commander to have no further potential for useful service if mobilized. Members eligible for retirement may request retirement in lieu of involuntary reassignment or discharge. See [paragraph 11.5](#) and [Table 12.3](#) for involuntary reassignment procedures and DAFI 36-3211 for discharge procedures. PALACE CHASE obligated members are processed in accordance DAFI 36-3211.

11.1.3. Unsatisfactory Participants. Unit commanders may only keep unsatisfactory participants if the manning guidance permits. Commanders or HQ RIO Det/CCs provide MPF or HQ ARPC/DPAA with a written statement that the member is needed to achieve the unit’s mobilization mission. Include the commander’s or HQ RIO Det/CC’s justification letter in the documentation filed in the member’s electronic record. The letter must explain why the member failed to meet participation requirements.

11.1.4. Failure to Meet Fitness Standards. IRs maintaining an unsatisfactory fitness level after a second 90-day period are referred to the commander of the unit of assignment or attachment for appropriate action per DAFMAN 36-2905 (see [Table 12.3](#), rule 4).

11.1.5. Officers through the grade of major twice deferred for promotion.

11.1.5.1. These officers cannot be involuntarily transferred from an active status if the officer is eligible for reserve or active duty sanctuary, except for cause or physical disqualification (see [paragraph 9.1.3](#)). They may also be retained in the SelRes if the officer is to be considered for continuation; however, they may not be retained beyond the dates stated in this AFI.

11.1.5.2. ARPC/DPT discharges or reassigns twice-deferred first lieutenants and captains, who are not retained in the SelRes or who are not selected for continuation. Discharge or reassignment must take place no later than the first day of the seventh month after the month in which the President approves the report of the board that considered the officer for the second time.

11.1.5.3. ARPC/DPT discharges or reassigns twice-deferred majors, who are not retained in the SelRes or who are not selected for continuation. Discharge or reassignment must take place no later than the first day of the month after the month in which the officer completes 20 years of commissioned service or the first day of the seventh month after the month in which the President signs the list, if the officer has already reached 20 years of commissioned service. The officer is reassigned to:

11.1.5.3.1. The NARS-Non Obligor (NA), if the SecAF determines that the officer has skills, which may be required to meet the mobilization needs of the Air Force.

11.1.5.3.2. The NARS-Sanctuary (NC), if the member is eligible for sanctuary and elects not to be retained in the SelRes.

11.1.5.3.3. The Retired Reserve if the member is eligible.

11.1.5.3.4. Twice deferred officers that are not transferred to the NARS or the Retired Reserve, or not considered or selected for continuation, will be discharged.

11.2. Reassignment for Medical Reasons. To operate efficiently the Air Force must protect the health and safety of its military personnel.

11.2.1. IRs with expired Reserve Component Physical Health Assessment requirements will be restricted from participation (except for the purpose of obtaining their current exam). Members with any expired Individual Medical Readiness requirements in accordance with DAFMAN 48-123 are subject to involuntary reassignment to a non-participating status, (see [Table 12.3](#), rule 7). (T-2).

11.2.2. Expired Individual Medical Readiness Requirements. Unit Reservist should be involuntarily discharged if they have any expired Individual Medical Readiness requirements, in accordance with DAFI 36-3211. However, if the commander, for good cause, declines to initiate involuntary discharge, can initiate involuntary reassignment action in accordance with [paragraph 11.5](#) and [Table 12.3](#), Rule 7 if a member fails to complete the Individual Medical Readiness requirements or provide documentation as required or directed.

11.3. Responsibilities for Medical Reassignment from the Ready to the Standby Reserve.

11.3.1. MPF commanders or RIO Det/CCs will personally review all reassignments and send case files through command channels via secure/properly marked communications.

11.3.2. Each reviewing official ensures the confidentiality of the case file.

11.3.3. The appropriate MPF section updates assignment limitation code “C” and deployment availability code “41” for members in Ready Reserve and in the active section of Standby Reserve.

11.3.4. The unit commander coordinates these assignments with the medical unit commander or Human Immunodeficiency Virus designated physician (Human Immunodeficiency Virus cases only) at the medical unit responsible for providing medical support to the wing. The RIO Det/CC coordinates IMA/IR assignments with AFRC/SG.

11.3.5. The unit commander (if member is in a unit program) or RIO Det/CC (if member is in an IMA/IR program) pursues involuntary reassignment action in compliance with [paragraph 11.5](#) and [Table 12.3](#), rule 7. The memorandum recommending involuntary reassignment to ARPC must also state “no non-mobility positions are available.” (T-2).

11.3.6. **(Human Immunodeficiency Virus only)** The medical facility memorandum should include all correspondence telling the unit commander or RIO Det/CC of Human Immunodeficiency Virus test results and letters advising the member to contact the medical facility for counseling. If the member does not acknowledge receiving the medical facility letter, provide a copy of the certified mail receipt.

11.3.7. Return disapproved requests from any level to the unit commander or RIO Det/CC for further action.

11.3.8. The unit commander/RIO Det/CC sends the case file through the local Staff Judge Advocate, wing, or RSG, servicing MPF, and NAF (officers only) to AFRC/A1L for unit personnel and AFRC/SG for IMA/IR personnel.

11.3.8.1. Case files include:

11.3.8.1.1. The member’s grade, name, and SSN (last 4).

11.3.8.1.2. Statement that no non-mobility positions are available.

11.3.8.1.3. Commander’s or RIO Det/CC’s memorandum notifying the member of initiation of involuntary reassignment.

11.3.8.1.4. Member’s memorandum acknowledging notification of initiation of involuntary reassignment or evidence of notification attempts in compliance with [paragraph 11.5](#).

11.3.8.1.5. Member’s rebuttal, if provided.

11.3.8.1.6. Commander’s/RIO Det/CC’s memorandum to the approval authority recommending involuntary reassignment.

11.3.8.1.7. AF Form 422.

11.3.8.1.8. All medical facility correspondence.

11.3.8.1.9. **(Human Immunodeficiency Virus cases only)** Copy of Human Immunodeficiency Virus-positive test results.

11.3.8.1.10. Any letters of counseling.

11.3.8.1.11. Any other pertinent documentation.

11.3.8.2. AFRC/A1 (unit) or AFRC/SG (IMAs/IR) sends final disposition instructions to the members unit or RIO Det/CC. If AF Form 422 is in the unit participation folder, excused absence requests are not needed.

11.3.9. Human Immunodeficiency Virus.

11.3.9.1. Reassign members testing Human Immunodeficiency Virus positive to the Standby Reserve, active section, only if the Ready Reserve cannot effectively employ them.

11.3.9.2. AFRC/A1 (for unit members) or the RIO Det/CC (for IR members) makes this determination on a case-by-case basis.

11.3.9.3. AFRC/A1L (for unit) or ARPC/DPA (for IMA/IR) updates the assignment in the PDS.

11.3.9.4. The losing MPF (unit program) tells the member of the new assignment and publishes orders with the following statement: "Do not reassign member to the unit program without AFRC/A1 approval." For the IR program, the RIO Det/CC will inform the member of the assignment. ARPC/DPAA will publish the orders with the following statement "Do not reassign member to the IR program without AFRC/A1 approval." Process assignment requests quickly to ensure the member's due process.

11.3.9.5. Members assigned to Standby Reserve may apply for non-mobility positions if:

11.3.9.5.1. A requirement exists.

11.3.9.5.2. The member is otherwise qualified.

11.3.9.5.3. AFRC/SG medically certifies them for unit or IMA/IR affiliation.

11.3.9.6. Direct individuals wishing to join the AFR to the nearest reserve recruiter for processing.

11.4. PALACE CHASE. Do not reassign a PALACE CHASE obligated member from the Selected Reserve to ARPC without approval from AFPC/DP2STM. **(T-2).** See DAFI 36-3211 for processing procedures.

11.5. Involuntary Reassignments to ARPC. The unit commander (if member is in a unit program) or HQ RIO/CC (if member is in an IMA/IR program) will determine whether the member meets all position, unit, or individual program requirements by examining and evaluating any information received that indicates a member should be considered for involuntary reassignment. **(T-2).**

11.5.1. Notification of Initiation of Involuntary Reassignment. If the commander or RIO Det/CC determines grounds exist to warrant initiation of involuntary reassignment action, a Memorandum of Notification of initiation of involuntary reassignment action is sent to the member. The commander or RIO Det/CC must ensure the Memorandum of Notification includes:

11.5.1.1. A description of all reasons for such action, to include identification of the applicable narrative reasons listed in **Table 12.3.** **(T-3).**

11.5.1.2. A statement that if the involuntary reassignment is approved, it will result in the member's involuntary reassignment to the IRR or Standby Reserve, whichever is applicable. **(T-3)**.

11.5.1.3. Copies of all supporting documents. See [paragraph 11.5.6](#) for handling instructions for certain types of information. **(T-3)**.

11.5.1.4. An explanation of the member's right to consult with appointed military legal counsel at no cost or consult with civilian counsel of their choice, but at their own expense. **(T-3)**.

11.5.1.5. A statement of the member's right to submit statements or documents to be considered in the disposition of the case. **(T-3)**.

11.5.1.6. A statement that within 24 hours after receipt of the Memorandum of Notification the member must execute and return the memorandum for acknowledging receipt of the Memorandum of Notification. **(T-3)**.

11.5.1.7. A statement that failure to acknowledge receipt of the Memorandum of Notification or to respond within 15 calendar days after receipt of the Memorandum of Notification will constitute a waiver of rights, with the result that the case will be processed based on the information available, and without further notice to the member. **(T-3)**.

11.5.1.8. For ARTs. A statement advising member of removal from their ART position if approved for involuntary reassignment.

11.5.1.9. For members eligible to transfer to Retired Reserve. A statement of member's right to apply for transfer to Retired Reserve in lieu of involuntary reassignment.

11.5.2. Delivery of the Memorandum of Notification. When feasible, the Memorandum of Notification should be personally delivered to the member. The delivering official obtains a written acknowledgment of receipt of the Memorandum of Notification. If the member refuses to acknowledge receipt, the delivery official makes an annotation to that effect on the receipt, including date and approximate time of actual delivery of the Memorandum of Notification. The receipt is placed in the case file.

11.5.2.1. When personal delivery is not feasible, the Memorandum of Notification is sent by certified mail, return receipt requested, to the member's last known address. The Memorandum of Notification is also sent by first class mail when attempts to deliver the Memorandum of Notification by certified mail are unsuccessful. An equivalent form of notice may be used if such service by U.S. mail is not available for delivery to an address outside the US.

11.5.2.2. If the postal service returns the Memorandum of Notification without indicating a more current address, file the returned envelope in the case. If an address correction is received from the postmaster or if a returned envelope discloses a more current address, update the record and send the Memorandum of Notification to the member at that address as set forth in [paragraph 11.5.2.1](#) The Affidavit of Service by Mail is completed and filed in the case file when attempts to deliver the Memorandum of Notification by certified and first class mail are unsuccessful.

11.5.3. Processing the Case File to the Approval Authority. The member is notified of involuntary reassignment action in accordance with paragraphs 11.5.1 through 11.5.2.2. Members are provided the opportunity to consult with legal counsel and submit statements or documents on their behalf. The unit commander (Unit Program) or RIO Det/CC (IR Program) reviews statements or documents if submitted by the member or counsel to determine whether or not to continue involuntary reassignment action. If the unit commander (Unit Program) or RIO Det/CC (IR program) elects to continue involuntary reassignment action, the case file is processed through the servicing Staff Judge Advocate and appropriate chain of command to the approval authority listed in Table 12.3.

11.5.3.1. Legal Review. The servicing Staff Judge Advocate reviews the case for legal sufficiency and provides findings and recommendations to the approval authority.

11.5.3.2. Approval Authority. The approval authority reviews the case ensuring it properly substantiates all facts and determines appropriate action.

11.5.3.2.1. If involuntary reassignment is warranted, approve the case and notify the member.

11.5.3.2.2. When involuntary reassignment is not warranted, notify the member and close the case.

11.5.3.2.3. If administrative discharge is warranted, process in accordance with DAFI 36-3211.

11.5.4. Processing Time Goals. Once involuntary reassignment action has been initiated, it is usually in the best interest of both the member and the AFR to process the cases as expeditiously as possible. Commanders should monitor the effectiveness of involuntary reassignment programs under their control to ensure cases are processed without undue delay.

11.5.5. When reassigning an IMA or participating Individual Ready Reservist for cause:

11.5.5.1. The RIO Det/CC, not to be delegated to a lower level of authority, sends the reassignment request to ARPC/DPA along with the completed case file.

11.5.5.2. ARPC/DPA informs ARPC OPRs and the Reserve Accounting and Finance Office of reassignment action to the NARS-(NA or NB) for discharge action. Case file is forwarded to ARPC/DPT to begin tracking the case for separation.

11.5.6. Reports Requiring Special Handling:

11.5.6.1. Handle reports furnished through the AFOSI channels according to instructions in AFI 71-101 V1, *Criminal Investigations Programs*, AFI 71-101 V2, *Protective Service Matters*, and AFI 71-101 V4, *Counterintelligence*.

11.5.6.2. Comply with the procedures in AFMAN 41-210, in handling or releasing reports of medical examinations and physical or psychiatric evaluation.

11.5.6.3. Hold Defense Security Service reports that contain unfavorable information in the member's special security file as required by DoDM 5200.02_AFMAN 16-1405.

11.5.6.4. Refer to DoDM 5200.02_AFMAN 16-1405 for guidance on protecting and safeguarding classified information that may become part of discharge proceedings.

11.5.6.5. Handle reports furnished through the Inspector General channels according to the instructions in AFI 90-301, *Inspector General Complaints Resolution*.

11.6. Voluntary Reassignments Within or from the Ready Reserve. Members request reassignment by DAF Form 1288 or a personal letter to the unit commander (unit program) or RIO Det/CC (IR programs). The wing commander or equivalent (unit program), or RIO Det/CC (IR programs) is the approval authority for voluntary requests for reassignment from the unit to the IR program. Any commander in the chain of command (unit program) or the RIO Det/CC (IR programs) can disapprove a request for reassignment and must notify the member with the reasons for disapproving the request. **(T-3)**.

11.6.1. Approved requests for voluntary reassignment from the unit or IMA program must have an effective date of change of strength accountability not earlier than 6 months from the date requests are approved. **(T-3)**. (**Note:** Does not apply to the Participating Individual Ready Reserve program.). The 6-month projected effective date of change of strength accountability requirement does not apply to the following transfers:

11.6.1.1. Transfers to any RegAF component.

11.6.1.2. Transfers to any AGR or EAD tour.

11.6.1.3. Transfers within the unit program.

11.6.1.4. Transfers from the unit program to the IMA program.

11.6.1.5. Transfers within the IMA program.

11.6.1.6. Transfers from the IMA program to the unit program.

11.6.1.7. Transfers to the IRR based on elapsed ETS with remaining MSO.

11.6.1.8. **(Added)** Transfers to the ANG.

11.6.2. Waiver of 6 Month Effective Date of Change of Strength Accountability Requirement. The wing commander or equivalent (unit program) or HQ RIO/CC (IMA program), if delegated the authority, can waive the 6-month projected effective date of change of strength accountability requirement. **(T-1)**.

11.6.3. Line IMA Colonel Reassignments. AF/REG must coordinate on any line IMA colonel reassignment. A line IMA colonel with less than 1 year of satisfactory service in a position requesting voluntary reassignment to a new position will require written justification from the current RIO Det/CC and approval by AF/REG. **(T-2)**. **Exception:** Position has been transferred or downgraded.

11.7. Temporary Release from Participating in Reserve Training. Unit commanders or HQ RIO/CC may grant a one-time release from Reserve training to non-prior service Airmen who have completed initial active duty training and have an unexpired MSO. The release may be as long as 30 months if reserve training conflicts with a temporary non-military delay, religious missionary obligation, or the member serves in the Peace Corps. (see [Table 12.2](#), rule 20).

11.7.1. Reenlistment. Members must reenlist for the total time of the temporary release plus the time left on their MSO.

11.7.2. Release Request. Members send their requests to their unit commander or RIO Det/CC for release. The application must include certification by the member's employer, sponsor, or recognized religious denomination that the obligation is valid and essential to the individual's career development. **(T-3)**. If the basis of the request is to pursue higher education, the application must include a statement from the school about the type of degree and graduation date. **(T-3)**.

11.7.3. Approval or Denial. Unit commanders or RIO Det/CCs inform the servicing MPF (unit program) or ARPC/DPA (IR program) whether they approve or deny the request. The MPF (unit program) or ARPC/DPTSC (IR program) reenlists applicants per AFI 36-2606. Discharge does not end the MSO.

11.7.4. Statement of Understanding. Before reenlistment, the member signs a Statement of Understanding and Agreement, showing the same enlistment period as the DD Form 4, *Enlistment/Reenlistment Document-Armed Forces of the United States*. Permanently attach this statement to the DD Form 4.

11.7.5. The MPF sends the DD Form 4, orders, and the member's field record group to AFPC/DPSIR within 5 days after reenlistment, and the health records group to Department of Veterans Affairs, Record Management Center, 4800 Goodfellow, Bldg. 3, 2nd Floor, St Louis MO 63120.

11.7.6. Reassign members according to [Table 12.2](#), rule 20.

11.7.7. End of Temporary Release. When the temporary obligation ends, members:

11.7.7.1. Immediately notify ARPC/DPTSC and report their addresses.

11.7.7.2. Are subject to the same assignment, training, and rules as all other non-prior service obligated members.

Chapter 12

IRR AND STANDBY ASSIGNMENTS

12.1. Military Service Obligation (MSO). The MSO is a statutory service requirement and the basis for which a member may be involuntarily ordered to AD. The MSO will start when an individual first attains military status. **(T-2).**

12.1.1. End of MSO. Discharge or complete severance from military status ends the MSO. Discharge immediately followed by enlistment, re-enlistment, appointment, or re-appointment to the Armed Forces does not end the MSO. Additional service after such discharge is counted towards completing the MSO.

12.1.2. Void Enlistment or Appointment. A person whose enlistment or appointment is void because of minority (underage) does not get an MSO. Service deemed honorable by the SecAF under a voided minority enlistment earns credit toward completing a MSO later, but does not change the terms of later enlistment.

12.1.3. Time Served Prior to Commissioning. Prior to commissioning, time served as a service academy cadet or midshipman, in an AFROTC financial assistance program, or in AFROTC advanced training, counts towards the MSO of members concurrently in a reserve component. However, once commissioned, the member's 8-year MSO is restarted. **Exception:** An officer appointed from AFROTC advance training (non-scholarship) shall have an MSO of 8 years from date of appointment minus any prior enlisted service before entering into AFROTC advance training.

12.2. Individuals Reassigned to the IRR and Standby Reserve. Reassign members released from active duty and the Ready Reserve (including ANG members) to the IRR or the Standby Reserve per Table 12.2 or 12.3. **(T-2).** Participation and training are allowed only under the guidelines of AFMAN 36-2136.

12.3. Classification of IRR Sections. Members of the IRR are divided into several training categories. These categories are grouped into 4 IRR sections: the Obligated Reserve Section (ORS), the Ready Reinforcement Personnel Section, the Non-obligated Non-participation Ready Personnel Section, and Special Professional Education and Stipend Programs.

12.3.1. Obligated Reserve Section. This section includes two categories:

12.3.1.1. Obligated Reserve Section-RA is for members who have a remaining MSO. Qualified Obligated Reserve Section-RA members may volunteer for participating Ready Reserve positions.

12.3.1.1.1. Members who request transfers because of pregnancy or personal reasons, such as job or school conflicts, IRR bonus recipients, and PALACE CHASE members are assigned to the Obligated Reserve Section-RA until their MSO ends.

12.3.1.1.2. Assign individuals to the Non-Obligated Non-Participating Ready Personnel Section when they complete their MSO, or while they await reassignment to a participating program, or ETS. Eligible PALACE CHASE members may be involuntarily reassigned to participating positions per Expeditionary Manpower Management.

12.3.1.2. Obligated Reserve Section-RC is for members with EAD commitments. The Obligated Reserve Section-RC includes officers who are:

12.3.1.2.1. Graduates of professional training programs on approved educational delays.

12.3.1.2.1.1. Physicians released from active duty for specialty training.

12.3.1.2.1.2. Appointed to any chaplain, Judge Advocate, or health services program and awaiting EAD orders.

12.3.1.2.1.3. AFROTC graduates on approved educational delays awaiting EAD orders.

12.3.1.2.1.4. Graduates of the Health Professions Scholarship Program awaiting EAD orders.

12.3.1.2.2. Enlisted members assigned to the Obligated Reserve Section-RC are:

12.3.1.2.2.1. In the college scholarship program or the professional officer course of the AFROTC per DAFMAN 36-2032, and PDS shows they belong to a specific AFROTC detachment and school.

12.3.1.2.2.2. Enlisted to attend the USAF Academy per DAFI 36-3501, *United States Air Force Academy Operations*.

12.3.1.3. Reassign officers assigned to the Obligated Reserve Section-RA who complete their MSO to the Non-Obligated Non-Participating Ready Personnel Section, unless they:

12.3.1.3.1. Qualify for, volunteer for, or accept assignment to another Ready Reserve position.

12.3.1.3.2. Meet the criteria for assignment to the Standby Reserve, or

12.3.1.3.3. Resign their commission.

12.3.2. Ready Reinforcement Personnel Section (MT). The Ready Reinforcement Personnel Section (MT) is an IRR section made up of line members, including reserve component and prior service individuals who applied for SelRes positions and found no vacancies or when other assignment options are not available or acceptable. Access individuals with no current air component status to the OCONUS Ready Reinforcement Personnel Section only. Individuals promoted to grades above major who lose their SelRes position may serve their remaining obligation (3 years after the promotion effective date) in the Ready Reinforcement Personnel Section. Members seeking colonel positions must notify AF/REG. Individuals who lose their unit or IMA positions through no fault of their own also qualify for a Ready Reinforcement Personnel Section assignment, if RIO Det/CC determines member is eligible. Personnel entering the Ready Reinforcement Personnel Section must have an approved training attachment. Upon receipt of the application, ARPC/DPA will notify the RIO Det/CC of initial designation of attachment. Non-line members may be accepted in similar centrally managed points only programs. For changes to a training attachment after the initial assignment, the member must follow the provisions in AFMAN 36-2114, and ARPC/DPAA must be notified of any change in attachment.

12.3.2.1. Members may stay in the Ready Reinforcement Personnel Section for only 3 years. Once assigned and attached, members must earn a minimum of 35 non-paid points per year, 16 of which must be Inactive Duty Training/Active Duty for Training (see AFMAN 36-2136 for participation requirements). HQ RIO/CC may extend the 3 year maximum upon a favorable recommendation from the unit of attachment and/or HQ RIO Det/CC. Assign individuals who have reached the maximum time in the Ready Reinforcement Personnel Section with no retention waiver to the Non-Obligated Non-Participating Ready Personnel Section or Obligated Reserve Section, as appropriate. Officers promoted to grades above major are eligible for retirement and are mandatorily reassigned to a non-participating status after completion of 3 satisfactory years.

12.3.2.2. Do not reassign to the Ready Reinforcement Personnel Section members whose performance is substandard, or who have unsatisfactory participation. Consider Ready Reinforcement Personnel Section assignments for individuals in the Inactive Status List Reserve Section for the first time, on a case-by-case basis. Do not consider individuals twice assigned to Inactive Status List Reserve Section for Ready Reinforcement Personnel Section assignments.

12.3.2.3. Members assigned to the Ready Reinforcement Personnel Section who refuse a SelRes assignment must send written justification to HQ RIO Det/CC. HQ RIO Det/CC requests reassignment of the member to the Non-Obligated Non-Participating Ready Personnel Section or Obligated Reserve Section, as appropriate, if justification is insufficient.

12.3.2.4. For personnel living overseas, assignment depends on host-country Status of Forces Agreement that permit military training including:

12.3.2.4.1. Air Force Institute for Advanced Distributed Learning.

12.3.2.4.2. Training attachment.

12.3.2.4.3. Other military training courses.

12.3.3. The Non-Obligated Non-Participating Ready Personnel Section-RD is made up of officers and enlisted personnel without a MSO who qualify for duty worldwide, are mobilization filler resources and is defined in AFMAN 36-2114.

12.3.3.1. Assign officers to the Non-Obligated Non-Participating Ready Personnel Section when:

12.3.3.1.1. They complete their MSO while in the Obligated Reserve Section and do not apply for and obtain participating Reserve assignments.

12.3.3.1.2. Strength adjustments or non-selection for indefinite Reserve status occur.

12.3.3.1.3. They do not meet requirements of participating Reserve assignments.

12.3.3.1.4. They receive waivers after release from EAD per DAFI 36-3211 and are in transition.

12.3.3.1.5. They refuse a SelRes assignment while in the Ready Reinforcement Personnel Section without sufficient justification or complete 3 years in the Ready Reinforcement Personnel Section without transferring to a participating program or getting an extension.

12.3.3.1.6. They request reassignment from a SelRes assignment because of pregnancy or personal reasons, such as job or school conflict, and they expect to return to the SelRes.

12.3.3.1.7. They are twice passed over for promotion and received separation pay as an officer on active duty.

12.3.3.1.8. They are regular commissioned officers who received a separation pay entitlement.

12.3.3.2. Assign enlisted members to the Non-Obligated Non-Participating Ready Personnel Section when:

12.3.3.2.1. They do not meet requirements of participating Reserve assignments per AFMAN 36-2136.

12.3.3.2.2. They receive IRR bonuses and have no MSO.

12.3.3.2.3. Reassignment to non-participating status occurs for any reason that does not require reassignment to Standby Reserve.

12.3.3.2.4. Member fails to enroll in the appropriate PME within 6 months after being assigned to a higher graded position.

12.3.3.2.5. Member fails to complete PME within the time limits prescribed by Air Force Institute for Advanced Distributed Learning.

12.3.3.3. Discharge officers from the Non-Obligated Non-Participating Ready Personnel Section if they do not get a participating assignment after 2 years (Separation Pay recipients after 3 years) unless they are eligible for a reserve retirement. Members eligible for a reserve retirement are reassigned if they fail to participate for 1 year. A one-time waiver of this requirement may be made by the SecAF. Enlisted members are discharged upon ETS.

12.3.4. Special Professional Education and Stipend Programs include members with an MSO, a portion of which will be an ADSC the member must serve before any Reserve obligation can be repaid. **(T-0)**. Refer to DoDI 6000.13_DAFI 41-110, *Medical Healthcare Professions Scholarship Programs*, for program eligibility criteria, application and participation process.

12.4. Classification of Standby Reserve Sections. NARS and the Inactive Status List Reserve Section make up the Standby Reserve. **Table 12.1** explains how to make assignments to the Standby Reserve. Standby Reserve members will apply for reassignment to participating Ready Reserve status or be assigned to the Obligated Reserve Section or Non-Obligated Non-Participating Ready Personnel Section when the reason for assignment to the Standby Reserve no longer exists. **(T-2)**.

12.4.1. NARS is the active Standby Reserve and includes four categories: NARS-NA, NARS-NB, NARS-Sanctuary (NC), and NARS-ND.

12.4.1.1. NARS-NA members have no MSO, and:

12.4.1.1.1. Have a hardship (personal/community).

12.4.1.1.2. Are twice deferred officers, not in sanctuary, or

12.4.1.1.3. Are pending discharge for cause.

12.4.1.2. NARS-NB members with an MSO and:

12.4.1.2.1. Meet the same criteria as NARS-NA under [paragraph 12.4.1.1](#).

12.4.1.2.2. Are Key Employees.

12.4.1.2.3. Have Non-Military Delays/Religious Obligations.

12.4.1.2.4. May have requested assignment to the Standby Reserve. When they complete their MSO, individuals are assigned to the Inactive Status List Reserve Section to await reassignment to a participating program or ETS.

12.4.1.3. NARS-NC members:

12.4.1.3.1. Are eligible for Reserve sanctuary.

12.4.1.3.2. Have 18 satisfactory years for retirement and may stay up to 3 years after their transfer from active status.

12.4.1.3.3. Have 19 satisfactory years for retirement and may stay up to 2 years after their transfer from active status. **Note:** Do not keep members in NARS-NC, who have 20 satisfactory years for paid retirement. Individuals may participate only for non-pay points through Air Force Institute for Advanced Distributed Learning courses or training attachments.

12.4.1.4. The NARS-ND includes reservists with or without an MSO who:

12.4.1.4.1. Are key employees, or appointed or elected officials.

12.4.1.4.2. Have requested assignment to continue participation. **Note:** These reservists must participate for non-pay points through training attachments or be reassigned.

12.4.2. The Inactive Status List Reserve Section-RB.

12.4.2.1. The Inactive Status List Reserve Section-RB, the Inactive Standby Reserve, consists of:

12.4.2.1.1. Members without an MSO who live or work in foreign countries where the Status of Forces Agreement prohibits Ready Reservists.

12.4.2.1.2. Dual Status officers.

12.4.2.1.3. Members who accepted separation pay from active duty after 3 years in the Non-Obligated Non-Participating Ready Personnel Section.

12.4.2.1.4. Members who have 20 satisfactory years for paid Reserve retirement but did not meet AFMAN 36-2136 participation requirements. Do not reassign these members to a participating assignment without a waiver.

12.4.2.1.5. Members who are on the Active Duty List, twice passed over for promotion and receive separation pay.

12.4.2.2. Reserve officers generally remain assigned to the Inactive Status List Reserve Section for 3 years after which time they should be discharged. The following is the criteria used for screening:

12.4.2.2.1. 3 years in the Inactive Status List Reserve Section.

12.4.2.2.2. An officer's AFSC on the Wartime Critical Military Skills List with the date assigned to the MPF plus 7 years or effective date of change of strength accountability to Inactive Status Reserve Section plus 3 years (whichever is latest).

12.4.2.2.3. The Mandatory Separation Date has expired.

12.4.2.3. Give officers who do not qualify for retention in the Inactive Status List Reserve Section the following options:

12.4.2.3.1. Apply for transfer to the Retired Reserve if eligible. See DAFI 36-3211.

12.4.2.3.2. Take a participating Ready Reserve assignment, if eligible.

12.4.2.3.3. Resign their commission.

Table 12.1. Military Service Obligation (MSO).

R U L E	A	B	C
	If the member initially became a member of an Armed Force	And is a	Then the MSO is
1	On or after 10 August 1955 in a Reserve component upon completing an officer training program and serving 3 to 6 months Active Duty for Training in lieu of 2 or more years EAD	Male officer (before his 26th birthday)	8 years.
2	On or after 1 February 1978 in a Reserve component after completing an officer training program and serving 3 to 6 months Active Duty for Training instead of 2 or more years EAD	Female officer (before her 26th birthday)	8 years.
3	Between 10 August 1955 and 10 November 1979 Exception: those members covered in block 1	Male, officer or enlisted (before his 26th birthday)	6 years.
4	Between 1 February 1978 and 10 November 1979 Exception: those members covered in block 2	Female, officer or enlisted (before her 26th birthday)	6 years.
5	On or after 11 November 1979 and through 31 May 1984 Exception: those members covered in blocks 1 and 2 (see note).	Male or female, officer or enlisted, regardless of age	6 years.
6	On or after 1 June 1984	Male or female, officer or enlisted, regardless of age	8 years.
Note: Between 1 October 1979 and 31 May 1984, if an enlisted member entered through the Delayed Enlistment Program, MSO began upon entry on AD.			

Table 12.2. Reassignments to the Ready Reserve and Standby Reserve (Use Rule 1 if the reason for reassignment is not precisely defined in another rule).

R U L E	A	B	C	D	E	F	G
	If the reason for reassignment is	And member is obligated, assign to Reserve Section	And member is non-obligated, assign to Reserve Section	Use Assignment Action Reason	And award AAC and date	Approval authority unit	Approval authority for IR program
1	Volunteer for reassignment to ARPC	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	RU		Wing CC or equivalent	RIO/CC
2	Military skills not utilized	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	3K		Wing CC or equivalent	RIO/CC
3	Lack of skill training (hands on training)	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	SL		Wing CC or equivalent	RIO/CC
4	Conflict within unit	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	SM		Wing CC or equivalent	RIO/CC

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RULE	A	B	C	D	E	F	G
	If the reason for reassignment is	And member is obligated, assign to Reserve Section	And member is non-obligated, assign to Reserve Section	Use Assignment Action Reason	And award AAC and date	Approval authority unit	Approval authority for IR program
5	Promotion stagnation	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	SN		Wing CC or equivalent	RIO/CC
6	Lack of recognition or awards	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	SO		Wing CC or equivalent	RIO/CC
7	Excessive outside demands for continued participation	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	SP		Wing CC or equivalent	RIO/CC
8	Quality of life in the AF Reserve was not what I expected	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	SQ		Wing CC or equivalent	RIO/CC

R U L E	A	B	C	D	E	F	G
	If the reason for reassignment is	And member is obligated, assign to Reserve Section	And member is non-obligated, assign to Reserve Section	Use Assignment Action Reason	And award AAC and date	Approval authority unit	Approval authority for IR program
9	Misled about AFSC responsibilities/duties	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	Specialized Training		Wing CC or equivalent	RIO/CC
10	Excessive mission demands	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	SU		Wing CC or equivalent	RIO/CC
11	Excessive ancillary training	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	SV		Wing CC or equivalent	RIO/CC
12	Career dissatisfaction	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	SW		Wing CC or equivalent	RIO/CC

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R U L E	A	B	C	D	E	F	G
	If the reason for reassignment is	And member is obligated, assign to Reserve Section	And member is non-obligated, assign to Reserve Section	Use Assignment Action Reason	And award AAC and date	Approval authority unit	Approval authority for IR program
13	Lack of civilian employer support	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	SX		Wing CC or equivalent	RIO/CC
14	Conflict with civilian school	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	QI		Wing CC or equivalent	RIO/CC
15	Conflict with civilian employment	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	QJ		Wing CC or equivalent	RIO/CC
16	Conflict with family	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	QK		Wing CC or equivalent	RIO/CC

RULE	A	B	C	D	E	F	G
	If the reason for reassignment is	And member is obligated, assign to Reserve Section	And member is non-obligated, assign to Reserve Section	Use Assignment Action Reason	And award AAC and date	Approval authority unit	Approval authority for IR program
17	Civilian airline industry	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	QL		Wing CC or equivalent	RIO/CC
18	Personal or community hardship (see note 1)	NARS-NB	NARS-NA	R6-personal R9-community	SP (24 months)	Wing CC or equivalent	RIO/CC (IRR)
19	Ministry studies	NARS-NB	NARS-NA	RN	SS (1 year)	Wing CC or equivalent	RIO/CC (IRR)
20	Temporary nonmilitary delay, religious obligation, or Peace Corps (enlisted only)	NARS-NB	NARS-NA	RX	SG (30 months)	Wing CC or equivalent	RIO/CC (IRR)
21	Change of residence	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	R5		Wing CC or equivalent	RIO/CC

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RULE	A	B	C	D	E	F	G
	If the reason for reassignment is	And member is obligated, assign to Reserve Section	And member is non-obligated, assign to Reserve Section	Use Assignment Action Reason	And award AAC and date	Approval authority unit	Approval authority for IR program
22	Pregnant member requests reassignment	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	R4	81 (determined by delivery date)	Wing CC or equivalent	RIO/CC
23	Sanctuary member not retained in SelRes assignment		NARS-NCRR			ARPC/DPTS	ARPC/DPTTS
24	Member has 20 satisfactory years of service for paid Reserve retirement but requested reassignment		Inactive Status List Reserve Section-RB	SE	SQ (indefinite)	Wing CC or equivalent	RIO/CC
25	Elected or appointed official (see paragraph 9.16.1) (see note 2)	NB or ND NARS	RB Inactive Status List Reserve Section-RB Or NARS-ND	RI	SN (indefinite)	Wing CC or equivalent	RIO/CC

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R U L E	A	B	C	D	E	F	G
	If the reason for reassignment is	And member is obligated, assign to Reserve Section	And member is non-obligated, assign to Reserve Section	Use Assignment Action Reason	And award AAC and date	Approval authority unit	Approval authority for IR program
26	Key employee (see paragraph 9.16)	NB or ND NARS	RB Inactive Status List Reserve Section- RB Or NARS- ND	RJ	SM (indefinite)	Wing CC or equivalent	RIO/CC
27	Twice deferred for Reserve promotion awaiting discharge	NARS-NB	NARS-NA	RG	SE (indefinite)	ARPC/DPT TS	ARPC/D PTTS
28	Refused SelRes assignment or completed 3 years in Ready Reinforcement Personnel Section without transferring to the SelRes or getting a waiver	Obligated Reserve Section- RA	Non-Obligated Non-Participating Ready Personnel Section- RD	RC		NA	ARPC/D PA
29	Reassignment within ARPC			RO	ARPC use only	NA	ARPC use only

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R U L E	A	B	C	D	E	F	G
	If the reason for reassignment is	And member is obligated, assign to Reserve Section	And member is non-obligated, assign to Reserve Section	Use Assignment Action Reason	And award AAC and date	Approval authority unit	Approval authority for IR program
30	ETS expired, member has remaining MSO or Air Reserve commitment	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	SJ		Wing CC or equivalent	RIO/CC
31a	General officer moved out of general officer billet (see paragraph 10.4.3)		Inactive Status List Reserve Section-RB	RE		AF/RE	AF/RE
31b	Colonel moved out of general officer billet (see paragraph 10.4.3)		Non-Obligated Non-Participating Ready Personnel Section-RD	RE		AF/RE	AF/RE
32	Member completed MSO and if enlisted, has a current contractual agreement (for example IRR Bonus Program) or Air Reserve Commitment		Non-Obligated Non-Participating Ready Personnel Section-RD	RY		Wing/CC or equivalent	RIO/CC

R U L E	A	B	C	D	E	F	G
	If the reason for reassignment is	And member is obligated, assign to Reserve Section	And member is non-obligated, assign to Reserve Section	Use Assignment Action Reason	And award AAC and date	Approval authority unit	Approval authority for IR program

Notes:

1. Member sends documentary evidence from at least two impartial sources that member's family or community would suffer hardships greater than those reservists called to EAD experience. On approval (if eligible and they apply), member transfers to the Standby Reserve, Retired Reserve, or is discharged.
2. Members of Congress may remain in the Selected Reserve unless the Secretary of Defense requires the member to move to the Standby Reserve.

Table 12.3. Involuntary Reassignments to ARPC.

R U L E	A	B	C	D	E	F	G
	If the reason for reassignment is	And member is obligated, assign to Reserve Section	And member is non-obligated, assign to Reserve Section	Use assignment action reason	And award availability code and date	Approval authority unit	Approval authority IMA/IR
1	Failure to report	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	Q1		Wing/CC	HQ RIO/CC
2	Failure to obtain unit of attachment agreement	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	R3		NA	HQ RIO/CC
3	Failure to meet Air Force Standards	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	RK	SQ (indefinite)	AFRC/A1	HQ RIO/CC
4	Unsatisfactory fitness program	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	SA	SQ (indefinite) (see note 1)	Wing/CC	HQ RIO/CC (see note 3)

R U L E	A	B	C	D	E	F	G
	If the reason for reassignment is	And member is obligated, assign to Reserve Section	And member is non-obligated, assign to Reserve Section	Use assignment action reason	And award availability code and date	Approval authority unit	Approval authority IMA/IR
5	Failure to acquire appropriate skill level/ refuses mandatory tech schools, refuses or fails to complete required PME	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	SB	SQ (indefinite)	Wing/CC	HQ RIO/CC
*6	Failure to meet military conduct standards	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	SC	SQ (indefinite) (see note 1)	HQ AFRC/A1	HQ RIO/CC (see note 1)
*7	Failure to comply with requirement for Reserve Component Physical Health Assessment or Individual Medical Readiness requirements	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	RZ	PE (indefinite)	Wing/CC or equivalent	HQ AFRC/SG

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R U L E	A	B	C	D	E	F	G
	If the reason for reassignment is	And member is obligated, assign to Reserve Section	And member is non-obligated, assign to Reserve Section	Use assignment action reason	And award availability code and date	Approval authority unit	Approval authority IMA/IR
*8	Disqualified for aviation service	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	SD	SQ (indefinite)	Wing/CC or equivalent	HQ AFRC/SG
9	IMA in process for or under consideration for discharge for negative or security reason	NARS-NB	NARS- NA	SI	RB (6 months)	NA	HQ ARPC/DPA
*10	Member has 20 satisfactory years of service for paid retirement and fails to earn points needed for retention		Inactive Status List Reserve Section- RB	RT	SF	Wing commander or equivalent	HQ RIO/CC HQ ARPC/ DPAMR (IRR)
*11	Family care not satisfied	NARS-NB	NARS-NA	RP		HQ AFRC/A1	HQ RIO/CC

R U L E	A	B	C	D	E	F	G
	If the reason for reassignment is	And member is obligated, assign to Reserve Section	And member is non-obligated, assign to Reserve Section	Use assignment action reason	And award availability code and date	Approval authority unit	Approval authority IMA/IR
12	Unsatisfactory participant	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	RA	R3	Wing/CC or equivalent	HQ RIO/CC
13	Loss of or failure to obtain security clearance	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	SF	(see note 1)	Wing/CC or equivalent	HQ RIO/CC (see note 1)
14	Member has been promoted above the grade of major and loses SelRes position (see note 2)	MT or Air Force Admissions Liaison Officer/RO TC (MX) (see paragraph 12.3.2)	MT or MX (see paragraph 12.3.2)	RU	TB	Wing CC or equivalent	HQ RIO/CC

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R U L E	A	B	C	D	E	F	G
	If the reason for reassignment is	And member is obligated, assign to Reserve Section	And member is non-obligated, assign to Reserve Section	Use assignment action reason	And award availability code and date	Approval authority unit	Approval authority IMA/IR
15	Unit deactivated, relocated, or manpower authorization changed and member declines/fails to accept reassignment or retraining to a SelRes position and forfeits Reserve Transition Assistance Program benefits.	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	RE		Wing/CC or equivalent	HQ RIO/CC
16	Member is surplus to requirements (overage) (see note 2) (paragraph 9.7.8.2)	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	RF		Wing/CC or equivalent	HQ RIO/CC
17	Reservist not immediately available (whereabouts unknown), missing person (not Missing In Action)	Obligated Reserve Section-RA	Non-Obligated Non-Participating Ready Personnel Section-RD	RL	SD (indefinite)	Wing/CC or equivalent	HQ RIO/CC

R U L E	A	B	C	D	E	F	G
	If the reason for reassignment is	And member is obligated, assign to Reserve Section	And member is non-obligated, assign to Reserve Section	Use assignment action reason	And award availability code and date	Approval authority unit	Approval authority IMA/IR
*18	Member being processed for medical reason including Human Immunodeficiency Virus test	NARS-NB	NARS-NA	SH	RC (6 months)	HQ AFRC/A1	HQ AFRC/SG

Notes:

- *1. See **paragraph 11.1** for propriety of assignments to HQ ARPC and **paragraph 11.5** for involuntary reassignment procedures. Use only when discharge is deemed inappropriate.
2. Use when overage or overgrade waiver is withdrawn or not renewed and member is surplus to manning requirements.
3. See DAFMAN 36-2905.

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PART 4 AIR NATIONAL GUARD

Chapter 13

ANG ASSIGNMENT AUTHORITY

13.1. Authority. This instruction is the assignment authority only for operational, training (including formal education and professional military education) and force structure assignments of ANG members. Assignments are part of a comprehensive personnel force management plan.

13.2. Purpose and Responsibilities. The primary purpose of the ANG assignment system is to assign ANG members to enhance unit effectiveness and meet the personnel resource needs of each ANG unit while maintaining a healthy force structure.

13.2.1. The NGB, ANG, Directorate of Manpower, Personnel, Recruiting, and Services (NGB/A1) has overall responsibility for providing guidance for the assignment of ANG members.

13.2.1.1. NGB/A1 is the approval authority for assignment waivers and exceptions shall not be authorized in this instruction. **(T-2).**

13.2.1.2. NGB/A1 is responsible for monitoring and managing overall assignment statistics and data.

13.2.2. TAG is responsible for implementing, monitoring and enforcing the policies and procedures within their state as outlined in this instruction.

13.2.3. Unit commanders will ensure their personnel are assigned to authorized positions within their unit, that they are adequately briefed on career impacting assignment issues, and that a viable personnel force management plan is in place to meet the needs of the ANG. **(T-3).**

13.2.4. The FSS will provide unit commanders with guidance and assistance in developing force management plans, ensuring all assignment actions comply with this instruction, and updating all assignment actions in the PDS in a timely manner. **(T-2).**

13.2.5. The State Human Resource Office (HRO) will monitor the assignment of Active Guard and Reserve (AGR) members and military technicians. **(T-2).**

13.2.6. The Military Personnel Management Office will coordinate the assignment of members returned to state upon completion of their ANG Statutory Tour and for monitoring assignments of officers and enlisted personnel, master sergeants and above. **(T-2).**

13.2.7. NGB/HR will coordinate the assignment of members entering and/or continuing the ANG Statutory Tour Program; additional guidance can be found in ANGI 36-6. **(T-2).**

13.2.8. The FSS will provide assignment guidance assistance to commanders, establish local procedures for units to submit requests, and enter approved requests into the PDS. **(T-2)."**

Chapter 14

ANG ASSIGNMENT INSTRUCTIONS AND PROGRAMS

14.1. General Instruction. All ANG members will be awarded an AFSC, SDI or reporting identifier and assigned against a valid unit manpower document authorization. **(T-2).**

14.2. UMD Assignment.

14.2.1. Commanders ensure personnel are assigned to an authorized UMD position commensurate with the individual's AFSC, skill level, and grade. **(T-2).**

14.2.2. The FSS establishes local procedures for assignment submissions, enters valid assignments into the PDS, returns incompatible assignment requests to the requestor, and provides necessary assistance. **(T-2).**

14.2.3. Resource Identifier Code (RIC). Airmen are assigned to authorized UMD positions based on RICs.

14.2.3.1. ANG Officers – Drill, Resource Identifier Code (RIC): 0028.

14.2.3.2. ANG Officers – AGR Resource Identifier Code (RIC): 0034.

14.2.3.3. ANG Officers – Student Resource Identifier Code (RIC): 0036.

14.2.3.4. ANG Enlisted – Student Resource Identifier Code (RIC): 0127.

14.2.3.5. ANG Enlisted – Drill Resource Identifier Code (RIC): 0128.

14.2.3.6. ANG Enlisted – AGR Resource Identifier Code (RIC): 0148.

14.2.3.7. ANG Civilian Technicians Resource Identifier Code (RIC): 0170.

14.2.4. RIC changes must be requested by the unit through NGB/A1M, and finalized prior to assignment of Airmen. **(T-2).**

14.2.5. Technician Personnel. FSS/HRO will ensure the member's Tech-ID and Active Duty Codes are updated correctly in the PDS. **(T-3).**

14.2.6. Force Management Plan. Assignments must be made in conjunction with state and unit personnel force management plans. **(T-3).**

14.2.7. Excess/Overgrade Assignment. Except where noted in this instruction, excess/overgrade assignments are not authorized. **(T-2).**

14.3. Special Category Assignments.

14.3.1. Assignment to Student Flight.

14.3.1.1. All members assigned to a Trainee PAS code, are considered part of a unit's total inventory strength for recruiting and effective manning purposes, but not considered part of a unit's mission strength. Members assigned as a Trainee are counted when determining whether or not a vacancy, a projected vacancy, or a UMD growth vacancy exists in a unit, but not considered when determining overall mission readiness. Trainee personnel are projected gains to a unit, therefore these positions should not be considered for recruitment.

14.3.1.2. The trainee personnel consists of the following categories of personnel who must be assigned to the Trainee PAS Codes. **(T-2)**.

14.3.1.2.1. Non-Prior Service personnel awaiting Initial Active Duty for Training or who were enlisted for the purpose of processing for an appointment as an ANG officer.

14.3.1.2.2. Non-prior service personnel attending Initial Active Duty for Training, to include Basic Military Training/technical school, flight-screening program, officer commissioning program, leading to the award of a 3-skill level AFSC

14.3.1.2.3. Second and first lieutenants involved in initial flying training activities, including Undergraduate Pilot Training, Undergraduate Navigator Training, and Air Battle Manager survival training, initial mission aircraft training either at a Flying Training Unit or home station, and home station checkout for mission qualification following Flying Training Unit training.

14.3.1.3. Only under extreme circumstances, to include school availability, should Prior Service (PS) personnel be assigned to the student flight for a period greater than 12 months. Members unable or unwilling to attend technical training will be separated in accordance with AFI 36-3209. **(T-2)**.

14.3.1.4. Airmen with a Trainee AFSC will not perform AGR duty; regardless of training status. **(T-0)**.

14.3.1.5. Prior Service (PS) enlistees with an awarded AFSC (3-skill level or higher) based upon their prior service, but who are retraining into another career field with the ANG, must be assigned to the UMD and a duty position within which retraining is being completed. **(T-2)**.

14.3.1.6. Grades and quantities for each type of the reporting identifier requirements are reflected on the UMD. There is no limit to the number, nor to the grade of officers or enlisted personnel that may be assigned to a single Trainee authorization. UMD excess/overgrade codes will not be entered into the PDS for members assigned to the Trainee PAS Codes. **(T-2)**.

14.3.1.7. The appropriate training RIs must be updated as the member progresses from awaiting training through completion of required training in accordance with AFMAN 36-2100. **(T-2)**.

14.3.1.8. Assignment of Trainee Personnel upon Completion of Training. Upon completion of formal training, a member will be assigned to the unit and the UMD position for which they were originally recruited. **(T-2)**.

14.3.2. Assignment of Full-Time Personnel. Assign military technician personnel to a military UMD position compatible with their full-time duties and responsibilities. **(T-2)**.

14.3.3. Assignment of Active Guard and Reserve. Additional guidance for accession to AGR status can be found in ANGI 36-101. AGRs will be assigned as the sole incumbent on the UMD. **(T-2)**.

14.3.4. Assignment of First Sergeants. AGRs are not authorized assignment against a first sergeant position unless there is a valid full-time requirement for a first sergeant on the manning document. Military technicians shall be assigned to the first sergeant position only

once in their career, and this term will be no less than four years from the date of assignment and no more than six years from date of graduation from the USAF First Sergeant Academy (AFI 36-2113). **(T-2)**.

14.3.4.1. Military technicians must obtain an exception to policy, prior to assignment to a first sergeant 8F000 position. **(T-2)**. Exception to policies must be approved by TAG and state HRO and then forwarded to the ANG First Sergeant Functional Manager for final coordination. **(T-2)**.

14.3.4.2. Waivers to vacate an 8F000 position prior to 4 years from the date of First Sergeant Academy graduation must be processed through the ANG First Sergeant Functional Manager for concurrence. **(T-2)**.

14.3.4.3. Upon completion of their first sergeant assignment, military technicians and those AGRs who were previously authorized assignment must be reassigned to a UMD position with a compatible AFSC that will support the individual's current grade. **(T-2)**.

14.3.4.4. Maximum Assignment Period for First Sergeants. ANG members may serve a maximum of 6 years assigned to an 8F000 Duty AFSC in their career. Only under extreme circumstances may the ANG First Sergeant Functional Manager approve extending a member's maximum term beyond 6 years. In accordance with AFI 36-2113, all ANG requests to remain in the 8F000 SDI beyond 6 years require approval from the ANG First Sergeant Functional Manager and ANG CCM. **(T-2)**. The State Command Chief Master Sergeant may request a waiver for overgrade reassignment. Requests must include a complete justification and a favorable Adjutant General endorsement. NGB/A1P and the ANG First Sergeant Functional Manager retain approval authority. Approved waivers will not exceed 24 months from the date of assignment or ETS, whichever is earlier. **(T-2)**.

14.3.5. Assignment of State/Wing Command Chief Master Sergeant.

14.3.5.1. Airmen selected for assignment to a Command Chief Master Sergeant Position (RI 9E000) must meet the entry requirements as listed in the AFECD. **(T-2)**.

14.3.5.1.1. Assignment shall be open only to U.S. citizens. **(T-2)**.

14.3.5.1.2. Selectees must meet the minimum Physical Profile System Chart (PULHES) Physical Requirements (refer to AF Form 422). **(T-2)**.

14.3.5.2. Assignment requests will be submitted to the NGB Senior Enlistment Management Office (SELMO) for review prior to assignment. SELMO will review assignment eligibility and complete execution processes. **(T-2)**.

14.3.5.3. Upon assignment to a Command Chief Master Sergeant position, the Airman's awarded AFSC, CAFSC and DAFSC must be changed to reflect 9E000, Command Chief Master Sergeant. Command Chief Master Sergeants are not permitted to perform duty outside of the 9E000 RI. **(T-2)**.

14.3.5.4. Command Chief Master Sergeant positions are not funded to support AGR selection. The state Adjutant General may approve a local exception to unfund an existing AGR position and reallocate the funding to the Command Chief Master Sergeant authorization. For assistance with funding exceptions, contact NGB/A1M.

14.3.5.5. Upon assignment to a Command Chief Master Sergeant position, Airmen will no longer occupy their previous position. Future reassignment to formerly held positions will be subject to availability. **(T-2).**

14.3.6. Assignment of Group Superintendent.

14.3.6.1. Airmen selected for assignment to a Group Superintendent Position (RI 9G100) must meet the entry requirements as listed in the AFECD. **(T-2).**

14.3.6.2. Assignment is open only to U.S. citizens. **(T-2).**

14.3.6.3. Selectees must meet the minimum Physical Profile System Chart (PULHES) Physical Requirements (refer to AF Form 422). **(T-2).**

14.3.6.4. Drill Status Guardsmen, Military technicians, and/or AGR personnel are authorized to occupy this position.

14.3.6.4.1. TAG may approve a local exception to the AFSC compatibility criteria to allow a full-time military technician to serve as a Group Superintendent.

14.3.6.4.2. Prior to assignment as a Group Superintendent, military technician and AGR personnel must serve at least 12 months in a specialty that is compatible with their full-time UMD position (i.e., immediately prior to appointment as a Group Superintendent). This condition is not waivable.

14.3.7. Assignment of Members with Physical Limitations. A member with physical limitations is identified and promptly referred to a medical facility for evaluation in accordance with AFI 36-3212 and DAFMAN 48-123. **(T-2).**

14.3.7.1. Medical Deferment. A member shall be deferred from worldwide assignment availability when a physical defect prevents worldwide service. **(T-2).**

14.3.7.2. The Wing Medical Group issues temporary medical deferment via AF Form 469 and transmits data to PDS through Physical Health Assessment and Individual Medical Readiness. These codes can be found in **Table 3.1.** **(T-2).**

14.3.7.3. FSS validates the appropriate deployment status phys code in the PDS and ensures the date of availability is equal to the expiration date shown on the AF Form 469. Thirty calendar days (30) before the deployment availability expiration date, FSS verifies the date of availability with the medical facility. The date of availability is extended or canceled based on issuance of a new AF Form 469. Deferments must not extend beyond 12 months from the date when the underlying defect was deemed, without the member's entry into the Disability Evaluation System in accordance with AFI 36-3212. **(T-2).**

14.3.7.4. Members with a condition that is not expected to be resolved within 12 months from date of discovery are immediately referred to Disability Evaluation System in accordance with AFI 36-3212. **(T-2).**

14.3.7.5. Movement of ANG Personnel. Air transportation is the primary mode of travel for the movement of all ANG military personnel. Promptly refer all members who cannot travel by air to a medical facility for evaluation under DAFMAN 48-123.

14.3.7.6. Assignment of personnel who are found "Fit for Duty" by Disability Evaluation System and subsequently determined non-mobility qualified. Continue assignment in their

current duty position and enter the appropriate assignment limitation code into the PDS. **Note:** Commanders may reassign into non-deployable positions provided a vacancy exists.

14.3.7.7. Assignment limitation codes. The following assignment limitation codes are entered into PDS to identify personnel with medical deployment limitations:

14.3.7.7.1. Assignment Limitation Code 1: Deployable/Assignable to Global DoD locations with fixed MTF.

14.3.7.7.2. Assignment Limitation Code 2: Deployable/Assignable to CONUS with fixed MTF, OCONUS installations with approval of gaining MAJCOM.

14.3.7.7.3. Assignment Limitation Code 3: Non-Deployable/Assignment limited to specific installations medical need and availability of care (requires NGB/SG waiver to deploy).

14.3.8. Assignment of Personnel in Retraining Status. Personnel in retraining status will be assigned to a projected UMD vacancy or UMD growth position in the retraining AFSC, SDI or RI. **(T-2).**

14.3.8.1. If the retraining status is a result of an enlisted member's voluntary action, and the position is not commensurate with the member's current grade, a demotion will be initiated to be effective with the date of transfer as outlined in DAFI 36-2502. **(T-2).**

14.3.8.2. Personnel in retraining status who become overgrade as a result of an NGB directed unit realignment, reorganization, or UMD change may be retained in grade only under the provisions outlined in **Chapter 16**.

14.3.9. Assignment to State Headquarters. Officers being considered for appointment to positions of Adjutant General (AG) or Assistant AG must be appointed in accordance with ANGI 36-2501, *General Officer Federal Recognition Boards for General Officer Appointment or Promotion in the Air National Guard*, or DAFMAN 36-2032, or other authority as appropriate. **(T-2).** All other assignment actions will be in accordance with this instruction.

14.3.10. Assignment of AFR IMAs and Category "E" Reservists. Air Force Reserve IMAs and Category "E" reservists may be attached to ANG units for training with the approval of TAG. Such attachment does not require these individuals to be reported in the unit's end-strength.

14.3.11. Assignment of General Officers and Colonels Assigned to General Officer Positions. NGB-SL is the OPR for all general officer actions. The reassignment of a federally recognized general officer, or colonel, or the assignment of any officer, regardless of grade, to a general officer position, will not be finalized until prior coordination with NGB-SL is completed and TAG reviews and approves the action. **(T-2).**

14.3.11.1. General officer personnel reassignments will not take place when positions have a grade authorization below that of the member. **(T-2).**

14.3.11.2. An officer in an Adjutant General Corps position must be re-appointed before the officer can be assigned to a line position. **(T-2).** NGB-SL will review the assignment status of general officers and colonels to general officer positions. An officer who vacates a tenure of office position to revert to a line position will be appointed at the highest grade previously held as a line officer. **(T-2).**

14.3.11.3. The ANG Special Assistant Program, managed by NGB-SL, includes positions graded colonel and above. The program includes ANG officers selected to represent the ANG at MAJCOM and Air Staff levels and ANG officers selected to represent all Reserve Components at Combatant Command and Joint Staff levels.

14.3.11.4. General officers may only be assigned to flying positions authorized by the Chief of Staff of the Air Force.

14.3.11.5. Guidance for prerequisites and procedures for federal recognition in general officer grades can be found in ANGI 36-2501.

14.3.12. Assignment of Additional Physicians.

14.3.12.1. If a unit identifies a prospective physician recruit for whom a vacancy does not exist, the commander will assign the individual as excess to any existing physician position other than a medical facility commander position upon approval of the appointment application by NGB/A1. **(T-2)**.

14.3.12.1.1. The UMD excess code specified in **Chapter 16** will be used to identify the excess assignment. **(T-2)**.

14.3.12.1.2. Applicants will be assigned as an excess to an existing Health Services Administrator position, AFSC 41A1. **(T-2)**. This excess assignment will be used for persons appointed under the program even if the existing Health Services Administrator position is vacant.

14.3.12.2. Excess flight surgeons will be limited to the number the commander of the wing/group has determined can be supported with sufficient proficiency flights to maintain currency. If flying support capability changes after this determination, excess flight surgeons that cannot maintain currency must be reassigned to non-flying physician positions. Flight surgeon requirements are outlined in AFMAN 11-202, Volume 1, *Aircrew Training*. No exceptions will be considered. **(T-2)**.

14.3.12.3. The UMD excess code specified in **Chapter 16** will be used to identify the excess assignment of physicians. The excess assignment is authorized for 48 months or until the individual is reappointed as a Medical Corps officer, whichever is less. **(T-2)**.

14.3.12.4. If a unit identifies an individual qualified for appointment under the Early Commissioning Program for Physicians, upon approval of the appointment application by NGB/A1, the applicant will be assigned as an excess to an existing Health Services Administrator position, AFSC 41A1. **(T-2)**. This excess assignment will be used for persons appointed under the program even if the existing Health Services Administrator position is vacant.

14.3.13. Assignment to Excess or Overgrade Positions. Refer to **Chapter 16**.

14.3.14. Assignment of Lieutenant Colonel Inspector General.

14.3.14.1. IG Complaints Resolution. The SDI 87Q0 is assigned to the wing headquarters command section. Assignment to this position is restricted to traditional members only, because of the potential conflict of interest between full-time positions and the independence of the IG. Waivers to assign full-time members to this position will not be approved. **(T-1)**.

14.3.14.2. IG Wing Inspections. The SDI 87G0 is authorized as a full time position in accordance with IG guidance.

14.3.15. Assignment Under the Lieutenant Colonel Augmentation Program. The Lieutenant Colonel Augmentation Program is used to free promotion opportunities for officers selected for mandatory promotion to lieutenant colonel, and to retain those same officers, who are overgrade, beyond current expiration dates.

14.3.15.1. States are authorized to augment a number of UMD Maj positions commensurate with 3.5 percent of total officer authorizations in that state. Rounding will be to the nearest number; as an example, a state authorized 152 officers will be permitted five augmentations (5.32 rounded to 5). **(T-2)**.

14.3.15.2. States may use this grade augmentation authority to retain existing overgrade lieutenant colonels beyond current expiration date or to promote officers mandatorily selected for promotion to that grade. There is no limitation of this program to specific specialties or promotion categories.

14.3.15.3. ANG officers promoted or retained under this authority must be the sole occupant of a UMD position in the grade of Maj and must be identified to the NGB, Officer Programs Section (NGB/A1PO). **(T-1)**.

14.3.15.4. The expiration date will not exceed 6 years from the Reserve Officer Promotion Management Act promotion effective date or Mandatory Separation Date, whichever is earliest. Officers promoted under this authority will be promoted on their normal Reserve Officer Personnel Management Act promotion effective date or on the date the officer accepts the Overgrade condition. **(T-1)**.

14.3.15.5. Each State Headquarters must submit a request for input of the overgrade to NGB/A1PO. An endorsement to the promotion recommendation and overgrade request must clearly state the following: TAG approval under authority of this paragraph, grade, name, social security number, DAFSC, and length of overgrade period authorized by TAG. **(T-1)**.

14.3.15.6. NGB/A1PO will update the overgrade code (4) in the PDS. The overgrade expiration date will not exceed six years from the Reserve Officer Personnel Management Act promotion effective date or Mandatory Separation Date, whichever is earliest. **(T-1)**.

14.3.15.7. Lieutenant Colonel Augmentation Program promotions will not be counted against the authorized versus assigned when determining if a position vacancy exists. **(T-1)**.

14.3.15.8. TAG has full authority to specify utilization of the augmented positions while adhering to the established limitations of this program and instruction. The Lieutenant Colonel Augmentation Program is intended to provide total overgrade management of augmented lieutenant colonel authorizations.

14.3.15.9. Lieutenant Colonel Augmentation Program will not exceed overall lieutenant colonel grade authorizations, and it will not exceed statutory limitations on overall officer grade strength. **(T-0)**.

14.3.15.10. NGB/A1PO will monitor state utilization for effectiveness and ensure proper utilization. **(T-1)**.

14.3.16. Assignment of Non-Rated Vice Wing Commander. The NGB has the authority to assign non-rated ANG colonels to vice wing commander positions. Each case is reviewed to ensure the officer meets the criteria for command identified in AFI 51-509, and the needs of the service are weighed accordingly. Assignment requests must be submitted through NGB/A1PP for approval by Commander, Air National Guard Readiness Center. **(T-1)**.

14.3.16.1. When submitting requests to NGB/A1PP, units must include:

14.3.16.1.1. Wing Commander memorandum justifying needs and special skills of member. **(T-1)**. Justification should include why member is best suited to serve in this position over current eligible rated officers.

14.3.16.1.2. An endorsement from TAG (or delegated representative not lower than the Director of Staff – Air). **(T-1)**.

14.3.16.1.3. UMD rating data to ensure the correct Aircrew Position Indicator codes are accurately updated. **(T-1)**.

14.3.16.2. The most recent full-time position description published on or after 2000 which includes previously approved AFSC identified as compatible (Operations, Maintenance, or Mission Support Group Commander). **(T-1)**.

14.3.16.3. All grade inversion restrictions established by the Air Force or the National Guard Bureau Manpower and Personnel Directorate, Classification and Position Management Branch (NGB-J1-TCPC) still apply. **(T-1)**.

14.3.17. Assignment of Non-Weapon System Qualified Wing Commander. NGB has the authority to approve assignment of an officer to a wing commander position who is not, or could not be, qualified in the weapon systems for that wing. Each case must be reviewed to ensure compliance with AFI 51-509. **(T-1)**.

14.3.17.1. When submitting requests to NGB/A1PP, units must include:

14.3.17.1.1. Wing Commander memorandum justifying needs and special skills of member.

14.3.17.1.2. An endorsement from TAG (or delegated representative not lower than the Director of Staff – Air).

14.3.17.1.3. Endorsement from NGB/A3 stating that they will approve the assignment.

14.3.17.2. All grade inversion restrictions established by the Air Force or NGB-J1-TN still apply.

14.3.18. Assignment Resulting From UMD Change or UMD Growth. A UMD may change through the addition and/or deletion of positions. Major changes to UMDs are identified to the states and units as soon as possible: normally one year before the conversion or activation date.

14.3.18.1. Notification of UMD changes will be provided by written correspondence from NGB Manpower (NGB/A1M) and will be followed by modification of the affected units' UMD. **(T-1)**.

14.3.18.2. Personnel will not be recruited or reassigned to positions being deleted from the UMD in the 12 months prior to the through date. **(T-1)**. The date the position is to be deleted will be shown in the authorization through date column.

14.3.18.3. The date a new position is to be added is shown in the authorization effective date column. Individuals will be recruited/selected for assignment or reassignment to these new positions as long as there is a current UMD position with the same AFSC available. **(T-1)**.

14.3.18.3.1. Non-prior service appointed against projected UMD growth positions will be initially assigned to the Trainee PAS Code. **(T-1)**. Upon completion of required training, members will be assigned to the UMD growth position. **(T-1)**. If the effective date of the new position has not occurred, the member will be assigned to a current UMD position within the same AFSC. **(T-1)**. If another member already occupies this position, the non-prior service individual is authorized to be placed in an excess status, in accordance with [Chapter 16](#).

14.3.18.3.2. DELETED.

14.3.19. Statutory Tour Assignment. NGB/HR will provide an active duty listing of members on an ANG Statutory Tour to each state annually for inclusion in state force management plans. TAG should maintain regular contact with these individuals while they are on active duty to determine if they plan to return to the state ANG at the end of their active duty tours. TAGs shall include ANG Statutory Tour members in the state force management plans. **(T-1)**.

14.4. Grade Manning Levels for Enlisted Personnel. Maintaining Strength and Grade Manning. States and units should manage personnel force management programs with the objective of achieving and maintaining strength and grade manning at 100 percent of that authorized on the UMD. Recognizing that grade manning levels may need to be exceeded to accommodate deserving Airmen promotions and retention of overgrade members with valuable skill requirements, an additional percentage is authorized to effectively manage a personnel force management program. However, exceeding grade manning levels will not be used as a goal for enlisted promotion actions. **(T-1)**.

14.4.1. States may not exceed 100 percent manning in the grades of SMSgt and CMSgt. NGB/A1 may authorize temporarily overages due to unit realignment, reorganization, or UMD change. Promotions to SMSgt and CMSgt will be accomplished under the unit vacancy promotion program as outlined in DAFI 36-2502 and will not exceed 100 percent. Stripes for Exceptional Promotion Program promotions do not count against a state's 100 percent manning. **(T-1)**.

14.4.2. Specific Manning Levels. States should not exceed the manning levels specified for each grade listed below. Reassignment of personnel, to include cross training, should be encouraged to resolve overgrade assignments. Promotions to these grades may be accomplished under either the Unit Vacancy Promotion Program or ANG Stripes for Exceptional Performers Promotions Program (TSgt – MSgt) (STEP I) as outlined in DAFI 36-2502.

14.4.2.1. Master Sergeant - 120 percent.

14.4.2.2. Technical Sergeant - 125 percent.

14.4.2.3. Staff Sergeant and below - no restrictions.

14.5. Retention of Members Released from ANG Statutory Tour, Title 10 United States Code (USC). Upon completion of an ANG Statutory Tour, individuals who do not qualify for restoration under the Uniformed Services Employment and Reemployment Rights Act or ANG guidelines (see ANGI 36-101) will be assigned as excess or overgrade to an existing position for 24 months with TAG approval (colonels and below). **(T-2).**

Chapter 15

ANG REASSIGNMENT PROCEDURES

15.1. Reassignment of Personnel Serviced by the FSS or Between Units Located in the Same State. Reassignment of a member between units serviced by the same FSS or between units located in the same state must have the concurrence of both gaining and losing unit commanders or be directed by higher authority. **(T-2).**

15.1.1. A voluntary change of assignment to a UMD position which has a lower grade authorization than that currently held by an enlisted member will result in demotion of the member to the lower UMD grade. Members will not be retained in an overgrade condition. **(T-2).**

15.1.2. Only in mission unique situations, if approved by NGB/A1P, may enlisted members in grades TSgt through CMSgt be reassigned to a UMD position that will cause an excess condition for reasons not outlined elsewhere in this instruction. Such assignments will last no longer than 12 months. **(T-2).**

15.1.3. Enlisted members who have received an incentive who elect to retrain into another AFSC may be subject to recoupment in accordance with ANG Recruiting and Retention Programs/Policies.

15.1.4. Only in mission unique situations, as approved by NGB/A1P, will officers in grades of colonel and below be reassigned to a UMD position that will cause an excess or overgrade condition for reasons not outlined elsewhere in this instruction. Such assignments will last no longer than 12 months. **(T-1).**

15.1.5. ANG members will not be reassigned from a lower graded UMD position to a higher graded UMD position for the purpose of promotion, with the intention of returning the member back to their previously held position which will cause the member to become overgrade or excess. **(T-2).**

15.1.6. The FSS will monitor reassignment actions within their serviced units to ensure that excess and overgrade situations do not occur as a result of reassignments, except as authorized by this instruction. **(T-3).** Unit commanders will exercise due care in making reassignments, giving primary consideration to mission needs and ANG requirements. **(T-3).**

15.2. Reassignment of Airmen Subject to Demotion. An Airman who is demoted under failure to maintain standards or is recommended for demotion but whose demotion is not yet approved, may be reassigned to another organization at their request. Requests for reassignments are granted by the demotion authority with the concurrence of the gaining commander, and are denied only by the next higher commander in the chain of command or TAG if a determination is made that the reassignment would not be in the best interest of the ANG.

15.3. Retention of Persons Employed by Foreign Governments. Refer to DAFI 36-3211.

15.4. Command Chief Master Sergeant Tour Completion. Upon completion of their Command Chief Master Sergeant term, Drill Status Guardsmen and military technicians must be reassigned to a compatible UMD position commensurate with their grade. Commanders must exercise sound force management practices to ensure reassignment complies with all provisions outlined in this instruction. Only in mission unique situations and in the best interest of the ANG,

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where this requirement cannot be met, TAG may allow Drill Status Guardsmen personnel to be reassigned in an overgrade status. Reassignment in overgrade status will be to positions with an authorized grade of SMSgt only. Reassignment in an excess status will be permitted for Drill Status Guardsmen only. **(T-2)**.

Chapter 16

ANG OVERGRADE AND EXCESS ASSIGNMENT

16.1. Assignment as Overgrade or Excess. If a member is assigned to a UMD position that is already occupied, the member will be considered excess to the incumbent, except in situations identified in [Table 16.2](#). If a member possesses a grade higher than the UMD authorized grade, the incumbent is considered to be assigned as overgrade and will be coded as identified in [Table 16.3](#). **Exception:** this is not applicable to the ANG Statutory Tour program. For the approval authority for excess/overage requests see [Table 16.1](#). (T-2).

16.1.1. Any time a member of the ANG is placed in an excess or overgrade status, to include initial enlistment or appointment, the member will be counseled by their commander as to the reason why the condition occurred, the overgrade or excess code, effective date, expiration date and what could happen as a result of this assignment. (T-2).

16.1.2. Unit commanders must exercise due care in making assignment/reassignment decisions, giving primary considerations to mission need and ANG requirements. If a commander places a member in an excess or overgrade condition, the commander is tasked with having the member sign NGB Form 36-11, *Statement of Understanding for Excess/Overgrade Position (ANG)* located at www.ngbpmc.ng.mil. This form identifies the assignment condition and outlines what could take place prior to or upon reaching the expiration date. (T-2).

16.1.2.1. During the counseling, the member will be briefed on the following possible actions:

16.1.2.1.1. Reassignment to a valid position within the same AFSC. (T-3).

16.1.2.1.2. Retraining to another vacant position commensurate with the member's grade. (T-3).

16.1.2.1.3. Voluntary demotion (if overgrade) to the authorized grade of the current position in accordance with DAFI 36-2502 (for enlisted members only). (T-3).

16.1.2.1.4. Separation from the ANG in accordance with DAFI 36-3211. (T-3).

16.1.2.2. A copy of the signed NGB Form 36-11 will be provided to the servicing FSS. The commander and member must sign the form. If a member refuses to sign the form the commander will write "Member Refused to Sign" in the member's signature block. (T-2).

16.1.2.3. The servicing FSS will maintain the original NGB Form 36-11 until the overgrade or excess condition is resolved through reassignment, demotion, or separation of the excess/overgrade member. (T-2).

16.1.3. The FSS must monitor all actions within their serviced units to ensure that excess and overgrade situations do not occur as a result of assignment/reassignments except as authorized by this instruction and to ensure all overgrade/excess conditions are resolved in a timely manner. (T-3).

16.1.3.1. Each FSS is charged with coding each excess or overgrade condition properly within the PDS.

16.1.3.2. The FSS will produce and provide a listing at least quarterly to each commander identifying those currently assigned excess or overgrade and those whose condition will expire within 12 months. **(T-3).**

16.1.3.3. Commanders will render force management decisions to resolve excess or overgrade assignments/reassignments and return the listing to the FSS with a viable plan for resolution. **(T-3).**

16.1.4. Retraining of personnel may be required to resolve excess or overgrade conditions.

16.1.5. No officer regardless of grade may be placed in an excess status against a general officer authorization without prior coordination and approval by NGB-SL. **(T-2).**

16.1.6. Overgrade status is not authorized in the general officer grades. **(T-1).**

16.1.7. No officer regardless of grade may be placed in an excess status against a colonel officer authorization. Only under mission unique situations and in the best interest of the ANG will this be authorized by NGB/A1. If approved, the excess condition will not to exceed 12 months in accordance with [paragraph 15.1.4](#) of this instruction. **(T-2).**

16.1.8. Senior officer (colonel and above) personnel reassignments will not take place to positions which have a grade authorization below that of the member. Only under mission unique situations and in the best interest of the ANG will this be considered by NGB/A1P for colonel assignments in overgrade status. **(T-2).**

16.1.9. No officer regardless of grade may be placed in an excess status against a commander position. Only under mission unique situations and in the best interest of the ANG will this be authorized by NGB/A1P. **(T-2).**

16.1.10. The assignment of an ANG member in dual status (excess and overgrade) is not authorized. Only under mission unique situations and in the best interest of the ANG will this be authorized by NGB/A1P. **(T-2).**

16.1.11. Any member assigned in an excess or overgrade status must be reassigned to the first available position commensurate with their grade and for which the member is qualified. **(T-3).**

16.1.12. No member regardless of their grade will be reassigned as an excess or overgrade to create a vacancy to permit the promotion of another member. **(T-3).**

16.1.13. No member may be retained in an overgrade status if the member is assigned to a UMD position with an authorized grade two or more grades below that of the member. In unusual circumstances where no other assignment is possible and the member's continued service is essential to mission accomplishment, TAG may approve waivers of this provision; however, no waiver request for enlisted members serving in this situation in the grades of SMSgt or CMSgt, or officer in the grades of colonel or above, will be approved.

16.1.14. Officers in excess or overgrade status must be counted in determining if a vacancy exists. All officers must be assigned to positions commensurate with their grade and DAFSC prior to promoting any other officer via position vacancy. **(T-2).** Officers assigned to or retained in excess or overgrade status in the following situations will not count in determining if a vacancy exists:

16.1.14.1. A military technician promoted via a mandatory board prior to attaining eligibility for an immediate civil service annuity. Such cases will be excluded only when the member is retained in a UMD position that is no less than one grade below their current grade.

16.1.14.2. Overgrade officers promoted via the mandatory promotion system with 18 but less than 20 satisfactory years of service or who have less than three years of promotion service credit in their current grade. Upon completion of the satisfactory years of service or time in grade, such officers will be retained, released or assigned in accordance with DAFI 36-3211.

16.1.14.3. Officers with an Lieutenant Colonel Augmentation Program promotion overgrade condition in accordance with [paragraph 14.3.15.7](#).

16.1.14.4. Other categories as may be announced by NGB/A1 to manage the officer force within the ANG. Promotion category exceptions will be published in implementing instructions.

16.2. Excess Due to NGB Directed Realignment.

16.2.1. A Drill Status Guardsmen, who is in an excess status due to NGB-directed unit realignment, reorganization, or UMD change may be retained as excess under one of the following conditions:

16.2.1.1. Members with a MSO will be retained until completion of MSO or until ETS/Mandatory Separation Date, whichever is earliest. **(T-2)**.

16.2.1.2. Members without an MSO will be retained for 24 months from the effective date of the UMD change or until ETS/Mandatory Separation Date, whichever is earliest. **(T-3)**.

16.2.1.3. Military technicians and AGRs must be assigned as sole position incumbents to UMD positions upon NGB-directed unit realignment, reorganization, or UMD change. **(T-2)**.

16.2.1.4. When an individual is assigned as an obligor and no UMD vacancy, projected vacancy, or UMD growth position is available, the obligated member will be assigned as excess to an authorized position in the AFSC and grade for which the member is qualified until completion of their MSO. When the obligated member is an Incentive Program participant and is assigned as an excess, the member must be processed in accordance with ANG Recruiting and Retention programs and policies. **(T-2)**.

16.2.2. Commanders may authorize recruitment of replacements for Drill Status Guardsmen up to 24 months prior to the separation or retirement of assigned members under the following conditions:

16.2.2.1. The original incumbent will become excess immediately upon the assignment of the replacement. **(T-3)**.

16.2.2.2. The length of the excess condition will be established by the commander and will not exceed 24 months. **(T-3)**.

16.2.2.3. Promotions of the assigned replacement to the grades of SMSgt or CMSgt are authorized provided the member meets all other criteria for promotion in accordance with

DAFI 36-2502. The promotion will not cause the state to exceed authorized grade ceilings as identified in DAFI 36-2502. **(T-2)**.

16.2.3. Members may be assigned in excess based on UMD growth as referenced in [paragraph 14.3.18](#). The length of the excess condition will not exceed the effective date of the UMD growth position. **(T-2)**.

16.2.4. If a member has completed at least 18 years but less than 19 years of satisfactory service for retirement, the length of the excess condition will not exceed their completion of 20 years satisfactory service for retirement, third anniversary of established date of separation, or age 62, whichever is earlier. **(T-1)**. If a member has completed at least 19 years but less than 20 years of satisfactory service for retirement, the length of the excess condition will not exceed their completion of 20 years satisfactory service for retirement, second anniversary of established date of separation, or age 62, whichever is earlier. **(T-1)**.

16.2.5. Exceptions to the objective of maintaining manning at 100 percent of UMD authorizations are permitted as follows:

16.2.5.1. Undergraduate Flying Training. Individuals may be recruited to fill undergraduate flying training line numbers. A rated vacancy must exist at the time a member is reassigned from the Student Flight. Multiple rated members cannot be assigned to one UMD position and share allotted flying hours. **(T-2)**.

16.2.5.2. Individuals recruited against AFSCs 41XX, 44XX, 45XX, or 48XX authorizations under the Early Commissioning Program for Physicians in accordance with [paragraph 14.3.12](#). NGB/A1 will announce selected AFSCs that units may fill to higher levels based upon service needs. Announcements will be made each Fiscal Year through the Recruiting and Retention Initiatives. Changes to the initiatives may be made by NGB/A1 at any time based on the needs of the ANG. Approved excess periods will be defined in the Recruiting and Retention Initiatives and will begin upon the date of enlistment into the ANG. **(T-2)**.

16.2.5.3. States will not exceed the grade manning levels for enlisted personnel as outlined in [Chapter 14](#). **(T-2)**.

16.2.6. Excess Assignments Approved at NGB Level.

16.2.6.1. NGB Approved Initial Excess Assignment. For excess assignments requiring NGB approval as outlined in this instruction, the unit commander will submit a request using the template found in the MyPers website for Excess or Overgrade Assignment Requests. **(T-3)**. The request must include a definitive plan for resolving the condition within 24 months, how the excess condition occurred, and why the extension is in the best interest of the ANG. **(T-1)**. The request must be routed through the FSS, State Headquarters, TAG (this may be delegated down no further than the Director of Staff), and forwarded to NGB/A1P. **(T-1)**. Disapproval to the assignment request may be made at any level.

16.2.6.2. NGB Approved Excess Assignment Extension. If, after all factors have been reviewed and a request for extension of an initial assignment to excess condition is considered in the best interest of the ANG, the unit commander will submit a request for extension using the template found in the MyPers website for Excess or Overgrade

Assignment Requests. **(T-3)**. The request must include a definitive plan for resolving the condition within 24 months, how the excess condition occurred, and why the extension is in the best interest of the ANG. **(T-1)**. The request must be routed through the FSS, State Headquarters, TAG (this may be delegated down no further than the Director of Staff), and forwarded to NGB/A1PP. **(T-1)**. Disapproval of the assignment request may be made at any level.

16.3. Retention in an Overgrade Status. Members may be retained in an overgrade status under the following conditions. **Note:** All expiration dates are the maximum allowed, but commanders may establish lesser dates as necessary to meet mission objectives.

16.3.1. Drill Status Guardsmen and AGR enlisted personnel and officers below the grade of colonel, who become overgrade as a result of NGB-directed realignment, reorganization, or UMD change may be retained for 24 months or 20 years of satisfactory service (or TAFMS for AGRs), whichever occurs first.

16.3.2. Military technician enlisted personnel and officers below the grade of colonel, who become overgrade as a result of NGB-directed realignment, reorganization, or UMD change may be retained as follows:

16.3.2.1. If retiring under the Civil Service Retirement System, the member may be retained until their 55th birthday or otherwise eligible for an immediate, unreduced retirement annuity whichever occurs first. Human Resource Office coordination is required.

16.3.2.2. If retiring under the Federal Employee Retirement System, the member may be retained until their 57th birthday or otherwise eligible for an immediate, full retirement annuity whichever occurs first. HRO coordination is required.

16.3.3. When an officer receives a mandatory promotion as defined by AFI 36-2504, *Officer Promotion, Continuation and Selective Early Removal in the Reserve of the Air Force*, and there is no vacant position for a reassignment in the new grade, TAG may permit retention of the individual as an overgrade in accordance with the following:

16.3.3.1. A Drill Status Guardsman may be retained until the member completes 20 years plus 90 days satisfactory service, is qualified for retired pay, and has three years' time in grade (TIG) or reaches Mandatory Separation Date, whichever is earliest.

16.3.3.2. A military technician member may be retained until age 55 for Civil Service Retirement System, or until age 57 for Federal Employee Retirement System.

16.3.3.3. An AGR member may be retained until the completion of 20 years of TAFMS and has three years time-in-grade (TIG) or reaches Mandatory Separation Date, whichever is earliest.

16.3.4. A member who becomes overgrade as a result of promotion under STEP I will be retained until ETS or 24 months from the promotion effective date, whichever is earliest. **(T-3)**.

16.3.5. When a UMD position is required for the assignment of a military technician or AGR, the incumbent Drill Status Guardsman may be reassigned as an overgrade. The period of the overgrade condition for enlisted members will be the date of assignment plus 24 months or until the member reaches 20 years satisfactory service, whichever is earliest. **(T-3)**. For

officers, the period of overgrade condition will be the date of assignment plus 24 months unless the officer has an unfulfilled MSO. **(T-3)**. If the officer has an unfulfilled MSO, the expiration is the date the MSO will be completed or 24 months, whichever is less. **(T-3)**.

16.3.6. A member approved under the Lieutenant Colonel Augmentation Program, in accordance with [paragraph 14.3.15](#), may be retained for a period not to exceed six years from the promotion effective date or until the member reaches Mandatory Separation Date, whichever is earliest.

16.3.7. A member promoted under STEP II may be retained in an overgrade status for three years from the promotion effective date in accordance with DAFI 36-2502. Under no circumstances will an extension to this expiration date be considered. **(T-1)**.

16.3.8. TAG may permit individuals who were previously assigned to Command Chief Master Sergeant positions to retain their grade for 24 months or ETS, whichever is earliest.

16.3.9. If a member has completed at least 18 years but less than 19 years of satisfactory service for retirement, the length of the overgrade condition will not exceed their completion of 20 years satisfactory service for retirement, third anniversary of established date of separation, or age 62, whichever is earlier. **(T-2)**.

16.3.9.1. If a member has completed at least 19 years but less than 20 years of satisfactory service for retirement, the length of the overgrade condition will not exceed their completion of 20 years satisfactory service for retirement, second anniversary of established date of separation, or age 62, whichever is earlier. **(T-2)**.

16.3.9.2. Retention of AGRs in active duty sanctuary is outlined in ANGI 36-101.

16.3.10. Overgrade assignments are approved at NGB level.

16.3.10.1. NGB Approved Initial Overgrade Assignment. For overgrade assignments requiring NGB approval, unit commanders will submit a request using the template found in the MyPers website for Excess or Overgrade Assignment Requests. **(T-3)**. The request must include a definitive plan for resolving the condition within 24 months, how the excess condition occurred, and why the extension is in the best interest of the ANG. **(T-1)**. The request must be routed through the FSS, State Headquarters, TAG (this may be delegated down no further than the Director of Staff), and forwarded to NGB/A1PP. Disapproval of the assignment request may be made at any level.

16.3.10.2. NGB Approved Overgrade Assignment Extension. If, after all factors have been reviewed and a request for extension of an initial assignment to overgrade condition is considered in the best interest of the ANG, the unit commander will submit a request for extension using the template found in the MyPers website for Excess or Overgrade Assignment Requests. **(T-3)**. The request must include a definitive plan for resolving the condition within 24 months, how the excess condition occurred, and why the extension is in the best interest of the ANG. **(T-1)**. The request must be routed through the FSS, State Headquarters, TAG (this may be delegated down no further than the Director of Staff), and forwarded to NGB/A1PP. **(T-1)**. Disapproval of the assignment request may be made at any level.

Table 16.1. Overgrade/Excess Approval Authority.

Reason	Grade	Approval Authority
Overgrade	TSgt - CMSgt	Unit Commander. Note: Two or more grade differential requires TAG approval.
Overgrade	Officer (all grades)	Note: NGB/A1PP processes officer overgrade requests that are not authorized to be approved at state HQ level.
Overgrade and Excess	Officer or Enlisted (all grades)	Not authorized (See Mission Unique Situation)
Overgrade due to Lieutenant Colonel Augmentation Program	Lieutenant Colonel	NGB/A1PO
Overgrade Commander Assignment	All grades	NGB/A1P
Overgrade completion of Stat Tour	All grades	Unit Commander
Overgrade due to mandatory promotion	Officer (all grades)	TAG
Excess	TSgt - CMSgt	TAG
Excess	Colonel	NGB/A1P
Excess	Officer (Lieutenant Colonel and below)	NGB/A1PP
Excess completion of Stat Tour	All grades	Unit Commander
Excess or Overgrade	General officer	NGB-SL
Mission Unique Situation	All grades	NGB/A1PP

Table 16.2. Excess Codes for Officer and Enlisted.

Rule	Status	Reason	Code
1	Drill Status Guardsman (Officer or Enlisted)	NGB-directed unit realignment, reorganization, or UMD change and the member has less than 18 years of satisfactory service for retirement	C
2	Drill Status Guardsman (Officer or Enlisted)	A military technician or AGR was assigned to UMD position occupied by Drill Status Guardsman to accommodate compatible assignment with UMD position	C
3	Drill Status Guardsman (Officer or Enlisted)	The member was assigned as an obligor and no UMD vacancy, projected vacancy, or UMD growth position exists	C
4	Drill Status Guardsman (Officer or Enlisted)	Member was enlisted or appointed in excess status in an AFSC authorized manning above 100 percent	C
5	Drill Status Guardsman Enlisted	The member is a projected loss and a replacement has been recruited or assigned	K
6	Drill Status Guardsman Officer	The member is a projected loss and a replacement has been recruited or assigned	C
7	Drill Status Guardsman (Officer or Enlisted)	Enlisted, appointed, or reassigned for a UMD growth position which has not been added to the UMD	C
8	Drill Status Guardsman (Officer or Enlisted)	Any reason and the member has completed 18 but less than 20 years of satisfactory service	C
9	Drill Status Guardsman, Military Technician, or AGR	Any reason approved by NGB/A1 (See note)	3
Note: Cannot be updated locally for members with > 20 years of service. Submit NGB Form 36-11 via MyPers to NGB/A1PP for PDS update.			

Table 16.3. Overgrade Codes for Officer and Enlisted.

	If the member's status is:	And the reason for the overgrade condition is:	Code is:	See Note:
1	Drill Status Guardsman (Officer and Enlisted Only)	NGB directed unit realignment, reorganization, UMD change	P	1
2	Military Technician (Officer and Enlisted)		H	1
3	AGR (Officer and Enlisted)		L	
4	Drill Status Guardsman (Officer Only)	The member received a mandatory promotion	P	
5	Military Technician (Officer Only)		H	1
6	AGR (Officer Only)		L	1
7	Drill Status Guardsman, Military Technician, or AGR Enlisted Only)	The member was promoted under the STEP I	D	1
8	Drill Status Guardsman (Officer or Enlisted)	The member became overgrade as a result of reassignment to support the compatible assignment of a military technician or AGR member	P	
9	Military Technician (Officer or Enlisted)		H	1
10	AGR (Officer or Enlisted)		L	1
11	Drill Status Guardsman, Military Technician, or AGR (Officer Only)	Lieutenant Colonel Augmentation Program	4	1, 2
12	Drill Status Guardsman (Enlisted Only)	STEP II	5	2,3
13	Drill Status Guardsman (Enlisted Only)	The member's immediate past assignment was a Command Chief Master Sergeant and retention of grade was authorized by TAG upon reassignment	P	
14	Drill Status Guardsman (Officer or Enlisted)	Any reason and the member has completed 18 but less than 20 years of satisfactory service (for Drill Status Guardsmen and military technicians) or TAFMS (for AGRs)	P	
15	Military Technician (Officer or Enlisted)	Any reason and the member has completed 18 but less than 20 years of satisfactory service (for Drill Status Guardsmen and military technicians) or TAFMS (for AGRs)	H	1
16	AGR (Officer or Enlisted)	Any reason and the member has completed 18 but less than 20 years of satisfactory service (for Drill Status Guardsmen and military technicians) or TAFMS (for AGRs)	L	1

17	Drill Status Guardsman, Military Technician, AGR (Officer or Enlisted)	Any reason approved by NGB/A1 (See note 4)	3	1, 2

Notes:

1. Military Technician and AGR assignments must be coordinated through the Human Resource Office.
2. This code can only be updated by NGB/A1PP.
3. Members who are in an overgrade position because of promotion STEP II. Cannot be updated locally for members. Submit NGB Form 36-11 and promotion order via CMS to NGB/A1PP for PDS update.
4. Cannot be updated locally for members with > 20 years of service. Submit NGB Form 36-11 via MyPers to NGB/A1PP for PDS update.

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PART 5 SPECIAL PROGRAMS

Chapter 17

ADMINISTRATION OF SANCTUARY IN THE AIR RESERVE COMPONENT

17.1. Purpose. 10 USC § 12686(a), *Reserves on Active Duty within Two Years of Retirement Eligibility: Limitation on Release from Active Duty* and § 12646(e), *Commissioned Officers: Retention of After Completion of 18 Years or More, but Less Than 20 Years of Service* establish an active duty retirement sanctuary for members of all Air Reserve Components. A member of a Reserve component who is on active duty (other than for training), who is within two years of becoming eligible for retired pay or retainer pay under a purely military retirement system may not be involuntarily released from that duty before member becomes eligible for that pay, except as provided by this chapter. The sanctuary statute does not deny anyone their entitlement to a 20-year retirement; members may continue to accrue active duty points while performing any voluntary tour of active duty with a signed/approved waiver in place.

17.2. Definition. Active duty sanctuary protection begins with 18 years of Total Active Federal Military Service (TAFMS) and ends with 20 years of TAFMS. It provides a member with a limited entitlement to remain on active duty for the purpose of qualifying for an active duty military retirement.

17.3. Guidance. In general, active duty sanctuary means any ANG or AFR officer/enlisted member who attains 18 (but less than 20) years of TAFMS must be retained on active duty unless they: voluntarily separated; are medically disqualified for continued service; or are separated/discharged for cause. **(T-1).** All active duty time served counts for the computation of the 18 years of TAFMS required toward reaching the sanctuary zone. If a member is not on a sanctuary waiver and desires to invoke sanctuary protection under 10 USC § 12686(a), they must claim such protection while on active duty orders (other than for training) and while in the sanctuary zone. **(T-0).** The request must be in writing and submitted in accordance with ANG or AFR program directives for processing. **(T-1).** Absent a written claim for sanctuary zone protection, the component will consider the member's release from active duty as voluntary and sanctuary protection will be deemed not properly requested. **(T-1). Note:** Reserve sanctuary statutes are addressed separately in [paragraph 17.13](#) of this document.

17.4. Management of Active Duty Sanctuary.

17.4.1. Management. The SecAF requires the Air Reserve Component to manage eligible members in the two-year sanctuary window of eligibility. For the AFR, the NAF/Wing Commanders and the HQ RIO Commander will maintain overall responsibility for administration of the sanctuary program. For ANG members, NGB/A1, State Joint Forces Headquarters, FSSs/Flights and commanders will maintain overall responsibility for the sanctuary program. In order to meet this requirement, the following process is in place for all Air Reserve Component members, with indications of variances shown as applicable. **(T-1).**

17.4.1.1. For AFR:

17.4.1.1.1. AFRC/A1K will make available a monthly report/roster containing a list of personnel in or nearing active duty sanctuary. Members who have accumulated 16 ½ years, but less than 20 years TAFMS are considered to be nearing active duty sanctuary. Each report/roster will be monitored by the respective HQ RIO Det/CC for all IMAs, FSS for Traditional Reservist, and the HQ RIO for Mobilization Assistants. The

report/roster is meant as a guide and not a source document. A Point Credit Accounting and Reporting System (PCARS) report must be pulled and applicable days reviewed and calculated on each member prior to putting them on any type of voluntary active duty order (*other than training*) as there may be a time delay between PCARS and TAFMS data on report or roster HQ RIO Det/CCs, FSS, and HQ RIO are primarily responsible for maintaining an accurate list of personnel in or nearing active duty sanctuary. Additionally, HQ RIO Det/CCs, FSS, and HQ RIO must provide the report/roster to all agencies concerned, on a need to know basis (e.g., unit CSS), so they can monitor members with a pending Line of Duty or Medical Evaluation Board issue and process sanctuary waivers in accordance with this instruction.

17.4.1.1.2. Air Reserve Orders Writing System – AFR will identify members who are in or nearing active duty sanctuary zone and alert the Wing Commander, HQ RIO/CC, or Air Reserve Personnel Center (ARPC) that a waiver is required before approving the tour of voluntary active duty. **Note:** The following statement is mandatory on each active duty order (based on the receipt of a sanctuary waiver from the member): “The member has waived the sanctuary protection of 10 USC § 12686(a) for the period of active duty authorized by this order.” **(T-1).**

17.4.1.2. For ANG:

17.4.1.2.1. FSS, Force Support Flights and State Joint Forces Headquarters are responsible for producing monthly reports to monitor sanctuary eligibility.

17.4.1.2.2. The ANG Reserve Order Writing System will flag any order that will bring a Title 32 unit member beyond 16 years of TAFMS to ensure that the total years of active duty service are verified prior to the order being approved. If the order publication is for a period of less than 180 days and brings the member into active duty sanctuary, the member must complete and sign an active duty sanctuary waiver prior to the order being approved. This is applicable to those members serving on voluntary 10 USC § 12301(d), *Reserve Components Generally* or Title 32 Active Duty for Operational Support days. **(T-1).**

17.4.1.3. Those members placed on Title 32 Special Training orders that are doing Title 32 operational support (not actual training) and whose Special Training order brings them into active duty sanctuary, must follow the same procedures for completing an active duty sanctuary waiver prior to orders being approved. The following statement is mandatory (based on the receipt of a sanctuary waiver from the member) on each active duty order: “The member has waived the sanctuary protection of 10 USC § 12686(a) for the period of active duty authorized by this order.” **(T-1).**

17.4.1.4. Sanctuary Waiver, Protection and Memorandum of Understanding. A service member who is to be ordered to active duty (other than for training), the Secretary concerned may require that a waiver be executed before the period of active duty begins. See **ATTACHMENT 22**. Alternatively, service members may opt to invoke or claim sanctuary protection. In this case, a service member’s assignment will be based upon current mission requirements within the State. See **ATTACHMENT 23**. A statement of understanding will also need to be proceed to support the action of (Requestor) to waive his/her sanctuary protection to perform the voluntary tour of active duty and to acknowledge that in order for the service member to serve on active duty during, which

would bring them within the sanctuary protection, the SecAF requires that they must waive their right to sanctuary protection, in accordance with 10 USC § 12686(b). See **ATTACHMENT 21**.

17.5. Air Reserve Component Members Performing Active Duty for Operational Support, Reserve Personnel Appropriation, Military Personnel Appropriation, Active Duty for Training, and ANG Special Training. Any Air Reserve Component member performing Active Duty for Operational Support (Title 10 or Title 32), Reserve Personnel Appropriation, Military Personnel Appropriation or applicable Special Training tours specifying 179 days or less for which the period of active duty would result in the member qualifying for active duty sanctuary, may not begin the tour without an approved waiver in place prior to the tour start date. Any error or breach of guidance, with regard to sanctuary waivers, is avoided if the member (who is in or whose upcoming tour would place them in the sanctuary zone) has a signed/approved waiver in place prior to the tour start date for any *voluntary* tours of active duty. Although a member has a signed/approved waiver in place, the member will continue to accumulate active duty points during the waiver period which could eventually lead to an active duty retirement. Waiver requirements do not apply to members performing Inactive Duty Training, Active Duty for Training or are activated under involuntary authorities under 10 USC §§ 12301(a), 12302, *Ready Reserve* or 12304, *Selective Reserve* or *Certain Individual Ready Reserve Members*. **Note:** When supporting RegAF missions, Air Reserve Component members are placed on a Military Personnel Appropriation tour. When supporting Air Reserve Component missions, Air Reserve Component members are placed on a Reserve Personnel Appropriation/Active Duty for Operational Support (Title 32 for ANG) tour.

17.5.1. Reserve Personnel Appropriation: Reserve Personnel Appropriation tours fall into two categories; Active Duty for Operational Support and Active Duty for Training.

17.5.1.1. Active Duty for Operational Support: Reserve Personnel Appropriation/Active Duty for Operation Support is considered voluntary active duty. In accordance with 10 USC § 12686(b), if the period of Active Duty for Operation Support specifying of 179 days or less will result in the member qualifying for active duty sanctuary, a signed/approved waiver must be completed prior to the tour start date. Members will not be able to commence the tour without an approved waiver prior to tour start date. ANG Title 32 Active Duty for Operation Support tours are also subject to active duty sanctuary waiver rules. **(T-1)**.

17.5.1.2. Active Duty for Training: Members performing Reserve Personnel Appropriation/Active Duty for Training tours are not eligible to claim sanctuary protection. For AFR: See AFMAN 36-2136 for definitions of training categories. For ANG: See ANGI 36-2001, *Management of Training and Operational Support within the Air National Guard*, for definitions of training categories.

17.5.2. Military Personnel Appropriation (defined by DAFI 36-2619, *Active Duty Operational Support (ADOS)-Active Component (AC) Man-Day Program*: If an Air Reserve Component member performs a Military Personnel Appropriation tour of 179 days or less and the period of active duty would result in the member qualifying for active duty sanctuary, the member may *not* begin the tour without an approved waiver in place prior to the tour start date. **(T-1)**.

17.5.3. Special Training: For ANG members placed on Title 32 Special Training orders performing Title 32 operational support (not actual training) and the applicable Special

Training order brings the member into active duty sanctuary, the same sanctuary procedures must be followed for completing the active duty sanctuary waiver prior to orders being approved and published. **(T-1)**.

17.6. Sanctuary Processes. In the event a member is placed in a voluntary order status (Military Personnel Appropriation, Reserve Personnel Appropriation/Active Duty for Operation Support, Title 32 Active Duty for Operation Support or Title 32 Special Training Tour) without executing a sanctuary waiver and declines to separate voluntarily from the active duty tour or is not medically disqualified, separated or discharged for cause and elects to invoke sanctuary protection, the following procedures are required:

17.6.1. For AFR: Members are accessed into the AFR Active Guard/Reserve Program. The required documents identified must be completed by the member and submitted to AFRC/A1KI's workflow for processing. **(T-1)**. The member will be assigned to a position based on the needs of the AFR and such assignment terminates upon the member reaching eligibility for an immediate active duty retirement. **(T-1)**.

17.6.2. For ANG: The State is required to provide full-time military employment, utilizing the current authorized Active Guard and Reserve resources. Members with assistance of the unit will request the right to claim sanctuary to the State for placement. NGB/A1 will not provide the State additional Active Guard Reserve resources for these situations. The member will be assigned to a position based on the needs of the State and such assignment terminates upon the member reaching eligibility for an immediate active duty retirement. **(T-1)**.

17.6.3. For RegAF Exceptions: Under certain circumstances, members may be accessed to the RegAF. Situations that qualify are if circumstances dictate the following: the Reserve member is the only one available to fill a RegAF requirement, the member refuses to sign a waiver, and time does not permit for sourcing through involuntary means. In situations where established procedures were followed and the member subsequently claims sanctuary, the details of the claim must be approved by SAF/MR; if approved, the member will be gained to the RegAF.

17.7. Continuation for Medical Evaluation: The ability to recall or continue a Reserve Component member for medical evaluation under 10 USC § 12301(h) is independent from the member's sanctuary right under 10 USC § 12686.

17.7.1. If a Reserve Component member is placed on 10 USC § 12301(h) orders and has 18 but less than 20 years of TAFMS, the member may be requested to process a sanctuary waiver while under medical treatment.

17.7.2. If the continued medical care or recall for medical evaluation occurs during the period of an already established sanctuary waiver period, the member is not required to process another sanctuary waiver unless the 10 USC § 12301(h) orders will take the member beyond the previously established waiver period. If the continued medical care or recall for medical evaluation occurs during the period of the waiver, the member may **not** claim sanctuary.

17.7.3. If the medical evaluation finds the member medically unfit for duty he/she would be processed for a medical evaluation board review under regulations and the authority of the SecAF. If the member is not medically disqualified and does not have a waiver in place, he/she would continue on active duty under the terms of the 10 USC § 12301(h) active duty order.

17.8. Processing Active Duty Sanctuary Waivers.

17.8.1. Requirement: Members who are in or whose upcoming tour would qualify them for sanctuary protection must affirmatively waive the applicability of 10 U.S.C. § 12686(a) in order to perform any voluntary tour of active duty (other than training) of less than 180 days. (T-0). Waivers must be submitted prior to publication of any order (other than training) specifying a period of less than 180 days performed under 10 U.S.C. § 12301(d). (T-0). Additionally, if any published order (other than training) of less than 180 days, currently covered by a waiver, is modified to extend; a new waiver must be accomplished to cover the remainder of time remaining up to 180 days as permitted by law before the amendment can be published. (T-0). The member will continue to accumulate points during the waiver period. While waivers are not required from members involuntarily mobilized under 10 U.S.C. § 12301(a), 12302 or 12304 or for published orders under 10 U.S.C. § 12301(d) specifying periods in excess of 179 days; such action shall be evaluated by the unit commander with coordination of appropriate MAJCOM functional manager to ensure maintainability of active component force management actions. **(T-1)**.

17.8.1.1. Prior to performing a voluntary tour that may result in eligibility for sanctuary, Air Reserve Component members must submit a Statement of Understanding memorandum (sanctuary waiver), to their Unit/Det CC and servicing FSS. **(T-0)**. The waiver must accompany the active duty tour request, or the tour will not be approved, and orders will not be published. **(T-0)**.

17.8.1.2. Air Reserve Component members must ensure active duty tour requests accompanied by the waiver, are received no later than 45 calendar days before tour start date, unless extreme circumstances preclude compliance. **(T-2)**. The approval authority may require justification for a tour requested on short notice. Short-notice tour requests should be the exception rather than the norm.

17.8.1.3. **(Added)** If an active duty tour covered by an approved sanctuary waiver is curtailed for any reason, and the member requests another voluntary tour of active duty, the member is required to initiate a new waiver. **(T-0)**.

17.8.2. A copy of the signed *Statement of Understanding* (sanctuary waiver), approved active duty tour request, and published orders for each member must be kept on file at the assigned organization until the member separates or retires from the Air Reserve Component. **(T-0)**.

17.9. Final Tour Approval.

17.9.1. AFR members: The only approval authority for final tours is the HQ AFRC/CD regardless of status.

17.9.2. For current AGR members serving in positions higher than wing-level, approval authority to continue member in current position is the HQ AFRC/A1.

17.9.3. DELETED.

17.9.3.1. DELETED.

17.9.3.2. DELETED.

17.9.4. ANG members: Each level of command up to State Joint Forces Headquarters may recommend approval/disapproval of the tour request. Final approval authority within the ANG is TAG or CG.

17.10. Demobilization and Active Duty Sanctuary.

17.10.1. General Guidance. For members who have been involuntarily mobilized under 10 USC §§ 12301(a), 12302 or 12304; NAF, Wing, HQ RIO and ANG wings will establish accountability procedures to ensure each member is counseled on the member's sanctuary rights with follow-up action taken as required. AF/REG will establish accountability for Mobilization Augmentees. **Note:** Air Reserve Technician should contact AFRC Civilian Personnel for guidance before making a sanctuary decision.

17.10.2. FSS/CC and Det/CC Responsibilities: Immediately upon notification of mobilization, counsel and advise each affected individual of the individual's option. Sixty days prior to demobilization date, re-advise the individual of the options to decline or invoke sanctuary and ensure the member understands the requirement to select the option no later than 45 calendar days prior to demobilization date. If member is deployed, the FSS will coordinate with the deployed Personnel Support for Contingency Operations (PERSCO) team to counsel the member on the member's options 60 days prior to demobilization. In addition, while the member is deployed, the FSS will coordinate with the deployed PERSCO team to re-advise the individual of available options and ensure the understanding of the requirement to select the option of choice must be completed not later than 45 calendar days prior to demobilization date. These options are only available if the member has been mobilized involuntarily under 10 USC §§ 12301(a), 12302 or 12304.

17.10.3. Member's Options.

17.10.3.1. Option #1: Decline sanctuary zone protection: Upon completion of counseling, if the individual indicates the individual does not desire to invoke sanctuary zone protection in accordance with 10 USC § 12686(a), the individual must sign a declination statement. **(T-0).**

17.10.3.2. Option #2: Invoke sanctuary protection: Members selecting this option must both: (1) indicate a desire to invoke sanctuary protection not later than 45 days prior to demobilization date; and (2) invoke/claim sanctuary protection while still on active duty orders and in sanctuary zone. Upon completion of counseling, if the individual indicates he/she desires to invoke sanctuary protection in accordance with 10 USC § 12686(a), the individual must sign the "Request to Invoke Sanctuary" statement and complete an "Assignment Worksheet." Air Reserve Component personnel who claim sanctuary apply for active duty retention through their respective wing (unit), Det/CC, or ANG/A1 who will, in turn, electronically forward the sanctuary claim forms for lieutenant colonel and below to the Air Force Personnel Center (AFPC); and to Headquarters Air Force Colonel Management Office (AF/A1LO) for colonels. The Air Reserve Component member will be identified to AFPC or AF/A1LO for immediate accession into the RegAF under 10 USC § 12301(d) upon completion of the involuntary mobilization tour. If a member invokes sanctuary and is not medically disqualified, separated, or discharged for cause, AFPC will make this member available for worldwide assignment based on Air Force needs. **(T-0).** **Note:** Advise members to be timely in their decisions; processing time may affect orders, pay and benefits.

17.11. Reassignment to RegAF. Upon notification of assignment to active duty by AFPC Military Accessions Branch (AFPC/DP2LT), enlisted or officer (lieutenant colonel and below), or AF/A1LO (colonel):

17.11.1. For unit members: AFPC/DP2LT, or AF/A1LO will publish respective active duty orders; a copy will be sent to the gaining and losing FSS. The FSS will process the member for RegAF.

17.11.2. For IR: AFPC/DP2LT, or AF/A1LO will publish respective active duty orders; a copy will be provided to HQ RIO/CC who in-turn notifies the Det/CC of assignment selection. The gaining FSS will process member for active duty.

17.12. Options at 20 Years Total Active Federal Military Service (TAFMS) . The following options are available to the member upon completion of 20 years TAFMS:

17.12.1. Request a voluntary active duty retirement through vMPF.

17.12.2. Members are not eligible to return to the ARC. Members should request a voluntary active duty retirement through vMPF. **(T-2)**.

17.12.3. DELETED.

17.13. Reserve Sanctuary.

17.13.1. General Guidance: Reserve sanctuary under 10 USC § 1176 (b), *Enlisted Members: Retention After Completion of 18 or More; but Less than 20, Years of Service* (enlisted), 12646(a) and (b) (officer) is provided for AFR and ANG members serving in an active Reserve status who have completed at least 18, but fewer than 20 years of satisfactory service.

17.13.2. Enlisted Eligibility: Reserve members in an active status who are selected to be involuntarily separated (other than for physical disability or for cause), or whose term of enlistment expires and who are denied reenlistment (other than for physical disability or for cause), and who on the date on which the member is to be discharged or transferred from an active status are entitled to be credited with at least 18, but less than 20 years of service computed under 10 USC § 12732, *Entitlement to Retired Pay: Computation of Years of Service*, may not be discharged, denied reenlistment, or transferred from an active status without the member's consent.

17.13.2.1. Extension of ETS.

17.13.2.1.1. AFR: Members denied reenlistment who require an extension of ETS to obtain 20 years of satisfactory service must go through their servicing FSS. The member and/or FSS must obtain coordination with ARPC, Directorate of Personnel Transformation, Career Management Branch (IR or Participating Individual Ready Reserve), AFRC, Personnel Division (Traditional Reservists and Air Reserve Technicians only), or ARPC, Directorate of Assignments (Active Guard Reserve only). **(T-1)**.

17.13.2.1.2. ANG: A member who will not be qualified for retirement upon reaching age 60, but will qualify before attaining age 62, and is otherwise qualified for retention, may be extended to qualify for retirement under the provisions of 10 USC § 1176(b). This provision only applies when a HYT waiver for retention beyond age 60, in

accordance with AFI 36-2606, was granted by ANG at the time of enlistment. This type of extension request will be forwarded by the State to NGB/A1P for final action.

17.13.3. Enlisted Ineligibility: Enlisted members in an active status selected to be involuntarily separated for physical disability, for cause, or denied reenlistment for physical disability or for cause; are not eligible for Reserve sanctuary under 10 USC § 1176(b). **(T-0)**.

17.13.4. Officer Eligibility: 10 USC § 12646 allows officers within the age limitations, and physical qualifications, and otherwise eligible for continued service to be eligible for Reserve sanctuary, if they have completed 18, but less than 20 years of satisfactory service, and are otherwise eligible for Reserve retirement.

17.13.4.1. ARPC, Directorate of Personnel Transformation, Retirement Branch will adjust, as permitted by 10 USC § 12646(a) or (b), and individual's Mandatory Separation Date if attained prior to reaching 20 years satisfactory service.

17.13.4.2. If the member has 18 years satisfactory service upon expiration of Mandatory Separation Date, their Mandatory Separation Date will be extended by three years;

17.13.4.3. If the member has 19 years satisfactory service when Mandatory Separation Date expires, they will be extended for two years.

17.13.4.4. Members assigned to the Non-Obligated Non-Participating Ready Personnel Section and Inactive Status List Reserve Section are placed in Reserve Sanctuary by ARPC/DPT, while unit and IMA members continue service with their assigned organization.

17.13.5. Officer Ineligibility: Officers who are discharged or transferred from an active status for physical disability, for cause, or because they have reached the age at which transfer from an active status or discharge is required by law, are not eligible for Reserve sanctuary under 10 USC § 12646. **(T-0)**.

17.13.6. Member Status. A member of the Selected Reserve in Reserve sanctuary remains in the SelRes and is not transferred to the NARS. These members will continue to participate and earn points with their unit and may also earn points through extension courses. Non-Participating Individual Ready Reserve members are transferred to NARS and may earn points through Extension Course Institute courses to obtain 20 years of satisfactory service. ARPC/DPAMR will assist members assigned to NARS in finding a point only training attachment. Members remain in Reserve sanctuary until obtaining 20 years of satisfactory service or until the second or third anniversary, as appropriate under 10 USC § 12646, of the date on which the member would otherwise have been discharged or transferred from an active status.

17.13.7. ARPC Responsibilities. ARPC/DPTTS generates a monthly report from PDS identifying reservists (commissioned officer and enlisted members) retained in sanctuary. It is used to monitor members' participation and ensure retirement or separation at members' adjusted Mandatory Separation Date (officer), HYT Date (enlisted) or ETS (enlisted members denied reenlistment).

17.13.8. If the report reflects that a member currently has 19 or more years of satisfactory service, ARPC/DPTSP closely monitors points earned during current Retention/Retirement year. Members attaining 20 years of satisfactory service are automatically transferred to the

Retired Reserve unless a request for resignation is received no later than 30 calendar days prior to mandatory separation date; or the member is in Air Reserve Technician status covered under 10 USC § 10216(f), *Military Technicians (Dual Status)*.

17.13.9. Pre-Separation Counseling: A member in Reserve sanctuary shall receive pre-separation counseling as required by 10 USC § 1142, *Preparation Counseling; Transmittal of Certain Records to Department of Veteran Affairs. (T-0)*.

Chapter 18

ENLISTED AIDE SPECIAL DUTY IDENTIFIER (SDI) MANAGEMENT

18.1. Program Roles and Responsibilities.

18.1.1. Enlisted Aide Program Manager (AF/A1LG) will:

18.1.1.1. Maintain overall functional responsibility for the Enlisted Aide Special Duty Program.

18.1.1.2. Develop and implement guidance for management of the Enlisted Aide force.

18.1.1.3. Staff Enlisted Aide allocations with qualified volunteers. Works with CFMs and assignment managers concerning a member's release from and return to their PAFSC. Ensures general officers are aware of Enlisted Aides approaching five years in the SDI.

18.1.1.4. Establish and oversee all Enlisted Aide training and budget requirements to include: initial training, continuous development and the annual Utilization and Training Workshop.

18.1.1.5. Assist Joint Staff, Air Staff, MAJCOMs, Direct Reporting Units and Field Operating Agencies with Enlisted Aide requirements.

18.1.1.6. Manage the USAF Enlisted Aide of the Year Awards Program.

18.1.2. Air Force Personnel Center's Enlisted Aide Assignments (AFPC/DPAA2) will:

18.1.2.1. Coordinate the release of members from their PAFSC.

18.1.2.2. Act to load initial assignments, reassignments, and provides assignment advice as necessary.

18.1.3. MAJCOM Deputy Chief of Staff for Manpower, Personnel and Services (MAJCOM/A1) will:

18.1.3.1. Appoint an Enlisted Aide MAJCOM Functional Manager on an official memorandum to AF/A1LG.

18.1.3.2. Manage and appoint board members in coordination with A1K for the MAJCOM's Enlisted Aide of the Year Award.

18.1.4. Enlisted Aide MAJCOM Functional Manager:

18.1.4.1. Normally a Senior Non-Commissioned Officer (including selects) who has completed Tier 2 training.

18.1.4.2. Will serve as MAJCOM point-of-contact on Enlisted Aide matters to include training, professional development, mentoring, career growth, counseling, etc. for currently serving Enlisted Aides.

18.1.4.3. Will determine and schedule Enlisted Aide training through the Enlisted Aide Training Manager. Conducts 1-2 weeks MAJCOM Orientation and follow-on training for new Enlisted Aides.

18.1.4.4. Will attend and represent their respective MAJCOM at the annual Utilization and Training Workshop.

18.1.4.5. Will provide input to Enlisted Aide Program Manager on Enlisted Aide guidance and implements requirements throughout MAJCOM.

18.1.4.6. Will screen Enlisted Aide candidates as required by the Enlisted Aide Recruiting Manager.

18.1.5. Enlisted Aide Training Manager:

18.1.5.1. Normally a Senior Non-Commissioned Officer (including selects) who has completed Tier 3 training.

18.1.5.2. Will work closely with Enlisted Aide Program Manager to develop training plans and ensure training program meets USAF needs.

18.1.5.3. Will manage Enlisted Aide Training Records and tracks Enlisted Aide training documentation to prevent overdue records.

18.1.5.4. Will engage with general officers and MAJCOM Functional Managers to schedule training courses.

18.1.5.4.1. Will manage reporting instructions for each training course.

18.1.5.4.2. Will work with Enlisted Aides to ensure they are briefed on lodging, uniform standards, class leader, expectations, etc., before attending training.

18.1.5.5. Will collect feedback after each course completion.

18.1.5.6. Will seek out new training options and opportunities.

18.1.5.7. Will brief Enlisted Aides at the Enlisted Aide Utilization and Training Workshop.

18.1.6. Enlisted Aide Recruiting Manager:

18.1.6.1. Normally a Senior Non-Commissioned Officer (including selects) with at least 24 months of Enlisted Aide experience.

18.1.6.2. Will pre-screen all Enlisted Aide candidates prior to requesting release from PAFSC.

18.1.6.3. Will assist Enlisted Aide Program Manager with the coordination and tracking of a member's release from their PAFSC via AFPC/DPAA2.

18.1.6.4. Will develop recruiting initiatives and works closely with Enlisted Aide Program Manager on implementation.

18.1.6.5. Will update and maintain Enlisted Aide recruiting publications and materials.

18.1.6.6. Will coordinate further screening and shadowing opportunities with experienced Enlisted Aides based on candidate's geographical location.

18.1.6.7. Will assist Enlisted Aide candidates with package requirements and engages with their leadership as required.

18.1.6.8. Will brief Enlisted Aides at the Enlisted Aide Utilization and Training Workshop.

18.1.7. Enlisted Aide Supervision: The general officer to whom the Enlisted Aide is assigned is normally both the supervisor and rater of the Enlisted Aide. In circumstances in which the general officer is unable to act as the rater of the Enlisted Aide, he/she may delegate that authority to the Senior Enlisted Aide (if applicable). Delegation to anyone other than the Senior Enlisted Aide requires the approval of the Air Force Vice Chief of Staff (AF/CV). In all cases, the general officer will remain the senior rater of the enlisted aide. Route any delegation request and justification through AF/A1LG for AF/CV approval.

18.1.7.1. The general officer may release an Enlisted Aide for cause at any time due to substandard duty performance, failure to maintain quality standards, or other conduct which could be considered substandard. Non-recommendation for another enlisted aide position should be clearly justified in the release for cause memo.

18.1.7.2. AF/CV is the approval authority to release Enlisted Aides “for cause.”

18.1.7.3. In considering the decision to release an Enlisted Aide, the general officer should give the Airman an opportunity to correct substandard performance and provide appropriate performance feedback, to include verbal/written counseling. General Officers and their families have a unique, professional relationship with their Enlisted Aide, generating both benefits and challenges. Some of the challenges are interpersonal and a transfer to another Enlisted Aide position might resolve the performance issues if the gaining general officer is amenable to this resolution. Ultimately, it is the general officer’s responsibility to clearly communicate and document performance and professional expectations to their Enlisted Aide.

18.2. Enlisted Aide Special Duty Identifier (SDI) Management.

18.2.1. Enlisted Aide Authorizations. Enlisted Aide allocations are determined by the SecAF in coordination with Chief of Staff of the Air Force (CSAF) based on Title 10 USC § 981, *Limitation on Number of Enlisted Aides*, and DoD allocation ceiling constraints.

18.2.1.1. The Enlisted Aide Program Manager in AF/A1LG maintains all allocations and justifications for Enlisted Aide positions. Units will submit requests for new allocations in writing through AF/A1LG for final approval by the SecAF in coordination with CSAF. **(T-1)**.

18.2.1.2. Enlisted Aides will only assist the general officer authorized an Enlisted Aide. **(T-1)**. The general officer whom the Enlisted Aide is assisting must reside in privatized/government housing. **(T-1)**. The authorized general officer can designate their spouse or another general officer to fulfill the general officer’s representational duties in the general’s absence and utilize the assistance of the Enlisted Aide in that capacity. This designation must occur in writing and clearly identify the representative, location and Qualifying Representational Event prior to the event. **(T-1)**.

18.2.2. Qualifications and Position Requirements.

18.2.2.1. Only volunteers will be considered for SDI 8A200, Enlisted Aide. **(T-1)**. Enlisted Aide openings are advertised on the Air Force Portal.

18.2.2.2. Enlisted Aide candidates should be deemed releasable from their PAFSC prior to applying for an Enlisted Aide special duty assignment.

18.2.2.3. Primary Enlisted Aide candidates are Staff Sergeants and Technical Sergeants (including Staff Sergeant selectees). Senior Airmen and Master Sergeants may be considered on a case-by-case basis.

18.2.2.4. Candidates must possess prior qualification in any AFSC at the 5-skill level or higher in accordance with AFMAN 36-2100.

18.2.2.5. Candidates shall not have received a Selective Re-enlistment Bonus. **(T-2)**.

18.2.2.6. Candidates cannot have a pending assignment, deployment or retraining action. **(T-1)**.

18.2.2.7. Candidates should meet time on station requirements in accordance with [paragraph 6.5](#).

18.2.2.8. Candidates must possess and maintain a minimum of a SECRET security clearance in accordance with DoDM 5200.02_AFMAN 16-1405, for entry and retention into the Enlisted Aide program. **(T-1)**.

18.2.2.9. Candidates must possess and maintain worldwide qualified status with the ability to obtain an official government passport. **(T-1)**.

18.2.2.10. Candidates should be pre-screened by the Enlisted Aide Recruiting Manager prior to submitting an application package to ensure eligibility.

18.2.3. Enlisted Aide Special Duty Assignments.

18.2.3.1. Tenure of Assignment: Enlisted Aides who complete tier one and tier two training respectively have an initial tenure of three years from completion of training. Total time in the 8A200 SDI should not exceed six consecutive years for NCOs and seven consecutive years for SNCOs unless extension is in the vested interest of the Air Force which will be approved by the Enlisted Aide Program Manager AF/A1LG. **(T-1)**. **Note:** Time does not start over if an NCO makes SNCO as an Enlisted Aide. However, seven years will be their new tenure ceiling.

18.2.3.2. Enlisted Aide experience, growth opportunities, time on station, HYT, general officer's status (retirement or transition) should be considered when making the decision to move an Enlisted Aide from any location.

18.2.3.3. When a general officer already has an Enlisted Aide, the Enlisted Aide may accompany the general officer to the next assignment, if requested by the general officer and approved by AF/A1LG.

18.2.3.4. Enlisted Aides may apply for advertised Enlisted Aide positions with increased responsibility after 24 months. However, Enlisted Aides may be required to fill vacancies at other locations based on needs of the USAF.

18.2.3.5. Enlisted Aides will complete training in accordance with the Enlisted Aide Three-Tier Training Plan, and AFMAN 36-2100. **Note:** AF/A1LG will fund all registration expenses for external courses on the three-tier training plan, however, all other travel expenses will be unit funded. **(T-1)**.

18.2.3.6. DELETED.

18.2.3.7. During special duty as an Enlisted Aide, Airmen must maintain their skill level in their PAFSC. **(T-1)**.

18.3. Enlisted Aide Duties and Responsibilities.

18.3.1. Duties and Responsibilities. Upon acceptance as an Air Force Enlisted Aide, Airmen must coordinate with the Enlisted Aide Training Manager to obtain training in accordance with Enlisted Aide three-tier training plan. **(T-1)**. Upon completion of all training the Enlisted Aide is responsible for becoming familiar with and performing the authorized duties detailed in DoDI 1315.09.

18.3.2. Enlisted Aide Duty Location. The Enlisted Aide's primary duty location is the general officer's quarters. A separate office space may be designated as an alternate duty location in the headquarters or command section to allow the Enlisted Aide to perform administrative duties in support of the general officer's quarters management.

18.3.2.1. The general officer may assign additional duties or programs to the Enlisted Aide as long as the performance of these duties does not interfere with the Enlisted Aide's ability to perform the Enlisted Aide's primary duties and responsibilities at the general officer's quarters. Although support of protocol officers may have a nexus to their primary duties and responsibilities, Enlisted Aides should not be assigned work normally performed by executive officers and their support staff.

18.3.2.2. Enlisted aides may be required to travel in and around their primary duty station to perform primary duties and responsibilities. Errands such as going to the grocery store to purchase food for qualifying social events, or the drycleaner to maintain the general officer's uniforms, are permitted.

18.3.2.2.1. Enlisted Aides will not be required to conduct their official duties using privately owned conveyances. **(T-0)**. Enlisted Aides, at their discretion, may use privately owned conveyances with concurrence of the general officer. If an Enlisted Aide utilizes the Enlisted Aide's privately owned conveyance in the performance of the Enlisted Aide's primary duties and responsibilities, the Enlisted Aide must be reimbursed in accordance with DoD 7000.14-R, Volume 9, Chapter 4, paragraph 0407 or the JTR, Chapter 2, § 0206. **(T-0)**.

18.3.2.2.2. Enlisted Aides are responsible for filing local vouchers within a reasonable amount of time after the expense was incurred (i.e., weekly basis).

18.3.3. Enlisted Aide Duty Hours. The general officer is responsible for setting the Enlisted Aide's hours. An Enlisted Aide's duty hours should be commensurate with enlisted members throughout the USAF.

18.3.3.1. Duty hours may be adjusted to accommodate special events. If it is necessary to extend duty hours, compensatory time should be provided.

18.3.3.2. General officers will employ Enlisted Aides to support unofficial activities only when such support is provided on a voluntary, paid (out of general officer's personal funds) and off duty basis. **(T-0)**.

18.3.3.2.1. When employing an Enlisted Aide to support unofficial activities, the general officer must pay the Enlisted Aide(s) at or above fair market-based rate. **(T-0)**. The Bureau of Labor and Statistics website (www.bls.gov/oes/current/oessrcst.htm) provides current rates.).

18.3.3.2.2. Duty hours will not be adjusted to accommodate off-duty employment. **(T-0)**.

18.3.4. Training and Proficiency. The Enlisted Aide Program Manager will develop and coordinate Enlisted Aide training in accordance with the Enlisted Aide three-tier training plan. **(T-2)**. AF/A1LG will fund all registration expenses for all external courses within the three-tier training plan; however, all other travel expenses will be unit funded. **(T-1)**.

18.4. Clothing Entitlements and Uniform Guidance.

18.4.1. Clothing Entitlements. Enlisted Aides are entitled to an initial and annual clothing allowance in accordance with **chapter 29** of Volume 7A of DoD 7000.14-R. A civilian clothing authorization letter should be provided by the MAJCOM Functional Manager to the Enlisted Aide for submission to their local finance office.

18.4.2. Uniforms Guidance. Enlisted Aides are authorized to wear distinctive uniforms to meet mission requirements in accordance with DAFI 36-2903, *Dress and Personal Appearance of United States Air Force and United States Space Force Personnel*. Members will abide by DAFI 36-2903 personal grooming, accessory standards while wearing the informal uniform. **(T-1)**.

18.4.3. Informal Uniform. Members currently serving in an Enlisted Aide capacity are authorized to wear an informal uniform, which includes the navy blue polo and khaki trousers. Additionally, Enlisted Aides are authorized the wear of an entertainment uniform.

18.4.3.1. Polo Shirt. Refer to DAFI 36-2903, for specific wear guidelines for the informal uniform navy-blue polo shirts. **Exception:** A plain white V-neck T-shirt is optional. Women in all pregnancy stages are authorized to wear the polo-style shirt untucked. Members serving as Enlisted Aides to the CSAF are authorized to have the CSAF flag in place of the USAF logo on the shirt. Additionally, members assigned to joint commands may wear the Enlisted Aide uniform of the general officer's parent service unless the general officer authorizes a command specific uniform. All Enlisted Aides must maintain USAF polo-style shirts for all non-Chief of Staff of the USAF/Joint events, i.e., Utilization and Training Workshop, assisting at other general officer quarters, etc. **(T-1)**.

18.4.3.2. Enlisted Aide Name Tag. Nametag will be brushed silver with grade, first and last name and "Enlisted Aide" printed directly below the grade, first and last name. **(T-1)**. **Exception:** "Enlisted Aide Program Manager" may be in place of "Enlisted Aide" for member serving in such capacity. Nametags will be worn with the polo shirts on the wearer's upper right chest of shirt. **(T-1)**. Place nametag anywhere in line with top of wings and bottom of lettering. **(T-1)**. **Note:** Females may adjust the position of the nametag higher to give a more professional appearance.

18.4.3.3. Trousers. Trousers will be worn in accordance with DAFI 36-2903. **Exception:** Women in all pregnancy stages are authorized to wear maternity trousers. Additionally, "Tactical" style work trousers are authorized while performing duties that require excessive manual labor (i.e., yardwork, deep cleaning). The fabric will be khaki, tan or beige in color

and may be constructed of reinforced (rip-stop) fabric. **(T-2)**. Tactical trousers will be flat front without cuffs or pleats and must have a zipper, front button or clasp fixture and belt loops. **(T-2)**.

18.4.3.4. Belt. The belt will be worn in accordance with DAFI 36-2903 while wearing the informal and formal entertainment uniform.

18.4.3.5. Footwear.

18.4.3.5.1. Socks. Socks shall be worn in accordance with DAFI 36-2903 while wearing the informal and entertainment uniforms.

18.4.3.5.2. Shoes. Shoes shall be worn in accordance with DAFI 36-2903 while wearing the informal and entertainment uniforms. **Exception:** Black chef style clogs and conservative leather loafers are authorized. Athletic shoes are not authorized in the entertainment uniforms unless on a medical profile. **(T-2)**. Any shoe worn will be black in color all around to include brand logo (subdued), sole, toe cap, tongue, eyelet, welt, stitching, and heel. **(T-1)**.

18.4.3.6. Entertainment Uniform. Enlisted Aides performing special events (i.e., formal entertainment, food preparation) or as deemed appropriate by general officer or Enlisted Aide in charge are authorized to wear the entertainment uniforms. Entertainment uniforms consist of: white polo-style shirt, chef coat, dress shirt/blouse, black vest, tie and black trousers.

18.4.3.6.1. White Polo shirt. Shirt will be plain white polo-style, short or long-sleeve, with USAF contemporary logo on front, upper left chest. **(T-1)**. USAF contemporary logo will be dark/navy blue. **(T-1)**. Buttons on shirt shall be white or clear. **(T-1)**. Shirt will be tucked in. **(T-1)**. **Exception:** Women in all pregnancy stages are authorized to wear shirt untucked.

18.4.3.6.2. White Chef Coat. Use commercial style white double-breasted chef's coat. **(T-1)**. Either long sleeve, French cuff, or $\frac{3}{4}$ sleeves is authorized.

18.4.3.6.2.1. Male personnel will wear 4-inch blue rank on sleeves; female personnel will wear either 3 $\frac{1}{2}$ -inch or 4-inch blue rank on sleeves. **(T-1)**. The Airman's last name will be printed in blue block lettering on right chest and the department of the Air Force Seal will be affixed on the left chest. **(T-1)**. **Exception:** Members serving as Enlisted Aides to the CSAF are authorized to have the CSAF flag in place of USAF logo on the chef coat. Additionally, members assigned to joint commands will wear the Enlisted Aide uniform of the general officer's parent service unless the general officer authorizes a command specific uniform. **(T-1)**. All Enlisted Aides must maintain USAF logo chef coats for all non-Chief of Staff or Air Force/Joint events, i.e., Utilization and Training Workshop, assisting at other general officer's quarters, etc. **(T-1)**.

18.4.3.6.2.2. The chef coat shall only be used for cooking (may be used if serving and cooking) at official Qualifying Representational Events or other approved official events. **(T-1)**. For purposes of sanitation, the chef coat should be removed when not performing cooking/serving duties. However, the coat may be worn for short necessary stops outdoors or when attending approved courses i.e., Culinary

Institute of America or Advanced Culinary. While wearing the chef coat outdoors, wear of the blue flight cap is mandatory. **(T-1)**. **Note:** While wearing the flight cap, rendering a salute is mandatory. **(T-1)**. Additional wear authorization shall be approved by the Enlisted Aide Program Manager only. **(T-1)**.

18.4.3.6.3. White Dress Shirt/Blouse. Long sleeve shirt will be button-style, of any material, and plain white in color. **(T-1)**. Women may wear $\frac{3}{4}$ length sleeves. No design or brand logo are authorized. **(T-1)**. Shirt will have a single breast pocket on wearer's left or no pockets. **(T-1)**. Buttons on shirt shall be white or clear to include the stitching. **(T-1)**. The wear of a tie/bowtie and name tag is optional. When wearing long-sleeve shirt, center nametag on wearer's right upper chest. **(T-1)**.

18.4.3.6.4. Trousers. Trousers are to be plain black and of cotton, polyester, wool, silk, or combination thereof. **(T-1)**. Trousers will be without cuffs and flat-front style. **(T-1)**. There will be two rear and two side pockets, a zipper, front button or clasp fixture, and belt loops. **(T-1)**. Rear pockets with buttons will always be fastened. **(T-1)**. Any waist bunching, excessive bagging at seat, and cargo style pants are not allowed. **(T-1)**.

18.4.3.6.5. Vest and Tie/Bowtie.

18.4.3.6.5.1. Vest. The vest will be solid plain black in color with two front lower pockets. **(T-1)**. The buttons on the vest shall be black and of any material. **(T-2)**. A name tag is optional with the vest. Enlisted Aide personnel in charge of the event will determine use of a name tag. **(T-2)**. If a name tag is worn, it will be displayed centered on the wearer's upper right side of the vest. **(T-1)**.

18.4.3.6.5.2. Tie/bowtie will be plain black. Enlisted Aide personnel in charge of event will determine use of tie or bowtie. **(T-2)**. Tie/bowtie will be solid plain black in color and of any material. **(T-1)**. Tie/bowtie may be clip-on or tie. A tie can be Windsor, half Windsor, four-in-hand, Balthus, Nicky, or Pratt style.

18.4.3.7. Cold Weather Accessories. All cold weather accessories must be in accordance with DAFI 36-2903. **(T-1)**. Outer Garments. Dark blue jacket, windbreaker and fleece are authorized for wear with the informal or entertainment uniform. The jacket and windbreaker may be worn with or without a hood. All items must be of zipper style and have a small USAF contemporary logo, white in color, on wearer's upper left chest. **(T-1)**. A navy-blue fleece, pullover or cardigan sweater may be worn indoors. **Exception:** The CSAF team is authorized to wear the CSAF flag on outerwear for CSAF events and official travel. Additionally, members assigned to joint commands will wear the Enlisted Aide uniform (to include outerwear) of the general officer's parent service unless the general officer authorizes a command specific uniform. **(T-1)**.

18.4.4. Military Uniform. Enlisted Aides must maintain all authorized military uniforms at all times. **(T-1)**.

18.4.4.1. Enlisted Aides are authorized to wear an aiguillette in accordance with DAFI 36-2903. Aiguillette is mandatory for Enlisted Aides when wearing service uniform, service dress, semi-formal, and mess dress. **(T-1)**.

18.4.4.2. Enlisted Aides must wear an authorized military uniform for formal training and official appointments, i.e., Weighted Airman Promotion System testing, in/out processing, etc. **(T-1)**.

18.4.4.3. The Operational Camouflage Pattern uniform or physical training gear may be worn to perform manual labor.

18.5. Enlisted Aide Recognition.

18.5.1. Enlisted Aide of the Year Nominations and Criteria. This is a program to recognize outstanding achievement and is an annual award based on accomplishments during the fiscal year (1 October through 30 September). Nominees must have served at least 12 months as an Enlisted Aide by the award close out date. **(T-1)**.

18.5.1.1. If the member was promoted during award period, the member will compete in the category they held their grade the longest during award period. **(T-1)**. There are two categories: Junior Enlisted Aide (Senior Airman-Technical Sergeant) and Senior Enlisted Aide (Master Sergeant-Senior Master Sergeant). Enlisted Aides who win USAF level are authorized to wear the USAF recognition ribbon. Each MAJCOM, Combatant Command, field operating agency and direct reporting unit is limited to nominating only one individual per category. **(T-1)**.

18.5.1.2. The Enlisted Aide Program Manager will coordinate with MAJCOMs, Combatant Commands, Field Operating Agencies and Direct Reporting Unit's for submission of award nomination packages. **(T-1)**. All nomination packages must be submitted electronically to AF/A1LG on or before the established suspense date. **(T-1)**. A selection board of one general officer and four Chief Master Sergeants will determine the winning Enlisted Aide. **(T-1)**.

18.5.2. Include the following in the nomination packages:

18.5.2.1. AF Form 1206, *Nomination for Award* (no more than 20 bullets).

18.5.2.2. Junior Enlisted Aide category headings will reflect JOB PERFORMANCE IN PRIMARY DUTY (15 bullets), LEADERSHIP AND FOLLOWERSHIP (3 bullets) and WHOLE AIRMAN CONCEPT (2 bullets).

18.5.2.3. Senior Enlisted Aide headings will reflect JOB PERFORMANCE IN PRIMARY DUTY (15 bullets) and WHOLE AIRMAN CONCEPT (5 bullets).

18.5.2.4. Nomination cover letter signed by a general officer/flag officer.

18.5.2.5. Citation for Special Trophies and Awards (refer to DAFMAN 36-2806).

18.5.2.6. Current fitness score (Member must have a current passing fitness score).

18.5.2.7. The USAF Senior Enlisted Aide of the Year winner should represent the USAF at the Inter-Service Enlisted Aide of the Year competition. Travel is unit funded. **(T-1)**.

JOHN A. FEDRIGO, SES
Acting Assistant Secretary
(Manpower and Reserve Affairs)

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

5 USC § 3101, *General Authority to Employ*

10 USC § 688, *Retired Members: Authority to Order Return to Active Duty*

10 USC § 806, *Judge Advocates and Legal Officers*

10 USC § 9013, *Secretary of the Air Force*

10 USC § 981, *Limitation on Number of Enlisted Aides*

10 USC § 1142, *Preparation Counseling; Transmittal of Certain Records to Department of Veteran Affairs*

10 USC § 1161, *Commissioned Officers: Limitations on Dismissal*

10 USC § 1176, *Enlisted Members: Retention After Completion of 18 or More; but Less than 20, Years of Service*

10 USC § 1701, et Seq, *Management Policies*

10 USC § 1370, *Commissioned Officers: General Rule; Exceptions*

10 USC § 9314, *Twenty to Thirty Years: Enlisted Members*

10 USC § 10145, *Ready Reserve: Placement In*

10 USC § 10151, *Standby Reserve: composition*

10 USC § 10216, *Military Technicians (Dual Status)*

10 USC § 12301, *Reserve Components Generally*

10 USC §§ 12301(a), 12302, *Ready Reserve* 10 USC § 12301(d), *Reserve Components Generally*

10 USC § 12302, *Ready Reserve*

10 USC § 12304, *Selective Reserve and Certain Individual Ready Reserve Members; Order to Active Duty Other Than During War or National Emergency*

10 USC § 12306, *Standby Reserve*

10 USC § 12646, *Commissioned Officers: Retention of After Completion of 18 Years or More, but Less Than 20 Years of Service*

10 USC § 12686(a), *Reserves on Active Duty within Two Years of Retirement Eligibility: Limitation on Release from Active Duty*

10 USC § 12686(b), *Reserves on Active Duty Within Two Years of Retirement*

10 USC § 12646(e), *Commissioned Officers: Retention of After Completion of 18 Years or More, but Less Than 20 Years of Service*

10 USC § 12686, *Reserves on Active Duty within Two Years of Retirement Eligibility: Limitation on Release from Active Duty*

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10 USC § 12771, *Reserve Officers: Grade on Transfer to Retired Reserve*
10 USC § 14314, *Army and Air Force Commissioned Officers: Generals Ceasing to Occupy Positions Commensurate with Grade; State Adjutants General*
22 USC § 2370c-1, *Prohibition*
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42 USC § 4151, *Building Defined*
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Prescribed Forms

DAF Form 964, *PCS, TDY, Deployments, or Training Declination Statement*

DAF Form 965, *Overseas Tour Election Statement*

DAF Form 1288, *Application for Ready Reserve Assignment*

DAF Form 3559, *General Officer Qualification Recommendation*

Adopted Forms

DD Form 4, *Enlistment/Reenlistment Document-Armed Forces of the United States*

DD Form 214, *Certificate of Uniformed Service*

DD Form 1172-2, *Application for Identification Card/DEERS Enrollment*

DD Form 1300, *Report of Casualty*

DD Form 2792, *Family Member Medical Summary*

DD Form 2792-1, *Special Education/Early Intervention Summary*

DoD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*

DoE Form 5631.20, *Request for Visit or Access Approval*

Form 1040, *U.S. Individual Income Tax Return*

DAF Form 100, *Request and Authorization for Separation*

DAF Form 847, *Recommendation for Change of Publication*

AF Form 899, *Request and Authorization for Permanent Change of Station - Military*

AF Form 1137, *Unfavorable Information File Summary*

AF Form 1206, *Nomination for Award*

AF Form 1466, *Request for Family Member's Medical and Educational Clearance for Travel*

AF Form 1466D, *Dental Health Summary*

AF Form 2096, *Classification/On-the-Job Training Action*

AF Form 418, *Selective Reenlistment Program (SRP) Consideration for Airmen*

AF Form 422, *Notification of Air Force Member's Qualification Status*

AF Form 4380, *Air Force Special Needs Screener*

AF Form 469, *Duty Limiting Condition Report*

AF Form 63, *Active Duty Service Commitment (ADSC) Acknowledgement Statement*

AF Form 707, *Officer Performance Report (Lt thru Col)*

AF Form 709, *Promotion Recommendation*

AF Form 3070A, *Record of Nonjudicial Punishment Proceedings (AB - SSgt)*

AF Form 3070B, *Record of Nonjudicial Punishment Proceedings (TSgt - CMSgt)*

AF Form 3070C, *Record of Nonjudicial Punishment Proceedings (Officers)*

AF Form 3070D, *Record of Nonjudicial Punishment Proceedings (TSgt - CMSgt) – Air National Guard*

AF Form 3070E, *Record of Nonjudicial Punishment Proceedings (Officers) – Air National Guard*

NGB Form 22, *National Guard Report of Separation and Record of Service*

NGB Form 36-11, *Statement of Understanding for Excess/Overgrade Position (ANG)*

AFRC Form 106, *Manpower Change Request*

Abbreviations and Acronyms

AAC—Assignment Availability Code

AAN—Assignment Action Number

AB—Air Base

ABG—Air Base Group

AD—Assignment Deferment

ADSC—Active Duty Service Commitment

AECP—Airman Education and Commissioning Program

AEF—Aerospace Expeditionary Force

AETC—Air Education and Training Command

AFB—Air Force Base

AFDW—Air Force District of Washington

AFECD—Air Force Enlisted Classification Directory

AFELA—Air Force Educational Leave of Absence

AFELM—Air Force Elements

AFI—Air Force Instruction

AFMAN—Air Force Manual

AFOSI—Air Force Office of Special Investigations

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AFPC—Air Force Personnel Center

AFPD—Air Force Policy Directive

AFR—Air Force Reserve

AFROTC—Air Force Reserve Officer Training Corps

AFRC—Headquarters Air Force Reserve Command

AFS—Air Force Specialty

AFSC—Air Force Specialty Code

AGR—Active Guard Reserve

ALC—Assignment Limitation Code

AMS—Assignment Management System

ANG—Air National Guard

ANGI—Air National Guard Instruction

ARC—Air Reserve Component (both Air National Guard and Air Force Reserve)

ARPC—Air Reserve Personnel Center

ART—Air Force Reserve Technician

BG—Brigadier General

BCMR—Board for the Correction of Military Records

CAFSC—Control Air Force Specialty Code

CAP—Critical Acquisition Position Tenure

CAREERS—Career Airman Reenlistment Reservation System

CCCA—Court-Ordered Child Custody Assignment

CCCD—Court-Ordered Child Custody Deferment

CFM—Career Functional Manager

CG—Commanding General

CJR—Career Job Reservation

CMM—CONUS Mandatory Mover

CMS—Case Management System

CNGBI—Chief National Guard Bureau Instruction

CONUS—Continental United States

COT—Consecutive Overseas Tour

CSAF—Chief of Staff, United States Air Force

DAFI—Department of the Air Force Instruction

DAFMAN—Department of the Air Force Manual

DAFSC—Duty Air Force Specialty Code

DEERS—Defense Enrollment Eligibility Reporting System

DEROS—Date Eligible for Return from Overseas

DFAS—Defense Finance and Accounting Service

DIA—Defense Intelligence Agency

DoD—Department of Defense

DoDD—Department of Defense Directive

DoDI—Department of Defense Instruction

DOR—Date of Rank

DRO—Dependents Remaining Overseas

DSN—Defense Switched Network

DTDP—Dependents Travel to Designated Place

EAD—Extended Active Duty

EDSCA—Estimated Date of Change Strength Account

EFMP—Exceptional Family Member Program

ELT—Extended Long Overseas Tour

EQUAL—Enlisted Quarterly Assignment Listing

ET—Expedited Transfer

ETCA—Education and Training Course Announcements

ETS—Expiration of Term of Service

FAM—Functional Area Manager

FAP—Family Advocacy Program

FGC—Force Generation Center

FO—Follow-on

FSO—Financial Services Office

FSS—Force Support Squadron

FY—Fiscal Year

HB—Home-basing

HHG—Household Goods

HQ—Headquarters

HYT—High Year Tenure

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IDE—Intermediate Developmental Education

IEP—Individualized Education Program

IMA—Individual Mobilization Augmentee

IMT—Interim Member Transfer

IPCOT—In-Place Consecutive Overseas Tour

IPR—Installation Personnel Readiness

IR—Individual Reservist (includes IMA and/or Participating Individual Ready Reserve)

IRR—Individual Ready Reserve

JAG—Lawyer or Judge Advocate General

JAJM—Military Justice and Policy Division

JCS—Joint Chiefs of Staff

JDAL—Joint Duty Assignment List

JOM—Joint Officer Management

JTR—Joint Travel Regulation

MAJCOM—Major Command

MEDCON—Medical Continuation

MILPERS—Military Personnel

MPA—Military Personnel Appropriations

MPF—Military Personnel Flight

MSO—Military Service Obligation

MT—Ready Reinforcement Personnel Section

MTF—Medical Treatment Facility

MTI—Military Training Instructor

MTL—Military Training Leader

MX—Air Force Admissions Liaison Officer/Reserve Officer Training Corps

MyPers—My Personnel Services

NAF—Numbered Air Force

NARS—Non-Affiliated Reserve Section

NARS-NA—Non-Affiliated Reserve Section-Non Obligor

NARS-NB—Non-Affiliated Reserve Section-Obligor

NARS-NC—Non-Affiliated Reserve Section-Sanctuary

NARS-ND—Non Affiliated Reserve Section-Key Employees

NCO—Noncommissioned Officer

NET—No Early Than

NGB—National Guard Bureau

NGB-SL—National Guard Bureau, Senior Leader Management Office

NLT—No Later Than

OCONUS—Outside of Continental United States

ODSD—Overseas Duty Selection Date

OPM—Office of Personnel Management

OPR—Office of Primary Responsibility

OS—Overseas

OSD—Office of the Secretary of Defense

OTEIP—Overseas Tour Extension Incentive Program

OTS—Officer Training School

PA—Public Affairs

PACAF—Pacific Command

PAFSC—Primary Air Force Specialty Code

PAS—Personnel Accounting Symbol

PCA—Permanent Change of Assignment

PCS—Permanent Change of Station

PDS—Personnel Data System

PDTATAC—Per Diem, Travel and Transportation Allowance Committee

PME—Professional Military Education

POC—Point of Contact

PPC—Personnel Processing Code

PRISM—Promotion Recommendation In-Board Support Management

PS—Prior Service

PSD—Personnel Services Delivery

PULHES—Physical Capacity/Stamina

RegAF—Regular Air Force

RI—Reporting Identifier

RIC—Resource Identifier Code

RIO—Readiness and Integration Organization

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RIP—Report on Individual Personnel
RNETD—Report Not Earlier Than Date
RNLTD—Report Not Later Than Date
RSG—Regional Support Group
RTS—Return to Service
SF—Space Force
SAPR—Sexual Assault Prevention and Response
SCI—Sensitive Compartmented Information
SDE—Senior Development Education
SDI—Special Duty Identifier
SecAF—Secretary of the Air Force
SEI—Special Experience Identifier
SELMO—Senior Enlisted Command Management Office
SelRes—Selected Reserve
SES—Senior Executive Service
SJA—Staff Judge Advocate
SNC—Special Needs Coordinator
SNCOA—Senior Non-Commissioned Officer Academy
SRP—Selective Reenlistment Program
SSN—Social Security Number
STEP—Stripes for Exceptional Performers
SURF—Single Unit Retrieval Format
TAFCS—Total Active Federal Commissioned Service
TAFMS—Total Active Federal Military Service
TAFMSD—Total Active Federal Military Service Date
TAG—The Adjutant General
TDY—Temporary Duty
TFCS—Total Federal Commissioned Service Date
TIG—Time in Grade
TJAG—The Judge Advocate General
TMO—Traffic Management Office(r)
TMT—Task Management Tool

TR—Traditional Reserve

TRD—Travel Restriction Date

TRS—Training Squadron

TRW—Training Wing

TTC—Technical Training Center

TTG—Technical Training Graduate

UCMJ—Uniform Code of Military Justice

UIF—Unfavorable Information File

UMD—Unit Manning Document

UPRG—Unit Personnel Records Group

USAFR—United States Air Force Reserve

USAF—United States Air Force

USAFE—United States Forces in Europe

USC—United States Code

USCENTCOM—United States Central Command

USCINCLANT—United States Commander in Chief, United States Atlantic

USD—Under Secretary of Defense

USINDOPACOM—United States Indo-Pacific Command

VML—Vulnerable Mover List

vMPF—Virtual Military Personnel Flight

VSBA—Voluntary Stabilized Base Assignment Program

Terms

Accession—Newly commissioned officer or new enlisted recruit entering EAD with no prior military service. Refers to student entries rather than graduates.

Accompanied Tour—Any tour of overseas duty served with command-sponsored dependents. Also see DoDI 1315.18, Enclosure 2.

Active Component—Any active duty organization or defense agency to which an Individual Reservist is assigned.

Active Duty—Full-time duty in the active military service of the United States, including active duty or full-time training duty in the Reserve Component.

Active Guard and Reserve (AGR)—National Guard and Reserve members who are on voluntary active duty providing full-time support to National Guard, Reserve, and Active Component organizations for the purpose of organizing, administering, recruiting, instructing, or training the Reserve Components.

Active Duty Service Commitment (ADSC) Incurring Event—Any event for which a member incurs an ADSC.

Agency—A military organization constituted by directives issued by DAF.

Air Force Specialty (AFS)—A group of positions requiring common qualifications. Each AFS has a title and a code.

Air Force Specialty Code (AFSC)—A combination of numbers and letters used to identify an AFS. Officer AFSCs consist of four characters/digits. Airmen AFSCs consist of five characters/digits. When more specific identification of position requirements and individual qualifications is needed, alpha prefixes and suffixes are used with the numerical codes.

Air Reserve Component—An overarching term used when referring to both the ANG and AFR together.

Air Reserve Technician (ART, Dual Status)—A Federal civilian employee who is employed under 5 USC § 3101, *General Authority to Employ* and is required as a condition of that employment to maintain membership in the Selected Reserve of the Air Force Reserve; and is assigned to a civilian position as a technician in the organizing, administering, instructing, or training of the Selected Reserve or in the maintenance and repair of supplies or equipment issued to the Selected Reserve or the armed forces.

Air Reserve Technician Officer Career Management Program—A career management program which provides standards and guidelines to enhance the intellectual and professional growth of ART officers in both their civilian and military careers to ensure highly qualified ART officers are available to assume positions of increased responsibility and scope throughout the AFR.

Airman or Airmen—A member or members of the U.S. Air Force, both officer and enlisted.

Article 15—For the purpose of this regulation, the term Article 15 refers to the record of nonjudicial punishment administered under the UCMJ, Article 15, as reflected on AF Form 3070A-E, *Record of Nonjudicial Punishment Proceedings (See Attachment 1 – Adopted Forms)*.

Assigned—An Airman counted as part of a unit's assigned strength.

Assignment—The permanent change of an Airman's duty station from one location to another. Also refers to duties performed (Used alternately with the term "reassignment.").

Assignment Action Number (AAN)—A sequential numbering system used to distinguish one operational, rotational, unit, or training assignment action from another. It stays the same even if there are changes in the movement month.

Assignment Instructions—Information, usually provided through the PDS, that accompanies selection for PCS.

Assignment Selection Date—The date an Airman is selected by name for assignment by the assignment OPR; or the date the assignment process begins to reassign an Airman on a scheduled future date.

Attached—Responsibility for an Airman for temporary administration or duty at other than their permanent unit of assignment (and the unit of attachment is other than Airman's permanent duty

station), for temporary command and control during the Airman's absence similar to that exercised at the Airman's permanent duty station.

Authorization—A funded and validated manpower requirement.

Authorized Grade—The grade that appears on a manpower document for a particular UMD position. Normally, the authorized grade is the highest grade that can be held by the incumbent of the position.

Automated Records Management System—The Air Force repository and document management system for the Military Human Resource Record. Automated Records Management System is an automated tool for the storage, retrieval, and life-cycle management of the Military Human Resource Record.

Awarded AFSC—An AFSC awarded to an individual as primary, second, third, or fourth AFSC after certification of ability to perform in positions of an Air Force Specialty at a certain skill level. Fourth AFSC applies only to enlisted personnel.

Basic Military Training—Training provided to non-prior service Airmen to effect an orderly transition from civilian to military life.

Cancellation of Permanent Change of Station (PCS)—Revoking or rescinding assignment instructions.

CAPNOM—is a key developmental assignment above wing level, where the selectee is a direct hire by a 2 star and above, used to develop and prepare military personnel for future senior leadership roles.

Career Airman (Enlisted)—An enlisted Airman serving on their second or subsequent enlistment.

Career Field—A group of closely related Air Force Specialties (or a single AFSC when there are not related specialties) requiring the same knowledge and skills. A career field includes subdivisions and ladders.

Career Field Ladder—A division of a career field in which closely related Air Force specialties are arranged in one or more ladders to indicate lateral functional relationships merging at the 7- or 9-skill level.

Career Field Manager—OPR appointed to ensure assigned Air Force specialties are trained and utilized to support Air Force mission requirements. CFM works in concert with MAJCOM, forward operating agency, direct reporting unit, ANG, and AFRC functional managers as required.

Career Job Reservation (CJR)—An enlisted Airman's reenlistment quota.

Career Officer—For assignment purposes, officers serving in the grades of captain and above and who have 4 or more years of commissioned active service on or before the official notification date, or nomination for assignment, education or training. All other officers are non-career officers.

Chief Enlisted Manager Code—A five-digit code ending in "00" to identify Chief Master Sergeant and Chief Master Sergeant selectees as top enlisted managers in both highly technical skills and in broad areas of managerial competence.

Command/Commander—An inherent military status by which a member is designated as being responsible for their subordinates or functions. In this AFI, unless otherwise specified, ‘Commander’ refers to the immediate commander of the Airman concerned and includes officially appointed squadron section commanders. A specialty that identifies jobs of broad responsibility for command, direction, and planning or staff supervision of diverse activities across several functional areas. Emphasis on the command, managerial, and executive levels of duties and responsibilities.

Competitive Category—A group of officers who compete among themselves for promotion. The established categories are: Line of the Air Force, Judge Advocate, Medical Corps, Dental Corps, Chaplain, Medical Service Corps, Biomedical Sciences Corps, and Nurse Corps.

Concurrent—To be served at the same time, together, simultaneously.

Concurrent Travel—Authorized move of dependents at government expense to an overseas area at the same time as sponsor.

Consecutive Overseas Tour (COT)—For assignment purposes, a new overseas tour that starts after completing a previous overseas tour without an intervening assignment within the continental United States. Also see JTR, Appendix A and DoDI 1315.18, Enclosure 4.

Consecutive—To proceed from one to another and be served in sequential order.

Continental United States (CONUS)—United States territory, including the adjacent territorial waters, located within North America between Canada and Mexico. Also called CONUS.

Control AFSC—A management tool used to make enlisted Airman assignments, to assist in determining training requirements, and to consider individuals for promotion.

CONUS Overseas Imbalance—An AFSC which has more authorizations in the overseas area than in the CONUS, which does not give Airmen a reasonable amount of time in the CONUS between overseas tours.

CONUS—Isolated Station — Those locations where adequate community support facilities and services do not exist within 50 miles or are over 1 1/2 hours drive, one way, in normal weather conditions. Community support includes government or non-government facilities and services, such as: adequate family housing, medical and dental care, essential shopping facilities, reasonable recreation facilities, and religious services. During such assignments, the Airman and their families may experience a significantly greater degree of inconvenience, expense, and hardship when compared to assignment to other CONUS locations. Also, due to hazardous weather, marginal roads or lack of commercial transportation, the person is at greater risk when traveling between the duty station, residence, and support facilities.

Curtailment—Termination of an overseas tour before completion of the prescribed length, including any extensions (except cancellation of a voluntary extension). Terminal leave taken before DEROS is not a tour curtailment and is not a DEROS change. Ordinary leave begins and ends in the local area; therefore, it is not a DEROS change or curtailment.

DAF Total Force—Overarching term used when referring to the combination of RegAF, United States Space Force, ANG, AFR and DAF civilians.

Date Eligible for Return From Overseas (DEROS)—Date established for a member to complete their overseas tour and be eligible to return from overseas.

Date of Availability—The day, month, and year after which an Airman is available for assignment. For assignment purposes, usually only the month and year are used to determine availability.

Date of Separation (DOS)—Date established by law/policy for the termination of active duty.

Deferment—A personnel management tool used to preclude or delay assignment selection of an Airman or group of Airmen when in the best interest of the Air Force. See [Table 3.1](#) for AACs for the deferment reasons and periods. When an Airman has an AAC the Airman is ineligible for reassignment until their date of availability except for a mandatory PCS or when the assignment OPR waives the deferment.

Denied Dependent Travel (For EFMP Only)—If there is no General Medical Services, the overseas medical commander will deny dependent travel to the projected assignment location.

Department of the Air Force—The executive body of the Department of the Air Force at the seat of government and all field headquarters, forces, reserve components, installations, activities, and functions under the control or supervision of the SecAF. Includes the United States Air Force and the United States Space Force. Also called DAF.

Dependent—An employee's spouse; children who are unmarried and under age 21 years

or who, regardless of age, are physically or mentally incapable of self—support; dependent parents, including step and legally adoptive parents of the employee's spouse; and dependent brothers and sisters, including step and legally adoptive brothers and sisters of the employee's spouse who are unmarried and under 21 years of age or who, regardless of age, are physically or mentally incapable of self-support.

Dependent, Acquired—A dependent acquired through marriage, adoption or other action during an Airman's current tour of duty. Does not include persons dependent or children born of a marriage that existed before the beginning of a current tour. Military couples shall not be considered dependents of each other. Also see the JTR, Appendix A: Definitions & Acronyms.

Dependent, Command Sponsored—See the JTR, Appendix A: Definitions & Acronyms.

Dependent, Individually Sponsored—A dependent not entitled to travel to or from an OCONUS location at government expense, or who enters the command without endorsement of the appropriate overseas commander. Also see JTR, Appendix A: Definitions & Acronyms.

Dependent, Non—command Sponsored — See the JTR, Appendix A: Definitions & Acronyms.

Dependent-Restricted Tour—An overseas tour that does not authorize an accompanied by dependents tour. Also see the JTR, Appendix A and DoDI 1315.18, Glossary.

Development Team—Development teams are the responsibility of individual career field Functional Authorities, Functional Managers, and the Deputy Chief of Staff, Manpower, Personnel and Services (AF/A1). Development Teams identify and provide vectors for education, training, and experiences appropriate for personnel within each functional community based on current and future requirements.

Directed Duty Assignment—Enlisted basic trainees or technical training eliminees assigned directly to their first permanent duty station for on-the-job training.

Discharge—Severance from all military status. **Exception:** For a member of the ANG, this may mean discharge from the ANG only, with concurrent transfer to the USAFR for the remainder of a MSO or enlistment. It does not include dismissal as a result of trial by court-martial or dropped from the rolls of the Air Force under 10 USC §§ 1161, *Commissioned Officers: Limitations on Dismissal*.

Disqualified Airman—An Airman whose skill has been withdrawn due to not meeting the mandatory AFSC award and/or retention requirements in the Air Force Enlisted Classification Directory or who cannot maintain the skill according to AFMAN 36-2100 and has no other awarded skill.

Diverse Slate—a group of qualified candidates that include individuals from underrepresented groups, based on gender, race and/or ethnicity.

Diversion—A change of end assignment location that occurs after an Airman signs out from the losing base and before arrival at the gaining base upon completion of their PCS travel.

Drill Status Guardsman—A unit member who participates in unit training assemblies, traditionally one weekend per month and a two-week annual training period. Member's status can be verified through member's servicing personnel office. Also known as Traditional Guardsman.

Dual Status—An individual simultaneously assigned to a position number in excess and overgrade status.

Duty AFSC—The AFSC denoting the specialty in which the individual is performing duty.

Duty Station—The place where an Airman performs military duty. Also see the JTR, Appendix A.

Effective Manning—The utilization of personnel in a position most needed. Computed as: number assigned minus the number in excess divided by the number authorized.

Electronic Unit Personnel Records Group (UPRG)—Electronic documents that are maintained within the eMPerRGp. These documents are considered to be the member's UPRG.

Eliminee—Member who has been eliminated from training.

Enlisted Initial Skills Training—A formal training pipeline that results in the attainment of the 3-skill-level in an Air Force specialty.

Enlisted Quarterly Assignment Listing (EQUAL)—Assignment OPRs advertise enlisted requirements to and from overseas corresponding to the assignment cycles. This listing shows projected requirements, by AFSC, grade, and location.

Enlisted Quarterly Assignment Listing-Plus (EQUAL-Plus)—Assignment OPRs advertise assignments that require unique qualifications such as joint/departmental locations, special duty assignments, short notice assignments, and CMSgt requirements.

Entitlement—As used in manning considerations, an alternate form of requirement.

Exception—A request involving guidance, procedures, or other actions in this instruction which is prohibited; is not addressed; a criterion is not met and there are no waiver provisions established; or, there are waiver provisions but that criteria is not met. A circumstance that does not conform to the normal rules, standards, usual occurrences, general principles, or the like.

Excess—More than one individual assigned to the same position number.

Excess Code—Alpha or numeric code used in the PDS to designate an individual who is excess to their UMD position. [Table 16.2](#) lists excess codes for officer and enlisted personnel.

Excess Leave—Leave granted that exceeds earned and advance leave and for which the service member is not entitled to pay and allowances (see AFI 36-3003).

Execution Year—The current fiscal year.

Extended Active Duty (EAD)—A tour of active military service (usually for more than 90 active duty days) performed by a member of the Air Reserve Component when strength accountability changes from the ARC to the active Air Force.

Extended Long Overseas Tour—A voluntary tour length equal to the standard long tour plus 12 additional months. This tour length applies to enlisted Airmen only.

Family Member—See JTR, Appendix A.

Family/Extended Family Member—A family relationship to another military member, including father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.

Field Training—Technical, operator, and other training either a training detachment or mobile training team conducts at operational locations on specific systems and associated direct-support equipment for maintenance and aircrew personnel.

First Term Airman—Individuals who are on their: (1) first enlistment (including Airmen who have extended their enlistments for 23 months or less), or; (2) first EAD tour, or; (3) first enlistment with prior active service of less than 24 months.

Force Management Plan—A tool used to assist State Headquarters and FSS personnel in force management of assigned members. This plan, at a minimum, should consider such items for each unit as overall manning, skill level of assigned members versus skill levels required, grade manning, specialty manning, mandatory separation dates, retirements, good years for retirement of members, experience of assigned personnel versus that needed, UMD changes, desired full-time versus drill status mix, desired PS versus Non-prior service personnel mix, etc. Such analysis should lead to a program for the management of the personnel force that provides the optimum career progression and promotion opportunity while keeping personnel in excess and overgrade status to a minimum.

Forecast—The prediction of future manning requirements based on known factors and previously established trends.

Fourth AFSC—The awarded AFSC in which an individual is fourth best qualified to perform duty (enlisted only).

Full Time Support—Members of the Reserve component assigned to organize, administer, instruct, recruit and train; maintain supplies, equipment and aircraft; and perform other functions required on a daily basis in the execution of operational missions and readiness preparation as authorized in Title 5 and Title 10. Collectively, Full Time Support personnel consist of five categories that are AGR, MTs, ARTs, Active Component personnel, and civilian employees.

Functional Area Manager—The Functional Area Manager is the individual or designated agency, accountable for the management and oversight of all personnel and equipment within a specific functional area to support operational planning and execution. Responsibilities may include: providing input to the development of policy, reviewing policy; developing, managing and maintaining Unit Tasking Codes; developing criteria for and monitoring readiness reporting; force posturing; and analysis.

Functional Authority—Senior leadership, to include Assistant Secretaries, Deputy Chiefs of Staff (three-star), and other selected Headquarters Air Force two-letter General Officer or senior leadership-level leaders who provide corporate perspective of institutional requirements and force management and development. The Functional Authority serves as a final authority to ensure all policies, established in accordance with this document, are implemented within their functional community. Functional Authorities are supported by Functional Managers who are supported by CFMs.

Functional Manager—Senior leader designated by the appropriate functional authority, who provides day-to-day management responsibility over specific functional communities at the MAJCOM, forward operating agency, direct reporting unit, or Air Reserve Component level. While they should maintain an institutional focus on resource development and distribution, functional managers are responsible for ensuring their specialties are equipped, developed, and sustained to meet the functional community's mission, as well as encouraging force development opportunities in order to meet future needs of the total Air Force mission.

High Year of Tenure—A year point at which the Air Force determines an enlisted Airman is ineligible for reenlistment and extension of enlistment due to grade and length of service. See AFI 36-3203.

HQ RIO Detachment Commander—The Detachment Commander responsible for personnel and programming issues relating to the assigned IMAs.

Humanitarian Deferment—A temporary delay of PCS or TDY for humanitarian reasons.

Humanitarian Program—Program established to assist Airmen in resolving severe short-term problems involving a family member. The spirit and intent of the program is to place an Airman at the closest location where the problem exists. The Airman must be effectively used in their duty (officer) or control (enlisted) AFSC. The Comptroller General ruled that the Air Force must not make moves at government expense based solely on humanitarian reasons. As a result, there must be a valid vacant Air Force authorization at the gaining base. See [Attachment 15](#).

Humanitarian Reassignment—A permanent change of duty station to satisfy an Air Force requirement wherein an Airman receives consideration because of severe personal problems as outlined in [Attachment 15](#).

Imbalanced Skill or Specialty—Enlisted specialty in which overseas requirements are disproportionately large in comparison with continental United States requirements. Refer to AFMAN 36-2100.

Immediate Family—See Dependent. Also see DoDI 1315.18, Glossary.

Incentive—The money or equivalent authorized for enlisted Airmen who enlist or reenlist, and officers who sign a commitment to serve in certain selected AFSCs and, or for specified periods of obligated service.

Incumbent—An Airman currently assigned to an authorized position.

Individual Mobilization Augmentee—An individual filling a military position identified as augmenting the Active Component structure of the DoD or other United States government department or agency, (i.e., Selected Service System and Federal Emergency Management Agency), which must be filled to support mobilization (including pre- and/or post- mobilization) requirements, contingency operations, operations other than war or other specialized or technical requirements for fill with individual members of the Selected Reserve. IMAs train on a part-time basis with these organizations to prepare for mobilization. Inactive duty training for IMAs is directed by DoDI 1215.06, *Uniform Reserve, Training and Retirement Categories for the Reserve Components*, and normally varies from 24 to 48 drill periods a year.

Individual Ready Reserve (IRR)—A manpower pool consisting of individuals who have had some training or who have served previously in the active Component or in the Selected Reserve and any have some period of their MSO remaining. Also called IRR.

Individual Reservist—An individual who is either an IMA or a Participating IRR member.

In-Place Consecutive Overseas Tour (IPCOT)—For assignment purposes, a new overseas tour that starts after completing a previous overseas tour without an intervening assignment within the CONUS and without a change of PDS. For assignment purposes, an Airman will be considered to have entered the IPCOT on the first day of duty on the new tour (IPCOT effective date). Also see JTR, Appendix A and DoDI 1315.18, Enclosure 4.

Join Military Couple Assignment—Assignments made expressly for allowing military couples, who are both active duty Service members in any of the Armed Forces of the United States, to establish a joint household.

Judge Advocate Officer—An officer of the Judge Advocate General's Corps of the Army, Air Force, or Navy, or officers of the Marine Corps or Coast Guard designated as a judge advocate.

Key Billet (RegAF)—For assignment purposes, an overseas manpower position of extremely unusual responsibility where the presence of the incumbent is absolutely essential to the mission of the unit or the United States presence in that area. The key billet tour length designation applies only at overseas duty stations where the accompanied tour length is 24 months. Unaccompanied Airmen also serve 24 months. Government furnished family housing must be available and concurrent travel must be authorized. Also see JTR, Appendix A and DoDI 1315.18, Glossary.

Key Command and Joint/Key and Strategic (AFR)—AFR CFM and MAJCOM Functional Managers (MFM) will identify developmental positions designated as key billets, and the associated skills requirement within their AFSC/Special Duty. Qualifications will be identified for key positions, and will be publicized to ensure that all Airmen have an opportunity to develop skills and experience necessary to compete for these positions.

Key Developmental Assignment—is a nominative assignment, used to develop and prepare military personnel for future senior leadership roles.

Lateral AFSC—An AFSC that requires prior qualification at the semiskilled or higher skill level as specified in the specialty description in Air Force Enlisted Classification Directory, Airman Classification.

Levy—Tasking by PDS transaction or other means of a MAJCOM or Air Force unit to fill a permanent change of station or TDY requirement.

Low-Cost PCS—As prescribed in DoDI 1315.18, moves where both duty stations are in proximity, but not in the same corporate city limits. Airman's Date Arrived Station and Date Departed Last Duty Station do not change.

Major Command (MAJCOM)—A major subdivision of the Air Force, directly subordinate to Headquarters U.S. Air Force.

Major Command Functional Managers—Serve as MAJCOM liaisons for their respective Air Force CFM. Monitor the health and manning of their career fields within their command and elevate concerns to the Air Force CFMs while managing command training for their career field and coordinate command training and personnel issues across their MAJCOM staff and with Air Force CFMs.

Mandatory PCS—A permanent change of duty station of an Airman due to base closure, completion of or elimination from training, completion of a CONUS Maximum Stabilized Tour, an overseas tour, unit move, or being surplus on base/installation.

Mandatory Utilization—The requirement to assign an Airman to a designated AFS utilization field for a specified period.

Manning Unit Group—Units grouped by type for manning purposes and statistical analysis.

Manpower and Personnel Flight—Provides the installation with Manpower and Organization services and Personnel support for military and appropriated and non- appropriated fund civilians.

Master Vulnerability List—The relative standing of an Airman among their peers for mandatory retraining.

Maximum Tours—Tours where the intended initial deferment is the maximum period of time an Airman is to serve in that duty or organization, unless the assignment OPR approves an extension. The reasons vary why the period of assignment should not exceed the initial deferment period. For example, the duty may be outside the mainstream of an Airman's primary career field and prolonged assignment is undesirable.

Medical Service Officer—Includes officers of the Medical Corps, Dental Corps, Medical Service Corps, Nurse Corps, and Biomedical Sciences Corps.

Medical Treatment Facility (MTF)—The MTF servicing the Active Component where the Individual Reservist is assigned for duty. **Note:** When authorized to receive services, IMAs may receive services from any MTF.

Military Assistant—is an officer appointed to the personal office of a general officer.

Military Couple—Members married to each other.

MilPDS—A collective term encompassing the total vertical computerized MilPDS. It is used when a specific subsystem is not being referenced. The system is designed to provide capability for equitable, responsive, uniformly administered, and cost effective management and administration of active duty military, ANG, USAFR, retired, and civilian personnel.

Military Personnel Section (MPS)—Is the strategic advisor for military personnel policies and programs. The mission of the MPS is to provide quality personnel support in both peacetime and wartime to commanders, Air Force members, and their families.

Military Technicians (Dual Status)—A federal civilian employee providing full-time support to National Guard, Reserve, or Active Component organization for administration training, and maintenance of the Selected Reserve. Also called MILTECH.

Minimum Tours—Tours where the Airman should serve at least the initially prescribed tour length. However, the Airman may serve a longer assignment. Airmen remain assigned until selected for another assignment after expiration of the initial deferment. A minimum tour may be necessary to receive pay back for special training (formal or on-the-job) or for experience gained.

Mobilization Assistant—A duty title exclusively established for general officer IMA positions. Mobilization Assistant refers to the broad scope of responsibilities of the position (Example: Mobilization Assistant to Air Force Reserve Command Director of A4).

No-Cost Move/No allowance payable—A move in which no allowances are authorized to the Airman. This is a reassignment between activities at the same PDS (not a PCS) or to a new duty station within the corporate limits of the same city or town. If required to vacate government quarters use the local move procedures in the JTR and local Operation and Maintenance funds. Do not use an AAN, unless you use the PCS ID Code "M." Do not use PCS orders unless you include the statement that the Airman has no authorized PCS allowances. Airman's Date Arrived Station and Date Departed Last Duty Station do not change.

Nominated—The result of using the assignment selection process to identify the most eligible, qualified Airman to fill a specific requirement, and submitting the Airman's record for consideration to the activity authorized to accept or decline the Airman for assignment.

Non-Career Officer—See career officer.

Non-rated Enlisted Aircrew Member—An enlisted member qualified for aviation service, who has an AFSC with a K, Q, or X prefix, and is assigned to an approved aircrew position.

Non-volunteer—An Airman for whom there is no record of agreement to an assignment through either omission or intent.

OCONUS—All locations, including Alaska and Hawaii, outside of the continental United States (CONUS) (48 contiguous states and Washington, DC). Also see JTR, Appendix A and DoDI 1315.18, Glossary.

Operational PCS—A move between PDS's that are outside the same corporate city limit, but does not cross the border of the country in which currently assigned or move is not to/from a school which is 20 weeks or longer in duration. Does not include base closure or force structure related moves.

Out-year—The year(s) beyond a current fiscal year.

Overgrade—A personnel assignment condition where an individual's grade is greater than the authorized grade indicated for the UMD position to which assigned.

Overgrade Code—Alpha or numeric code used in the PDS to designate an individual whose grade exceeds that of the UMD position to which the individual is assigned. [Table 16.3](#) lists overgrade codes for officer and enlisted personnel.

Overseas—All locations, including Alaska and Hawaii, outside of the continental United States (CONUS) (48 contiguous states and Washington, DC). Also see JTR, Appendix A and DoDI 1315.18, Glossary.

Overseas Duty—Any duty performed as an Airman of the United States Armed Forces outside the CONUS. For the purpose of overseas tour credit, non-CONUS residents who complete overseas tours in their home state or territory prior to 1 May 1985 do not receive overseas tour credit. Time creditable as overseas duty for PCS begins with the day of departure from a CONUS port and ends on the day of return excluding leave taken in the overseas area before arrival at the permanent duty station or after DEROS. Also see DoDI 1315.18, Glossary.

Overseas Duty Selection Date (ODSD)—Date used to place Airmen in the proper sequence for selection for long overseas tours and for short overseas tours for Airmen not credited with an overseas tour. MPF initially establish this date as the Airman's TAFMSD or as determined by AFPC/DP3AM. MPF determine and update the ODSD as shown in Tables 6.5 and 6.6, or as specified by AFPC/DP3AM for approved exceptions.

Overseas Long Tour Credit—A long tour is one that authorizes (both) an accompanied tour and the unaccompanied tour is 18 months or more; or, when AFPC/DP3AM authorizes credit.

Overseas Short Tour Credit—A short tour is one that does not authorize an accompanied tour; or both the accompanied tour is 24 months and the unaccompanied tour is less than 18 months.

Overseas Tour Extension Incentive Program (OTEIP)—Special incentives in certain AFSCs for enlisted Airmen who extend their tour of duty at designated overseas locations. AFPC/DP3AM publishes information on this program (See DoDI 1315.18.).

Overseas Vulnerability—The relative standing of an Airman among their peers for overseas PCS selection in comparison to projected personnel requirements in a particular period of time, usually the next 24 months.

Participating Individual Ready Reserve—Individual reserve member that participates for points only status. Eligible to perform Military Personnel Appropriation man-days.

Permanent Change of Assignment (PCA)—The PCA of an Airman from one unit to another (with or without concurrent change of permanent duty station).

Permanent Change of Station (PCS) Allowance—Describes conditions under which the United States government provides reimbursement for expenses incident to a permanent change of station. Consult the JTR to determine government-paid travel of dependents, movement of household goods, and other payments associated with reassignment of Airmen.

Permanent Change of Station (PCS) Associated Training—Training received before, during, or after travel from one permanent duty station to another. Airmen may accomplish training after the PCS only if directed in the assignment instructions.

Permanent Change of Station (PCS) Notification—The Airman accesses the vMPF after receiving an email advising they have been selected for an assignment, or commanders and officials authorized to effect notification notify Airmen by requiring them to sign the PCS notification RIP notification message or notification memorandum acknowledging assignment selection. When an Airman is TDY or on leave, notification is the date the Airman receives the notice.

Permanent Duty Station (PDS)—See the JTR, Chapter 5 and Appendix A.

Permissive Temporary Duty—An administrative absence under DoDI 1327.06, *Leave and Liberty Policy and Procedures*, for which funded TDY is not proper.

Personnel Accounting Symbol (PAS)—A data chain composed of FSS number, gaining MAJCOM identification, and PAS number.

Personnel Data System (PDS)—A collective term encompassing the total vertical computerized PDS. It does not refer to a specific subsystem. The system provides capability for equitable, responsive, uniformly administered and cost effective management, and administration of active duty military, ANG, AFR, retired, and civilian personnel.

Personnel Processing Codes (PPCs)—Codes included in assignment instructions which refer to PCS-related requirements.

Pinpointed Assignment—An alternate location identified to support the EFMP by the overseas MAJCOM/SG or, for a CONUS assignment, AFPC/DP3XAA, as having the capability of providing the required services. Also refer to DoDI 1315.19.

Plug Table—A computer program that adds coded requirements and instructions to an assignment allocation.

Position—A manpower authorization coded with an AFSC, SDI, or RI, appearing on a manpower document with a prescribed set of duties or tasks.

Position Incumbent—The ANG member who is the official occupant of a UMD position. Although circumstances (e.g., NGB-directed unit realignment, reorganization, UMD change) may require more than one person to be assigned to the same UMD position, only one individual can be the position incumbent. All others will be coded excess.

Prescribed Tour Length—An established length of time an Airman will perform specific duty or specific period of time an Airman will remain assigned to a specific location or unit.

Primary AFSC—The awarded AFSC in which an individual is best qualified to perform duty. It will always be the AFSC with the highest skill level.

Priority 2 (Mission Sustainment)—Training required to maintain the Air Force readiness posture.

Priority 3 (Mission Enhancement)—Training that fosters the effective use of resources to improve the Air Force mission capability.

Priority Manning—Providing for the personnel resource needs of one Air Force organization at the expense of other organizations.

Projected Known Loss/Projected Vacancy—A vacancy being created by an individual who has submitted a letter of intent to separate from the ANG or who receives a mandatory separation and whose loss will create a UMD vacancy as defined herein. Military technicians or AGRs with a projected ETS or tour completion date will not be considered as projected known losses solely on the basis of their ETS or date of separation.

Rated AFSC—Aircrew AFSCs (11XX, 12XX, 13BX, and 18XX) identify aircrew members serving in, or qualified to serve in, pilot, combat system operator, flight test positions, astronaut, air battle manager, and remotely piloted aircraft pilot.

Realignment, Reorganization, or Unit Manning Document Change—To rearrange or regroup the component elements and, or functions of a unit or establishment. The result may or may not

be a change in the capability of the unit or establishment. Such actions must be at the direction or approval of NGB/A1M.

Reassignment or Reassign—Permanent change of duty station (PCS) or PCA from one unit to another.

Reclama—A request to duly constituted authority to reconsider its decision or its proposed action.

Related AFSC—An AFSC similar in training, formal education, or practical experience that makes it compatible with another AFSC as defined by the CFM.

Release From Active Duty—End of active duty status and transfer or reversion to the USAFR or ANG not on active duty, including the IRR.

Relocation Services Program—A program designed to minimize the financial impact of permanent change of station (PCS) moves, make transition from the former duty station to the new duty station easier for the employee and the Air Force, and to provide an alternative to current direct reimbursement of PCS expenses.

Reporting Identifier—A four- or five-digit code and a title used to identify positions or persons not identified elsewhere in the classification structure. Normally describes conditions rather than duties and does not have a full specialty description. Example: 93P0 Patient (officer), 9P000 Patient (enlisted).

Requalification Training—Training in an aircraft in which a member was previously qualified.

Requirement (Enlisted)—A shortage that exists at a unit or location when the 7th month projected manning level in the AFSC ladder, skill level, and grade under consideration is below the world-wide level, or 100 percent, whichever is lower. When the ladder manning is adequate only because of overmanning at the 3 or 5-skill level, you may identify requirements at the 7 or 9-skill level.

Requirement (Officer)—An actual or projected vacancy of a funded manpower authorization.

Requirements—The documented number of graduates by user as identified on the enlisted initial skills, officer initial skills, trained dog requirements, mission readiness training, field training, distance learning or language training program guidance letters, program requirements documents, or corresponding planning spreadsheets.

Reserve Advisor—Serves as technical advisor to the commander and organizations concerning AFRs plans, procedures, and mission objectives.

Reserve of the Air Force—The federal status possessed by Airmen of the ANG and the USAFR.

Resource—Airmen who possess a required skill and who are available for assignment to meet manning requirements.

Resource Constraints—Deficiencies, such as money, facilities, time, manpower, and equipment that preclude desired training from being delivered and prevent a schoolhouse from being able to support the total Air Force graduate requirement for a course or pipeline.

Retainability—Obligated military service. Time remaining on an overseas tour (including any extensions).

Retired Reserve—All reserve members who receive retirement pay on the basis of their active duty and/or reserve service; those members who are otherwise eligible for retirement pay but have not reached age 60 and who have not elected discharge and are not voluntary members of the Ready Reserve or Standby Reserve.

Retirement Eligible—For assignment purposes, refers to an Airman who completes 19 or more years TAFMS (and the other retirement eligibility criteria outlined in AFI 36-3203).

Retrainee—A previously trained enlisted Airman in the process of gaining qualifications in a new Air Force specialty under an approved retraining program.

Retraining AFSC—The AFSC for which an Airman is approved. It is not an awarded AFSC and does not reflect the individual's qualification level.

Retraining—Either formal school or on-the-job training which qualifies an Airman for award of a new AFSC or AFSC shred-out/suffix, to include lateral AFSCs.

Returnee—An Airman returned from a tour of overseas duty (does not include an Airman on TDY).

Rotational PCS—A move CONUS to overseas, overseas to CONUS, or does cross the border of the country in which assigned to another overseas country. Does not include base closure or force structure related moves.

Sanctuary—Active Duty sanctuary protection begins with 18 years of Total Active Federal Military Service and ends with 20 years of Total Active Federal Military Service. It provides a member with a limited entitlement to remain on Active Duty for the purpose of qualifying for an Active Duty military retirement. Additionally, it protects the Air Force from unexpected costs, ensures control on pay, entitlements, end strength, grade, and AFSC distribution.

Secondary AFSC—The awarded AFSC in which an individual is second best qualified to perform duty.

Second-Term Airman (Enlisted)—See Career Airmen.

Secretarial Determination—Decision made by the Secretary of a Military Service on a matter not clearly authorized by a DoD directive.

Secretarial Process—Action by the Per Diem Committee Principal member or a subordinate level specified by the Principal. The Secretarial Process is (or the Processes are) an administrative and/or procedural directive issued under the JTR Introduction (Service or DoD Agency Regulation Review Process). Also see JTR, Appendix A.

Self—Initiated Assignment Programs — The following assignments are self-initiated by an Airman and are not considered a mandatory PCS: Base of Preference, Consecutive Overseas Tour, CONUS-Isolated Station, Extended Deployment, FO, HB, IPCOT, Join Spouse, or Voluntary Stabilized Base Assignment Program (VSBAP).

Senior Enlisted Advisor—is the most senior enlisted service member in a unit, and acts as an advisor to the commanding officer.

Separated—A general term that includes discharge, release from active duty, release from custody and control of the Armed Forces, or transfer to Reserve component.

Seven Day Option—An opportunity/option for eligible career Airmen to separate or retire in lieu of operational or rotational PCS, formal education, a training course (regardless if it involves a PCS), or TDY (Enlisted only) except when the event OPR allows declination (with or without prejudice).

Short Tour Return Date—Date used to place Airmen in the proper sequence for selection for short overseas tours.

Single Member—An Airman who has no dependents in their household and is not married.

Sister Service—Another branch of military service within the DoD (i.e., Army, Navy, Marine Corps, and United States Space Force).

Skill Level—The level of qualification within an awarded enlisted AFS, shown by the fourth character of an enlisted AFSC.

Southeast Asia—North and South Vietnam, Thailand (except Bangkok and Don Muang Airport because they were not authorized hostile fire pay areas), Laos, and Cambodia.

Southeast Asia Tour—A remote tour in Southeast Asia completed between 1 November 1961 and 1 November 1973 and served without dependents. Includes Airmen serving in Southeast Asia on 1 November 1973 who completed 181 calendar days or more on a permanent change of station tour by 1 November 1973.

Special Duty Identifier (SDI)—A four- or five-digit code and title used to identify manpower positions and persons performing duties not clearly within a specific career field. Has a complete specialty description. Examples: 83RO Recruiting Service (Officer), 8P000 Courier (Enlisted).

Special Experience Identifiers (SEI)—A three-character code that identifies special experience and training not otherwise identified in the PDS. For assignment purposes, SEIs are used as shown in [paragraph 6.1.1](#).

Special Needs Coordinator (SNC)—A medical officer assigned to the MTF who is appointed as the SNC by the MTF Commander.

Special Requirement—An actual or projected vacancy of an authorized position with special qualifications not identified by an AFSC specialty. The qualifications possessed by an Airman or required for a specific job identified by an AFSC.

Specialty Description—A description of an Air Force Specialty or SDI that includes a title, code, specialty summary, duties and responsibilities, qualifications, other specialty data, and, when established, suffixes.

Specialty Training—Training process used to qualify Airmen in their assigned specialty.

Stabilized Tour—An Air Force duty assignment with a prescribed amount of time.

Standby Reserve—Those units and members of the Reserve Component (other than those in the Ready Reserve or Retired Reserve) who are liable for active duty only, as provided in 10 USC, §§ 10151, 12301, and 12306.

STARNOM—is a key developmental assignment above wing level, where the selectee is a direct hire by a 2 star and above, used to develop and prepare military personnel for future senior leadership roles.

State—The individual states, Guam, Puerto Rico, the United States Virgin Islands, and District of Columbia wherein ANG units are established.

Stipend Program—Monetary assistance provided to medical professionals and specialists who are enrolled in educational programs to increase their medical skills. They incur a Reserve Service Obligation for this assistance.

Sub-allocation—Refers to a user's allocation or class seat after a student name has been assigned.

Supplemental Training—Formal Air Force specialty specific training (post initial skills training) on new equipment, methods, or technology that are not suited for on-the-job training.

Surplus—When there are Airmen assigned to a location that has zero manpower authorizations in a career field (example: SMSgt and below in 3S0X1). A surplus does require assignment action—either there are no authorizations for the career field, manning at that location will not support them to remain due to manning/requirements at other locations, or they have been disqualified for duties. An overage does not require assignment action since there are authorizations for the career field and the manning at that location, as well as overall manning in the career field, allows them to remain. An overage or surplus situation may be impractical or unnecessary to resolve by reassignment when it is the result of intentional action (possible plus up, change in mission, career field manned at 133%) which has been approved by the assignment OPR and functional assignment manager.

Sustainment—The provision of logistics and personnel services required to maintain and prolong operations until successful mission accomplishment. Accounts for authorized versus assigned billets, retention rates, career broadening and PME assignments drawing officers from core AFSC billets. Calculations for sustainment incorporate “career field health” considerations.

Temporary Duty (TDY)—For assignment purposes, non-contingency duty performed at a location other than an Airman's permanent duty station. Also see JTR, Appendix A and DoDI 1315.18, Glossary.

Total Force—Overarching term used when referring to the combination of RegAF, ANG, AFR, and DoD civilians.

Trainee—Members assigned a special identifier to report the primary AFSC while awaiting training and/or end duty assignment.

Training Detachment—Air Education and Training Command detachment that provides technical training, at an operational location, on specific systems and aerospace ground equipment. A training detachment aims to qualify personnel on new equipment or in new techniques and procedures, maintain proficiency and to increase skill and knowledge, acquaint personnel with specific systems, and keep personnel aware of changing concepts and requirements.

Training Requester Quota Identifier—A four-character communication code within Oracle® Training Administration used to convey annual or supplemental training requirements, quota allocations, allocation confirmations, and student-tracking information between a user of training and the provider (owner) of training. Training requester quota identifiers are assigned to a service branch, component, MAJCOM, forward operating agency, direct reporting unit, or functional area to ensure training accountability. Only one training requester quota identifier is assigned to a functional entity or training category.

Training Requester Quota Identifier Manager—Person(s) appointed to gather and report annual training requirements and manage quotas. While only one training requester quota identifier code is assigned to a functional entity, there can be multiple managers handling courses.

Training—Instruction and applied exercises for the acquisition and retention of skills, knowledge, and attitudes required to accomplish military tasks.

Transfer Effective Date—The Transfer Effective Date is the month and year of an AAN and is based on the original requirement month. Transfer Effective Date can only be changed by canceling the AAN and issuing a new AAN.

Unaccompanied Overseas Tour—A tour of overseas duty served without command sponsored dependents when dependents are authorized at that location. Also see the JTR, Appendix A and DoDI 1315.18, Enclosure 2.

Unit—A separate and distinct functional organization. In most cases, a unit is defined in manpower and PDS by a PAS code. However, operating locations and detachments, which have their own PAS codes are not separate units, but are integral parts of their parent unit. Combat Readiness Training Centers (CRTC) will be treated as units.

Unit Manpower Document (UMD)—A document containing all authorized wartime and pre or post mobilization manpower positions and personnel assigned to those positions for an ANG unit.

Unprogrammed Available—An Airman who is available for reassignment on an unprojected basis such as Airman called or recalled to active duty, training eliminees, Airman declared surplus to requirements of assignment and those returning from patient status.

User Identification—A code which identifies a user or groups of users to the system. Each User identification has a password and POC associated with it.

Utilization Field—A group of Air Force officer specialties, related by required skills and knowledge. A utilization field can consist of only one specialty if the skills and knowledge required are unique and don't relate to other officer specialties.

Vacancy (Enlisted)—A shortage that exists at a unit or location when 7th month projected manning in the AFSC skill level under consideration is less than 100 percent and one or more manpower document authorizations exist in that grade.

Volunteer—An Airman who formally states the desire to accept a defined assignment.

Vulnerability—The relative standing of an Airman among their contemporaries for assignment selection.

Waive or Waiver—To refrain from insisting upon compliance, enforcement; voluntarily give up or relinquish; put aside or put off for a time or permanently. To allow deviation from a policy, procedure, provision, standard, requirement, limitation, minimum, maximum, etc.

Washington, DC Area—Officially titled National Capitol Region (NCR). Definition for assignment purpose only: The area encompassing the District of Columbia; Montgomery and Prince Georges Counties in Maryland; and Arlington, Fairfax, Loudoun, and Prince William Counties and the cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park in Virginia.

Attachment 2

BASE OF PREFERENCE PROGRAM (REGAF ENLISTED ONLY)

A2.1. Purpose. The Base of Preference program is intended for enlisted RegAF Airmen on active duty in the grades of SMSgt and below for those that have met the program eligibility requirements and when manning at current and gaining location will support reassignment action. It consists of two separate programs; the first-term Airman Base of Preference program and the career Airman Base of Preference program. The first term Airman Base of Preference program is a reenlistment incentive under the Career Airmen Reenlistment Reservation System programs (see AFI 36-2606). The career Airman Base of Preference program provides a voluntary assignment option to those who have met time-on-station requirements.

A2.2. First Term Airman Program.

A2.2.1. General Information. First term Airmen may request CONUS to CONUS PCS Base of Preference; or overseas to CONUS PCS Base of Preference; or an In-Place Base of Preference to remain at their current CONUS location in conjunction with reenlistment and retraining (see AFMAN 36-2100). First term Airmen in the CONUS may apply for a CONUS to CONUS Base of Preference and an In-Place Base of Preference at the same time. CONUS to overseas, overseas to overseas, or in-place Base of Preference at overseas locations are not authorized since these assignments are made in accordance with EQUAL overseas and overseas returnee cycles and during the DEROS Forecast cycle. Preferences are considered in the exact order listed. Manning at current location is not a factor; however manning at requested location must remain below the CONUS average upon arrival.

A2.2.2. Eligibility Criteria and Restrictions. The following general eligibility criteria and restrictions apply to all first term Airman Base of Preferences. Additional eligibility criteria and restrictions may apply to a specific Base of Preference option as shown in paragraphs [A2.2.3](#) and [A2.2.4](#).

A2.2.2.1. An Airman may not apply for CONUS to CONUS Base of Preference consideration prior to having 8 months' time-on-station and at least 12 months' time-on-station as of the projected departure date. An Airman applies for overseas to CONUS Base of Preference during their DEROS Forecast cycle. There is no time-on-station minimum to apply for in-place Base of Preference.

A2.2.2.2. Airman has a category of enlistment of "1"; and never applied for a first term Airman Base of Preference.

A2.2.2.3. Airman is selected under the Selective Reenlistment Program and has an approved CJR.

A2.2.2.4. Airman has not been selected for PCS nor has an assignment selection date.

A2.2.2.5. Airman is not in AAC 05, 08, 10, 12, 13, 15, 16, 17, 19, 21, 25, 27, or 37 as listed in [Table 3.1](#) or assignment limitation code 02, or 08 as listed in [Table 3.2](#).

A2.2.2.6. Airman submits their application prior to reenlistment. Requests submitted before reenlistment are processed even if the Airman reenlists before the Base of Preference determination is made.

A2.2.2.7. Consecutive Base of Preferences in any combination are not authorized. There must be an intervening PCS. **(T-1)**. Example: a first term Airman who receives an in-place Base of Preference cannot then receive a career Airman PCS Base of Preference immediately following.

Exception: If one Airman of a military couple receives a Base of Preference (assignment action reason A1 or A2) and the spouse is moved as join spouse (assignment action reason A4), then upon eligibility at the next permanent duty station, the Airman who PCS'd under join spouse (assignment action reason A4) may apply for a Base of Preference, in their own right and it would not constitute a consecutive Base of Preference.

A2.2.3. First Term Airmen Requests Without Retraining.

A2.2.3.1. CONUS to CONUS PCS (only). May be considered regardless of overseas vulnerability or stabilized tour status and Airman with a CONUS/overseas imbalanced AFSC may apply. If disapproved this constitutes use of the first term Airman Base of Preference option, Airmen may apply for a Career Airman Base of Preference when the Airman is eligible.

A2.2.3.2. Overseas to CONUS PCS. PCS is upon completion of overseas tour (DEROS). If disapproved this constitutes use of the first term Airman Base of Preference option, Airmen may apply for a Career Airman Base of Preference when the Airman is eligible.

A2.2.3.3. In-Place (CONUS only). Airmen list only their current base as the requested Base of Preference location. May be considered regardless of overseas vulnerability or stabilized tour status and Airmen with a CONUS/overseas imbalanced AFSC may apply. If disapproved this constitutes use of the first term Airman Base of Preference option, Airmen may apply for a Career Airman Base of Preference when they are eligible.

A2.2.4. First Term Airman Requests With Retraining.

A2.2.4.1. CONUS to CONUS PCS; or In-Place; or overseas to CONUS PCS.

A2.2.4.1.1. Airmen request Base of Preference consideration at the same time they apply for a CJR and retraining as outlined in AFI 36-2606 and AFMAN 36-2100. Base of Preference consideration is in the AFSC into which being retrained. When a Base of Preference is not desired, Airmen enter the following in the Base of Preference selection of the retraining application: "I have been briefed on Base of Preference program for first term Airmen and do not desire to apply. I understand I will not be given another opportunity to apply for a first term Airman Base of Preference."

A2.2.4.1.2. PCS is upon completion of overseas tour. DEROS may be extended or curtailed depending on retraining class start date.

A2.2.4.1.3. The action on an Airman's request will vary depending on preferences stated and whether retraining is accomplished by TDY or PCS. Example: if the retraining is to a PCS course, then the Base of Preference consideration would be for the first assignment after training is completed. If a Base of Preference cannot be approved, then assignment is based on the needs of the Air Force.

A2.2.4.1.4. When retraining requests are approved, Airmen must reenlist (not extend) to obtain the required retainability to accept the retraining action as outlined in AFMAN 36-2100. **(T-1)**. The retraining retainability is described below:

A2.2.4.1.4.1. The amount of retraining retainability is normally less than that required for a CONUS to CONUS PCS (that is 24 months). Therefore, in order to satisfy the PCS retainability requirement, Airmen must satisfactorily complete the retraining course and then reenlist in the new AFSC before the Airman is permitted to depart from the training location, regardless whether training is attended in PCS or TDY enroute status. **(T-1)**. If an Airman attending training in PCS status refuses to reenlist, then the MPF will reclama the retraining PCS assignment per [paragraph 6.33](#). **(T-1)**. When an Airman is attending in TDY enroute status, a delay in obtaining retainability for PCS until award of the 3-skill level is authorized as outlined in [Table 6.5](#), rule 3 and note 6.

A2.2.4.1.4.2. The amount of retraining retainability normally satisfies the requirement for overseas to CONUS PCS retainability when course attendance is TDY enroute. If an Airman is to attend a PCS training course they must reenlist upon completion of the course and prior to departure on PCS. **(T-1)**. If the Airman refuses to reenlist, the MPF will not permit the Airman to depart the training location and comply with the instructions in [Table 6.5](#), note 6. **(T-1)**.

A2.2.4.1.5. If the retraining request is disapproved then the Base of Preference request is not considered and does not constitute use of the first term Airman Base of Preference option. Airmen may request any of the Base of Preference options for which they remain eligible.

A2.3. Career Airman Program.

A2.3.1. General Information. Career Airmen may request a CONUS to CONUS Base of Preference to PCS; or an In-Place Base of Preference to remain at their current CONUS location, or both. CONUS to overseas, overseas to overseas, overseas to CONUS, or in-place Base of Preference at overseas locations are not authorized since these assignments are made in accordance with EQUAL overseas and overseas returnee cycles and during the DEROS Forecast cycle. Preferences are considered in the exact order listed. Manning at current location must remain above the CONUS average after departure and manning at gaining location must remain below the CONUS average upon arrival.

A2.3.2. Eligibility Criteria and Restrictions. Airmen must be eligible for PCS without waivers. **(T-1)**. The following general eligibility criteria and restrictions apply to all Career Airmen Base of Preferences.

A2.3.2.1. Airman has at least 41 months time-on-station (3 years, 5 months) at the time of application and at least 4 years time-on-station before PCS departure. There is no time-on-station minimum to apply for in-place Base of Preference. **Exception:** If currently serving on a Maximum Stabilized Tour of at least 4 years, can apply no earlier than 12 months (36 months time-on-station) and no later than 9 months (39 months time-on-station) before completing the stabilized tour.

A2.3.2.2. Airman has a category of enlistment code of “2” or “4” and has been selected under the Selective Reenlistment Program.

A2.3.2.3. Airman has not been selected for PCS nor has an assignment selection date.

A2.3.2.4. Airman is not in AAC 05, 08, 09, 10, 12, 13, 15, 16, 17, 19, 21, 25, 27, 31, or 37 as listed in [Table 3.1](#).

A2.3.2.5. Airman has not been authorized Consecutive Base of Preferences in any combination.

A2.3.2.6. Airman has or is eligible to obtain the required retainability.

A2.3.2.7. Airman is not an overseas volunteer nor has any other voluntary applications pending. This does not include Humanitarian or EFMP assignment applications.

A2.3.2.8. Airmen vulnerable for overseas PCS selection may apply; however, overseas vulnerability is a factor in approval or disapproval.

A2.3.2.9. Airmen may ask for a Base of Preference in an awarded AFSC other than CAFSC; however, approval is based on the needs of the Air Force. A request for this consideration should specifically be stated in the remarks of the in-system PDS request. **Note:** If an Airman returns to their previously awarded AFSC the Base of Preference is canceled and the AAC 28 is removed from PDS. Example: A MSgt First Sergeant (8F000) receives an In-Place Base of Preference in June 2010 and then returns to her previously awarded AFSC (3P071) following her 3 year First Sergeant duty in February 2011. The Base of Preference does not transfer over to the 3P071 AFSC.

A2.4. Military Couples. One or both Airmen of a military couple may request Base of Preference consideration in their own right when Base of Preference eligible; however, they both must be PCS eligible and have join spouse intent code “A” or “B.” **(T-1)**. If only one Airman is submitting then manning must support a join spouse assignment in order for the Base of Preference to be approved. **(T-1)**. A military couple could be comprised of two first term Airmen, one first term Airman and one Career Airman, or two Career Airmen.

A2.4.1. The join spouse intent code is a major factor when considering the Base of Preference request from an Airman. If the intent code is “A” or “B” and only one Airman of the couple is submitting a Base of Preference application, then the spouse will automatically be considered for join spouse assignment in conjunction with their spouse’s Base of Preference request. If manning supports and the request is approved, the Base of Preference eligible Airman will receive a Base of Preference assignment (assignment action reason A1 (first term Airman Base of Preference) or A11 (Career Airman Base of Preference)) and their spouse will receive a join spouse assignment (assignment action reason A4 (join spouse)). If manning does not support the Base of Preference or join spouse assignment, the Base of Preference request is disapproved.

Example: If one Airman of a military couple is currently serving a CONUS maximum tour (AAC 50) and meets the eligibility criteria to apply, then they submit their Base of Preference request during their eligibility window and their spouse (who does not meet Base of Preference eligibility criteria) is considered for a join spouse assignment.

A2.4.2. When both Airman are eligible for Base of Preference consideration and submit simultaneous Base of Preference applications the assignment preferences must match in the same order. **(T-1)**. When both applications are approved, then both Airmen are moved under the Base of Preference program (assignment action reason A1 or A2).

A2.4.3. When one Airman of a military couple requests a Base of Preference and the join spouse intent code is “H” the request will be considered for only that Airman. **(T-1)**. Refer to [Attachment 8](#), paragraph [A8.3.5.1](#) and [A8.5.4.3](#) for information on how join spouse intent code “H” will affect future join spouse assignment consideration.

A2.5. Application Procedures/Responsibilities. Airmen submit their Base of Preference application through MyPers. Procedures and responsibilities for the Airman, Commander, MPF, and AFPC are outlined in the PSD Guide, Voluntary Assignments: Base of Preference.

A2.6. Approval/Disapproval Guidance: AFPC/DP2 assignment NCO will approve or disapprove requests via PDS and update the assignment (for PCS Base of Preference approvals) in accordance with the Active Duty Enlisted Voluntary Assignment Application Schedule located on MyPers. **(T-1)**.

A2.6.1. If Airman’s request is approved, the MPF will ensure the Airman obtains 24 months service retainability within 30 days of approval notification. **(T-1)**. Airmen may only request a delay in obtaining retainability as authorized in [paragraph 4.6.6](#) and [Table 6.5](#).

A2.6.2. When an in-place Base of Preference is approved, the AAC 28 is automatically updated with an expiration date 24 months from date of approval. For PCS Base of Preference, the gaining MPF updates an AAC 28 upon in-processing with an expiration date 24 months from date arrived station. A voluntary request by an Airman to terminate the 2-year Base of Preference deferment is submitted through the servicing MPF to the assignment OPR for consideration. If approved, the Airman cannot request a subsequent Base of Preference deferment while assigned to that location.

A2.6.3. When an Airman’s request is disapproved, the Airman may resubmit 6 months from the date of disapproval. There is no limit on the number of times an Airman may apply, provided the Airman is eligible.

A2.7. Withdrawal/Cancellation Guidance:

A2.7.1. Withdrawal or cancellation of an approved Base of Preference (PCS or in-place) due to Airman declining retainability, failing to obtain retainability, or when requested by the Airman constitutes usage of Base of Preference. No further Base of Preference consideration is given. Voluntary withdrawal of a Base of Preference application (PCS or in-place) prior to final decision by AFPC does not constitute usage of Base of Preference.

Attachment 3

HOME-BASING (HB) AND FOLLOW-ON (FO) ASSIGNMENT PROGRAMS (REGAF AND REG SPACE FORCE ONLY)

A3.1. Purpose of the Home-Basing (HB) and Follow-On (FO) Program. The HB and FO Assignment programs were established to reduce PCS costs and increase family stability. A HB assignment may only be requested if assigned at a CONUS, Alaska, or Hawaii location. A FO assignment may only be requested to a CONUS location or overseas long tour location (FO to short tour locations are not authorized). The HB and FO program goals are met when Airmen meet the criteria and agree to the conditions and limitations outlined in this attachment in exchange for advance assignment consideration.

A3.2. HB/FO Program Criteria. To be eligible for the HB or FO program, officers in the grade of lieutenant colonel or below and enlisted in the grade of SMSgt or below must:

A3.2.1. Have been selected for or elected to serve the overseas unaccompanied short tour length of 15 months or less. **(T-1).**

A3.2.1.1. **(For HB only)** If the officer or enlisted Airman is assigned in the CONUS, Alaska, or Hawaii, then the member can only request for HB consideration back to the location currently assigned.

A3.2.1.2. **(For FO only)** If the officer or enlisted Airman is assigned in the CONUS, Alaska, or Hawaii, then the member can request for FO consideration to any CONUS location, Alaska, Hawaii, or any foreign overseas long tour location.

A3.2.1.3. **(For FO only)** If the officer or enlisted Airman is assigned in a foreign overseas location, then the member can only request FO consideration to any CONUS location, Alaska or Hawaii.

A3.2.1.4. Airmen who are assigned in a foreign overseas location and are requesting a FO to a foreign overseas location do not meet the criteria of the program. Airmen requesting FO consideration outside the criteria of the program, must apply as an exception to policy in accordance with [paragraph A3.7](#) with full justification of why they should be considered outside the parameters of the program. **(T-1).**

A3.2.2. Have or be eligible to obtain the PCS retainability for the overseas unaccompanied short tour and HB or FO assignment required by [Table 6.4](#) and separation and retirement date minimums for overseas PCS selection required by [Table 6.6](#). **(T-1).** For requests for overseas locations in Alaska or Hawaii, Airmen must be able to obtain 36 months retainability in order to serve the full prescribed overseas tour. **(T-1).** Retainability for an approved HB assignments is obtained during normal overseas DEROS Option Window (within 30 days after DEROS Option notification/election). Retainability for approved FO assignments must be obtained within 30 calendar days of approval notification. **(T-1).**

A3.2.3. Airmen may not be enroute to their first permanent duty station, and

A3.2.4. May not apply for a designated location move.

A3.3. HB/FO Restrictions/Limitations. In exchange for advance assignment consideration, Airmen participating in the HB/FO program must agree not to use their allowances to relocate

their dependents and/or HHG to a place other than the FO location; or relocate their dependents to a designated place, such as designated location move; or ship and/or store household goods (HHG) at government expense (unless an exception has been authorized in paragraph [A3.3.1](#) and [A3.7](#)). **(T-1)**. Any claim against the government for the relocation of dependents, or shipment of HHG to other than the FO location, or for storage of HHG results in cancellation of the HB/FO assignment (see [paragraph 6.41.1](#)).

A3.3.1. Airmen who want to participate in the HB/FO program must agree to the restrictions and limitations of the program. **(T-1)**. The following are approved exceptions to the policy:

A3.3.1.1. When the Airman is single, a single Airman parent, or is part of a military couple who serves concurrent and separate unaccompanied short tours, and is assigned in the CONUS, Alaska or Hawaii; these Airmen may store (not ship) household goods locally at government expense by the most cost effective means (as determined by servicing TMO) and still retain their HB/FO assignment without requesting an exception. However, any relocation of dependents to a designated location is done at personal expense (*Airmen not assigned in the CONUS or Alaska or Hawaii submits their request as an exception to policy on their vMPF application*).

A3.3.1.2. Airmen denied continued occupancy of government-owned or controlled quarters may move their dependents and household goods off base (out of government quarters) only within the same city, town, or metropolitan area as prescribed by the JTR, and still retain their HB/FO assignment without requesting an exception.

A3.3.1.3. When required to reside off-base at the overseas unaccompanied short tour location, Airmen may ship household goods to the overseas unaccompanied short tour location, if otherwise eligible as determined by TMO, and also receive single rate dislocation allowance to assist them with establishing a household. When household goods shipment is authorized, or they receive single rate dislocation allowance, Airmen may retain the HB/FO assignment without requesting an exception. The losing MPF verifies the requirement to live off-base via MyPers (overseas furnishings and quarters availability listing).

A3.3.2. **(For FO only)** Airmen may not ship household goods to the FO location at government expense when their dependents do not intend to establish a household within the FO vicinity (daily commuting distance from FO base and household) since storage of household goods at government expense is not allowed under the FO program. By not establishing a household at the FO location, storage of the household goods will be required, but is not authorized under the FO program. When a FO is approved, an Airman's dependents are authorized to remain at their current location or relocate to the FO location at government expense.

A3.4. HB/FO Application Procedures. Airmen receive counseling on the HB or FO program during the initial PCS relocation briefing, on line or by their MPF, when selected for a dependent-restricted overseas tour and those who elect to serve a 15 month or less unaccompanied overseas tour length. Airmen apply for HB and/or FO by using the self-service application on vMPF and per the procedures in the execution guidance in the MyPers website, Voluntary Assignments: HB/FO Assignment Program. Airmen should read the information very carefully as it thoroughly explains conditions and restrictions of the HB/FO assignment program and to which they must agree. **(T-1)**. **(Note:** Airmen without access to the vMPF use the memorandum template in the

execution guidance in the MyPers website. After all signatures and final action has been taken, the MPF sends the application to AFPC for filing in Automated Records Management System according to DAFI 36-2608 and [Attachment 2](#).)

A3.4.1. Airmen must either apply or decline to apply for a HB and/or FO assignment no later than 150 calendar days prior to their RNLTD. **(T-1)**. Example: An Airman who is selected for reassignment on 8 Nov 2012 with an RNLTD of 31 Aug 2013 must make an election NLT 4 Apr 2013. If assignment notification is less than 150 days prior to the RNLTD, Airmen must make an election within 15 calendar days of assignment notification. **(T-1)**. An Airman unable to submit an application within 15 calendar days from assignment notification due to mission reasons or emergency leave only, may apply immediately upon return with justification and commander's concurrence. Late requests based on reasons other than these are not accepted.

A3.4.2. If the Airman declines participation in the HB/FO program, the MPF will enter the HB/FO declination statement from OPA in item 24 of the Airman's PCS orders. **(T-1)**.

A3.4.3. AFPC considers HB/FO assignments once a month, approximately 120 calendar days prior to RNLTD. The MPF Career Development Element should suspense all HB/FO requests to ensure a reply is received from AFPC. If a final decision on a HB/FO request has not been received within 75 calendar days of the Airman's RNLTD, the MPF should immediately contact the assignment OPR via CMS.

A3.4.4. Airmen receive HB/FO consideration only once so it is in their best interest that they provide the maximum number of choices in priority sequence. If an Airman requests both HB and FO consideration on their application, the HB location takes priority over a FO location and is considered first. Airmen may apply for up to 8 CONUS locations (either bases, states, or locales) and up to 8 overseas locations (bases or countries). If both CONUS and overseas locations are indicated, overseas preferences will be considered first (when HB is not requested). For Airmen military couples, see [paragraph A3.6](#).

A3.5. HB/FO Allowances. The MPF will advise Airmen that a HB/FO application cannot be used to deny an Airman PCS allowances. **(T-1)**. The application is a voluntary agreement by the Airman not to use PCS allowances in exchange for advance assignment consideration. If, after approval of a HB/FO assignment, the Airman uses a PCS allowance the Airman originally agreed not to use, that allowance cannot be denied; however AFPC will cancel the HB/FO assignment. **(T-1)**. Some Airmen have personal requirements which may preclude them from entering into an agreement not to use PCS allowances. If participating in the HB/FO program would cause a financial or personal hardship, Airmen are encouraged to use their PCS allowances and not participate in this program. Exceptions to allow Airmen to use their allowances (other than for relocation to the FO location or as already approved as an exception in [paragraph A3.3.1](#) or [A3.7](#)) and receive HB/FO consideration are not considered. Such exceptions to HB/FO criteria would give a few Airmen an unfair advantage over others who abide by HB/FO criteria. In addition, HB/FO consideration for assignments also reduces the available assignments to other overseas short tour returnees.

A3.6. Military Couples. When an Airman is married to another military Airman (or sister service member) and serves a dependent-restricted tour or elects to serve the unaccompanied overseas tour of 15 months or less, that Airman is considered for a return (join spouse) assignment to the location of the spouse, unless join spouse intent code "H" (join spouse not desired) is reflected in the PDS or the Airman requests FO consideration as outlined below:

A3.6.1. If no requirement exists at the spouse's location, the returning Airman's FO preferences are considered for both Airmen at that time. A requirement must exist for both Airmen. **(T-1)**.

A3.6.2. When both Airmen of a military couple (with join spouse intent codes "A" or "B") are selected to serve concurrent but separate unaccompanied short tours of 15 months or less they may apply for FO assignments provided they each list the same preferences in the same order on their respective FO applications.

A3.6.3. **(Enlisted Only)** Airmen selected for an overseas assignment, including when a requirement exists at their current base upon completion of their unaccompanied overseas short tour, may request follow-on consideration and join spouse assignment to another CONUS location if the spouse who remains at the current CONUS base has four years time-on-station or more as of the DEROS (month/year) of the Airman returning from overseas. The CONUS spouse's join spouse intent code reflects "A" or "B" and the PDS application update contains in the remarks section: "CONUS Follow-On Join Spouse Request - 4 Years time-on-station."

A3.6.4. **(Enlisted Only)** Airmen selected for an overseas assignment, including when a requirement exists at their current location upon completion of their unaccompanied overseas short tour, may request follow-on and join spouse assignment consideration to an overseas location. The CONUS spouse's join spouse intent code reflects "A" or "B" and the PDS application update contain in the remarks section: "Overseas Follow-On and Join Spouse Request."

A3.7. FO Exception to policy. Airmen currently serving at a foreign overseas location, (example: Ramstein AB, GE or Kadena AB, JA) and are requesting a FO to a foreign overseas location are not eligible for FO consideration per [paragraph A3.2](#), however they may request consideration as an exception to policy ONLY. Those that may request FO consideration as an exception to policy are those Airmen whose civilian spouse is a citizen of the country they are requesting as the FO location; is a DoD civilian or contractor that has Status of Forces Agreement entitlements in their own right; or they are single, do not have dependents, and do not require storage of household goods. The following are some examples:

Example 1: MSgt Leathers is currently assigned to Ramstein AB, GE, and is married to a Japanese national. He is selected for an assignment to Kunsan AB, ROK, and wants to apply for FO consideration to Kadena AB, JA. He is eligible to request for FO as an exception to policy and if approved, will move his dependents under the Dependent Travel to Designated Place/Follow-On program in accordance with AFI 36-3012.

Example 2: SSgt Alejandro is currently assigned to Ramstein AB, GE, and is married to DoD civilian currently employed at Ramstein AB, GE, and has Status of Forces Agreement entitlements in his own rights. She is selected for an assignment to Izmir AS, TU, and wants to apply for FO consideration back to Ramstein AB, GE. She is eligible to request for FO as an exception to policy because her DoD civilian spouse is authorized to remain behind based on his Status of Forces Agreement entitlements.

Example 3: TSgt Lewis is currently assigned to Aviano AB, IT, and is single and has no dependents. She is selected for an assignment to Osan AB, ROK. She will not require storage of household goods since she lives in the dormitory and TMO has informed her that she will be able to ship all her household goods to Osan based on her weight entitlement. She wants to apply for

FO consideration to Ramstein AB, GE. She is eligible to request for FO as an exception to policy since she is assigned to a foreign OCONUS location and will not utilize storage.

Example 4: Capt Tongson is currently assigned to Aviano AB, IT, and is married to a Korean national. He is selected for an assignment to Incirlik AB, TU, and has elected to serve the unaccompanied tour length of 15 months, and wants to apply for FO consideration back to Aviano AB, IT. He is not eligible to request for FO as an exception to policy since his civilian spouse is not a citizen of Italy. Capt Tongson would only be eligible to request FO consideration for a CONUS location, Alaska or Hawaii.

A3.7.1. One of the main reasons such assignments are not permitted on a routine basis is that Status of Forces Agreements seldom cover dependents once the Airman departs the overseas country on PCS. Similarly, Status of Forces Agreement seldom cover dependents that arrive in a foreign country in advance of the Airman's arrival in PCS status. Example: Japan strictly limits dependents residing without the military sponsor. Also, these dependents cannot retain command sponsorship and the Airman can only receive the overseas station allowances upon special approval of a request according to the procedures in AFI 36-3012. As a point of interest, although the dependent may be eligible to remain at the current location or travel to the FO location, the dependent(s) will not be command sponsored and military housing may not be available. For these and related reasons, Airmen and dependents should acknowledge these circumstances and demonstrate the capability to cope before submitting a request for an exception.

A3.7.2. Requests for an exception to policy FO is completed by the Airman in vMPF under the HB/FO application or by memorandum in the PSD Guide, if vMPF is not available. The exception to policy will be sent via CMS by the MPF to the assignment OPR who will coordinate the request with AFPC/DP3AM for approval/disapproval. **(T-1)**. The MPF must ensure the following information is included in the request:

A3.7.2.1. FO preferences. **(T-1)**.

A3.7.2.2. Airman's marital status and whether spouse is a civilian. **(T-1)**.

A3.7.2.3. Whether the Airman has dependents. **(T-1)**.

A3.7.2.4. If married to a civilian spouse, or single with dependents, the location of dependent(s). **(T-1)**.

A3.7.2.5. If married, whether the civilian spouse is a foreign born citizen. If so, the country in which the civilian spouse holds citizenship. **(T-1)**.

A3.7.2.6. If married, whether the civilian spouse a U.S. government employee with housing and Status of Forces Agreement entitlements in their own right. **(T-1)**.

A3.7.2.7. If married to a civilian spouse, or single with dependents, will Airman request a Dependents Remaining Overseas (DRO) or Dependent Travel to Designated Place (DTDP)/FO application? The Airman should be counseled in accordance with AFI 36-3012, and be provided the appropriate benefit entitlement fact sheet for overseas PCS for noncommand-sponsored dependents found on MyPers. A DRO or DTDP/FO application is not mandatory for Airmen to apply; however, Airmen should be advised of all available options. **(T-1)**.

A3.7.2.8. If the Airman is not requesting a DRO or DTDP/FO, where will the dependent(s) reside? **(T-1)**.

A3.7.2.9. If single, what is the disposition of HHGs at the current foreign OCONUS location? Has TMO authorized full shipment of HHGs to the short, dependent restricted location? Has TMO verified no requirement for storage of HHGs?

A3.7.2.10. In addition, submit any other pertinent information that supports the basis for the exception to policy request. **(T-1)**.

A3.8. Approved HB Assignment for Alaska or Hawaii. Airmen with an approved HB assignment to Alaska or Hawaii who desire to have dependents remain in the overseas area must submit a DRO application in accordance with AFI 36-3012. **(T-1)**.

A3.9. Approved FO Assignment to any Overseas Location. Airmen with an approved FO assignment to any overseas location who desire to have dependents remain in the overseas area or relocate to the FO assignment location must submit a DRO or DTDP/FO application in accordance with AFI 36-3012. **(T-1)**. All dependents must be medically cleared for government funded travel prior to the Airman's departure to the unaccompanied short tour location. **(T-1)**. In addition, Airmen who desire to relocate dependents and/or ship household goods to an overseas FO location must be counseled in detail by the MPF and TMO on how the Status of Forces Agreement may impact unaccompanied dependents and household goods in the overseas area. **(T-1)**.

A3.10. Notification of Approval or Disapproval of HB/FO Applications. Upon receipt of the AFPC decision, the MPF enters the appropriate HB/FO statement from OPA in item 24 of the Airman's PCS orders. The MPF will send the application to be filed in Automated Records Management System in accordance with DAFI 36-2608 and **Attachment 2**. **(T-1)**.

A3.11. PCS Orders. The MPF will not release PCS orders without a final decision on a HB/FO application from the AFPC assignment OPR. **(T-1)**. PCS orders reflect the appropriate HB/FO information according to DAFMAN 36-2102. The proper assignment remark ensures the FSO and TMO take actions consistent with the Airman's HB/FO agreement or advises the MPF to cancel if the Airman uses PCS allowances.

A3.12. Voluntary Cancellation of a HB/FO Assignment. Withdrawal or cancellation of an approved HB/FO due to Airman declining retainability, failing to obtain retainability, or when requested by the Airman constitutes usage of HB/FO. No further HB/FO consideration will be given. A HB/FO assignment is considered to be voluntarily canceled by the Airman when:

A3.12.1. An Airman applies for a three month or longer extension of their overseas tour. The MPF updates the extension request and in the transaction remarks indicates the Airman has a HB/FO assignment which must be canceled to accept the extension. **(T-1)**. If the extension request is disapproved, the HB/FO assignment remains firm. A request for tour extensions of 2 months or less indicates in the transaction remarks the Airman has a HB/FO assignment which requires an adjustment to the RNLTD per **paragraph 6.32**. Also, Airmen who extend their short overseas tour may require additional retainability for the HB/FO assignment and MPF must verify retainability per **paragraph 4.6.6**. **(T-1)**.

A3.12.2. An Airman applies for and receives approval of a request for Humanitarian or EFMP assignment.

A3.12.3. **(For HB only)** An Airman who requests for voluntary cancellation of HB assignment is submitted in accordance with [paragraph 6.10](#), not later than 150 days prior to Airman's DEROS. Requests submitted within the 150 day time frame require humanitarian or hardship reason(s).

A3.13. Involuntary Cancellation of a HB/FO Assignment. Unlike a "normal" assignment from overseas, a HB/FO assignment is made 14 to 18 months before the reporting date. Although the intent is that once a HB/FO assignment is provided it remains firm, the Airman's qualifications and Air Force requirements remain the primary determinants. When canceling a HB/FO assignment becomes unavoidable (due to base closure, unit deactivation, HYT adjustments, curtailment prior to meeting short tour credit criteria in accordance with [Table 7.5](#), etc.) the Airman is given priority consideration for other assignment preferences. In addition, there are other circumstances when involuntary cancellation of a HB/FO assignment may also be appropriate. When circumstances arise which may warrant involuntary cancellation of a HB/FO assignment, the MPF must immediately notify AFPC/DP3AM and the assignment OPR via CMS, with an information copy to both the losing and gaining MPF. **(T-1)**. An assignment made under the HB/FO program will be involuntarily canceled by AFPC when:

A3.13.1. **(For HB)** An Airman relocates dependents and/or ships or stores household goods at government expense (for reasons other than the approved exceptions in [paragraph A3.3.1](#) and [A3.7](#). **(T-1)**).

A3.13.2. **(For FO)** An Airman relocates dependents and/or ships household goods to a location other than the FO at government expense, receives dislocation allowance for movement of dependents to a location other than the FO, or ships or stores household goods at government expense (for reasons other than the approved exceptions in [paragraph A3.3.1](#) and [A3.7](#). **(T-1)**).

A3.13.3. An Airman fails to comply with any of the provisions agreed to in the "Home-Basing and/or Follow-on Assignment Application." **(T-1)**.

Attachment 4

HOSTILE FIRE AND IMMINENT DANGER AREA REASSIGNMENT OR DEFERMENT

A4.1. Purpose. There are two separate assignment provisions addressed below.

A4.1.1. One is to allow one or more immediate family members to request reassignment from, or deferment from assignment to, a hostile fire or imminent danger area when that family has suffered a casualty incident to duty in a currently designated hostile fire or imminent danger area.

A4.1.2. The other provision applies to assignment of Airmen hospitalized because of hostile fire action.

A4.2. General Provisions for Immediate Family Members.

A4.2.1. Airmen must be at least 18 years of age to serve in a hostile fire or imminent danger area **(T-0)**.

A4.2.2. Hostile fire and imminent danger areas are designated by geographical area with a beginning date and a termination date in the DoD Pay and Entitlements Manual.

A4.2.3. Assignment to duty in a designated hostile fire or imminent danger area is shared as equitably as practical by all similarly qualified Airmen, except as indicated herein or in **Attachment 5**, Sole Surviving Son or Daughter and **Attachment 6**, Aircrew Family Member Assignment. Assignment of military couples, including assignment at the same time, to the same or different hostile fire or imminent danger areas is not precluded.

A4.2.4. Assignment includes TDY or PCS.

A4.2.5. Only the Airman may initiate a request for deferment or reassignment. A request may not be initiated by someone on behalf of an Airman.

A4.2.6. When a military member is killed or dies, is in a captured or missing status or has been determined by the Veterans Administration (VA) or a military Service to be 100 percent physically or mentally disabled as a result of an act committed by an individual, group, or country hostile to the United States or in direct support of operations against such a hostile force while serving in a currently designated hostile fire or imminent danger area, other members of the same immediate family (as defined below) will be exempt, upon request, from serving in the same or any currently designated hostile fire or imminent danger area, or if the member is already serving in such an area, they will be reassigned from that area. The intent is when a family has suffered a casualty incident to service in a currently designated hostile fire or imminent danger area, to not expose the remaining immediate family members to further casualties in the same or any other currently designated hostile fire or imminent danger area. However, when an area in which a family member became a casualty ceases to be designated as a hostile fire or imminent danger area, then members of that family may again be assigned to that location. It is not a requirement for the member who was a casualty to be living or to still be on active duty, as long as the area in which the member became a casualty is still currently designated.

A4.2.7. For this provision, an Airman's immediate family members are:

A4.2.7.1. Parents. This includes stepparents, parents by adoption, and those who stood in the place of a parent for at least 5 years immediately preceding the initial entry on active duty of the member who died, is missing or captured, or 100 percent disabled.

A4.2.7.2. Brothers and Sisters. This includes stepbrothers and stepsisters, brothers or sisters by adoption, or half-brothers or half-sisters in the household at the time the member who died, is missing or captured, or 100 percent disabled initially entered active duty.

A4.2.7.3. Spouse.

A4.2.7.4. Natural child.

A4.2.7.5. Legally adopted child.

A4.2.7.6. Stepchild, if the child was a member of the household at the time the member or former member died, was missing or captured, or was determined to be 100 percent disabled.

A4.2.7.7. A child to whose support a male member or former member has been ordered judicially to contribute, or of whom he has been decreed judicially to be the father, or of whom he has acknowledged in writing under oath that he is the father.

A4.2.7.8. A person for whom the Airman stood in place of a parent for at least 5 years immediately preceding the date on which the member or former member died, was missing or captured, or determined to be 100 percent disabled.

A4.3. Application Procedures/Responsibilities. Applications should be submitted using the PSD Guide: Hostile Fire and Imminent Danger Area Reassignment or Deferment, located on MyPers, within 15 calendar days of notification of selection for PCS or TDY, or as soon after becoming eligible as practical. Airmen will submit requests to their unit commander. **(T-3).**

A4.4. Exceptions. MPF may submit exception to policy requests they recommend be approved to Assignment authority. The Assignment authority may disapprove requests for exception or submit those which merit approval through channels to DoD for final approval/disapproval.

A4.5. General Provisions for Airmen Hospitalized. Airmen who have been hospitalized for 30 or more calendar days because of a specific hostile fire action resulting from combat service will not be returned to the hostile fire area during the same tour in which they were wounded. Airmen reassigned under this provision will be eligible for subsequent hostile fire tours. Airmen may return voluntarily to a hostile fire area earlier if the Airman is medically qualified. This provision does not apply to Airmen hospitalized for injury, accident, or illness not attributable to hostile fire action. Self-inflicted wounds and other non-combat causes are specifically excluded.

Attachment 5

SOLE SURVIVING SON OR DAUGHTER ASSIGNMENT RESTRICTION (REGAF ONLY)

A5.1. Purpose. The sole surviving son or daughter assignment restriction restricts an eligible Airman from duties involving combat with the enemy and precludes assignment (including both PCS and TDY) to any overseas hostile fire or imminent danger area as designated in the DoD Military Pay and Allowances Entitlements Manual. This restriction does not preclude the assignment of a sole surviving son or daughter to an overseas area where combat conditions are nonexistent.

A5.2. Definition/Eligibility Criteria.

A5.2.1. A sole surviving son or daughter is an Airman who is the only surviving son or daughter in a family where the father, or mother, or one or more sons or one or more daughters, served in the U.S. Armed Forces, and as a direct result of the hazards of duty in the Service, the father, or mother, or one or more sons or daughters:

A5.2.1.1. Was killed, or

A5.2.1.2. Died as a result of wounds, accident or disease, or

A5.2.1.3. Is in a captured or missing-in-action status, or

A5.2.1.4. Is permanently 100 percent physically disabled (including 100 percent mental disability), as determined by the Department of Veterans Affairs or one of the Military Services.

A5.2.2. The requirement that death or disability be a direct result of the hazards of service does not require that the family member's death or disability occur in combat or during assignment to a designated hostile fire or imminent danger area, but does require that death be determined as in the line of duty. (In general, in the line of duty means death or disability did not occur while the person was in desertion status or voluntarily absent without authority for more than 24 hours or voluntarily absent from a scheduled duty, a formation, a restriction, or an arrest; by reason or a condition that existed before service, that was not service aggravated; or as a result of their own misconduct (the term "misconduct" includes both willful misconduct and gross negligence)).

A5.2.3. An Airman who is an only child (only son or only daughter), in itself, does not qualify an Airman for the sole surviving son or daughter assignment restriction.

A5.2.4. The parent through whom an Airman seeks to qualify does not need to be living, but the Airman must meet the criteria of sole surviving son or daughter, natural or adopted, of that parent.

A5.2.5. Requests may be submitted on behalf of an Airman by their parent or spouse. In this case the Airman can waive the parental/spousal request before further processing. If waived, return the documentation to the Airman and file a copy of the waiver in the Airman's electronic Automated Records Management System record. No further processing is required.

A5.3. Situations which do meet the criteria to qualify as a sole surviving son or daughter:

A5.3.1. The only son and only daughter of a mother or father who meets the criteria in [paragraph A5.2](#), both qualify as a sole surviving son and a sole surviving daughter.

A5.3.2. There are 3 children in a family; two boys and a girl. One of the boys meets the criteria in [paragraph A5.2](#), therefore, the two remaining children (one boy and one girl) both qualify as a sole surviving son and a sole surviving daughter.

A5.3.3. An Airman is an only child and one parent is also on active component. While on approved leave, the active component parent is killed while a passenger in the crash of a U.S. civilian commercial passenger aircraft. The parent's death is determined by the Air Force to be in the line of duty (see [paragraph A5.2.2](#)). Since the criteria in [paragraph A5.2](#) is met, the child qualifies as a sole surviving son/daughter. The finding that death was in the line of duty meets the requirement that death was as a direct result of the hazards of service.

A5.4. Situations which do not meet the criteria of sole surviving son or daughter:

A5.4.1. A family has one child (boy or girl). The child is on active component in the AF. The fact that a child is an only child does not, in itself, qualify the child for the sole surviving son or daughter assignment restriction.

A5.4.2. A family has one child (boy or girl). The child is on active component in the AF. The father (or mother) dies of natural causes. The child is not a sole surviving son or daughter since the criteria in [paragraph A5.2](#) is not met.

A5.4.3. There are 3 children in a family, two sons and a daughter. One son and the daughter are Airmen. The son who is not in the Air Force is killed in a car accident. Neither the remaining son nor the remaining daughter qualify as a sole surviving son or daughter since the criteria in [paragraph A5.2](#) is not met.

A5.5. Application Procedures. Applications should be submitted as outlined in the PSD Guide: Sole Surviving Son or Daughter Assignment Restriction.

Attachment 6

AIRCREW FAMILY MEMBER ASSIGNMENT (REGAF ONLY)

A6.1. Purpose. To provide aircrew members an avenue to apply for a PCA or PCS when another member of the immediate family is in the same unit. For this program, an Airman's immediate family is defined as their:

A6.1.1. Parents, to include stepparents, parents by adoption, and those who stood in the place of a parent for at least 5 years immediately preceding the initial entry on active component of the member who died, is missing or captured, or 100 percent disabled.

A6.1.2. Brothers and sisters, to include stepbrothers and stepsisters, brothers or sisters by adoption, or half-brothers or half-sisters in the household at the time the member who died, is missing or captured, or 100 percent disabled initially entered active component.

A6.1.3. Spouse.

A6.1.4. Natural child.

A6.1.5. Legally adopted child.

A6.1.6. Stepchild, if the child was a member of the household at the time the member or former member died, was missing or captured, or was determined to be 100 percent disabled.

A6.1.7. A child to whose support a male member or former member has been ordered judicially to contribute, or of whom he has been decreed judicially to be the father, or of whom he has acknowledged in writing under oath that he is the father.

A6.1.8. Other person for whom the member stood in place of a parent for at least 5 years immediately preceding the date on which the member or former member died, was missing or captured, or determined to be 100 percent disabled.

A6.2. Aircrew Family Member Criteria. Exposure to a common danger represented by serving as an aircrew member in the same unit is sufficient reason for all but one member of an immediate family to request reassignment to a different unit or location. Only aircrew members may request reassignment.

A6.3. Application Procedures. Applications should be submitted using the PSD Guide: Aircrew Family Member Assignments, located on MyPers.

Attachment 7

CONTINGENCY DEPLOYMENT ASSIGNMENT CONSIDERATION AND CONTINGENCY DEPLOYMENT HOME STATION ASSIGNMENT DEFERMENT PROGRAM (REGAF ONLY)

A7.1. Purpose. The Contingency Deployment assignment consideration and Deployment home station assignment deferment program is designed to allow all Airmen (lieutenant colonel and below and SMSgt and below) to request one-time consideration for an assignment or an in-place 24 month assignment deferment once they become eligible following the completion of a contingency deployment. The program recognizes a commitment to our Airmen who have served an uncharacteristic Extended Deployment in service to the United States of America.

A7.2. Eligibility Criteria.

A7.2.1. Airman must have served on the contingency deployment tour of duty for the required number of days for award of short tour credit in accordance with [Table 7.6](#), Rule 2, 5, or 6. **(T-1)**. The paid travel voucher for the Contingency Deployment is the only source document used to validate the Deployment. Time creditable as overseas duty begins the day of departure from the CONUS port excluding all leave performed outside the Contingency area, hospitalization, and other non-mission periods. This attachment does not apply to Airmen on a 365-Day Extended Deployment. Refer to [Attachment 14](#).

A7.2.2. CONUS based Airmen must have a minimum of 36 months time-on-station as of projected departure date if assignment consideration is to another CONUS location or 24 months time-on-station as of projected departure date if assignment consideration is to an overseas location. **(T-1)**.

A7.2.3. Overseas based Airmen must complete their current prescribed overseas tour prior to departure. **(T-1)**. If approved, the AFPC assignment OPR will update the RNLTD to be 45 days after DEROS. **(T-1)**. Airmen approved for an assignment to another overseas area (COT or IPCOT) may receive COT/IPCOT entitlements as eligible under the provisions of the COT/IPCOT program outlined in [paragraph 6.28.4.4.](#) and [paragraph 6.28.4.5.](#)

A7.2.4. Airmen must be PCS eligible and have no quality force factors that would otherwise make them ineligible (*assignment only*). **(T-1)**.

A7.2.5. Join Spouse consideration, if applicable, should be processed in accordance with [Attachment 8](#) (*assignment only*).

A7.2.6. Airmen must have sufficient retainability to serve the associated PCS ADSC (*assignment only*). **(T-1)**. Airmen must obtain retainability within 30 days of assignment notification or the assignment OPR will cancel the assignment in accordance with [paragraph 4.6.6.](#) **(T-1)**.

A7.2.7. Participation in the program does not affect eligibility to participate in the First Term Airman or Career Airman Base of Preference program at a later date provided eligibility criteria is met.

A7.3. Application Timelines.

A7.3.1. If an Airman has 24 months (if requesting overseas assignment consideration) or 36 months (if requesting CONUS assignment consideration) or more time-on-station as of return from the contingency deployment, the Airman must apply no later than 60 days upon return. **(T-1).**

A7.3.2. If an Airman has less than 24 months (if requesting overseas assignment consideration) or 36 months (if requesting CONUS assignment consideration) time-on-station as of return from the contingency deployment, the Airman must apply no later than 60 days upon obtaining 24 or 36 months time-on-station. **(T-1).**

A7.4. Application Procedures. Airmen must apply upon return from their contingency Deployment (or upon eligibility) within the application timelines stated in **paragraph A7.3. (T-1).**

A7.5. Approval/Disapproval. Career field manning at Airmen's preference locations, Airmen's overseas vulnerability, and needs of the Air Force are the deciding factor to approve or disapprove.

A7.5.1. Airmen electing consideration for a 24-month home station assignment deferment. If approved, the AFPC assignment team will update AAC 39 with an expiration date of 24 months after the contingency deployment return date. **(T-1).** If disapproved, the AFPC assignment team will notify the MPF of the disapproval. **(T-1).** The MPF notifies the Airman of the disapproval.

A7.5.2. Airmen electing consideration for an assignment. If approved, the AFPC assignment team will update the assignment in the PDS with an RNLTD no less than 120 days from the date of approval to allow sufficient time for outprocessing actions. **(T-1).**

A7.5.3. Once an assignment **or** 24-month assignment deferment has been approved or disapproved, this constitutes the Airman exercising their option under this program and reconsideration is not authorized. Airman may request cancellation of their assignment or deferment in accordance with **paragraph 6.10.**

Attachment 8

ASSIGNMENT OF MILITARY COUPLES – JOIN SPOUSE ASSIGNMENT PROGRAM (REGAF ONLY)

A8.1. General Guidance. Assignment authorities will attempt to facilitate the assignment of dual-career military married couples to the same geographic area. Each Airman of a military couple is serving in their own right. This means military couples fulfill the obligations inherent to all Airmen and they are considered for assignments to fill valid manning requirements and perform duties which require the skills in which they are trained and experienced subject to their PCS eligibility. Provided this criteria is met, military couples may be considered for an assignment where they can maintain a joint residence. The assignment of military couples is also referred as a join spouse assignment. Military couples share the responsibility for reducing family separation. They should not make decisions on future service, career development, or family planning based on the assumption they can always be assigned to the same location or join spouse assignment is guaranteed. Military couples, like Airmen with a civilian spouse, should expect periods of separation during their careers. When a join spouse assignment is not in the best interests of the Air Force, then, regardless of the provisions in this attachment, join spouse assignment is not made.

A8.2. Who Is Eligible for Join Spouse Assignment Consideration. Airmen are eligible for join spouse assignment consideration if:

A8.2.1. The Airman is on EAD with the Air Force and their spouse is also on EAD with the Air Force or one of the other US military services (includes members of the U.S. Coast Guard, but excludes military services of foreign countries) and the Airman and their spouse are not ineligible for consideration for any of the reasons in [paragraph A8.3](#), and

A8.2.2. The Airman meets all PCS eligibility requirements established in this instruction (such as time-on-station, retainability, quality control, etc.), and

A8.2.3. The Airman has join spouse intent code “A” or “B,” and

A8.2.4. The Airman and their spouse are not scheduled for reassignment, separation, retirement, or release from active component within 12 months from the date the Airman is projected to join the spouse at their location.

A8.2.5. Join spouse assignments are permitted along with assignment programs in this instruction if the provisions above and the criteria for each assignment program are met.

A8.3. Who Is Not Eligible for Join Spouse Assignment Consideration. Airmen are not eligible for join spouse assignment:

A8.3.1. If the Airman’s spouse is an Airman of the Air Reserve Component (ARC) or a Reserve or Guard component of another military branch whether or not the spouse is serving on EAD.

A8.3.2. If the Airman’s spouse is an Airman in the ARC who is on active component for training, or on active component to fill a specific manpower authorization or position at a predetermined location for a specified period of time. In other words, if the spouse is not subject to the PCS criteria outlined in this instruction, then the Airman is ineligible for join spouse assignment consideration.

A8.3.3. If the Airman's spouse is a non-military employee of the US Government (example: Civil Service).

A8.3.4. If the Airman does not meet all PCS eligibility criteria established in this instruction (such as time-on-station, retainability, quality control, etc.).

A8.3.5. When join spouse intent code is "H." When one Airman is selected for assignment with intent code "H" a join spouse assignment is not provided. Also, a join spouse assignment request to that location at a later time is not authorized. Join spouse assignment is not considered until the subsequent PCS of the Airman or their spouse, provided join spouse intent code is "A" or "B." However, the Airman may receive an assignment to their spouse's location if the Airman is eligible under some other assignment program.

A8.3.5.1. Changing join spouse intent code to "H" after selection for join spouse assignment does not result in automatic cancellation of the assignment. Normal reclama procedures apply and the decision to cancel the join spouse assignment is made by the assignment OPR based on the best interests of the AF. An Airman who requests and has a join spouse assignment canceled as provided in this paragraph does so with the understanding the Airman created the family separation. A join spouse assignment to that same location at a later time is not authorized. Join spouse assignment is not considered until the subsequent PCS of the Airman or their spouse, provided join spouse intent code is "A" or "B." However, the Airman may receive an assignment to their spouse's location if the Airman is eligible under some other assignment program. AAC 32 is deleted when either updates intent code "H."

A8.3.6. If the Airman or their spouse are projected for reassignment, separation, retirement, or release from the active component within 12 months from the date the Airman is projected to join the spouse at their location.

A8.3.7. To overseas locations where there is no government-approved accompanied housing or where election of an accompanied tour is not an option for either Airman. **Note:** In the event both Airmen should receive assignments (regardless of how it occurred) to the same or adjacent dependent-restricted locations or where Command Sponsor billets are not available, the MPF will reclama the assignment of the Airman selected last (includes when the marriage takes place after assignment selection). However, in the event that both Airmen should receive assignments to Kunsan AB, Korea; Incirlik AB, Turkey; or Lajes Field, Portugal, concurrent Join Spouse assignment to the same dependent restricted 12-month short tour shall be allowed. **(T-1).**

A8.3.8. To locations not considered in proximity for join spouse assignment purposes as described in [paragraph A8.7.2](#) Other options such as retraining (Enlisted, see AFMAN 36-2100) or DAFSC changes (officers, see [paragraph 6.48](#)) are considered first as explained in [paragraph A8.7.1](#).

A8.3.9. Based on intended or planned marriages.

A8.3.10. If the Airman's spouse is attending a training course and has less than 12 months remaining until graduation (or has less than 12 months remaining upon the Airman's arrival).

A8.3.11. If the Airman's spouse is a member of the military service of a foreign country.

A8.4. Documenting Marriages of Military Couples. The MPF must verify the marriage from the marriage certificate and update PDS and DEERS as prescribed in PSD Guide: Join Spouse Assignment Program. **(T-1).** Airmen may update their join spouse intent code via the vMPF once the MPF has made the appropriate updates in PDS. Military couples must report any change in marital or military status (divorce, legal separation, death of the spouse, or separation or retirement of the spouse) to the MPF so join spouse assignment information and AAC 32 (if applicable) is deleted from the PDS. **(T-1).**

A8.5. How Military Couples Receive Join Spouse Assignment Consideration. The characteristics of the enlisted and officer assignment systems affect how join spouse assignment consideration is provided. The enlisted assignment selection process makes extensive use of the computer-match while officer assignment matches are a manual process. Example: the majority of enlisted assignments to overseas locations (regardless of volunteer status) are computer-matched based on PCS eligibility, grade, and AFSC, and then reviewed and validated by an assignment NCO. For these computer-matched assignments, the computer automatically considers the spouse for join spouse assignment, and provided the eligibility criteria are met, selects the spouse. On the other hand, all officer assignments are manually-worked by AFPC assignment officers to identified requirements. However, the basic rule that a requirement exists for the spouse's AFSC does not differ in either system.

A8.5.1. Both Airmen are Officers. Officers indicate they desire join spouse consideration on their Airman Development Plan, have either join spouse intent code "A" or "B" updated in PDS, and ensure their assignment preferences match. They should maintain periodic contact with their respective assignment officers and ensure their join spouse intent code remains current. Judge advocates indicate their join spouse consideration on their Personal Data Information.

A8.5.2. Both Airmen are Enlisted. When currently assigned to the same location (provided neither has been selected for PCS), an accurate join spouse intent code (updated through vMPF) provides continuous join spouse assignment consideration unless coded otherwise (see [paragraph A8.6.1](#) for those situations requiring an application). It is the couple's responsibility to let it be known in advance they desire join spouse assignment consideration by updating their intent code in vMPF. Improper completion or failure to update the intent code jeopardizes join spouse assignment opportunities. Join spouse assignment desires indicated via the vMPF take priority over any other individual assignment preferences listed in PDS (i.e., If an Airman's intent code is "B," the main consideration is to try and keep the couple together, not necessarily at a base of choice). While location preferences are considered, the join spouse intent code takes priority.

A8.5.3. One Airman is an Officer and one Airman is Enlisted. Military couples consisting of an officer and enlisted Airman receive assignment consideration primarily based on the officer's utilization.

A8.5.4. The update of join spouse intent codes in the vMPF allows Airmen to indicate the extent of join spouse assignment consideration desired by use of one of the following join spouse intent codes:

A8.5.4.1. Code "A" Desire join spouse to CONUS or any overseas tour (including concurrent dependent-restricted short tours). The Airman and their spouse will be considered for join spouse assignment to locations in the CONUS, at overseas accompanied

locations, overseas unaccompanied short tour locations, and overseas dependent-restricted locations. By updating intent code "A," the military couple has stated that they want to be considered for concurrent unaccompanied short tour locations and dependent-restricted short tours. Both join spouse intent codes reflect "A" and both update dependent-restricted or unaccompanied short tour preferences. If one Airman of the military couple is selected for reassignment to a dependent-restricted or unaccompanied short tour location, the other Airman of the military couple are considered for a concurrent, but separate reassignment to a dependent-restricted or unaccompanied short tour location. If one Airman of the military couple cannot be supported for a concurrent but separate dependent-restricted or unaccompanied short tour location then neither Airmen will be selected as a volunteer.

A8.5.4.2. Code "B" Desire join spouse to CONUS or any accompanied overseas tour (including non-concurrent dependent-restricted short tours). The Airman and their spouse will be considered for join spouse assignment to locations in the CONUS and at overseas accompanied locations and only one Airman of the military couple will be selected for a dependent-restricted short tour or unaccompanied short tour. Stated another way, one Airman of the military couple serves the dependent-restricted or unaccompanied short tour while the other Airman of the military couple remains at their current location. By updating intent code "B," the military couple has stated they do not desire to be selected for concurrent dependent-restricted or unaccompanied short tours. Both join spouse intent codes will reflect "B" and update of tour preferences are as follows:

A8.5.4.2.1. If only one Airman of a military couple desires to be considered to serve a dependent-restricted or unaccompanied short tour while the other Airman of the military couple remains at their current location, then both join spouse intent codes reflect "B" but only one updates their dependent-restricted or unaccompanied short tour preferences. The Airman that remains at their current location does not have a dependent-restricted or unaccompanied short tour preference updated.

A8.5.4.2.2. If each Airman of a military couple desires to be considered to serve a dependent-restricted or unaccompanied short tour while the other Airman of the military couple remains at their current location, then both join spouse intent codes reflect "B" and both update dependent-restricted or unaccompanied short tour preferences. However, only one Airman is selected since their intent code is "B."

A8.5.4.3. Code "H" Join spouse assignment not desired. Airmen should use caution when updating their intent code to "H." This should only be updated when a military couple is filing for divorce and they no longer desire to be considered for join spouse assignments. Additionally, Airmen may change their intent code to "H" when their spouse has an approved retirement or separation date on file and the spouse is scheduled for release from active component within 12 months. Code "H" indicates to the assignment OPR that the military couple no longer meets the criteria of join spouse assignment consideration per [paragraph A8.3.6](#), and AAC 32 is deleted when intent code "H" is updated for either Airman.

A8.5.5. When an Airman is selected as the most eligible non-volunteer for an overseas assignment (where an accompanied tour is authorized) **or** as the most eligible non-volunteer for a CONUS to CONUS assignment, and their join spouse intent code indicates join spouse assignment is desired (codes "A" or "B"), then the spouse is provided an assignment to the

same or adjacent location if eligible for PCS and a vacancy exists. If a join spouse assignment is not possible, narrative remarks in the assignment transaction are included for the Airman originally selected giving the reasons why a join spouse assignment cannot be approved so the Airmen can be counseled accordingly.

A8.5.6. In order to be eligible for selection for an overseas assignment as a volunteer, with join spouse intent code "A" or "B," requirements for both Airmen need to be advertised on the EQUAL for the same or adjacent locations or if either Airman is selected as the most eligible volunteer, the spouse receives join spouse consideration based on manning over the next six-month period from the RNLTD of the selected Airman. Approval is based on vacancies versus requirements and both RNLTDs match. Because PDS only checks for requirements within the cycle, the AFPC assignment NCO must coordinate with the spouse's assignment NCO to determine if a vacancy exists to support a join spouse assignment. **(T-1)**.

A8.5.7. While the EQUAL is used by join spouse couples volunteering for overseas assignments, it is not used for overseas returnees. Requirements advertised on the EQUAL are for single Airmen, Airmen with civilian spouses, and military couples Airmen with intent code "H" returnees only. Return join spouse assignments are hand-matched because of the many variables involved, such as unique grade and AFSC combinations. It is important Airmen keep their assignment preferences updated in the event of changes in requirements (but remember join spouse intent code ensures join spouse consideration and takes priority over individual preferences).

A8.5.8. If an Airman is in the CONUS and the spouse is returning from overseas, the initial join spouse consideration is to return to the spouse's CONUS location. If there is no requirement at the spouse's CONUS location and the spouse in the CONUS meets PCS eligibility criteria, then he or she is considered for join spouse assignment to the overseas returnee's projected CONUS location. Enlisted military couples who desire CONUS or overseas assignment consideration in conjunction with the overseas follow-on program, see [paragraph A3.6.4](#).

A8.5.9. When an Airman is serving in a CONUS stabilized tour and their spouse is selected for reassignment, the following options apply:

A8.5.9.1. If the spouse is selected as the most eligible non-volunteer for an overseas assignment to an accompanied tour location or for a CONUS assignment, the Airman may request release from the stabilized tour for join spouse assignment. If approved, reporting date depends whether or not a replacement is necessary, reporting date of replacement, etc. If disapproved, the Airman selected as the most eligible non-volunteer will proceed on the assignment.

A8.5.9.2. If the spouse is selected as the most eligible non-volunteer for an overseas assignment to a dependent-restricted location, then join spouse assignment is not authorized. The spouse may request a home-basing assignment to return to the Airman's stabilized tour location.

A8.5.10. When Airmen marry while both are technical training students they should apply for join spouse assignment as soon as possible to receive consideration for assignment together upon graduation. If necessary, both Airmen are retained at the training center pending final join spouse decision by the assignment OPR. When one Airman is a student, the Airman may

apply to join the spouse at the spouse's permanent duty location, or if the non-student spouse is also selected or scheduled for PCS, join spouse assignment to the non-student's new duty station may be requested.

A8.5.11. When one Airman of an enlisted military couple serves an unaccompanied overseas short tour and upon completion of the overseas tour a join spouse assignment is desired to a location other than the spouse's current location, assignment consideration in conjunction with the assignment follow-on program to a location other than the spouse's current location may be requested in limited circumstances as outlined in [paragraph A8.6](#).

A8.6. How Military Couples Request Join Spouse Assignment Consideration. There are different ways to request join spouse assignment consideration. Officers follow procedures under Air Force Assignment System guidelines (judge advocates update their PDI to reflect the join spouse request). Updating the join spouse intent code in vMPF (after the MPF updates the marriage in PDS and DEERS) provides join spouse assignment consideration for enlisted Airman as provided in [paragraph A8.6.2](#). Some situations require Airmen to submit a letter application (see Join Spouse Assignments Program PSD Guide) in order to receive join spouse assignment consideration.

A8.6.1. Application Procedures. A letter application must be submitted for the following reasons to receive join spouse assignment consideration. **(T-1)**:

A8.6.1.1. Each time the Airman of an interservice military couple desires join spouse assignment consideration. Also, when the interservice spouse is notified of assignment and the Airman desires join spouse assignment. In addition, a statement from the interservice spouse indicating concurrence for join spouse assignment must accompany each application, **(T-1)**, or

A8.6.1.2. When Airmen marry while assigned to separate locations. Provided both meet PCS eligibility criteria, either Airman may apply. Regardless of who applies, military requirements dictate which Airman is reassigned, or

A8.6.1.3. When the marriage occurs after the assignment selection of one or both Airmen, or

A8.6.1.4. When Airmen marry while enroute to assignments at different locations. Airmen should understand they cannot delay join spouse assignment application until arrival at their respective locations. Airmen who marry enroute report to the nearest Air Force installation and submit an application immediately after marriage. The MPF will contact the assignment OPR by telephone to initiate the enroute join spouse request, then send an email with documentation to request join spouse assignment consideration. **(T-1)**. No reimbursement for any travel in conjunction with such application is authorized and status is leave (delay enroute) while the application is pending. A change in port call and/or RNLTD may be appropriate. When an Airman arrives in the local area of assignment, whether or not "signed in," for assignment purposes the PCS is complete and time-on-station requirements and other PCS eligibility criteria must be met before a subsequent move to join spouse, **(T-1)**, or

A8.6.1.5. When military spouse information is incorrect in the PDS, or

A8.6.1.6. When vMPF is not available.

A8.6.2. Upon marriage and if the spouse is assigned to a separate location, the Airman contacts the MPF for help in applying for join spouse assignment. The servicing MPF makes sure that:

A8.6.2.1. The Airman meets all PCS eligibility criteria and understands all assignment conditions.

A8.6.2.2. The Airman is counseled on their allowance of dependent travel, shipment of household goods, and any other information related to the PCS.

A8.6.2.3. The Airmen does not have a pending application for any self-initiated assignment programs.

A8.6.2.4. The Airman provides a statement from the spouse indicating join spouse assignment is desired which must accompany the Airman's application in an interservice marriage.

A8.6.3. In those situations for enlisted couples where the join spouse intent code is properly updated but simultaneous assignments did not flow, the MPF should ensure Airman is fully aware of join spouse eligibility requirements, and that, if eligible, spouse should immediately submit a request for join spouse assignment.

A8.6.3.1. The MPF checks eligibility, suspenses a copy of the application, and transmits the request through PDS to the assignment OPR (refer to the PSD Guide for update procedures).

A8.6.3.2. The assignment OPR makes the assignment decision and establishes the RNLTED based on manning requirements. Approval is transmitted to the MPF via PDS.

A8.7. Approval Guidelines. Join spouse assignments are usually approved when the eligibility criteria are met by both Airmen and assignment is consistent with the needs of the Air Force (based primarily on grade and AFSC). Officer join spouse assignments can be more difficult because of variable qualification factors. Sometimes approval may not be possible, due to limitations and restrictions involved in each case. Some situations inherently limit join spouse assignment possibilities, such as when the spouse is in another U.S. military service, is assigned to school for training, special duty assignment, at a location where the spouse's AFSC is not authorized, on a stabilized tour, etc.

A8.7.1. If the assignment OPR is unable to assign the military couple together based on their current AFSCs, an Airman may request utilization in a previously awarded AFSC or apply for retraining, if eligible, and an officer, if eligible, may apply for a DAFSC change to facilitate join spouse assignment. Approval of this type of request depends on Air Force requirements. However, retraining or a DAFSC change request while in technical training, or within 12 months following graduation, for the sole purpose of join spouse assignment is not authorized. **Note:** Enlisted Airmen may request, as an exception, an AFSC change during technical training when join spouse assignment opportunities are extremely limited or nonexistent because of incompatible AFSCs between the couple. These requests may be considered based on the relative need in both AFSCs when the training capability exists at the current location, training already received for the requested AFSC, and no interruption in training occurs.

A8.7.2. In order to provide optimum consideration for join spouse assignment, CONUS assignments to adjacent locations may be approved when the locations are close enough to

allow establishing a joint household (usually no more than 50 miles apart between duty locations). Overseas locations have numerous variables involved, such as weather and road conditions, cost of living, commute time, and availability of housing, etc. Because of these variables, AFPC/DP3AM determines which overseas locations are within close proximity to support a join spouse assignment.

A8.7.3. Involuntary separation of military couples, for lieutenant colonel and below and SMSgt and below assignments, outside the parameters authorized in [Attachment 8, paragraph A8.3](#), will require approval by the AFPC/CC. This authority will not be further delegated. **(T-2)**.

A8.8. Miscellaneous Instructions.

A8.8.1. If the Airmen have dependents, when assignment is to an overseas location where an accompanied tour is authorized, follow the dependent travel request procedures according to AFI 36-3012. This is necessary to obtain a housing availability determination for the family, for household goods shipment, and so forth. Where there are severe housing shortages, the initial request for concurrent travel may be disapproved; however, there are categories of exceptions, and one of these is usually military couples with dependents. A delay in RNLTD for one Airman of the couple may be requested, but couples should be advised to make arrangements for the care of their dependents in the event both proceed as scheduled. If concurrent travel is authorized but later becomes impractical (for personal or official reasons), a change of RNLTD may be requested from the assignment OPR. Include the specific reasons the change is being requested.

A8.8.2. Military couples with dependents who have concurrent assignments to separate dependent-restricted locations must make dependent care arrangements. **(T-1)**. Refusal or inability to arrange care for dependents may result in disciplinary action and (or) involuntary separation (see DoDI1342.19_AFI 36-2908).

A8.8.3. Military couples selected for reassignment (or assigned) to the same or adjacent location are each deferred for 24 months (see [Table 6.2](#)). When assigned where an accompanied tour is authorized (overseas), each must serve the accompanied tour length (plus 12 months for enlisted couples if either was selected as an extended tour volunteer) regardless of the assignment action reason which applied to either assignment. **(T-1)**. When assignment is to the same or adjacent location and the couple are to reside jointly, ensure Block 14 is completed on both Airmen's PCS orders to document the join spouse assignment, regardless of the assignment action reason. This ensures proper household goods weight allowance and correct tour length when assignment is overseas. When marriage occurs after both are assigned overseas at the same or adjacent location, each may retain the original tour length or volunteer to serve the accompanied tour.

A8.8.4. Assignment OPRs make the assignment decision and establish the RNLTD based on manning requirements. Normally, assignment approvals are transmitted to the MPF by PDS.

A8.8.5. If assigned overseas on a join spouse assignment and the DEROS month does not match, the Airman with the earlier DEROS must extend their DEROS if he or she desires to be reassigned at the same time. **(T-1)**. Failing to match DEROS months reduces the chance for join spouse assignment upon completion of the overseas tour. Curtailment of the later arriving Airman's DEROS for the purpose of reassignment at the same time is not authorized.

A8.9. Assignment Restrictions. Military couples who are assigned PCS to the same or adjacent CONUS location, regardless of the assignment action reason, are usually not reassigned for a period of 24 months from the date arrived station of the latest arriving Airman. The MPF places both Airmen in AAC 32 according to [Table 6.2](#). Any later availability date for other reasons for either Airman remains in effect. If married while serving at the same location, the MPF will not update AAC 32. **(T-1)**. When Airmen are being assigned PCS to separate locations in proximity and will establish a joint household, the losing MPF contacts the gaining MPF at both spouse's location to verify location of assignment and coordinate whether or not update of AAC 32 is appropriate. **(T-1)**. AAC 32 is not updated on couples assigned in excess of 50 miles apart unless specifically authorized by AFPC/DP3AM as an exception in accordance with [paragraph 5.5](#).

Attachment 9

AIR FORCE OFFICER ASSIGNMENT SYSTEM (OFFICERS - LT COL AND BELOW) (REGAF ONLY)

A9.1. Purpose. The primary goal of the Air Force Officer Assignment System is to assign the right officer to the right position at the right time to meet Air Force mission requirements. Other considerations include an officer's professional development, Development Team Vectors (when available), commander's recommendations and Airman's personal preferences. Assignment of judge advocates do not fall under the purview of Air Force Officer Assignment System.

A9.2. How Air Force Officer Assignment System Works. AFPC Officer Assignment Teams are comprised of officers who usually hold the same AFSC as that of the career field being managed. Having intel officers work intel officer assignments, fighter pilots work fighter pilot assignments, and so on, allows for insight into the unique manning and qualification requirements for positions in that specialty. The Air Force Officer Assignment System is managed through the Assignment Management System (AMS) and by use of the Airman Development Plan. The components of AMS are discussed in the following paragraphs.

A9.3. Personnel Requirements Display. The Personnel Requirements Display provides officers a planning tool by displaying assignment opportunities around the world. It is available through the AMS web page and consists of two parts, the authorizations listing and the requirements listing.

A9.3.1. Authorizations Listing. This lists, by AFSC and location, all unclassified positions within each specialty across the Air Force as reflected on Air Force manpower files, and provides officers an idea of the different types of positions available throughout the AF. Officers may use this listing to aid in long term career planning. This listing is updated monthly to reflect the latest authorization changes.

A9.3.2. Requirements Listing. This lists projected requirements which AFPC will work to fill during the current Air Force Officer Assignment System cycle, and is available to help officers who are eligible for reassignment. It is important to remember that not all requirements will be listed, and some requirements listed may not be filled via a PCS move. Direct-hire positions and short-notice fills are examples of requirements which may not receive visibility. Remember this portion of the Personnel Requirements Display is only a projection of the vacancies/positions that will be worked for the current assignment cycle, and will only be visible during the established visibility windows defined by the Air Force Officer Assignment System timeline located on MyPers.

A9.4. The Airman Development Plan. The Airman Development Plan is the primary mechanism for an officer to communicate career desires to the commander, senior rater, assignment officer, and developmental team. The Airman Development Plan is a web-based application containing the Development Plan and other tools to support Force Development. When an officer completes a Development Plan for command selection or developmental education, the document can only be submitted to AFPC by the senior rater.

A9.4.1. When to Submit a Development Plan. Officers should update their Airman Development Plan annually. It is very important to have a current Airman Development Plan as an officer reaches developmental milestones such as selection to major or lieutenant colonel, completion of Intermediate Developmental Education (IDE), Senior Developmental Education

(SDE), Command, or any time their record will be reviewed by their respective developmental team. Otherwise, Assignment Officers and developmental teams will not have an officer's most current input when trying to balance Air Force and career field requirements with the officer's desires.

A9.4.2. Types of Development Plans to be Completed. The officer has the option of selecting from different purposes for completing a Development Plan. The officer may complete a Development Plan for assignment consideration, vectoring, command selection (if eligible) and/or career broadening consideration. Once the officer selects one or more purposes, the document will be formatted to guide the officer through the completion of each applicable section of the Development Plan. The Assignment Preference section will allow the officer to communicate their desires for the next 1 to 3 years. The Development Preference section permits the officer to define their career plans for the next 3 to 5 years and the next 5 to 10 years. The Leadership Opportunities section allows the officer to communicate their desire to be considered for command, and should only be completed if the officer is eligible. The Squadron Command eligibility criteria can be found on MyPers. The Career Broadening section allows the officer to volunteer for career broadening duties outside of their PAFSC when available. The Developmental Education section allows the officer to apply for IDE or SDE, when the officer is eligible. Remember, the Development Plan is not designed to create the officer's next assignment. It is a tool that will be utilized to meet the development needs of each officer and Air Force requirements.

A9.5. Officer Departmental Special Duty Assignments. The Air Force is tasked to fill high-level and highly sensitive officer departmental positions within the CONUS and overseas.

It is imperative, the Air Force Personnel Center (AFPC) should ensure all high level hiring processes consist of slates with at least one underrepresented diverse candidate based on gender, race and/or ethnicity. Depending on the special duty activity, requirements fall into two categories: select and assign or nominate and assign. For select and assign requirements, the AFPC officer assignment team will identify the best qualified officer that meets mandatory requirements and processes assignment. **(T-1)**. For nominate and assign positions, the AFPC officer assignment team will identify the best qualified officer that meets mandatory requirements and nominate the officer to the special duty activity for acceptability. **(T-1)**. Examples of officer special duties are: Interservice and International Military Personnel Exchange Program, Attaché, STARNOM/CAPNOM, Regional Affairs Specialist/Political Affairs Specialist, White House/Presidential Support, USAF Academy Instructor Duty, AFROTC Instructor Duty, Air University Instructor Duty, Recruiting Service, Special Experience Exchange Duty, and Operational Exchange Program.

A9.5.1. Nomination Process. Departmental agencies/organizations will receive one nomination per requirement to review and determine acceptability. **(T-1)**. However, STARNOM positions working directly for the President of the United States or Vice President of the United States will receive two nominations per requirement. **(T-1)**. Nomination packages are not accomplished for select and assign positions; however, are required for nominative positions. **(T-1)**. The basic nomination package will contain: nomination memo/email; commander's recommendation; SURF; and Airman's last four Officer Performance Reports. **(T-1)**. Nomination package requirements can vary depending on needs of the special duty activity and the AFPC officer assignment team. If the special duty activity determines the officer is not qualified the activity must provide, in writing, specific rationale

for unsuitability. **(T-1).** The AFPC officer assignment team will review rationale to determine officer's release. If justified, officer will be removed from nomination and an alternate officer will be nominated; if officers are available. If no officers are available that meet the mandatory qualifications, requirement will be placed into the next Air Force Officer Assignment System assignment cycle for fill action.

A9.5.2. Advertisement. Air Force Officer Assignment System uses the assignment management system (AMS), memorandums, PA releases, and myPers messaging to advertise officer departmental special duty assignments. Normally, unless requirement is short notice, the majority of officer special duties are advertised on AMS during one of the three officer assignment cycles (spring, summer and fall). Similar to EQUAL-Plus, requirements advertise the special qualifications an officer needs to be eligible for selection, the available locations, reporting instructions, and POCs for additional information.

A9.5.3. How to Apply. Interested officers may volunteer by updating their Airman Development Plan. If the special duty is advertised by other means, the memorandum, PA release, or email will provide specific instructions how to apply with appropriate POCs and suspense dates. Officers should always update their Airman Development Plan to reflect their desires regardless how officer special duty was advertised.

A9.5.4. The Air Force Officer Assignment System guide, located on MyPers under AMS, provides in-depth details on the officer assignment system/process from start to finish.

Attachment 10

SPECIAL DUTY ASSIGNMENT – EQUAL-PLUS (ENLISTED ONLY) (REGAF ONLY)

A10.1. Special Duty Assignments. There are certain requirements throughout the Air Force which cannot be satisfied by normal allocation and assignment selection criteria because the duties require Airmen with unique qualifications. The requirement for unique qualifications, especially when combined with other non-standard considerations, may warrant implementation of any of a variety of special manning procedures different from those used to satisfy the majority of Air Force requirements.

A10.1.1. Some agencies, MAJCOMs, organizations, departments, and activities have Special Duty Assignments and are authorized to advertise Special Duty Assignment requirements on the assignment management system (AMS) or EQUAL-Plus, and some may be authorized to receive applications from Airmen. Assignment instructions are provided upon approval of PCS by the assignment OPR. For other Special Duty Assignments, a formal routing application process is neither feasible nor necessary. Because of the large number of Special Duty Assignments, it is not economical or feasible to publish and maintain a grade, AFSC, and location requirements list, mission statements, base support information, etc. Interested Airmen may obtain such information on their own from the base library, by personal correspondence to the activity, from the POC listed in the EQUAL-Plus advertisement, the Airman and Family Readiness Center, from base OPRs for a subject, and so on, to assist them in deciding whether or not to volunteer. Airmen volunteering for a specific Special Duty Assignment are considered only for the type of special duty and locations requested unless contacted and they expand or change their preferences or type of duty, or they are selected as a non-volunteer. In addition to the minimum eligibility criteria listed in [paragraph A10.4](#), additional eligibility criteria for specific duties are listed in the AFECD, Special Category Guide, Stabilized Tour Guide and EQUAL-Plus advertisement, as applicable. Waivers to eligibility criteria in the EQUAL-Plus advertisement, to volunteer for Special Duty Assignment consideration, or actual PCS, may be requested from the controlling command or activity for Special Duty Assignments or the assignment OPR. After selection for PCS, there may be other factors which could render an Airman ineligible or unqualified for PCS.

A10.1.2. Designation as a Special Duty Assignment, in itself, does NOT:

A10.1.2.1. Increase the manning priority of an activity (that is, its entitlement to personnel resources), or

A10.1.2.2. Authorize a stabilized tour, or special category, or

A10.1.2.3. Affect the responsibility of the assignment OPR to distribute and manage personnel resources to best serve the overall needs of the AF. While it is true activities designated as Special Duty Assignments may have some similarities in manning procedures, each special manning procedure is individually justified and approved as essential. Designation as a Special Duty Assignment does not result in automatic implementation of a standard set of special manning procedures.

A10.1.3. As with any PCS, an Airman's qualifications to perform the required duty is the primary consideration. Most Special Duty Assignment requirements are filled by eligible volunteers and volunteers are preferred by most Special Duty Assignments. There are few

duties for which being a volunteer is a mandatory prerequisite by law or other directive. While volunteer status is an important factor, it is not a substitute for meeting PCS eligibility criteria (except when law or other directive requires a volunteer). Assignment of qualified non-volunteers is sometimes necessary to avoid unfilled requirements in a Special Duty Assignment.

A10.1.4. Some MAJCOMs and organizations are authorized to initiate assignment recommendations on Airmen who have been nominated or applied for Special Duty Assignments (example: AETC for Instructors); however, the AFPC assignment OPR is the final approval/disapproval authority of the PCS (example: those requirements that an application is required). For other activities, the assignment OPR both identifies and selects Airmen for PCS to the Special Duty Assignment.

A10.1.5. Management of stabilized tours is prescribed by [paragraph 6.11](#) and the stabilized tour guide that can be found in the MyPers website.

A10.1.6. Activities authorized to requisition replacement personnel (that is, those not automatically filled by either computer allocation or the assignment OPR), use either the procedures below, EQUAL-Plus, and (or) those procedures agreed to when designated as a Special Duty Assignment. Departmental and joint activities work with the assignment OPR to write requisitions for publication on EQUAL-Plus. Requisitions show the identification data of the incumbent and the reason for requisition, such as increase in authorization, incumbent selected for reassignment, etc.

A10.1.6.1. For minimum tour activities authorized Special Duty Assignment manning, requisitions are submitted only when the incumbent is a known loss such as when selected for PCS, approved retirement, etc.

A10.1.6.2. For maximum tour activities, requisitions are submitted with the forecast loss of the incumbent. Requisitions for replacement personnel for CONUS activities or those overseas are submitted to arrive not later than the 25th day of the 12th month before the required reporting month (if qualification in a course of instruction for the special duty or foreign language is necessary for the assignment, the length of the specific course should be added to this submission requirement).

A10.1.7. Whenever an Airman is relieved from a Special Duty Assignment for cause, [paragraph 6.12](#) applies to the curtailment of the stabilized tour, and [paragraph 6.21](#), [6.45](#), and [A10.8](#) may also apply.

A10.1.8. Whenever an Airman is relieved of duty for cause or not for cause who are assigned or attached to HAF, the Office of the SecAF, the JCS, the DoD, or OSD, a request is processed under the Return to Service (RTS) program per [paragraph A10.9](#). **Note:** While this attachment indicates it applies to enlisted only, the RTS program applies to both officer and enlisted Airmen.

A10.1.9. A Special Duty Assignment may require longer service retainability than required for a non-Special Duty Assignment PCS. If an Airman declines, the Airman remains eligible for any PCS for which the Airman possesses sufficient retainability, and may still be assigned to the Special Duty Assignment if the longer service retainability requirement is appropriately waived (see [paragraph 4.6.6](#)).

A10.2. EQUAL-Plus. EQUAL-Plus supplements EQUAL. It advertises requirements for Special Duty Assignments, joint assignments, departmental assignments, short notice overseas assignments, and all CMSgt assignments. The listing is updated weekly and is available on the AMS. EQUAL-Plus advertises upcoming requirements, special qualifications an Airman needs to be eligible for selection, the available locations, reporting instructions, minimum/maximum tour information, and POCs for additional information. Airmen volunteer by clicking the volunteer button in the advertisement. In addition, some Special Duty Assignments also require a hard copy application. CMSgts volunteer for assignment via email to their AF/A1LE assignment NCO.

A10.3. Requesting EQUAL-Plus Advertisement.

A10.3.1. The Special Duty Assignment unit or organization requests to advertise a unique requirement through EQUAL-Plus by forwarding the request (with justification) to the AFPC FAM NLT 9 months before the RNLT. The FAM reviews and validates the request. If the request is approved, it is advertised on EQUAL-Plus. If the request is disapproved, it is returned to the originator with disapproval reason. If the requirement falls under AETC, Air Forces Cyber, or Joint Staff, the request is sent to the MAJCOM/A1, HAF/A1, or JS/J1 for review and validation. If validated, the MAJCOM/A1/J1 sends the request to the FAM.

A10.3.2. Units or organizations with authorizations requiring recurring advertising through EQUAL-Plus not already approved, should submit their fully justified requests to the MAJCOM Functional Manager of their servicing MAJCOM. After review and validation with the MAJCOM/A1, the request is sent to the AFPC FAM for review and validation. Since requests of this nature usually necessitate a manning change, the AFPC FAM must forward to AFPC/DP3AM for further processing and final approval/disapproval.

A10.4. Applying for a Special Duty Assignment. Waivers to the following general criteria to permit an Airman to volunteer for a Special Duty Assignment are not considered. If it becomes necessary to consider Airmen for an assignment who do not meet the general minimum criteria, AFPC/DP3AM (or the special duty activity when authorized by AFPC/DP3AM), stipulates the criterion which does not have to be met and solicits volunteers or identifies non-volunteers for possible assignment or actual PCS. An Airman who does not meet the normal minimum general criteria to volunteer for Special Duty Assignment consideration, but does meet the modified criteria outlined in a solicitation message or EQUAL-Plus advertisement may volunteer at that time, or could be selected as a non-volunteer when necessary.

A10.4.1. Airmen are not eligible to be selected for a Special Duty Assignment if they:

A10.4.1.1. Have any other self-initiated assignment programs request pending or approved. Airmen in the CONUS may volunteer for normal overseas assignment and volunteer for a Special Duty Assignment at the same time via updating their preferences through the vMPF.

A10.4.1.2. Have an active UIF, are on the Control Roster, or other assignment quality control reasons in [paragraph 6.20](#).

A10.4.1.3. Are not recommended by their commander. The commander's unfavorable recommendation indicates the Airman's past performance and other factors clearly show the Airman cannot be expected to perform the duties of the Special Duty Assignment.

A10.4.1.4. Are requesting consideration for an AFPC, MAJCOM or organization controlled Special Duty Assignment, and do not have an overall rating of at least 3 or V on their last five EPRs. There can be no unfavorable comments regarding the Airman's personal qualities or conduct, working relations, job knowledge, personal appearance, or duty performance within the EPRs.

A10.4.1.5. Are pipeline trainees (except the Security Forces Academy for duty with the USAF Honor Guard, or when AFPC solicits trainee volunteers). Course supervisor recommendation is an acceptable substitute for EPRs for pipeline trainees, but not retrainees.

A10.4.2. The following additional prerequisites also apply:

A10.4.2.1. If Airmen currently have an AAC listed in [Table 3.1](#), then the Date of Availability for reassignment cannot be more than 12 months from the date of application.

A10.4.2.2. Airmen must possess a skill level commensurate with their grade. **(T-1)**.

A10.4.2.3. Airmen who possess a CONUS/overseas imbalanced AFSC are considered for an Overseas Special Duty Assignment in only the imbalanced AFSC.

A10.4.2.4. Airmen applying for duty in an SDI must be qualified for entry or award of the SDI according to the AFECD or Air Force Officer Classification Directory or the prescribing directive for the SDI. **(T-1)**.

A10.4.2.5. There is no minimum time-on-station required to apply for consideration for a Special Duty Assignment. However, selection for Special Duty Assignment is dependent on meeting required assignment eligibility criteria as specified in AFMAN 36-2100. When volunteering for a Special Duty Assignment, Airmen must update their application through AMS and submit a formal application, if required. **(T-1)**. The EQUAL-Plus advertisement, Special Category Guide, and Specialized Tour Guide, lists any unique application requirements. Only one special duty application may be submitted for consideration at a time. Airmen may submit applications for consideration for Special Duty Assignment as follows:

A10.4.2.5.1. Airmen assigned overseas with an established DEROS can apply for EQUAL-Plus ads if their DEROS coincides with the reporting date of the Special Duty Assignment. Requests to curtail the DEROS to make an Airman eligible is not authorized.

A10.4.2.5.2. Airmen assigned overseas with an indefinite DEROS can apply for EQUAL-Plus ads provided the advertised RNLTD is after completion of the initial prescribed tour. If selected, a DEROS is established which is consistent with the RNLTD of the Special Duty Assignment but not prior to what the DEROS is based on the original tour.

A10.4.2.5.3. Airmen serving a CONUS stabilized tour may apply for EQUAL-Plus ads if their Date of Availability coincides with the reporting date of the Special Duty Assignment. Requests to curtail the Date of Availability to make an Airman eligible is not authorized.

A10.4.2.5.4. Airmen who desire to apply for an AFPC-controlled Special Duty Assignment must meet the minimum eligibility criteria listed in [paragraph A10.4](#), and

A10.6.8. Eighth: CONUS Airmen who have an assignment preference updated for the base/location of the EQUAL-Plus location prioritized by date arrived station.

A10.6.9. Ninth: CMM nonvolunteers prioritized by Date of Availability then date arrived station.

A10.6.10. Tenth: CONUS nonvolunteers prioritized by date arrived station.

A10.7. Selection Priority for CONUS locations. The selection priority for EQUAL-Plus jobs advertised for requirements at CONUS locations is:

A10.7.1. First: Overseas short tour returnee volunteers with an established DEROS.

A10.7.2. Second: Overseas long tour returnee volunteers with an established DEROS.

A10.7.3. Third: Overseas short tour returnee volunteers with an indefinite DEROS and will complete the prescribed overseas tour by the departure date.

A10.7.4. Fourth: Overseas long tour returnee volunteers with an indefinite DEROS and will complete the prescribed overseas tour by the departure date.

A10.7.5. Fifth: CMM volunteers prioritized by Date of Availability then date arrived station.

A10.7.6. Sixth: CONUS local volunteers prioritized by least time-on-station. A local volunteer is an Airman who is currently stationed at the same duty location of EQUAL-Plus advertisement location, who is not overseas vulnerable, and understands the reassignment will be a No Cost PCA move; or is an Airman currently stationed in close proximity to the EQUAL-Plus advertisement location, who is not overseas vulnerable, and agrees to low-cost PCS. **Note:** Local volunteers require 12 months time-on-station as of departure date to be considered.

A10.7.7. Seventh: All other CONUS volunteers prioritized by date arrived station.

A10.7.8. Eighth: CONUS Airmen who have an assignment preference updated for the base/location of the EQUAL-Plus location prioritized by date arrived station.

A10.7.9. Ninth: CMM nonvolunteers prioritized by Date of Availability then date arrived station.

A10.7.10. Tenth: CONUS nonvolunteers prioritized by date arrived station.

A10.8. Developmental Special Duty Assignments. The Air Force has identified ten SDIs as enlisted developmental special duty positions due to their unique leadership roles and the Airman's responsibility to mentor and develop Airmen. To ensure the right Airmen are selected and assigned to these positions, a nomination process was implemented by the Air Force Chief of Staff and CMSgt of the AF. The process gives commanders, through their respective MAJCOM, the authority to nominate their Airmen and deliberately influence a developmental career path.

A10.8.1. Airmen perform duties in an SDI on a semi-permanent or permanent duty basis. These duties are unrelated to any specific career field and do not provide a normal career progression pattern. Performance in an SDI developmental special duty position can range from two to four years.

A10.8.2. The SDIs identified for developmental special duty are positions that produce and develop the world's greatest Airmen through oversight and leadership of multiple Airmen;

ensure the well-being of Airmen and their families; and represent the enlisted corps and Air Force on a national stage involving supervision and mentorship of subordinates and peers.

A10.8.2.1. The developmental special duty SDIs are: 8A100, Career Assistance Advisor; 8B000, Military Training Instructor (MTI); 8B100, Military Training Leader (MTL); 8B200, Academy Military Training NCO; 8C000, Airman and Family Readiness Center Readiness Noncommissioned Officer; 8H000, Airman Dorm Leader; 8F000, First Sergeant; 8G000, Honor Guard; 8R000, Recruiter; and 8T000, Professional Military Education (PME) Instructor.

A10.8.2.1.1. AF/A1 is the approval authority for adding or removing an SDI as a Developmental Special Duty. Requests must be staffed from the Air Force Career Field Manager for the SDI through AF/A1PP for assignment implications. **(T-1)**.

A10.8.3. Eligibility Criteria. Commanders must ensure Airmen are PCS eligible and meet the minimum eligibility criteria for the nominated developmental special duty position(s) as listed in the AFECDD, Special Category Guide, and Stabilized Tour Guide. **(T-1)**.

A10.8.4. Nomination Cycles. Nomination cycles occur bi-annually in spring and fall. During each cycle, AFPC/DP2OS releases instructions in a PSD Memorandum to the MAJCOM/A1s. The intent of the nominative process is for commanders to identify and nominate Airmen who have displayed the leadership skills capable to succeed in a developmental special duty position. Nominations should not be based solely on an Airman's desire to fill a particular developmental special duty. Airmen are not selected for positions outside commanders' nomination.

A10.8.5. Assignment Selection. Airmen must be nominated by their commander and respective MAJCOM and meet ALL eligibility criteria for selection. AFPC/DP2OS validates eligibility of MAJCOM nominations prior to placing them on assignment. Airmen selected and hired for CONUS developmental special duty locations have an AAC 50 updated in MilPDS for the developmental special duty tour length specified in the Stabilized Tour Guide.

A10.9. Return to Service and Interim Member Transfer (RTS/IMT) Programs. The return to service program is for the permanent reassignment and the RTS/IMT program is for the interim (temporary) reassignment of Airmen relieved of duty, for cause or not for cause, who are assigned or attached to HAF, the Office of the SecAF, the JCS, the DoD, the OSD, and to those whose organization is not subordinate to an Air Force MAJCOM and who are not administratively assigned to an installation with an Air Force commander authorized to exercise general or special court-martial convening authority.

A10.9.1. The Air Force Personnel Center, Directorate for Personnel Programs, Military Assignments Program Branch (AFPC/DP3AM), is the Air Force OPR for RTS/IMT programs.

A10.9.2. The AFDW, A1 Directorate (AFDW/A1) is designated as the National Capitol Region (NCR) OPR on all matters relating to the return to service and RTS/IMT programs. AFDW/A1 is responsible for generating AFDW guidelines and procedures governing the RTS/IMT programs, which includes supplements to this publication and forms. AFDW/A1 coordinates with AFPC/DP3AM regarding placement of Airmen, either on a temporary or permanent basis, within the context of the program.

A10.9.3. Airmen eligible to PCS (do not have disciplinary or medical processing actions pending) are reassigned under the return to service program to an Air Force unit in the CONUS (based on the manning needs of the Air Force at the time the Airman is relieved). RNLTDS are established as 60 days from the date the member is relieved of duty. The 60 days provides ample time for the Airman to complete all out-processing actions and report to the designated base since the Airman is no longer performing duties based on being relieved.

A10.9.4. Airmen not eligible to PCS (have disciplinary or medical processing actions pending) are reassigned under the RTS/IMT program to the Air Force District of Washington (AFDW) as an interim measure in order to facilitate certain medical, administrative or disciplinary actions. Upon completion of the disciplinary or medical processing action the Airman is reassigned under the return to service program, if not separated from service.

Attachment 11

VOLUNTARY STABILIZED BASE ASSIGNMENT PROGRAM (VSBAP) (REGAF ENLISTED ONLY)

A11.1. Purpose. This program provides enlisted Airmen a stabilized tour in exchange for volunteering for an assignment to a historically hard to fill location. The current locations used for VSBAP are Cannon AFB, NM, Grand Forks AFB, ND, Minot AFB, ND, and Los Angeles AFB, CA (including Fort MacArthur CA). Upon approval, Airmen assigned to Grand Forks or Minot AFB will serve a 5-year stabilized tour while those assigned to Cannon AFB and Los Angeles AFB (or Fort MacArthur) will serve a 4-year stabilized tour. **(T-1).**

A11.2. VSBAP Eligibility. Airmen must meet the below criteria to apply:

A11.2.1. Have at least 3 years, 5 months' time-on-station to apply and at least 4 years' time-on-station before PCS departure if assigned in the CONUS (see [paragraph A11.3.3](#) if currently serving on a CONUS stabilized tour). **(T-1).**

A11.2.2. Not have an assignment selection date. **(T-1).**

A11.2.3. Not be in AAC 05, 08, 09, 10, 12, 13, 15, 16, 17, 19, 21, 25, or 27 as listed in [Table 3.1](#). **(T-1).** Not be in assignment limitation code "L" or "8" as listed in [Table 3.2](#). **(T-1).**

A11.2.4. Not have any quality control factors as listed in [paragraph 6.20](#). **(T-1).**

A11.2.5. Not be an overseas volunteer or have any other voluntary assignment application pending. **(T-1).**

A11.2.6. Have or be able to obtain at least 24 months retainability within 30 days of receipt of approved applications. **(T-1).**

A11.3. Application Procedures/Limitations:

A11.3.1. Airmen apply for VSBAP by filling out the application on the vMPF through the self-service applications.

A11.3.2. Airmen assigned overseas may apply for VSBAP at the time of DEROS forecast. Airmen assigned to a CONUS Maximum Stabilized Tour may apply for VSBAP at the time of completing their Maximum Tour RIP.

A11.3.3. Airmen serving on a CONUS stabilized tour may apply no earlier than 7 months before Date of Availability. The Date of Availability would be the expiration date of the AAC associated with the stabilized tour. If the VSBAP application is approved, departure date is after the stabilized tour Date of Availability.

A11.3.4. Airmen assigned to a VSBAP location (but not serving on a VSBAP) may apply for an in-place VSBAP. There is no time-on-station minimum to apply. The deferment is effective upon approval of the application.

A11.3.5. Airmen assigned to a VSBAP location (and serving a VSBAP) may not receive a consecutive VSBAP at the same location. They may apply for another VSBAP assignment to a different location after completing 3 years, 5 months at 4 year locations or 4 years, 5 months at 5 year locations of the current VSBAP assignment.

A11.3.6. Career enlisted Airmen serving on a VSBAP may apply for an in-place Base of Preference 7 months before the end of their VSBAP provided they meet all eligibility criteria as outlined in **Attachment 2**. The Date of Availability for an in-place Base of Preference is 2 years from the completion date of the VSBAP or from the date of approval (whichever is later). **Note:** A second VSBAP following an in-place Base of Preference is not authorized.

A11.3.7. Applications which cannot be immediately approved are continually considered for 6 months or until request is withdrawn by the Airman or the Airman becomes ineligible through such action as selection for a PCS other than the VSBAP.

A11.3.8. Exceptions may be considered for an assignment in an awarded AFSC (other than CAFSC) only when worldwide and local manning supports.

A11.3.9. Airmen who have their VSBAP application approved are ineligible to later apply for a first-term base of preference assignment. **Exception:** This limitation does not apply to first-term Airmen retraining under Career Airmen Reenlistment Reservation System who will attend a formal training course of over 20 weeks duration, or those who cannot be used at their present base in the Career Airmen Reenlistment Reservation System retraining AFSC.

A11.4. Canceling/Curtailing an Approved VSBAP. An Airman may request cancellation of an approved VSBAP assignment or curtailment of the 4-year or 5-year tour after completing 3 or 4 years on the VSBAP assignment. Requests for cancellation should be fully justified, endorsed by the commander, and forwarded through the MPF to the assignment OPR.

Attachment 12

OVERSEAS TOUR EXTENSION INCENTIVE PROGRAM (OTEIP) (REGAF ENLISTED ONLY)

A12.1. Purpose. To save PCS funds by providing specific incentives, as authorized by Congress and the SecAF, to enlisted Airmen in certain skills who extend their overseas tour for 12 months.

A12.2. Who is Eligible. Airmen must meet the below criteria. **(T-1):**

A12.2.1. Be serving in either:

A12.2.1.1. A CAFSC designated by the SecAF that is:

A12.2.1.1.1. All five positions of DAFSC (skill level/suffix-specific) match all five positions of the CAFSC (skill level/suffix-specific) on the OTEIP listing and

A12.2.1.1.2. Airmen with prefixes to designated AFSCs are eligible; however only those suffixes indicated are eligible (if an AFSC is indicated only with a suffix then Airmen possessing the AFSC without that particular suffix are not eligible), or

A12.2.1.2. Be serving at a short tour location (tour lengths of NA/12, 24/12, 24/15) where all AFSCs are eligible, and

A12.2.2. Extend their overseas tour for a period of 12 months (no more, no less), and

A12.2.3. Have or be eligible to obtain the required PCS retainability.

A12.3. Who is Not Eligible.

A12.3.1. Officers.

A12.3.2. Airmen who cannot obtain the required retainability.

A12.3.3. Airmen at long tour locations who do not hold a specific CAFSC designated by the SecAF, or skill level, or suffix do not match designated CAFSC.

A12.3.4. Airmen who extend their DEROS for a period other than 12 months.

A12.3.5. Airmen whose DEROS is involuntarily extended (during the involuntary extension period only).

A12.3.6. Airmen who have an indefinite DEROS (Airmen with an indefinite DEROS must first establish a DEROS 12 months from the current date and then, if otherwise eligible, request an OTEIP extension). **(T-1).**

A12.3.7. Airmen who are required to serve or agree to serve a prescribed tour length or period of time in conjunction with an action or program other than OTEIP are not eligible to receive the OTEIP tour extension incentive for the same period. **(T-1).** Example: an Airman serving a 24 month unaccompanied tour who marries a civilian spouse and receives approval of command sponsorship or receives a join spouse assignment is obligated to serve the accompanied tour length. The Airman would not be eligible for OTEIP for the period of time necessary to support the accompanied tour length.

A12.4. OTEIP Incentives/Restrictions.

A12.4.1. Eligible Airmen may elect one of the following incentive options:

A12.4.1.1. Y1 option: special pay of \$2,000 lump sum.

A12.4.1.2. Y2 option: 30 days nonchargeable leave.

A12.4.1.3. Y3 option: 15 days nonchargeable leave and government funded round trip transportation from the overseas location to the nearest CONUS port (travel provided for the Airman only).

A12.4.2. Airmen electing the \$2,000 lump sum incentive receive it once they enter the 12 month OTEIP extension. If an Airman is curtailed before completing the entire extension period, recoupment of the unearned portion of the incentive pay may be required as explained in [paragraph A12.6](#).

A12.4.3. Airmen electing either leave option (Y2 or Y3) must take the OTEIP leave incentive within 6 months after entering the OTEIP extension. **(T-1)**. Refer to AFI 36-3003 for additional guidance on leave, transportation incentives, exceptions and expiration time frame.

A12.4.4. Once an OTEIP incentive has been approved, any request to change to a different incentive requires full justification, to include commander's recommendation. The same is true if an election other than OTEIP was made, and the request is to change to OTEIP. Submit these type of requests and attach the original DEROS RIP by email to AFPC/DP3AM with an information copy to the assignment OPR.

A12.5. Application Procedures.

A12.5.1. Airmen who are OTEIP eligible apply for OTEIP at the time of DEROS forecasting by using the DEROS RIP. This RIP automatically reflects the OTEIP incentive options. **Note:** MPF should not request DEROS RIPs for OTEIP eligible Airmen out-of-cycle (manually). Manually requested DEROS RIPs do not pass the same PDS edits and do not reflect the OTEIP options. The Airman and the Commander must sign the DEROS RIP and forward it to the MPF within 30 days from the day it was produced. **(T-1)**. The MPF must update and process OTEIP requests through PDS. **(T-1)**.

A12.5.2. Commanders and the assignment OPR evaluate each extension request and have disapproval authority when such action is warranted (quality control, projected authorization changes, projected over manning by grade and skill, etc.).

A12.6. Cancellation/Recoupment of OTEIP Incentives. Temporary/Permanent Withdrawal of AFSC. When Airmen are removed from their incentive extension CAFSC/DAFSC for cause or for other conditions over which they had control (as determined by the commander) and used their incentive, the following apply:

A12.6.1. Recoupment of the unearned part of the incentive pay is taken based on a monthly amount of \$166.66, but the DEROS remains firm unless adjusted by AFPC/DP3AM. Example: an Airman serving an OTEIP extension until November 2011 has his AFSC withdrawn for cause in May 2011. In this case, the DEROS will remain November 2011 and the Airmen will have \$999.96 recouped from his monthly pay (\$166.66 for each month (Jun - Nov) he does not serve in the OTEIP AFSC). The MPF must immediately notify

AFPC/DP3AM via CMS, of the OTEIP AFSC withdrawal action, so recoupment action can be initiated through DFAS. **(T-1)**.

A12.6.2. Nonchargeable leave and/or transportation incentives used are charged to the Airman. DEROS remains firm unless adjusted by AFPC/DP3AM.

A12.6.3. Airmen removed from their incentive extension CAFSC/DAFSC for reasons other than for cause or conditions over which they had no control (as determined by the commander), are not usually charged for used leave and transportation costs. Airmen who elected the monetary incentive have the unearned portion recouped per [paragraph A12.6.1](#). In all cases, the DEROS remains firm unless adjusted by AFPC/DP3AM. **Note:** All Airmen are expected to perform duty in the incentive extension AFSC for the complete period of the extension. Any TDY outside the CAFSC as ordered by the commander must first be approved by AFPC/DP3AM. **(T-1)**.

A12.6.4. Incentive benefits are not cancelled or recouped for those Airmen promoted to a grade that results in a mandatory skill level change which may remove them from the OTEIP AFSC eligibility list.

A12.7. Mandatory PCS. When Airmen are in a mandatory PCS, the following apply:

A12.7.1. When an Airman has entered the 12 month OTEIP extension and is curtailed due to mission requirements or humanitarian reasons (mandatory PCS), any incentives already received/used are not normally recouped; however, all unused incentives terminate upon departure from the current station. AFPC/DP3AM is the final approval authority for determining if the Airman has to repay the government for any unearned incentives.

A12.7.2. When an Airman with an approved OTEIP extension has not entered their extension and due to force structure changes, or other mission reasons, the OTEIP extension can no longer be supported, the extension reverts to a normal extension. The Airman may then request to reinstate their original DEROS or establish an earlier DEROS which includes the reverted normal extension.

A12.7.3. Once a force structure change is announced, mission changes may preclude an Airman's use of OTEIP transportation and leave options. When this occurs, Airmen may request, with commander's concurrence, to change their OTEIP incentive to Y1. Such requests are submitted by the Airman to the MPF, to AFPC/DP3AM via CMS. If an announced closure/inactivation date is subsequently delayed, Airmen who were OTEIP eligible but were unable to extend the full 12 months (based on the initially announced closure/inactivation date) who will now be able to complete a 12 month extension, may request OTEIP option Y1 as an exception to policy. **(T-1)**. This exception request may be processed even though the Airman may have already served a portion of the extension that makes up the 12 month period. Airmen in this situation are not authorized to apply for options Y2 or Y3. These exception requests are submitted through the MPF to AFPC/DP3AM for a final decision. Requests include specific start and stop dates which clearly show the Airman can complete the required 12 month extension period.

A12.8. Command Sponsorship. Airmen initially serving an unaccompanied tour who elect and have entered an OTEIP extension and subsequently acquire dependents and apply for command sponsorship keep their OTEIP entitlement. However, Airmen initially serving an unaccompanied tour who elect and have NOT entered an OTEIP at the time of acquiring dependents and applying

for command sponsorship, the OTEIP is canceled (see [paragraph 7.11.2.13](#)) but are still required to extend to fulfil the requirement to serve the equivalent of the accompanied tour length for approval of command sponsorship.

A12.9. Cancellation Requests. Airmen with approved OTEIP extensions may apply for cancellation of all or part of the extension prior to entering the extension when unique situations apply. If approved, all OTEIP entitlements are lost upon approval of the cancellation request, whether the extension was canceled in full or in part. Requests for cancellation of OTEIP extensions after entry are normally disapproved unless extreme circumstances warrant the curtailment. These circumstances include humanitarian or EFMP conditions or mission changes that prevent completion of the extension. Requests for cancellation after entry is processed and approved by AFPC/DP3AM and indicate what incentive benefits have been used or received by the Airman. If a cancellation request is approved, recoupment of the unearned portion of the \$2,000 lump sum or leave/transportation incentive is completed as outlined in paragraphs [A12.6.1](#) and [A12.6.2](#).

Attachment 13

ENLISTED QUARTERLY ASSIGNMENTS LISTING (EQUAL) AND CONUS MANDATORY MOVER (CMM) (REGAF ONLY)

A13.1. What is the EQUAL? The EQUAL listing advertises those enlisted (SMSgt and below) requirements (assignments) AFPC intends to make to and from overseas. It shows what is available by AFSC, grade, and location, and allows Airmen the opportunity to align preferences to actual Air Force needs. Airmen can review the EQUAL on the AMS web page.

A13.2. When the EQUAL is not used. The EQUAL is not used to advertise special duty, joint/departmental, short notice overseas requirements, CONUS to CONUS moves, CMSgt requirements, or aircrew assignment that involve either training or military couples returning from overseas who desire join spouse assignment. The EQUAL-Plus is used in these instances.

A13.3. How the EQUAL works. Assignments to and from overseas are worked in three month cycles as shown in Tables [A13.1](#) and [A13.2](#). Using the selection criteria and priority provided in this instruction, assignments are matched eight times a year, four cycles each going to and returning from overseas and CMM. CMM are those Airmen with a Maximum Stabilized Tour deferment (AAC 50) whose codes are expiring and are considered “mandatory movers.”

A13.3.1. The CONUS to overseas cycle is the first step in the assignment process. Generally, overseas requirements (the number of positions to be filled) are determined based on the number of Airmen currently overseas who have a DEROS falling within a given cycle who are returning to the CONUS. AFPC/DP2 uses this information to identify and advertise overseas requirements on the EQUAL, allow Airmen to volunteer for, and finally, select Airmen for overseas assignments.

A13.3.2. Once the overseas assignments have been matched to Airmen, AFPC/DP2 then works to identify those CONUS locations where manning requirements exist. There is one CONUS requirement identified for each overseas returnee and CMM. These requirements are then advertised on the overseas returnee/CMM EQUAL. Airmen prioritize and update preferences based on the advertised requirements.

A13.3.3. The requirements are matched to the overseas returnee or CMM Airmen. This first step is to match enlisted Airmen with awarded SEIs against allocations with SEI requirements, while satisfying the enlisted Airmen’s preferences. The second step is an attempt to match SEI requirements while ignoring preferences. The third step is an attempt to match preferences. If neither an SEI match nor a preference match can be made, Airmen are matched to CONUS assignments based on AFSC, grade, and skill level.

A13.4. How to Use the EQUAL.

A13.4.1. Review the overseas EQUAL to see what overseas assignments are being filled. Using that information, Airmen can volunteer for up to eight preferences, using either individual base codes or country codes from the advertised requirements. However, listing a specific base limits selection as a volunteer to just that base. **Example:** if the EQUAL lists a requirement in an Airman’s AFSC and grade at both Ramstein AB and Spangdahlem AB, the Airman can volunteer for both by listing each separately or by just listing Germany as an overseas preference. However, if the Airman lists only Ramstein AB as a preference and not Germany, AFPC/DP2 does not consider them for voluntary assignment to Spangdahlem AB.

If more than one advertised EQUAL requirement is listed, all preferences are considered equally for assignment purposes. Provided Airmen are eligible, selections are made according to the priorities listed in [Table 4.2](#) and [Table 6.9](#).

A13.4.2. Overseas returnees and CMM should use the overseas returnee/CMM EQUAL to align their CONUS assignment preferences to those locations listed (military couples see [paragraph A13.5](#)). It's understood that the requirements advertised may not be true "personal assignment preferences," as the EQUAL only reflects those assignments which are being matched. However, ignoring or failing to prioritize the advertised requirements means Airmen receive the remaining assignment after all those who aligned and provided preferences from the EQUAL are matched (regardless of an Airman's return priority). Overseas returnees and CMM must read the overseas returnee/CMM Counseling Handout PSD Guide during their DEROS option window or tour completion decision window. The MPF forwards the PSD Guide along with their DEROS Option RIP or Tour Completion RIP to each Airman in accordance with the PSD Guide. The PSD guide serves as the initial assignment counseling for enlisted Airmen (SMSgt and below) and provides options, specified timelines and the repercussions for failure to act on certain personnel actions. The minimum assignment counseling requirements are satisfied when the MPF provides the Airman a copy of the overseas returnee/CMM counseling handout. If additional counseling is not requested, and the Airman has initialed the portion of their RIP indicating they have read and understood the overseas returnee/CMM counseling handout and the options available, then it is assumed they will comply with the specified timelines and required personnel actions. **Receipt of the handout constitutes formal assignment counseling.**

A13.5. Military Couples, Join Spouse, and EQUAL. (Also refer to [paragraph 1.2.14](#)).

A13.5.1. Military couples who desire to be assigned together overseas (join spouse intent codes "A" or "B") where an accompanied tour is authorized use the overseas EQUAL to volunteer for overseas assignments. Military couples will be provided a join spouse assignment based on a requirement existing for both Airmen. If either Airman is selected as the most eligible volunteer, the spouse receives join spouse consideration based on manning over the next 6-month period from the RNLTDT of the selected Airman. Approval is based on requirements versus vacancies. Upon approval, and provided the join spouse meets all other PCS criteria, the join spouse assignment is updated with the same RNLTDT as the selected Airman.

A13.5.2. Military couples who desire to be assigned together in the CONUS (with intent codes "A" or "B") who are overseas returnees or CMM do not use the overseas returnee/CMM EQUAL as CONUS requirements for military couples are not advertised. Because of the unique grade and AFSC make up of military couples, these assignments are hand-matched. Military couples should maintain matching and current CONUS preferences which are considered during their assignment match. Preferences along with current Air Force needs are used to determine join spouse assignment approval.

A13.5.3. Military couples who do not desire to be assigned together, or when an Airman of the military couple has an approved retirement or separation (with intent code "H"), may participate in the overseas returnee/CMM EQUAL cycle, provided their intent code of "H" was in PDS prior to their assignment selection date. If either Airman changes their join spouse intent code to "H," a join spouse assignment is not considered. If selected for an assignment

and the Airman's intent code is "H" and later desires a join spouse assignment, the Airman cannot have a join spouse move to that location at a later time unless the Airman is eligible under some other assignment program.

Table A13.1. Overseas Cycle Schedule (for overseas requirements).

Reporting Months			
Allocations	Advertising	Match Cycle	
Oct/Nov/Dec	Jan	Feb	Mar
Jan/Feb/Mar	Apr	May	Jun
Apr/May/Jun	Jul	Aug	Sep
Jul/Aug/Sep	Oct	Nov	Dec

Table A13.2. Overseas Returnee/CMM Cycle Schedule (for CONUS Requirements).

DEROS Months	Allocations	Advertising	Match Cycle
Aug/Sep/Oct	Mar	Apr	May
Nov/Dec/Jan	Jun	Jul	Aug
Feb/Mar/Apr	Sep	Oct	Nov
May/Jun/Jul	Dec	Jan	Feb

Attachment 14

365-DAY EXTENDED DEPLOYMENT ADVANCE ASSIGNMENT/ASSIGNMENT DEFERMENT INCENTIVE PROGRAM (REGAF ONLY)

A14.1. Purpose. The 365-Day extended deployment Advance Assignment/Assignment Deferment Program was established to provide incentives for Airmen to volunteer for 365-Day extended deployments and provide more stability for families of deployed Airmen.

A14.2. Eligibility Criteria.

A14.2.1. All Airmen selected for a 365-Day extended deployment are authorized to apply for an advanced assignment or a 24 month assignment deferment. Assignment teams will work to approve all requests (either advance assignment or assignment deferment) where there is a valid entitlement, as an incentive to recruit more volunteers; however, final approval will be based on best interests of the Air Force and mission needs. Waivers or exceptions to policy will be processed in accordance with 365-Day extended deployment PSD Guide.

A14.2.2. Volunteer Airmen approved for an advanced assignment must have at least 24 months' time on station as of the projected Required Delivery Date to be eligible and must have at least 36 months time on station before PCS departure and have the retainability for the advanced assignment upon return from the TDY.

A14.2.3. Non-volunteer Airmen selected for a 365-Day extended deployment do not have to meet the 24 month time on station requirement to be eligible for an advanced assignment or assignment deferment, however they still need to meet the 12 month time on station requirement for 365-day extended deployment selection and have the retainability for the advanced assignment if that is what they choose.

A14.2.4. Airmen make only make one election, either an advanced assignment or a 2-year assignment deferment. Once the election is submitted, it constitutes the Airman's preference and will not be reconsidered at a later date. If the Airman desires a change, the only option available is to request cancellation of such action, return to home station and enter the next assignment cycle for which they are eligible.

A14.3. Incentives.

A14.3.1. Airmen can select an advance assignment with a Report Not Later Than Date (RNLTD) NET 60 Days following return from their deployment, in order to allow time for reconstitution and out-processing, Advance Assignments can be approved No Earlier Than (NET) 16 months from projected RNLTD. PCS orders may be published immediately following completion of all mandatory Permanent Change of Station actions to facilitate early move of dependents to the advance assignment location.

A14.3.2. Once an Airmen receives their advanced assignment, and provided they meet all the outprocessing actions required in DAFMAN 36-2102, they can apply to get their PCS orders published up to 16 months prior to their projected RNLTD and move their dependents to their advanced assignment location prior to their deployment, in accordance with Permanent Change of Station (PCS) Orders Processing PSD Guide located in MyPers.

A14.3.3. Airmen electing an overseas Advance Assignment that desire to send their dependents in advance must also comply with AFI 36-3012, *Military Entitlements* and *Military*

Entitlements PSD Guide. Dependent travel to a designated place must be approved prior to any movement of dependents.

A14.4. Basic Allowance for Housing Waivers may be applied for, if desired. Execution guidance regarding the Secretarial Housing Waiver is located in MyPers.

A14.5. For Airmen that are deployed and have received an advanced assignment have the option to PCS directly to their new Permanent Duty Station (PDS) rather than returning to their current duty station. Applications must be in writing to AFPC/DP3AM, 365-Day extended deployments Policy, through their unit commander/equivalent, and home station MPF chief/equivalent. Procedures for applying are in accordance with the 365-Day Extended Deployment PSD Guide.

Attachment 15

HUMANITARIAN REASSIGNMENT AND DEFERMENT (REGAF ONLY)

A15.4. Spirit and Intent of the Humanitarian Program. The Humanitarian Program was established to assist Airmen in resolving severe short-term problems involving a family member. Airmen must be effectively utilized in their duty (officer) or control (enlisted) AFSC. When a request involves reassignment, it will normally be to the closest location to where the family member concerned residence is so the Airman can provide the family member maximum support, consistent with the manning needs of the Air Force. As a general rule, reassignment into a special duty position is not considered since the selection process for such duties can be quite involved and often requires an application to the “hiring authority.” Also, utilization in a special duty position is not considered due to the lack of training capability.

A15.2. Humanitarian Reassignment/Deferment General Provisions/Guidance.

A15.2.1. Waivers to these provisions require prior approval of Assignment authority of AFPC/DP3XAA.

A15.2.2. The Comptroller General has ruled that the move of Air Force Airmen from one place to another may not be made at government expense based solely on humanitarian reasons. The determining factor in the approval of a request for reassignment is the needs of the Air Force.

A15.2.3. A request for humanitarian reassignment or deferment is considered based on individual merit taking into account the human factors involved, the Airman’s skills and length of service, and manning priorities and requirements. A request may be approved when it is clearly in the best interest of the Air Force.

A15.2.4. A request for humanitarian reassignment may warrant giving assignment preference to the Airman based on the facts presented. The fact that the move would increase the morale and effectiveness of the Airman may be considered in authorizing PCS in these circumstances, but assignment on this fact alone is not authorized.

A15.2.5. The reassignment or deferment request must be initiated by the Airman concerned. A request initiated/submitted by one person on behalf of another is not accepted, except for cases noted in paragraph [A15.7.6](#) and [A15.7.7.2](#). (T-3).

A15.2.6. Emergency or ordinary leave is to be used first as a means of easing family hardships or problems before applying for humanitarian reassignment.

A15.2.7. All Airmen must be able to respond to any contingency wherever and whenever called upon to do so. The Air Force is also committed to equal distribution of overseas assignments. Therefore, permanent or prolonged deferment from reassignment cannot be considered. If a reassignment or temporary period of deferment is approved, the Airman must thereafter revert to worldwide assignable status.

A15.2.8. A humanitarian request is approved on its own merit, and will not be disapproved based solely on the Airman’s substandard performance and (or) conduct. Airmen will only be delayed from departing PCS when they are required to remain for completion of investigation and trial by US military or civil authorities, or for administrative actions under the UCMJ or DAFI 36-3211. When a reassignment request has been approved and administrative separation

is not deemed appropriate, the losing commander must formally notify the gaining commander, in writing, of any incomplete administrative or disciplinary actions and provide a comprehensive analysis of the Airman's job related or personal problems. **(T-3).**

A15.2.9. A humanitarian reassignment or deferment is normally a one-time action to solve a problem within a reasonable period of time.

A15.2.10. For RegAF colonels and below and CMSgts and below (except those attending initial technical training), requests must be submitted via the virtual MPF (vMPF) with supporting documentation to AFPC/DP3XAA. For colonels (including selectees), and chiefs (including selectees) while requests are submitted initially to AFPC, the final approval authority is AF/A1LO and AF/A1LE, respectively. Requests will be provided to the appropriate OPR for consideration once the required medical or legal review is obtained. Throughout this attachment when AFPC/DP3XAA is referred to, substitute AF/A1LO if the applicant is a colonel or colonel selectee, and AF/A1LE if the applicant is a chief or chief selectee. For Reserve Airmen submit requests to ARPC/DPA and for ANG Airmen submit requests to NGB/A1PP.

A15.3. Terms (For the Purpose of Humanitarian Consideration).

A15.3.1. Family Member: Limited to spouse, child, father, mother, father-in-law, mother-in-law, stepparent, person *in loco parentis*, or other persons actually residing in the household who are dependent for over half of their financial support. While siblings (brothers and sisters of the Airman or spouse) are not within the definition of family member, requests involving the terminal illness of a sibling may be forwarded for consideration as an exception to policy.

A15.3.2. Person *in Loco Parentis*: Refers to one who exercised parental rights, duties, and responsibilities and, in fact, raised an Airman or spouse for a minimum of 5 years in place of a mother or father because of death of the parent, or in the parent's continued absence from the home before the Airman's or spouse's 21st birthday, or before the Airman's entry to the active component, whichever is earlier. The relationship must have been such that the Airman or spouse looked upon the person as a parent, not merely as a temporary guardian. The mere presence of a person in the home for a number of years, during which time they exercised a degree of custodial, but not parental responsibility, does not constitute *in loco parentis*. Also, in order for the child to have been in the care and control of one acting in place of the parent, the parent cannot have resided in the same home (unless the parent was mentally incompetent).

A15.3.2.1. A request based on *in loco parentis* status must include affidavits from all parties (to include other family members, neighbors, clergy, or family friends) involved stating the details of the custody, control, care, and management of the Airman or their spouse. In addition, submit copies of any documents that may have been created at the time *in loco parentis* status was established relating to the custody, control, care, and management of the Airman or spouse (court documents, tax returns, report cards signed by the *in loco parentis* "parent," etc.)

A15.4. Identifying and Reporting Humanitarian Conditions.

A15.4.1. An Airman desiring humanitarian deferment must submit their request through vMPF within 30 calendar days from PCS notification, nomination for reassignment, or selection for TDY in excess of 30 calendar days. **(T-3).**

A15.4.2. Should humanitarian conditions arise after PCS notification or other event notification, but before departure, the Airman must submit their request to AFPC/DP3XAA for consideration within 30 calendar days of learning of the condition (or a diagnosis). **(T-3).**

A15.4.3. If the circumstances of the situation change and the request is still pending, or a reassignment has been approved but the Airman has not departed, the Airman must notify their MPF. An approved humanitarian reassignment is normally canceled if the situation for which granted ceases to exist before the Airman's departure. In this instance, the Airman can request for the assignment not to be canceled, but must provide supporting documentation to show what out-processing actions have been taken and the hardship they would incur if canceled. The MPF will provide this information to AFPC/DP3XAA who will make the final decision and provide a response by email message. **(T-3).**

A15.4.4. Airman must notify the MPF when the humanitarian condition ceases to exist for removal from the program. Once notified the MPF deletes the AAC and deployment availability code.

A15.5. Basic Eligibility Criteria for Humanitarian Reassignment/Deferment. The following basic criteria must be met before a request can be approved.

A15.5.1. A vacancy must exist at the new duty station if a PCS is involved and the Airman must meet service retainability requirements for PCS. **(T-1).**

A15.5.2. The Airman must be experiencing a problem involving a family member (as defined in paragraphs [A15.3.1](#) and [A15.3.2](#)) that is more severe than usually encountered by other Airmen with a similar problem.

A15.5.3. The Airman's presence must be absolutely essential to alleviate the problem.

A15.5.4. The problem can be resolved within a reasonable period of time (normally 12 months).

A15.6. Assignment Considerations for Airmen with Humanitarian Conditions.

A15.6.1. An Airman stationed overseas and requesting reassignment overseas must agree to serve the prescribed tour length at the new location or at least a tour length equal to the combined unaccompanied tour lengths at the old and new locations, whichever is greater. **Example:** if an Airman is serving on a 30/18-month overseas tour and receives approval for reassignment to a 36/24-month overseas tour, the Airman must serve the full prescribed tour at the gaining location (36 months), or not less than a tour equal to the combined unaccompanied tour lengths (18 plus 24, or 42 months) between the two overseas locations before reassignment from the theater, whichever is greater. The computation resulting in the greatest combined overseas tour period being served is the required minimum. The variable is the amount of time the Airman has been assigned to the current location.

A15.6.2. For Airmen enroute PCS or TDY, the Airman may discuss the problem with the nearest MPF Chief, AFPC/DP3XAA, or their Assignment authority to assist in deciding whether or not to submit a request. There is no reimbursement authorized if the Airman decides to travel to the nearest base with an MPF and the Airman's status remains unchanged (**Example:** leave) if the Airman decides to submit a request. The Airman must comply with current reporting instructions if the Assignment authority denies suspension of movement; however, a request still can be submitted.

A15.6.3. If a request for assignment is to a dependent-restricted area and the Airman's foreign-born spouse will be traveling to the native country, such information must be included in the humanitarian request. If reassignment is approved, a request for a designated location move to the native country must be processed per AFI 36-3012.

A15.7. Humanitarian Conditions Usually Warranting Approval. It is impractical to try to list all the conditions for which a humanitarian reassignment or deferment may be approved. The factors to be considered vary from case to case and the number of possible situations and circumstances are almost infinite. However, requests substantiating problems arising from any of the following circumstances usually warrant approval:

A15.7.1. The recent death (within 12 months) of the Airman's spouse or child, including miscarriages of 20 weeks or more gestation. Humanitarian reassignment is normally approved on the death of a child or stepchild under the age of 18 who is living in the Airman's home at the time of death. A request based on a child or stepchild who is over the age of 18 will be considered on a case-by-case basis. Reassignment made under this provision will normally be considered to only one of two locations, either near extended family for support or to the closest available base to the burial site.

A15.7.2. The Airman has a serious financial problem not the result of overextension of personal military income (such as loss of primary home of residence where the Airman or spouse and children currently reside, or loss of possessions through fire, theft, or natural disaster), and the Airman will suffer a substantial financial loss unless their presence or continued presence can be ensured. It must be shown that the problem cannot be resolved by leave, correspondence, power of attorney, or by any other person or means.

A15.7.3. The Airman is serving an unaccompanied overseas tour and their spouse abandons their children. It must be shown it is not possible for the children to join the Airman at the overseas location when an accompanied tour is authorized and that the Airman's presence is necessary.

A15.7.4. The terminal illness of a family member (as defined in paragraph [A15.3.1](#) and [A15.3.2](#)) when death is imminent within 2 years. A doctor's prognosis of a terminal illness must be fully supported and substantiated by clinical data. In such cases, the Airman's presence is considered essential regardless of the availability of other family members to assist.

A15.7.5. An authorized state or local agency places a child in the Airman's home and deferment is necessary to comply with state or local laws to complete final adoption. Reassignment to pursue adoption is not normally authorized.

A15.7.6. Reassignment or deferment is essential in establishing or operating an effective family advocacy program according to DAFI 40-301. Documentation from the base Family Advocacy Officer is required.

Note: While requests for humanitarian consideration must be initiated by the Airman, there are some instances involving family advocacy issues where the Airman does not desire assignment or assignment cancellation and there are no quality control factors that would support such action. In these situations, the Airman's commander can request assignment or assignment cancellation via humanitarian deferment when the basis is to continue or obtain treatment for family advocacy issues. The request must be fully documented and endorsed by the local Family Advocacy Officer (see [paragraph 7.5.9.2](#) for Airmen assigned overseas).

A15.7.7. Reassignment requests due to an Airman's spouse or child who was sexually assaulted will be considered for approval by AFPC/DP3XAA when [paragraph A15.7.7.2](#) does not apply. The request for reassignment must be fully substantiated by the appropriate medical authority that remaining in the area where the incident occurred would be detrimental to the welfare of the family member.

A15.7.7.1. Airmen may request a specific base for reassignment following a sexual assault incident involving the spouse or child; however, manning must fully support the Airman's desired location. The primary consideration is to relocate the Airman's family away from where the incident occurred. Retraining may be considered for this type of request on a case-by-case basis.

A15.7.7.2. If the sexual assault occurred within the family or with an intimate partner, reassignment requests will be under the Humanitarian Assignments program when it is essential in establishing or operating an effective Family Advocacy program according to DAFI 40-301. The Family Advocacy Program, consistent with DoDI 6400.06, covers adult military dependent sexual assault victims who are assaulted by a spouse or intimate partner and military dependent sexual assault victims who are 17 years of age and younger. The installation Sexual Assault Prevention and Response Coordinator, Family Advocacy Program and domestic violence intervention and prevention staff shall direct coordination when a sexual assault occurs within a domestic relationship or involves child abuse.

Note: While requests for humanitarian consideration must usually be initiated by the Airman, there are some instances involving family advocacy issues where the Airman does not desire assignment or assignment cancellation and there are no quality control factors that would support such action. In these situations, the Airman's commander can request assignment or assignment cancellation via humanitarian deferment when the basis is to continue or obtain treatment for family advocacy issues. The request must be fully documented and endorsed by the local Family Advocacy Officer (see [paragraph 7.5.9.2](#) for personnel assigned overseas). (T-3).

A15.8. Reasons Humanitarian Requests are Usually Disapproved. Requests for reassignment or deferment are usually disapproved when it is probable that the problem will exist for an indefinite period of time, or the request is based on one of the following circumstances:

A15.8.1. A desire to provide physical, emotional, or other support to help with the activities of daily living to a parent or parent-in-law due to age, non-terminal or chronic illness or disability, or recent death in the family.

A15.8.2. Problems associated with child care arrangements, or a single parent's desire to make or facilitate either short or long term child care arrangements.

A15.8.3. Psychoneurosis (such as various psychic or mental disorders characterized by special combinations of anxieties, compulsions, obsessions, phobias, and motor or sensory manifestations) resulting from family separation incident to military assignment.

A15.8.4. Normal pregnancy, threatened miscarriage, breech birth, Cesarean section, or RH incompatibility.

A15.8.5. The existence of a housing shortage or home ownership problems.

A15.8.6. A financial problem, to include bankruptcy, resulting from over-extension of military income.

A15.8.7. A financial or management problem related to off-duty employment, the spouse's employment, private business activities, or to settle an estate.

A15.8.8. Passport or visa problems involving newly acquired family members.

A15.8.9. Threatened separation, divorce action, or the desire to pursue child custody.

A15.8.10. The problem existed or was reasonably foreseeable at the time of latest entry on active component without a break in service, or prior to departure on PCS.

A15.8.11. For the purpose of seeking or providing family support except as outlined in paragraphs [A15.7.1](#) or [A15.7.7.1](#).

A15.8.12. A consecutive PCS or deferment based on continuation of the same circumstances (does not include a request to extend a current deferment--see [paragraph A15.12](#)).

A15.8.13. A request based on the medical condition of the Airman. (Assignment for this reason is initiated by local medical authorities when it is determined the situation warrants such action.)

A15.8.14. Requests for deferment will not be considered for Airmen who have not been selected and notified of reassignment or TDY in excess of 30 days. A deferment request for an officer can be considered based on the Airman's appearance on the Vulnerable Mover List (VML) if coordination with the assignment OPR confirms assignment selection is highly likely.

A15.9. Processing Humanitarian Requests. Requests must be submitted via vMPF in accordance with PSD Guide-Voluntary Assignments: Humanitarian Reassignment and Deferment Program Reassignment that are located on MyPers. **(T-3).**

A15.9.1. An Airman desiring humanitarian reassignment who also has a spouse or child(ren) enrolled in the EFMP must include appropriate medical or educational documentation concerning the EFMP situation with the humanitarian request (i.e., DD Form 2792, plus addendums, DD Form 2792-1, IEP, etc.). A humanitarian reassignment cannot be approved unless the projected assignment location can meet the needs of the exceptional family member.

A15.9.2. When an Airman is married to another Airman and desires join spouse consideration, a join spouse intent letter must accompany the Airman's application in order for the military spouse to also be considered for assignment action.

A15.9.3. The final approval/disapproval authority is AFPC/DP3AM. A request cannot be approved or denied at a lower level.

A15.10. Available Options When a Request is Disapproved. When a request is disapproved the MPF must counsel the Airman on the following options: Airman may apply (if eligible) for retirement, retirement under hardship conditions, hardship discharge, or (for officers) resignation or release from the active component. For those who are pending reassignment a request under this paragraph must be submitted within 7 calendar days following receipt of the correspondence disapproving the request. **(T-3).**

A15.11. Withdrawing a Request. If an Airman wants to withdraw their request before a final decision or departure on reassignment, the request must be submitted in writing to either the MPF or AFPC/DP3XAA immediately. Once an Airman has departed on a humanitarian reassignment, the request can no longer be withdrawn. **(T-3).**

A15.12. Humanitarian Assignment/TDY Restrictions. The TDY assignment authority will not select an Airman for TDY exceeding 30 calendar days while in humanitarian deferment (AAC 30). If provided a humanitarian reassignment, Airmen will not be reassigned PCS for at least 12 months from date arrived station. A deferment will initially restrict Airmen from PCS or TDY for a maximum of 12 months. The initial period of assignment/TDY restriction for humanitarian reasons may be extended at the Airman's request provided the total period does not exceed 18 months. If a terminal illness is involved, deferment may be extended up to a total of 24 months. **(T-3).**

A15.12.1. Requests for such extensions must substantiate that:

A15.12.1.1. Every possible effort has been made to overcome the problem.

A15.12.1.2. The condition warranting assignment/TDY restriction still exists.

A15.12.1.3. The problem can be resolved within the extended period of assignment/TDY restriction.

A15.12.2. If an Airman's parent organization is relocated or deactivated before expiration of the assignment restriction, the Airman is considered for intra-command reassignment to another organization on the same base. If no authorization for their specialty exists on base, or if the base is being deactivated, reassignment instructions will be provided by AFPC/DP3XAA.

Attachment 16

ASSIGNMENT OF NON-PRIOR SERVICE PIPELINE STUDENTS (REGAF ENLISTED ONLY)

A16.1. AFPC/DP2LW Technical Training Graduates (TTG) Assignments Section Processing and Procedures Responsibilities.

A16.1.1. Distributes available TTGs to the MAJCOMs on an equal basis by matching TTGs to their end assignment and providing instructions to the Total Force Service Center through either the PDS or by email. projected departure date and RNLTD are based upon graduation date plus 30 days for CONUS assignments and graduation date plus 45 days for overseas assignments.

A16.1.1.1. An Airman's port call may be earlier than the RNLTD month as determined by the actual departure date, and leave and travel time authorized. This will preclude a requirement to request a change to the RNLTD and Airman to not use more leave than desired. Under such circumstances, reporting overseas prior to the RNLTD month will not result in a Category 1 PCS Processing Discrepancy.

A16.1.1.2. Assignment selection criteria for CONUS and overseas volunteers. Airmen who are volunteers for CONUS or overseas locations as recorded on their assignment preferences in vMPF are matched to overseas short/dependent-restricted overseas requirements first, then standard accompanied overseas requirements second, then CONUS requirements and arranged in order of grade (highest grade takes precedence), DOR (earliest date takes precedence), TAFMSD (earliest date takes precedence), date of birth (DOB) (earliest date takes precedence) and then, if necessary, in reverse SSN order (use all 9 digits and lowest number takes precedence). Example: if the SSN is 123-45-6789 as a normal number it would be 123,456,789, and reversed it would be 987,654,321.

A16.1.1.3. Assignment selection criteria for CONUS and overseas non-volunteers. Airmen, whose assignment preferences could not be approved due to not matching requirements and Airmen whose assignment preferences in vMPF were blank, are matched to overseas short/dependent-restricted overseas requirements first, then standard accompanied overseas requirements second, then CONUS requirements and arranged in order of grade (lowest grade takes precedence), DOR (latest date takes precedence), TAFMSD (latest date takes precedence), date of birth (DOB) (latest date takes precedence) and then, if necessary, in reverse SSN order (use all 9 digits and highest number takes precedence). Example: if the SSN is 123-45-6789 as a normal number it would be 123,456,789, and reversed it would be 987,654,321.

A16.2. Organizational Responsibilities.

A16.2.1. The Training Wing (TRW) schedule students for wing-controlled follow-on training immediately upon entry into the basic course at the TRW.

A16.2.2. The 319th Training Squadron at Lackland AFB will report Basic Military Training students classification no later than the end of the fourth week of training. **(T-2)**. Immediately after classification, they will schedule and update in the MilPDS. **(T-2)**. TRW registrars will report the students entry into operational training school, a change in technical training schedule, or completion of technical school to 2 AF, Det 1. **(T-2)**.

A16.2.3. 2 AF, Det 1 reports any changes to course identification number to AFPC/DP2LWA by email as soon as possible after the class has been activated.

A16.3. TRW MPF Student Assignment Section.

A16.3.1. The MPF will notify the student, through the unit commander, of the assignment within 5 duty days after receipt. **(T-1)**. The MPF will also establish a relocation folder and notify the training squadron of all required assignment actions for the assignment, according to DAFMAN 36-2102. **(T-2)**.

A16.3.2. PCS orders should be accomplished and forwarded to the Airman as soon as possible after receipt of the assignment if no special processing requirements exist (i.e., Personnel Reliability Program/SCI requirements, medical/dental clearances, AF Form 1466, DAF Form 965, etc.).

A16.3.3. PCS orders for assignments with special requirements or Personnel Processing Codes (PPC), such as those stated above, are accomplished upon completion of all mandatory requirements. The chief of the student assignments section will establish local procedures to ensure special requirements are accomplished in the most expedient manner. **(T-3)**. The process for requirements to be completed and orders processed for the student should be completed within 15 duty days.

A16.4. Student SWAP Program. This voluntary program was established to afford non-prior service student Airmen who are assigned in a PCS status at a TRW or Geographically Separated Units the chance to swap assignments with another student before they graduate from technical training. Interested students are solely responsible for finding another student who wants to swap assignments. A SWAP involves two or more non-prior service students (AB through A1C). **Note:** If a TTG has an approved follow-on assignment the TTG is ineligible to swap, unless extenuating circumstances apply.

A16.4.1. Eligibility Criteria. Airmen must meet the below criteria to apply:

A16.4.1.1. Not have been notified of pending elimination from training or reclassified into the AFSC that the Airman is swapping for. **(T-1)**.

A16.4.1.2. Be projected graduates of the same course. **(T-1)**.

A16.4.1.3. Meet or be able to satisfy all special requirements and PPC requirements before graduation. **(T-1)**.

A16.4.1.4. Have the same AFSC including the same prefix and/or suffix (this does not apply to Airmen who are attending the same phase I core course that is common to more than one AFSC). **(T-1)**.

A16.4.1.5. Have a class graduation date within 30 calendar days of each other. **(T-1)**.

A16.4.1.6. Not have an assignment as a result of a SWAP (assignment action reason, 2-digit reason code: SS (Student SWAP)). **(T-1)**. **Note:** Only one approved swap is permitted.

A16.4.1.7. Be a U.S. citizen if assignment is to overseas (with exception of Alaska and Hawaii). Non-U.S. citizens are ineligible for a SWAP to an overseas assignment (other than Alaska or Hawaii). **(T-1)**.

A16.4.1.8. Be a U.S. citizen if the assignment requires access to classified information. Non-U.S. citizens are ineligible for a SWAP to an assignment requiring access to classified information. **(T-1)**.

A16.4.1.9. Not have a UIF or have administrative action pending which results in the establishment of a UIF, if the assignment is to an overseas area. **(T-1)**.

A16.5. Grade Criteria. AB through A1C may swap assignments with each other. (There are no grade restrictions for Non-prior service students).

A16.6. SWAP Procedures:

A16.6.1. Airmen must submit their SWAP request to the MPF student assignment section NLT 5 workdays after the student is notified of their assignment. **(T-1)**.

A16.6.2. The MPF reports SWAP requests by email within 3 duty days to AFPC/DP2LWA for processing. The MPF ensures all pertinent information is contained in the reporting of SWAPs. The following format is used: NAME/SSN (last 4)/OLD PAS/NEW PAS/AAN/AFSC/GRAD DT/REMARK.

A16.6.3. A change of either assignment after a SWAP has been approved does not cancel the SWAP action (i.e., if either Airman's assignment was changed the other would continue to the swapped assignment). The assignment action reason SS will remain.

A16.6.4. Within 3 duty days, AFPC/DP2LWA will process the request for a SWAP and either approve and update the PDS, or contact the MPF/Geographically Separated Units notifying them of disapproval. **(T-1)**.

A16.6.5. As an exception to the above, students attending Phase II medical training in AFSCs 4H0X1, 4J0X1, 4R0X1, 4T0X1 or 4T0X2 may apply for a SWAP NLT 60 days prior to projected departure date regardless of their training location. These Airmen must be reported to AFPC/DP2LWA in the same manner described above by the MPF servicing the training location. **(T-1)**. (**Note:** Both MPFs will maintain a copy of the SWAP request of each Airman and the MPF servicing the Airman whose last name occurs first in alphabetical order will submit the requests to the assignment OPR.). **(T-3)**.

A16.6.6. The Airmen involved must concur with the SWAP assignments in writing. **(T-1)**.

A16.7. Follow-on (FO) Assignment Program.

A16.7.1. TRW's refer to [Attachment 3](#), for complete guidance on the FO assignment program. Airmen selected for a dependent-restricted assignment (NA/12 locations), or who elect an unaccompanied short tour (24/15 or 24/12 locations) will be briefed during their initial assignment briefing. **(T-1)**.

A16.7.2. TRW's will allow Airmen 3 duty days to complete their application or decline participation in writing. **(T-3)**.

A16.7.3. Airmen may apply for up to 16 preferences (8 CONUS and 8 overseas, which can reflect specific bases, states, regions, locales, or countries).

A16.7.4. Method of submitting requests from the technical training wing to AFPC varies based on the Airman's projected departure date. Airmen with a projected departure date of more than 150 days from the assignment selection date have their requests updated by the TRW

via PDS, utilizing the remarks area to identify requested state or region/locale areas, if desired. The transaction generates an in-system request to the appropriate assignment OPR approximately 120 days prior to the Airman's projected departure date. In-system approval or disapproval from the assignment OPR takes place through PDS within 10 duty days after receipt. Airmen with a projected departure date within 150 days from assignment selection date should have their preferences forwarded to the assignment OPR by email. The assignment OPR will process these requests within 5 duty days and, if necessary, advise the TRW of disapproval through return email. **(T-1)**.

A16.7.5. Airmen must receive approval or disapproval prior to departure and those with approved FO assignments have the pertinent information reflected in their PCS orders. **(T-1)**.

A16.8. Deferment of Non-prior service Students. Basic Military Training Students. The following deferments or conditions prohibit the PDS from automatically classifying and matching Basic Military Training student assignments.

A16.8.1. Medical/Dental Hold. Deferred with AAC 31, **Table 3.1** and Date of Availability as set by the Medical/Dental Facility.

A16.8.2. Recommended for Separation. Defer with AAC 73 with Date of Availability 6 months from date of recommendation. If previously classified, cancel projected assignment to technical training wing and update the Primary, Control, and Duty AFSC to 9T000.

A16.8.3. HQ USAF or MAJCOM Hold. Airmen identified by the Airman Classification Squadron as having unique needs which has a bearing on their assignment. On approval from 2 AF, Det 1, the Airman is placed in AAC 70 with a Date of Availability equal to their graduation date from Basic Military Training. If not resolved by that date, the Airman Classification Squadron Commander will place a statement on the DD Form 4, waiving the problem the Airmen might be encountering. **(T-1)**. The Date of Availability can never exceed the Basic Military Training graduation date.

A16.8.4. Airman Classification Squadron Assessment Branch. Airmen identified for special processing by the assessment branch will be placed in AAC 25 with a Date of Availability 1 workday before classification of the week group. **(T-1)**. A later Date of Availability may be input manually.

A16.8.5. Enlisted Under the Guarantee AFSC Program. Airmen are placed in AAC 71 with a Date of Availability equal to Basic Military Training graduation date.

A16.8.6. Join Spouse Applicants. Airmen are placed in AAC 69 with a Date of Availability equal to Basic Military Training graduation date. The Airman Classification Squadron will ensure a join spouse requirement is considered during classification so that compatible AFSCs are selected. **(T-1)**.

A16.8.7. Other. Airmen in a duty status code other than present for duty (code "00") are not considered for classification or reassignment.

A16.9. Delaying a PCS Move for a Non-prior service Student. PCS moves for Non-prior service students may not be delayed except:

A16.9.1. When a humanitarian or EFMP assignment request is pending.

A16.9.2. When a join spouse application is pending. Airmen who marry another military member during technical training will not depart until the join spouse assignment is complete.

A16.9.3. When PCS involves a female Airman who is pregnant or an Airman whose wife is pregnant, consistent with pregnancy deferment procedures in this instruction.

A16.9.4. When the student is under consideration for a selectively manned or special-duty assignment.

A16.9.5. When pending completion of additional assignment processing actions required by a PPC or awaiting approval to proceed on assignment.

A16.9.6. When pending a response to an application for concurrent travel.

A16.9.7. When the student is placed on Commander Directed Hold (AAC 21) or Under AFOSI/Security Forces Investigation (AAC 17). Commanders will validate the need to retain a student for further observation or contemplated administrative action. **(T-2)**. Once validated, the commander must immediately initiate a request to place the Airman on hold. **(T-2)**. The commander's request includes: grade, name, SSN (last 4), CAFSC, student status (projected graduation date, date eliminated, and so forth), applicable AAC from **Table 3.1** (if different than AAC 21), rationale for action, and Date of Availability. The request is hand-carried or electronically transmitted/faxed to the MPF student assignment section to prevent student departure. If the commander determines the Airman is about to depart the base, notify the MPF student assignment section telephonically to prevent departure. In these cases, written confirmation as described above is completed within 1 duty day. If there is a disagreement between the commander and the MPF regarding a request, it is elevated to the next higher level of command until resolved.

A16.9.7.1. MPF must establish procedures to make sure action is taken to prevent departure of an Airman upon receipt of a commander's request. **(T-2)**. In addition, commanders will set up procedures to ensure the hold request is provided to the MPF student assignment section. **(T-2)**.

A16.9.7.2. When circumstances which required the Airman to be delayed cease to exist and the Airman is qualified for reassignment, the commander takes immediate action to release the Airman, in writing. This notification is provided to the MPF student assignment section.

A16.10. Assignment of Military Couples Involving TTGs. (See **Attachment 8** for complete guidance on the join spouse assignment program).

A16.10.1. In those situations where the student was married to another military member prior to Basic Military Training and intent code is updated via vMPF, or when the marriage occurs at the training location or after graduation, the following applies:

A16.10.2. Airmen must update join spouse intent code and submit a "hard-copy" join spouse application (see Join Spouse PSD Guide) to request join spouse assignment consideration as soon as possible after the date of marriage. **(T-1)**.

A16.10.2.1. The MPF verifies the Airman's eligibility, update PDS, suspenses a copy of the application, and notifies AFPC/DP2LWA via email (info spouse's MPF, if applicable). Notification should include the following information on each Airman:

A16.10.2.1.1. Name (Last, First, Middle Initial).

A16.10.2.1.2. Grade.

A16.10.2.1.3. SSN (last 4).

A16.10.2.1.4. CAFSC.

A16.10.2.1.5. Graduation Date.

A1.10.2.1.6. Current unit of assignment.

A16.10.2.1.7. Requested assignment location.

A16.10.2.1.8. Date of marriage and join spouse intent code.

A16.10.2.1.9. The following mandatory statement: "The marriage certificate has been verified and join spouse application is on file in the MPF."

A16.10.2.1.10. If one spouse is a member of another branch of the Armed Forces, written confirmation from that member confirming join spouse is desired must be submitted with the join spouse application. **(T-1)**. Include the spouse's grade, name, SSN (last 4), AFSC or MOS, job title, current duty location, and the name, grade, and DSN of spouse's assignment clerk.

A16.10.3. AFPC/DP2LWA provides the MPF the final decision via email. The MPF uses this authority to reassign students. Students must not depart until the MPF receives the final decision from the assignment OPR. **(T-1)**. PDS notification confirming approval (PTI 517) follows depending on proximity of graduation date (**Note:** Do not delay processing pending PDS confirmation).

A16.10.4. Students indicating they are marrying enroute PCS must be counseled not to delay applying for join spouse assignment until arrival at the new duty location. **(T-1)**. Advise them to report immediately to the nearest Air Force installation to apply. The Airman will not be reimbursed for travel in conjunction with such application and remain in leave status (delay enroute) while the application is pending. **(T-1)**.

A16.10.5. Airmen will not be retrained for the sole purpose of making a join spouse assignment for 12 months after graduation from technical training. **(T-1)**. However, with approval of 2 AF, Det 1, they may be transferred to another course before school entry or if the training already received is applicable to the new course.

A16.11. Student Quality Control Procedures.

A16.11.1. Airmen (including graduates, eliminees, and unqualified students) who cannot or will not meet acceptable standards of conduct or duty performance are identified and separated from the Air Force. **(T-1)**.

A16.11.2. All administrative or judicial actions, initiated or contemplated, are completed before the Airman is reassigned.

A16.11.3. Non-prior service student assignments are mandatory PCS moves, but only to CONUS locations.

A16.11.4. The losing commander notifies the gaining commander, in writing, when a student is recommended for assignment and administrative action has been established. Include an

explanation of the Airmen's situation and the specific actions taken. If further action is desirable, but impractical, the specific reason for precluding further action is fully explained.

A16.11.5. Airmen (including graduates, eliminees, and unqualified students) will not be assigned to or allowed to leave for any overseas or CONUS location when placed on AAC 10 through 21, excluding 14, where a quality-control-oriented PPC applies, without the approval of AFPC/DP3AM.

A16.12. Security Clearance and Access to Classified Information.

A16.12.1. Only those TTGs requiring a security clearance for award of an AFSC should be placed in involuntary hold status. MPFs must ensure that SCI nomination packages are forwarded to the Defense Investigative Service by the local Security Forces Investigative Office. **(T-2).**

A16.12.2. MPF will establish procedures to ensure security clearance requests for investigation are initiated no later than 3 duty days after receipt of the assignment notification. **(T-2).** All initial clearance processing is completed no later than 30 days after receipt or the graduation date, whichever is sooner.

A16.13. Return of Graduated Students Enroute PCS.

A16.13.1. Commanders have the ultimate responsibility of ensuring only quality Airmen are retained in the Air Force and permitted to be reassigned. When an Airman has departed on PCS but not arrived at the gaining location, the decision to cancel their assignment for the purpose of returning to the previous duty station should serve the overall best interests of the AF. Due to the PCS cost and personal hardship that may result, an Airman who has departed on PCS will only be directed to return to the previous duty station upon approval of AFPC/DP3AM after it is determined the action for which return is requested cannot be completed at the gaining unit. **(T-1).** Requests to return an Airman for the purpose of administering disciplinary actions (Article 15, Letter of Reprimand, or Control Roster) are normally disapproved. The gaining commander can administer these actions. Airmen may, however, be returned for involuntary separation, court-martial, completion of an AFOSI, etc. It is the decision of AFPC/DP3AM to cancel an Airman's assignment that actually causes the Airman's return to the previous duty station.

A16.13.2. A commander considering requesting the return of an Airman who has departed PCS but who has not arrived at the gaining location must complete the actions described below:

A16.13.2.1. Contact the local Staff Judge Advocate to determine whether return is or is not legally justified. If determined to be legally sufficient, contact the MPF Chief who provides AFPC/DP3AM the specifics of the case for their approval/disapproval. These actions are normally completed on the same day of the request.

A16.13.2.2. If return is approved, the commander notifies the Airman by telephone or overnight express mail. Telephonic notification is recommended as long as the conversation is witnessed and an appropriate memo for record is prepared. The commander must give the Airman a specific RNLTLD for their return. **(T-1).** If the Airman lacks funds for the return trip, advise them to report to the nearest FSO with original PCS orders to obtain necessary funds and/or commercial tickets for the return travel.

A16.13.3. Airmen returning must in-process through the MPF. **(T-1)**. If involuntary separation or commander hold (AAC 21) is being initiated, the Airman must be notified in writing of the action and its ramifications prior to implementation. **(T-1)**.

A16.13.4. Upon Airman's return, the MPF will gain the Airman back to file. **(T-1)**. The original orders are rescinded with a statement in the remarks that the Airman was ordered to return to the losing base (CONUS base) from their leave address (state location) by the commander. The MPF will ensure the FSO receives a copy of the rescission orders. **(T-1)**.

A16.14. Disposition of First Time Technical Training Eliminees.

A16.14.1. Non-prior service students who eliminate from their training course will be evaluated for retention in the Air Force. **(T-1)**. If the behavior or action that resulted in the elimination from training is grounds for separation, proper action is taken. If, after evaluation, it is decided to retain the Airman, then the following applies:

A16.14.1.1. The MPF sends an email to 2 AF, Det 1 with an information copy to AFPC/DP2LWA (AETC/SGPS with information copy to AFPC/DP2LWA on Airmen eliminated from medical training) within 3 duty days after the elimination is formally approved, or 3 duty days after the decision to retain the Airman was made. Report disqualified Airmen according to AFMAN 36-2100. Email includes the following:

A16.14.1.1.1. Grade, name, SSN (last 4), AFSC, physical profile (PULHESX - Physical condition, upper extremity, lower extremity, hearing-ears, vision-eyes, neuropsychiatric-stability, physical work capacity), color vision normal (yes or no), depth perception normal (yes or no), and whether the Airman possesses a current state driver's license (yes or no).

A16.14.1.1.2. Course from which eliminated. Include the course length, start date, and date of final elimination action. For unqualified students, indicate only the AFSC for which Airman is unqualified.

A16.14.1.1.3. Reasons for elimination as stated in the counseling records. For unqualified students, indicate the reasons for disqualification.

A16.14.1.1.4. Up to 6 AFSC preferences for which the Airman qualifies. If applicable, include a summary of the Airman's experience or interests that may assist in reclassification.

A16.14.1.1.5. If further technical training is not recommended, give specific rationale why administrative separation action was not taken.

A16.14.1.1.6. A complete account of all actions contained in the Airman's UIF, if applicable.

A16.14.1.1.7. Any other facts, recommendations, or information that can assist in determining a disposition that is in the best interest of the AF. Comments should include whether the Airman is Personnel Reliability Program certifiable, Airman's attitude and motivation, along with any other pertinent factors. Also, include commander's recommendation.

A16.14.2. If reentry into another technical training course is decided, 2 AF advises the MPF and AFPC/DP2LWA of the reclassification AFSC and course data. AFPC/DP2LWA will

update the PAFSC/CAFSC and the MPF will update the DAFSC to the new AFSC using PDS. (T-1).

A16.14.3. To ensure prompt disposition, 2 AF and AFPC/DP2LWA will complete their required actions after receipt of eliminee or unqualified student reports. (T-1). Each level of review must complete its action within 3 duty days after receipt. (T-1).

A16.14.4. Commanders should avoid multiple (more than once) reclassification of students who clearly do not meet acceptable standards. This includes standards of academics, performance, conduct, bearing and behavior, discipline, medical, or any characteristic that does not promote accomplishment of the AF's mission. When students are recommended for reclassification more than once, the approval authority is the group commander.

A16.15. TTG Force Gain Procedures. The purpose is to alleviate the excessive TDY funding being expended due to student course completion problems at the TTC.

A16.15.1. TTC identifies and documents a valid extended delay in training with an estimated completion date and Personnel Accounting Symbol (PAS) for the student and forwards via email to 2 AF, Det 1 organizational email address (2af.det1dxa@us.af.mil) on the global address listing (GAL). Valid documentation may pertain to medical hold, security clearance delays, punitive actions, etc. Delays in training, because the Airman missed their class seat and has to wait a couple weeks for the next class is not considered valid. However, if there are extenuating circumstances, AFPC/DP2LWA will consider them on a case-by-case basis.

A16.15.2. 2 AF, Det 1 will evaluate the TTC documentation. If they concur, the request will be sent to AFPC/DP2LWA via email (address: AFPC.DP0SW.TTG@US.AF.MIL) with courtesy copy to AETC/FMAT requesting the Airman be PCS'd to the TTC as an exception to policy.

A16.15.3. AFPC/DP2LWA will coordinate the exception to policy with AFPC/DP3AM.

A16.15.4. After approval or disapproval by AFPC/DP3AM, AFPC/DP2LWA will notify 2 AF, Det 1. If approved, AFPC/DP2LWA will load the assignment to the gaining TTC. This assignment action will consummate the TDY status once the Airman is gained to the TTC file. If disapproved, AFPC/DP2LWA will notify 2 AF, Det 1 and provide final assignment action instructions.

Attachment 17

PCS OF AIRMEN DIRECTED UNDER AUTHORITY OF ANOTHER PRESCRIBING INSTRUCTION (LIEUTENANT COLONEL AND BELOW AND ALL ENLISTED)

A17.1. Introduction. While the term “assignments” is frequently used to describe all PCSs, the fact is there are various types of PCS moves directed by OPRs not within AFPC/DP3AM which are made under the authority of another prescribing instruction. As a reminder, with the exception of patient assignments, assignment OPRs within AFPC/DP3AM are responsible for only operational, rotational, force structure, and training PCSs.

A17.2. PCS in Conjunction With Other Actions. The following PCSs, with the exception of some patient assignments, are directed by OPRs outside AFPC/DP3AM. The OPR for the action concerned is the OPR for the PCS and is the PCS Authority.

A17.2.1. Accession PCSs (except for medical officers which is AFPC/DP2NP). OPR is AFPC/DP2LT. With the exception of those designated at the discretion of the Secretary and Chief of Staff, assignments of all USAF Academy graduate accessions or Airmen cross-commissioning from other Service Academies are assigned at or below the wing level.

A17.2.2. PCS in conjunction with separation and retirement (includes for processing of administrative separation/discharge). OPR is AFPC/DP2ST.

A17.2.3. PCS of patients to a MTF or between MTFs. OPR can be either the gaining MTF Commander or AFPC/DP2NP, Medical Retention Standards Branch, in accordance with AFMAN 41-210. Upon release from assignment to the MTF, Airmen are reported to AFPC/DP2NP who, in turn, request the assignment OPR direct reassignment as appropriate.

A17.2.4. PCS of prisoners to a confinement facility (including from overseas to a CONUS facility) or between confinement facilities. OPR is Air Force Security Forces Center (AFSFC), Lackland AFB, Texas.

A17.2.5. PCS of Airmen to locations near their HOR who are placed in appellate leave status incident to court-martial conviction. OPR is AFSFC, Lackland AFB, Texas.

A17.2.6. PCS or TDY related to judicial proceedings (court-martial or other reasons when directed by the MAJCOM/JA) according to DAFI 51-201, *Administration of Military Justice*. OPR is AF/JA.

A17.3. How PCSs Differ. The PCSs listed in [paragraph A17.2](#) (frequently referred to as assignments) differ from those authorized by this instruction in the following major ways:

A17.3.1. The selection process (qualifications, ODS/short tour return date, date arrived station, time-on-station, retainability, and so on) prescribed in this instruction to determine which Airman is selected for PCS does not apply.

A17.3.2. The purpose of the PCS is not to fill a valid manpower authorization at the gaining location and/or not to have the Airman perform duty in their AFSC.

A17.3.3. The PCSs may or may not be projected in the PDS and do not use an operational, rotational, or training AAN. The Airman is “assigned” using unprojected gain procedures or as ordered by the OPR.

A17.3.4. It may not be appropriate for the cost of the PCS to be charged to the same PCS ID codes used for operational, rotational, and training assignments.

A17.3.5. It is incorrect to cite AFI 36-2110 as the “authority” for the PCS.

A17.3.6. 7-day option procedures do not apply.

A17.4. Similarities of the PCSs. Similarities do exist between the PCSs listed in [paragraph A17.2](#) and those authorized by this instruction and directed by the assignment OPRs shown in [Table 2.1](#) They include:

A17.4.1. The Airman may change unit of assignment and/or make a permanent change of station.

A17.4.2. Most of the moves involve an order directing the PCS.

A17.4.3. The PCS allowances Airmen may accrue may be different for each kind of PCS.

A17.4.4. Because relocation is involved, MPFs assist those agencies directing the PCS and in processing the Airman for PCS.

Attachment 18 (Added)**DIVERSE SLATES FOR KEY DEVELOPMENTAL ASSIGNMENTS**

A18.1. (Added) Purpose . Key Developmental Assignments such as Executive Officer, Aide de Camp, Military Assistant, Senior Enlisted Advisor (SEA), Career Field Manager (CFM), and Commander's Action Group Chief are used to develop and prepare military personnel for future senior leadership roles. Qualified Airmen and Guardians considered for these key positions are identified on slates, or candidate pools. The purpose of diverse slates is to enable candidate pools that better reflect the demographic diversity of the USAF and USSF.

A18.2. (Added) Diverse Candidate Slate Requirement. Hiring officials will develop and consider slates comprised of at least one candidate, from a slate size of five or less. For slates greater than five members, 30% of the slate should be comprised of members from underrepresented groups, based on gender, race and/or ethnicity (see AFI 36-7001). This requirement does not mandate any specific hiring selection decisions. This policy applies to Total Force hiring processes where a formal slate for respective key developmental positions is currently used. For those key military developmental positions that do not require a formal slate of candidates, hiring officials should begin developing and selecting from a slate in accordance with this guidance. The Air Force Personnel Center (AFPC) will ensure slates for STARNOM/CAPNOM requirements consist of at least one underrepresented diverse candidate based on gender, race and/or ethnicity. **(T-1).**

A18.3. (Added) Slate Requirements. For slates greater than five members, at least 30% of the slate should be comprised of members from underrepresented groups, based on gender, race and/or ethnicity (see AFI 36-7001).

A18.4. (Added) Reporting Requirements. For Wing level organizations, the MAJCOM Chief Diversity and Inclusion Officers (CDIO) (or designated organization) will report outcomes and progress, including metrics, at least annually to AF/A1P and the Secretary of the Air Force Office of Diversity and Inclusion (SAF/ODI). For organizations above wing level, AFPC will capture this data, to include data for SEAs and CFMs.

A18.4.1. (Added) Data will include:

A18.4.1.1. (Added) Race, ethnicity, gender information of the developed candidate slate. **(T-1).**

A18.4.1.2. (Added) Race, ethnicity, gender of the selected hire. **(T-1).**

A18.4.2. (Added) In the event a developed slate does not consist of at least one diverse candidate, hiring officials will continue to fill the position requirement and report why a diverse slate was not attained. **(T-1).**

A18.5. (Added) Key Developmental Assignments. At a minimum, hiring officials will track and report on the following developmental assignments at the designated level:

A18.5.1. (Added) Executive Officer [97E coded] (HAF, MAJCOM, Field Command, FOA, and NAF). **(T-1).**

A18.5.2. (Added) Executive Officer (Wing, Garrison/Delta Commander Level). **(T-1).**

A18.5.3. (Added) Aide-de-Camp (HAF, MAJCOM, and Field Command). **(T-1).**

A18.5.4. **(Added)** Senior Enlisted Leader (HAF). **(T-1)**.

A18.5.5. **(Added)** Career Field Manager (Officer/Enlisted). **(T-1)**.

A18.5.6. **(Added)** Commander's Action Group Chief (HAF, MAJCOM and Field Command). **(T-1)**.

A18.5.7. **(Added)** STARNOM/CAPNOM [Officer/Enlisted] (AFPC). **(T-1)**.

A18.5.8. **(Added)** Senior Enlisted Advisor (HAF, MAJCOM and Field Command). **(T-1)**.

A18.5.9. **(Added)** Military Aide (Added) (HAF, MAJCOM, and Field Command). **(T-1)**.

Attachment 19 (Added)

***(ADDED) DIVERSE SLATES FOR NON-STATUTORY SELECTION BOARDS (NOT APPLICABLE TO AFR)**

A19.1. (Added) Purpose . Non-Statutory Selection Boards are used to develop and prepare military personnel for future senior leadership roles. Qualified Airmen and Guardians selected from these non-statutory boards must be identified on slates, or candidate pools. The purpose of diverse slates is to enable candidate pools that better reflect the demographic diversity of the USAF and USSF.

A19.2. (Added) Non-Statutory Boards . At a minimum, hiring and or selecting officials will track and report on the following non-statutory boards:

A19.2.1. **(Added)** Weapons Instructor Board. **(T-1)**.

A19.2.2. **(Added)** Rated Crossflow Board. **(T-1)**.

A19.2.3. **(Added)** Core Career Field Squadron Commander Boards (CAF, MAF, SOF, 13M, 13N, 13S, 14N, 14F, 15W, 16F, 17X, 19Z, 21A/M, 21R, 31P, 32E, 35P/B, 38F, 41AX, 44X, 45X, 46X, 47X, 48X, 62E, 63A, 64P, 65F, 71S). **(T-1)**.

A19.2.4. **(Added)** Weapons Instructor Board. **(T-1)**.

A19.2.5. **(Added)** Rated Crossflow Board. **(T-1)**.

A19.2.6. **(Added)** Recruiting, Training, Military Entrance Processing Command (MEPCON) SQ/CC Selection Process. **(T-1)**.

A19.2.7. **(Added)** Test Pilot School Selection Board. **(T-1)**.

A19.2.8. **(Added)** Test Eagle Board. **(T-1)**.

A19.2.9. **(Added)** Olmsted Board. **(T-1)**.

A19.2.10. Central Professional Military Education Boards (USAFA AOC Board, Schools Matches). **(T-1)**.

A19.2.11. **(Added)** School of Advanced Air and Space Studies Board. **(T-1)**.

A19.2.12. **(Added)** Chief Master Sergeant Promotion Board. **(T-1)**.

A19.2.13. **(Added)** Command Chief Master Sergeant Screening Board. **(T-1)**.

A19.2.14. **(Added)** Civilian Development Education Board. **(T-1)**.

A19.2.15. **(Added)** Civilian Strategic Leadership Program Board. **(T-1)**.

A19.3. (Added) Diverse Slate Requirement. All non-statutory boards will, to the extent practicable, be composed of diverse panel members under the DAF definition of diversity per AFI 36-7001. Candidate pools for each board should have at least 30% of the pool coming from underrepresented groups. **Note:** Not applicable to the AFR.

A19.4. (Added) Reporting Requirements . AFPC will work with nominating agencies to collect diversity data for each board for an annual report to SAF/ODI and OSD. **(T-1)**.

A19.4.1. **(Added)** Data will include:

A19.4.2. **(Added)** Name, date and AFSC information of the Board, total number of nominees to the board, nomination pool information by race, ethnicity and gender, nomination pool total diversity percentage, and if feedback was given to non-selects. **(T-1)**.

A19.4.3. **(Added)** Number of eligible selected by race, ethnicity and gender of the selected hire. **(T-1)**.

A19.4.4. **(Added)** In the event a developed slate does not have at least 30% of the pool coming from underrepresented groups, hiring and or selecting officials will continue to fill the position requirement and report why a diverse slate was not attained and action plan to reach the 30% candidate pool requirement by next board. **(T-1)**. The reporting outcomes will be briefed at the Air Force Executive Diversity & Inclusion Council and/or other senior leader forums. **(T-1)**.

Attachment 20 (Added)

**WAIVER OF ACTIVE DUTY SANCTUARY (UNIT / INDIVIDUAL RESERVIST /
MOBILIZATION ASSISTANT [MA]) STATEMENT OF UNDERSTANDING**

1. I understand under the sanctuary protection provided to me by 10, 10 USC § 12686(a), if I serve the period of active duty which is the subject of this waiver from (DATE) to (DATE), I will then be serving on active duty within 2 years of becoming eligible for retired pay under the military retirement system. After I enter that 2-year sanctuary, I cannot be involuntarily released from active duty, without approval by the SecAF, before I become eligible for retired pay.

2. I understand that in order for me to serve on active duty during the period specified above, which would bring me within the sanctuary protection, the SecAF requires that I must waive my right to sanctuary protection, in accordance with 10 USC § 12686(b).

3. This waiver, shown by my signature below, means I will not receive sanctuary protection. Therefore, I may be released from active duty without SecAF approval even though serving on active duty within two years of becoming eligible for retired pay.

4. I also understand neither my waiver nor any order request submitted requiring me to perform further voluntary active duty service is effective until this waiver is acknowledged and tour approved by Numbered Air Force (NAF)/CC (unit), HQ RIO/CC (for individual reservists), AF/REG (MAs), or designated representative.

I, (Typed Rank, Name, and last 4 of SSN) voluntarily waive my right to invoke sanctuary protection as provided under AFI 36-2110, Chapter 2 and 10 USC § 12686(b).
(Please initial)

I have read the above explanation and have been fully counseled on the impact it has on my participation.

I understand that by waiving my right to claim sanctuary I am allowed to perform a voluntary tour of duty of less than 180 days (number of days shown on the military orders to which this waiver relates, cannot be altered upward or that tour extended, by amendment or otherwise without an additional waiver being executed for the time-period of the requested extension).

I understand that while performing the approved tour I may not claim sanctuary. I further understand that should I attempt to claim sanctuary while performing this tour of duty, my orders may be terminated prior to the end of the tour.

I understand that for each type of active duty tour or extension thereof that I request, except Active Duty for Training, a new waiver will be required and accomplished.

I understand that my active duty tour will not begin until I have proper acknowledgement/approval from the SECAF or designee of this waiver.

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I understand that I will continue to accrue active duty points while performing this tour with a waiver in place. Upon accumulation of approximately 7305 active duty points, I will have earned an active duty retirement and may retire immediately with an active duty annuity, or continue to participate for additional points and pay.

I understand this sanctuary waiver is irrevocable for the voluntary period of active duty for which the waiver has been executed as described in **paragraph 1** above.

I understand that this written document will be filed at the FSS and electronically at NAF/WG/CC (unit), HQ RIO/CC (Individual Reservist), or AF/REG (Mobilization Assistant) as evidence that I have waived my right to sanctuary protection.

Member's Signature (Date)

Witness Signature (Date)

1st Ind, (Commander)

(Date)

I support the action of (Requestor) to waive his/her sanctuary protection to perform the above voluntary tour of Active Duty.

cc: Individual

Typed Signature Block and Signature

This document requires the collection and maintenance of information protected by the Privacy Act of 1974. The authority to collect and maintain this information exists in 5 USC § 552(a) (2000), the release of your SSN is for identification purposes and voluntary. Systems of Records Notice F036 ARPC B, Information Personnel Management Records, applies.

Attachment 21 (Added)

(ADDED) WAIVER OF ACTIVE DUTY SANCTUARY (ANG) STATEMENT OF UNDERSTANDING

From (DATE) to (DATE),

1. I support the action of (Requestor) to waive his/her sanctuary protection to perform the above voluntary tour of active duty.
2. I understand that in order for me to serve on active duty during the period specified above, which would bring me within the sanctuary protection, the SecAF requires that I must waive my right to sanctuary protection, in accordance with 10 USC § 12686(b).
3. This waiver, shown by my signature below, means I will not receive sanctuary protection. Therefore, I may be released from active duty without SecAF approval even though serving on active duty within two years of becoming eligible for retired pay.
4. I also understand no order request submitted requiring me to perform further voluntary active duty service is effective until this waiver is acknowledged and tour approved by The Adjunct General or designee.

I, (Typed, Rank, Name, and last 4 of SSN), voluntarily waive my right to invoke sanctuary protection as provided under AFI 36-2110, 10 USC § 12686(b).

(Please initial)

_____ I have read the above explanation and have been fully counseled on the impact that it has on my participation.

I understand that by waiving my right to claim sanctuary I am allowed to perform a voluntary Title 32 Active Duty for Operation Support, Special Training or Title 10 Military Personnel Appropriation tour of less than 180 days (number of days shown on the military orders to which this waiver relates, cannot be altered upward or that tour extended, by amendment or otherwise without an additional waiver being executed for the time-period of the requested extension).

_____ I understand that while performing the approved tour I may not claim sanctuary. I further understand that should I attempt to claim sanctuary while performing this tour of duty, my orders may be terminated prior to the end of the tour.

I understand that for each type of active duty tour or extension thereof that I request, except Active Duty for Training, a new waiver will be required and accomplished.

_____ I understand that my active duty tour will not begin until I have proper approval from The Adjunct General or designee.

I understand that I will continue to accrue active duty points while performing this tour with a waiver in place; upon accumulation of approximately 7305 active duty points, I will have earned an active duty retirement and may retire immediately with an active duty annuity, or continue to participate for additional points and pay.

I understand this sanctuary waiver is irrevocable for the voluntary period of active duty for which the waiver has been requested.

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_____ I understand that this written document will be filed at my State Joint Forces Headquarters, FSS /Force Support Flights and my unit as evidence that I have waived my right to sanctuary protection.

Member's Full Signature (Date)

Witness Signature (Date)

1st Ind, Unit Commander
Wing Commander
State Joint Forces Headquarters
In Turn

I support the action of requestor to waive his sanctuary protection to perform the above voluntary tour of active duty.

Typed Signature Block and Signature

cc: Individual

This document requires the collection and maintenance of information protected by the Privacy Act of 1974. The authority to collect and maintain this information exists in 5 USC § 552(a) (2000), the release of your SSN is for identification purposes and voluntary. Systems of Records Notice F036 ARPC B, Information Personnel Management Records, applies.

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Attachment 22 (Added)

(ADDED) ANG CLAIM FOR SANCTUARY PROTECTION

MEMORANDUM FOR STATE JOINT FORCES HEADQUARTERS (applicable State)

FROM:

SUBJ: Claim for Active Duty Sanctuary

In accordance with Title 10 United States Code § 12686(a), I have been counseled concerning my desire to invoke my right to claim sanctuary. I am aware, as a result of claiming sanctuary; I will become an Active Guard Reserve asset and eligible for assignment based on the needs of the State.

(initial) I desire to invoke my right to claim sanctuary protection. I acknowledge that my assignment will be based upon current mission requirements within the State. I further acknowledge if I decline the assignment, I will be, in effect, declining Sanctuary protection and will be required to sign a declination of sanctuary protection as a result.

Signature

(Include name, grade, last 4 of SSN, and phone)

1st Ind, Wing Commander/CC

I acknowledge (Member's name) claim for active duty sanctuary.

Typed Signature Block and Signature

cc:
FSS/FSF
Unit CC

This document requires the collection and maintenance of information protected by the Privacy Act of 1974. The authority to collect and maintain this information exists in Title 5 USC § 552(a) (2000), the release of your SSN is for identification purposes and voluntary. Systems of Records Notice F036 ARPC B, Information Personnel Management Records, applies.

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Attachment 23 (Added)

(ADDED) ANG REQUEST TO INVOKE SANCTUARY

MEMORANDUM FOR NGB/A1PP
AFPC/DP2LT
IN TURN

FROM:

SUBJECT: Claim for Active Duty Sanctuary

I have been counseled concerning my right to claim sanctuary in accordance with Title 10 United States Code, Section 12686(a). I am aware, that as a result of claiming sanctuary, I will become an active duty asset and become eligible for assignment based on the needs of the Air Force. If enlisted, I also understand I will be ineligible for testing and promotion. I invoke my right to claim sanctuary. I have completed and attached an assignment worksheet. All information is current to the best of my knowledge. I acknowledge that although my assignment choices will be taken into consideration, there is no guarantee I will receive an assignment to one of my requested locations.

Date
(Include name, grade, last 4 of SSN, phone)

Signature Block

5 Attachments

1. Assignment Worksheet
2. DD Form 4 w/annexes (Enlisted Only)
3. AF Form 1411 (if applicable-Enlisted Only)
4. Current activation order and amendments (Mandatory)
5. Flight records/certification (Flyers Only)

This document requires the collection and maintenance of information protected by the Privacy Act of 1974. The authority to collect and maintain this information exists in 5 USC § 552(a) (2000), the release of your SSN is for identification purposes and voluntary. Systems of Records Notice F036 ARPC B, Information Personnel Management Records, applies.

1st Ind, Unit Commander
Wing Commander
State Headquarters

(Date)

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In Turn

TO: AFPC/ DP2LT

Member is eligible to claim sanctuary, will not be utilized within the Reserve, and is available for active duty with the RegAF on/after (date).

Signature Block

See References

*DoDD 1304.28, *The Appointment and Service of Chaplains*, 12 May, 2021

Perkowski Exhibit 25

(AR 40-502)

Army Regulation 40–502

Medical Services

Medical Readiness

**Headquarters
Department of the Army
Washington, DC
27 June 2019**

UNCLASSIFIED

SUMMARY of CHANGE

AR 40–502
Medical Readiness

This administrative revision, dated 13 December 2022—

- o DA Form 3349–SG (Physical Profile Record) is prescribed by DA Pam 40–502.
- o Changes Army Physical Fitness Test to Army Combat Fitness Test (throughout).

This new Department of the Army regulation, dated 27 June 2019—

- o Authorizes commander deployment status decisions for specific Medical Readiness Classification and deployment-limiting codes (table 2–1).
- o Incorporates Army Directive 2018–11, Update to Redesign of Personnel Readiness and Medical Deployability, dated 10 September 2018 (para 2–4).
- o Incorporates Army Directive 2019–07, Army Dental Readiness and Deployability, dated 25 February 2019 (para 2–4c).
- o Updates individual medical readiness classification (para 2–4c).
- o Describes that temporary profiles no longer have assigned physical capacity or stamina, upper extremities, lower extremities, hearing and ears, eyes, psychiatric designation (para 3–3).
- o Redesigns and prescribes the DA Form 3349–SG (Physical Profile Record) as a single source incorporating all duty limiting conditions and current functional limitations for providers, commanders, and trained staff (paras 3–1 and 3–3a).
- o Unit commanders will review profiles on Soldiers under their command and make a determination for deployability for all duty limiting conditions not identified by policy (paras 3–6a and 3–6e).
- o Requires a physician review and second signature for all permanent profile with a serial of “2” (para 3–6b(3)).
- o Implements DoDI 6025.19 and DoDI 6490.07; the Assistant Secretary of Defense for Health Affairs memorandum, Subject: Individual Medical Readiness Measure Goal, dated July 15, 2015; and supplements the information provided in AR 220–1 (throughout).
- o Implements the Commander Portal and clarifies required actions to support Soldier health and welfare, duty assignment, and medical readiness reporting (throughout).
- o Incorporates Army Directive 2016–07, Redesign of Personnel Readiness and Medical Deployability, dated 1 March 2016 (throughout).

Headquarters
Department of the Army
Washington, DC
27 June 2019

Army Regulation 40–502

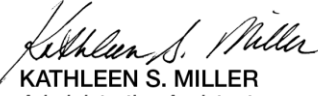
Effective 27 July 2019

Medical Services Medical Readiness

By Order of the Secretary of the Army:

MARK A. MILLEY
General, United States Army
Chief of Staff

Official:


KATHLEEN S. MILLER
Administrative Assistant
to the Secretary of the Army

History. This publication is an administrative revision. The portions affected by this revision are listed in the summary of change.

Summary. Implements DoDI 6025.19 and DoDI 6490.07, and the Assistant Secretary of Defense for Health Affairs memorandum, Subject: Individual Medical Readiness Measure Goal, dated July 15, 2015; and supplements the information provided in AR 220–1. This regulation provides policies and guidance for medical readiness and is to be used with DA Pam 40–502. This regulation provides information on medical deployment determinations and individual medical

readiness elements. It describes the profiling system for communicating individual's functional abilities and establishes a readiness reporting system. It also provides administrative requirements for military examinations. Specifically, this regulation will more effectively manage, communicate, and report Soldier readiness to maximize deployment status.

Applicability. This regulation applies to the Regular Army, the Army National Guard/Army National Guard of the United States, the U.S. Army Reserve, and Department of the Army Civilians.

Proponent and exception authority. The proponent of this regulation is The Surgeon General. The proponent has the authority to approve exceptions or waivers to this regulation that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field-operating agency, in the grade of colonel or the civilian equivalent. Activities may request a waiver to this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be

endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25–30 for specific guidance.

Army internal control process. This regulation contains internal controls and identifies key internal controls that must be evaluated (appendix B).

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from The Surgeon General (DASG–HCO), 7700 Arlington Boulevard, Falls Church VA 22042.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Office of The Surgeon General (DASG–HCO) 7700 Arlington Boulevard, Falls Church, VA 22042.

Distribution. This publication is available in electronic media only and is intended for the Regular Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

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Chapter 1

General Provisions

Section I

Overview

1–1. Purpose

This regulation governs individual medical readiness (IMR) requirements and standards; medical readiness processes and policies supporting commander deployability determinations; physical profiles; and medical examinations, periodic health assessments (PHAs), and the Deployment Health Assessment Program (DHAP). In the event provisions or guidance in this regulation conflict with those in AR 40–501, this regulation takes precedence. These conflicts will be addressed in the next revision of AR 40–501.

1–2. References and forms

See appendix A.

1–3. Explanation of abbreviations and terms

See the glossary.

1–4. Responsibilities

See section II of this chapter.

1–5. Records management (recordkeeping) requirements

The records management requirement for all record numbers, associated forms, and reports required by this regulation are addressed in the Army Records Retention Schedule-Army (RRS–A). Detailed information for all related record numbers, forms, and reports are located in ARIMS/RRS–A at <https://www.arims.army.mil>. If any record numbers, forms, and reports are not current, addressed, and/or published correctly in ARIMS/RRS–A, see DA Pam 25–403 for guidance.

1–6. Medical readiness classification

a. Medical readiness classification (MRC) is an administrative determination by healthcare providers using a standardized system across the total force. This system enables the commander to measure, achieve, and sustain their Soldiers' health and ability to perform their wartime requirement in accordance with their military occupational specialty (MOS)/area of concentration (AOC) from induction to separation. Medical readiness is described in chapter 2.

b. Commanders administratively use the medical readiness information to determine if a Soldier is deployable and able to perform the unit's core designed mission or assigned mission in accordance with readiness reporting guidance in AR 220–1 and DA Pam 220–1. Soldiers are automatically medically deployable in the Medical Readiness System of Record if they are in MRC 1 or 2. This status is automatically uploaded to the readiness reporting system without additional commander action. Commanders can make deployability determinations for readiness reporting on Soldiers who are in MRC 3, with deployment-limiting (DL) 1 and 2, as well as for Soldiers in MRC 4. DL codes 3 to 7 are constrained by policy from deployment, and cannot be overridden by commanders.

c. Upon receipt of an assigned mission, the servicing health care providers will evaluate the Soldiers to determine if they meet the combatant command (CCMD) deployment requirements or require a waiver. CCMDs establish their deployment status guidance and processes. CCMD waivers do not influence a Soldier's medical readiness. Permanent and temporary conditions with DL codes 1, 2, and 7 may be evaluated for CCMD waiver requests. Conditions that do not meet CCMD deployment criteria, but otherwise do not require a profile (for example, excessive body mass index) will receive a temporary profile until the CCMD waiver is complete.

(1) In making deployability determinations, unit commanders should consider the Soldier's skills, responsibilities, duties, type of mission, and geographic conditions/concerns. Additionally, commanders should ensure close collaboration with unit supporting or military treatment facilities (MTFs) healthcare providers in making their deployability determination.

(2) The Commander Portal records deployable personnel determinations for Soldiers with duty limitations and an indeterminate status. The Medical Readiness System of Record feeds the deployability determinations to the Army

Readiness Reporting System. The electronic profiling system annotates on the profile when the commander reviews the Soldier's profile.

(3) Unit commander's deployable personnel determinations for their Soldiers in MRC 3, DL 1, and DL 2 are independent of the assessment and requirements for deployment medical waivers in accordance with CCMD specific guidance.

d. Specific medical readiness criteria are addressed in detail in chapters 2 through 5.

1-7. Command application of medical readiness

Commanders will make deployability determinations for all Soldiers authorized by policy for their MRC/DL. In making deployability determinations for readiness reporting, unit commanders should consider the classification categories in paragraph 2-4 and collaborate with a healthcare provider for any questions. Unit commanders will not override duty limitations or instructions on DA Form 3349-SG (Physical Profile Record). Healthcare providers do not make or engage directly in deployability determinations for readiness reporting. Profiling officers describe and indicate potentially DL conditions for commander review and consideration in their deployment determination. Readiness is a commanders program. Paragraph 3-4 describes the procedure if there is disagreement between the healthcare provider and commander regarding initiating the CCMD waiver process. Commanders will make a deployable or non-deployable determination within the Commander Portal. Readiness reporting criteria and policy are in AR 220-1. DA Pam 220-1 describes the processes and procedures of readiness reporting including the personnel deployability determinations made with medical readiness and administrative personnel data.

1-8. Access management and privacy protection

DoDM 6025.18 authorizes covered entities to release protected health information of Armed Forces personnel for activities deemed necessary and appropriate to military command authorities to assure proper execution of the military mission. This means that the commander or his or her designee may see the reason for profile and the provider may discuss the minimal necessary medical information for the commander to make deployment or other pertinent personnel decisions as part of the military mission. The protected health information "in the reason for profile" will be obscured from other staff with read only access to the Commander Portal to protect patient privacy. Profiling officers will not copy their note from the medical record into the profile for medical instructions; this does not meet the minimum necessary standard.

Section II

Responsibilities

1-9. Deputy Chief of Staff, G-1

The DCS, G-1 will—

- a. Recommend medical readiness and personnel policy integration and operational tasks to The Surgeon General (TSG).
- b. Coordinate medical readiness and personnel policy with appropriate personnel programs and systems.
- c. Facilitate commander's management, monitoring, and participation in personnel readiness. Support the implementation of the medical readiness tools and guidance provided by the Office of The Surgeon General (OTSG) to optimally support personnel readiness.
- d. Implement standardized DHAP processes across the Army for deploying and redeployed Soldiers and Department of the Army Civilians (DACs) to address potential deployment-related physical and behavioral health concerns.

1-10. Deputy Chief of Staff, G-3/5/7

The DCS, G-3/5/7 will—

- a. Monitor and ensure the integration of medical readiness policy with current operational readiness reporting policy.
- b. Facilitate commander's engagement, monitoring, and participation in IMR programs to maximize Soldier and subsequently unit medical readiness.
- c. Recommend medical readiness policy integration and operational tasks to policy proponent.
- d. Coordinate operational programs and systems with medical readiness policy, processes, and procedures as described in DA Pam 40-502.
- e. Ensure collaboration between appropriate organizations and activities integral to Army readiness reporting.

1–11. The Surgeon General

TSG will—

- a. Serve as the principal advisor to the Secretary of the Army and Chief of Staff of the Army on all health and medical matters of the Army, including strategic planning and policy development relating to such matters.
- b. Serve as the chief medical advisor of the Army to the Director of Defense Health Agency on matters pertaining to military health readiness requirements and safety of members of the Army.
- c. Serve as the Army proponent for IMR requirements, standards, policies, and procedures.
- d. Monitor and report Army IMR status to the Chief of Staff, Army and the Assistant Secretary of Defense, Health Affairs. DoDI 6025.19 requires quarterly reporting of the IMR status of Regular Army (RA) and Selected Reserve Soldiers. The DoD reporting process is described in DA Pam 40–502.
- e. Develop Army policy for the management, tracking, and execution of the IMR program.
- f. Provide the medical information system support necessary to monitor, track, and report IMR status and requirements at all levels.
- g. Implement Department of Defense (DoD) requirements and criteria to designate Soldiers as medically ready. OTSG identifies the Army, Service-specific medical readiness requirements for deployment determinations. See chapter 2 for detailed descriptions of IMR elements, requirements for each element, and the criteria necessary to be determined either fully or partially medically ready.
- h. Provide Army representation to the Defense Health Agency, which charters the DoD IMR working group.
- i. Collaborate with the U.S. Army Training and Doctrine Command and Army Medical Department Center and School to develop informational and other educational products for personnel executing clinical readiness operations in accordance with directed requirements.
- j. Ensure adequate planning, programming, and budgeting of medical resources to support unit commanders and individuals in achieving and maintaining their IMR through MTF staffing and service level contract support.
- k. Monitor IMR medical support capabilities and services through regional health commands (RHCs) and MTF commanders, and collaborate with command surgeons to ensure necessary corrective action.
- l. Coordinate with the Defense Health Agency and the appropriate Medical Readiness Division (RHCs) to ensure compliance with the Privacy Act, Health Insurance Portability and Accountability Act (HIPAA), and DoDM 6025.18 requirements for IMR data.
- m. Develop the information technology platforms to implement the IMR policy and support data sharing of required medical readiness data between the Medical Readiness System of Record (that is, the Medical Protection System (MEDPROS)) and personnel information systems and DoD readiness reporting activities.
- n. Develop and provide medical readiness policies, systems, and reporting mechanisms for commanders throughout the Army.
- o. Develop templates for common medical instructions and physical readiness training capabilities to support standardization, completeness, and accuracy in the physical profiling system.
- p. Coordinate with the Chief Information Officer/G–6 and the U.S. Army Cyber Command to ensure Medical Readiness Systems Of Record meet current and future compliance standards.
- q. Collaborate with Headquarters, Department of the Army staff to ensure compliance with training requirements and implementation of this policy.
- r. Provide clinical oversight and support of the DHAP.

1–12. Regional health commanders

The RHC commanders will—

- a. Evaluate DoD, Army, and CCMD - specific medical readiness guidance and published supplemental directives as required. Support and ensure implementation of OTSG/MEDCOM policy for medical readiness processes, deployment/mobilization and redeployment/demobilization in accordance with directed requirements.
- b. Plan, coordinate, and conduct staff assistance visits and inspections under the authority of the RHC Organizational Inspection Program to ensure compliance of medical readiness processes within the RHC service area.
- c. Monitor medical readiness and provide reports and analysis of the status for organic MTFs and supported installations within the RHC service area.
- d. Research, identify, and track units (all components (COMPOs)), and provide reports and analysis of status for units deploying and redeploying within the RHC service area.
- e. Ensure access management for the automated Medical Readiness System of Record through a designated agent. Monitor/perform quality assurance assessments of the major command (U.S. Army) appointed approval authorities granting access to the Commander Portal for the commander, their designee and selected staff.

- f.* Perform quality assurance reviews of data entries within the RHC service area and ensure correction of erroneous processes.
- g.* Provide clinical readiness, Medical Readiness Systems Of Record, and electronic health record (EHR) training and assistance, as needed.
- h.* Provide proponent oversight of the DHAP within the RHC service area.
- i.* Provide medical readiness support for Reserve Component (RC), Army National Guard (ARNG), and U.S. Army Reserve (USAR) on active duty orders with line of duty (LOD), DHAP support and continuity when transitioning status.
- j.* Conduct staff assistance visits and staff inspection visits at MTFs to ensure standardized DHAP processes and procedures occur in accordance with established guidance. Ensure local DHAP policies and procedures are in place to track individuals with priority self-assessment questionnaires.
- k.* Ensure MTFs have appropriate processes for DHAP related emergent behavioral health referrals and DHAP generated behavioral health referrals through completion of initial appointment.
- l.* Monitor and ensure access to care standards is met for DHAP generated referrals.
- m.* Coordinate with Joint Service MTFs within their regions to ensure Army personnel are able to obtain DHAP screening in the system of record.

1–13. Commanders, Army commands, Army service component commands, and direct reporting units

The ACOM, ASCC, and DRU commanders will—

- a.* Organize, train, and equip forces and installations to meet and maintain IMR requirements.
- b.* Establish a command expectation that unit commanders and individuals will meet and maintain IMR requirements. Readiness is a commander's program.
- c.* Establish a forum, or integrate into an existing forum with medical, human resources, and personnel leaders with installation leadership to regularly evaluate the IMR status of Soldiers on the installation. This forum must meet monthly at a minimum.
- d.* Direct the unit command teams or designated representatives to use the Commander Portal to track their unit members' profile status, IMR compliance, and requirements.
- e.* Ensure appropriate action is taken regarding units and members with IMR deficiencies.
- f.* Appoint dedicated medical MEDPROS unit administrators and commander clerks at ACOM, ASCC, and DRU headquarters to track Soldier and unit medical readiness.
- g.* Appoint appropriate approval authorities to grant access to the Commander Portal and ensure users have the required training, correct role designation and unit identification code structure.
- h.* Ensure processes are in place to review the IMR status of every Soldier using the automated Medical Readiness System of Record during in and out-processing through the installation MTF or COMPO specific processes.

1–14. Military treatment facilities, the U.S. Army Reserve command surgeon, the Chief Surgeon of the Army National Guard

The MTF commanders, the USAR command surgeon, and the chief surgeon of the ARNG are responsible to set policy to—

- a.* Ensure use of the Commander Portal to perform a monthly review of all temporary profiles 240 days or older at the command level.
- b.* Appoint dedicated MEDPROS unit administrators and commander clerks at senior command headquarters to track Soldier and unit medical readiness.
- c.* Maintain adequate capabilities and access to care in order to support Soldier compliance with IMR requirements. Where applicable, commanders will ensure Tri-Service Medical Care (TRICARE) access standards are met in their organization.
- d.* Notify installation commander, senior commander (to include Commanding General, U.S. Army Recruiting Command, The Adjutants General, if applicable), command surgeon, or medical operational leadership immediately when capabilities are not sufficient to keep Soldiers medically ready due to lack of services or access.
- e.* Plan, program, and submit budget requests for funds and procure supplies and equipment to accomplish IMR program requirements.
- f.* Ensure processes are in place to review the IMR status of every Soldier using the automated Medical Readiness System of Record during in and out-processing through the installation MTF or COMPO specific processes.
- g.* Ensure that all IMR-related services for RA and RC members are documented in the Medical Readiness System of Record and the EHR or service treatment record (STR).

- h. Ensure installation, maintenance, and proper use of programs related to accessing the Medical Readiness System of Record with trained administrators and users.
- i. Provide the necessary information technology support to ensure the installation and operation of the Medical Readiness System of Record and EHR are functional and meet all security and privacy requirements.
- j. Be responsible for delegating approval authority for the various medical readiness applications in Medical Operational Data System and maintain oversight and control of user management.
- k. Establish regional support command (RSC) surgeons and state surgeons responsibility to—
 - (1) Serve as approval authorities by their position for second signature profiles.
 - (2) Support the major subordinate command commanders within their area of operations with medical readiness deficiencies and training.
 - (3) Support the Soldier readiness processing requirements.
 - (4) Collaborate with profiling authorities regarding adjudicating the Military Occupational Specialty Administrative Retention Review (MAR2) processes.

1–15. Military treatment facilities commanders

The MTF commanders will, in addition to the responsibilities in paragraph 1–14—

- a. Use the healthcare team to optimize the implementation of the medical readiness requirements by making every visit a readiness visit.
- b. Ensure the Army healthcare team, in preparation for every visit, will use the Healthcare Portal to validate the IMR status of every Soldier, use the Medical Readiness Assessment Tool to identify Soldiers at risk for becoming non-deployable, and review e-Profile for Soldiers active profiles.
- c. Ensure that the healthcare team addresses any due or overdue medical readiness requirements at the time of the visit or before the Soldier leaves the medical facility. Any deficiencies will be corrected, identified for the healthcare provider, or appointed for appropriate service. Readiness requirements will not delay or impede urgent or emergent care.
- d. Implement the policies prescribed in this regulation with the processes and procedures described in DA Pam 40–502 in the care of all RA and TRICARE Prime Remote Soldiers within their specific health service area and geographic area of responsibility boundaries worldwide.
- e. Ensure there is a DHAP coordinator appointed in writing, provide the resources, training, and allocated time to assist with tracking deployment readiness.
- f. Ensure DHAP staff have training on and access to Soldier electronic system of record prescribed in DA Pam 40–502.
- g. Ensure health care providers check Soldiers' profile status (all COMPOs) in the readiness system of record during each DHAP screening (pre-, post-, and DD Form 2900 (Post Deployment Health Re-assessment (PDHRA))) and make changes/updates, as appropriate.
- h. Ensure DHAP information is treated confidentially and in accordance with HIPAA and the DoDM 6025.18.
- i. Assist deploying personnel with completion of deployment readiness requirements. To support command readiness programs, the MTF personnel will collaborate with the unit healthcare providers on readiness issues and the DHAP process.
- j. Ensure review of Soldiers' priority self-assessment questionnaires and coordinate appointments.
- k. Ensure collaboration between providers, unit commanders, and CCMD waiver authorities to address specific deployment status issues for Soldiers with an assigned mission.

1–16. Brigade commanders or equivalent

The brigade commanders or equivalent will—

- a. Review the unit medical readiness and deployment status of subordinate units.
- b. Participate in profile review boards as outlined in DA Pam 40–502.
- c. Establish a unit health promotion team as the mechanism to assess gaps in medical readiness and report strategies and actions to the installation Community Health Promotion Council.
- d. Appoint dedicated MEDPROS unit administrators and commander clerks at brigade headquarters to track Soldier and unit medical readiness.
- e. Use the Commander Portal to perform a monthly review of temporary profiles lasting 180 days or more as described in DA Pam 40–502.

1–17. Battalion commanders or equivalent

The battalion commanders or equivalent will—

- a. Review the unit medical readiness and deployment status of subordinate units.
- b. Mentor unit commanders regarding deployability determinations and command support of medical readiness.
- c. Participate in profile review boards as outlined in DA Pam 40–502.
- d. Appoint dedicated MEDPROS unit managers and commander clerks at battalion headquarters to track Soldier and unit medical readiness.
- e. Use the Commander Portal to perform a monthly review of temporary profiles lasting 120 days or more as described in DA Pam 40–502.

1–18. Unit commanders

The unit commanders will—

- a. Establish a command expectation that individuals will be personally responsible for meeting and maintaining IMR requirements.
- b. Monitor individual and unit IMR status using the Commander Portal as described in DA Pam 40–502. Commanders will take action when unit members fail to respond to notifications of due or overdue IMR requirements or fail to keep scheduled appointments to ensure the unit meets the published medical readiness goal.
- c. Ensure unit medical readiness; determine deployable personnel when informed by medical readiness information and administration; and report unit readiness in accordance with AR 220–1 on the Commander Portal.
- d. Formally appoint a commander’s designee who is a trusted and trained individual as an alternate to execute command readiness responsibilities. Commander designees will obtain system access after completing all training required for access to the Commander Portal.
- e. Allocate adequate duty time for Soldiers to meet and maintain IMR requirements.
- f. Ensure processes are in place and functioning to notify Soldiers of due and overdue IMR requirements, and deployment-related health assessments completion.
- g. Review all physical profiles describing duty limitations within 14 days after a profiling officer issues a profile (30 days for RC) and make deployability determination on all profiles not constrained by regulation or policy for all Soldiers in their command through the Commander Portal.
- h. Complete Commander Portal training and obtain system access no later than 14 days (RA) or 30 days (RC) after assuming their duties.
- i. Commanders at all levels are responsible for ensuring Soldiers and DACs assigned to deploy with their unit receive deployment health assessment screenings and maintain readiness throughout the deployment cycle.
- j. Commanders will ensure all Soldiers and DACs have access to the appropriate systems to complete the individual portion of all deployment health assessment forms. DHAP is a commander’s program to ensure Soldiers’ deployment, movement, and geographical area medical readiness requirements are met.

1–19. Soldiers and other deployable personnel

The Soldiers and other deployable personnel will—

- a. Monitor and maintain currency of medical readiness requirements. RC personnel may have to accomplish some IMR requirements on their own time such as civilian dental exams or medical evaluations.
- b. Complete all DHAP assessments on the required forms, within the published timelines, in accordance with DoDI 6490.03, DoDI 6490.12, and Army policy as specified in chapter 4.
- c. Per DoDI 6025.19, report medical (including mental health) and health issues that may affect their readiness to deploy or fitness to continue serving in an active status.

Chapter 2

Individual Medical Readiness Key Elements, Standards, Categories, and Goals

2–1. Impacts

This chapter establishes measurable, key medical elements as components of IMR. DoDI 6025.19 establishes IMR standards; this chapter broadens these standards for the Army. Both DoD and Army senior leaders track the compliance with their respective IMR standards. The broader Army standards reflect the Service-specific needs of the Army to be able to mobilize Soldiers and meet the Army mission. The medical readiness criteria in this section identifies medically ready Soldiers and informs the commander’s deployability determinations for the commander’s unit status report (CUSR).

- a. This policy establishes a point of service requirement for updating Soldiers’ electronic health records, and the Medical Readiness System of Record. Current and complete information is essential to equip unit commanders with

the tools to monitor Soldiers' individual medical readiness status so they can ensure their Soldiers take corrective action on any deficiencies, resulting in a healthy and a medically ready fighting force.

b. The IMR program informs the CUSR personnel level assessment. Soldier deployment status is based on both medical and administrative criteria. The metrics for determining personnel level are: deployable strength, assigned MOS skills match, and the deployable senior grade composite level. IMR influences both deployable strength and senior grade composite metrics.

2-2. Medical readiness appointments and documentation

a. RHC commanders will ensure MTFs provide the necessary medical care to Soldiers for IMR currency and documentation within the Medical Readiness System of Record. MTFs and supporting medical assets will assist unit commanders to maximize the number of personnel classified as "medically ready" and "fully medically ready" when unit medical assets are not available to supply necessary services.

(1) The MTFs providing medical care to Soldiers during basic combat training will update or initiate the IMR status during initial in-processing. The MTFs will update the Soldier's IMR in MEDPROS within 72 hours from the time of service.

(2) The MTFs will not refuse IMR-related appointments for RA Soldiers enrolled in TRICARE Prime Remote.

(3) RA Soldiers on active duty status enrolled in TRICARE Prime Remote may utilize the Reserve Health Readiness Program.

(4) Commanders will ensure that Soldiers' IMR requirements are complete as a condition of their selection and attendance for Army resident courses.

(5) Soldiers in and out-processing through an MTF should be medically ready and current on all IMR elements, prior to clearing the MTF.

(6) The fitness for duty examination procedures are described in DA Pam 40-502 and will span from profile reviews with command input to formal clinical evaluations to determine if a Soldier meets retention standards.

b. All RC Soldiers will provide their unit records custodian, patient administration officer, unit administrator, and/or commander all relevant medical documentation, including civilian and VA health records, regarding their medical readiness status. Medical records personnel, designated by component, are responsible to scan any civilian health records or other documentary evidence into the Soldier's EHR and file any paper documents into the STR. Commanders are responsible to ensure the personnel systems properly reflect a Soldier's readiness and medical status and take appropriate follow-up action to assist the Soldier to correct any deficiencies.

c. The CUSR is a commander's report. Unit commanders are solely responsible for the accuracy of the information and data in their reports. Unit commanders are responsible for monitoring their Soldiers' IMR status and ensuring compliance within the Commander Portal. Unit medical assets, when available, are primarily responsible for supporting medical readiness.

2-3. Individual medical readiness key elements

The DoD mandates six IMR elements which include: PHA, deployment-limiting conditions, dental readiness, immunization status, medical readiness laboratory tests, and individual medical equipment. The Army IMR program consists of the six DoD and two additional Army-specific requirements: hearing and vision readiness. To be medically ready, all Soldiers must maintain these eight IMR elements. With regards to the deployment-limiting conditions IMR element, Soldiers must meet AR 40-501 retention standards or have completed a boarding action that returned them to duty without a deployment-limiting physical category code. DA Pam 40-502 describes the medical administrative processing after completion of a medical or administrative board. Soldiers who do not meet medical retention standards are not medically ready. They should be referred for disability evaluation system processing in accordance with the eligibility provisions of AR 635-40, and by DoD disability evaluation system policy (see DoDI 1332.18).

2-4. Individual medical readiness classification

After evaluating the required IMR elements by viewing e-Profile, the Medical Readiness System of Record and the EHR information, the healthcare team will categorize the Soldier into one of four medical readiness categories listed below and depicted in table 2-1.

a. MRC 1: Soldiers in MRC 1 are fully medically ready and deployable if they fulfill the following categories:

(1) Soldier meets all medical readiness requirements.

(2) Soldier is in Dental Class 1 or Dental Class 2 in accordance with AR 40-35.

(3) Soldier may have a transient illness or minor injury with a profile 7 days or less in duration (for example, upper respiratory infection).

(4) Permanent duty limiting condition(s) with a 3 or 4 in the physical, upper, lower, hearing, eyes, psychiatric (PULHES) (PULHES is a United States military acronym used in the Military Physical Profile Serial System) series with a completed board and an assigned physical category code of “S, W, or Y”, if no F, V, or X code (see DA Pam 40–502 for physical category codes). Use of certain medications and medical conditions, as established by DoD or CCMD guidance, will require a CCMD waiver for deployment. Upon receipt of an assigned mission, the servicing healthcare providers will evaluate the Soldier to determine the need for CCMD waivers. Each CCMD establishes the specific deployment status guidance and waiver processes for their area of responsibility. Medical readiness, commander deployability determinations, and CCMD waiver requirements are independent of each other.

b. MRC 2: Soldiers in MRC 2 are partially medically ready and deployable. Soldier has one or more of the following deficiencies:

(1) Hearing Readiness Class 4 (considered overdue with The Defense Occupational and Environmental Health Readiness System – Hearing Conservation hearing test greater than 365 days and all RC table of distribution and allowances Soldiers without an audiogram on file).

(2) Vision Readiness Class 4 (considered overdue at 15 months).

(3) Deoxyribonucleic acid (DNA) not on file with the Armed Forces Repository of Specimen Samples for the Identification of Remains.

(4) Human immunodeficiency virus (HIV) not drawn/validated with Armed Forces Repository of Specimen Samples for the Identification of Remains (within 24 months) without a previous diagnosis of HIV.

(5) Routine adult immunization profile immunizations to include hepatitis A; hepatitis B; tetanus-diphtheria or tetanus-diphtheria and acellular pertussis; measles, mumps, and rubella; poliovirus; varicella; influenza (seasonal); and if required, rabies (for personnel as required in accordance with AR 40–562).

(6) A Soldier who requires, but does not possess individual medical equipment (1 mask insert (1MI), 2 pairs of eyeglasses, military combat eye protection inserts (MCEP–I), medical warning tags, and hearing aid with batteries).

(7) A temporary profile 8 to 30 days in duration. Soldiers are deployable with these profiles, however, commanders have the discretion to make a commander’s determination that these Soldiers are non-deployable in the Commander Portal.

c. MRC 3: Soldiers in MRC 3 are not medically ready and will default to non-deployable. Soldiers in MRC 3 will be described by one or more of seven DL codes described below and in table 2–1:

(1) *DL 1 – Temporary profiles greater than 30 days.* Soldier is not medically ready and defaults to non-deployable. The commander can make a commander’s determination that these Soldiers are deployable and change the deployability status for all temporary profile(s) greater than 30 days in duration (total time to include extensions) in the Commander Portal. Soldier deployability remains DL 1 as long as there is an active temporary condition identified. Application of CCMD guidance will determine if a CCMD waiver is required for these conditions upon receipt of the assigned mission.

(2) *DL 2 – Dental Readiness Class 3 conditions.* Soldier is not medically ready and defaults to deployable. The commander has the discretion to make a commander’s determination that these Soldiers are non-deployable in the Commander Portal. The Soldier remains DL 2 as long as they have a Dental Readiness Class (DRC) 3 e-Profile. Dentists will use e-Profile to describe these conditions to the commander and guide the deployability determination. These conditions must be corrected before a Soldier deploys.

(3) *DL 3 – Soldier is pregnant or post-partum.* Soldier is not medically ready and is non-deployable. The commander cannot deem Soldier deployable until authorized by policy.

(4) *DL 4 – MAR2.* Soldier is not medically ready and is non-deployable. Soldier cannot be deemed deployable by the commander. This includes Soldiers with a permanent profile with a 3 or 4 in the PULHES without a completed MAR2 board. Soldiers who meet retention standards are eligible for MAR2 process. Soldier will remain DL 4 from when the condition is identified up to when MAR2 process is complete.

(5) *DL 5 – Soldier is not medically ready and is non-deployable.* Soldier cannot be deemed deployable by the commander. Soldiers with a permanent profile with a 3 or 4 in the PULHES, who do not meet retention standards without a completed medical evaluation board (MEB)/physical evaluation board (PEB). Soldiers who do not meet retention standards must be referred for Disability Evaluation System (DES) processing. MEB/PEB is appropriate for LOD conditions. Soldiers remain DL 5 from when the condition is identified until they are separated or have completed the MEB/PEB process.

(6) *DL 6 – Soldier is not medically ready and is non-deployable.* Permanent profile with a 3 or 4 in the PULHES without a completed non-duty PEB. Soldiers who do not meet retention standards due to a non-duty related condition can request a PEB. The Soldier will be DL 6 from when the condition is identified until they are separated or have completed the non-duty PEB process.

(7) *DL 7 – Soldier is not medically ready and is non-deployable.* Any profile with a physical category code of V, F, X, or Y. Soldiers in this category may be eligible for a CCMD waiver in accordance with the applicable published CCMD policy.

d. MRC 4: Soldiers in MRC 4 are not medically ready.

(1) Commanders determine deployment status (default is deployable).

(2) Status is unknown. Soldier is deficient in one of the following:

(a) PHA (current if administered within past 15 months).

(b) Dental Class 4.

Note. Table 2–1 displays revised medical readiness classifications.

Table 2–1
Medical readiness classification chart

MRC	Short definition	Medical definition	Commander deployment status per- sonnel determination
MRC 1	Medically ready/deployable	Meets all medical readiness requirements and DRC 1 or 2 —Temporary profile ≤ 7 days	Not required.
MRC 2	Partially medically ready/deployable	Soldier is deficient in one or more of the following: —Temporary profile between 8 and 30 days inclusive —Hearing Readiness Class 4 (current within 13 months) —Vision Readiness Class 4 (current within 15 months) —DNA (drawn/on file with DoD Repository) —HIV (drawn/validated with DoD Repository) —Immunizations current or valid exception (routine adult immunization profile, to include HepA, HepB, TD or TDaP, MMR, polio, varicella, influenza-seasonal and, if required rabies) —Individual medical equipment if required; 1MI, 2 pair eye glasses, MCEP–I, MWT, and hearing aid with batteries	Not required, default to deployable. Commanders may make a deployability determination that a Soldier with a temporary profile between 14 and 30 days is not deployable.
MRC 3	Not medically ready/com- mander determines deploy- ment status for: —Temporary profile >30 days (DL 1) —DRC 3 (DL 2)	Soldier is deficient in one or more of the following: DL 1–Temporary profile > 30 days DL 2–DRC 3 DL 3–Pregnancy or post-partum DL 4–Permanent profile indicating a MAR2 needed DL 5–Permanent profile indicating a MEB action is needed DL 6–Permanent profile indicating a non-duty related action is needed DL 7–Permanent profiles with a deployment/as- signment restriction code (F, V, X, or Y)	DL 1 and 2: Soldier is not medically ready/commander determines deployment status. DL 3, 4, 5, and 6: Soldier is not medically ready/non-deployable. Unit commander cannot make a deployability determination for routine readiness reporting. DL 7: Soldier is not medically ready/non-deployable. Unit commander cannot make a deployability determination for routine readiness reporting. Upon receipt of an assigned mission, deployment status will be in accordance with CCMD policies.
MRC 4	Not medically ready/deploy- able and commander deter- mines deployment status (default non-deployable)	Status is unknown Soldier is deficient in one of the following: —PHA (current within 15 months) —DRC 4 (current within 15 months)	Soldier is not medically ready/deploya- ble and commander determines de- ployment status.

Legend:

HepA = Hepatitis A

HepB = Hepatitis B

MMR = Measles, mumps, and rubella

MWT = medical warning tags

TD = tetanus-diphtheria adult

TDaP= Tetanus, diphtheria, and acellular pertussis

Table 2–2
Deployment-limiting codes

Code	Description
DL 1	Temporary profile > 30 days
DL 2	DRC 3
DL 3	Pregnancy and postpartum
DL 4	Permanent profile indicating MAR2 needed (W)
DL 5	Permanent profile indicating MEB needed
DL 6	Permanent profile indicating non-duty related action is needed
DL 7	Permanent profiles with a deployment/assignment restriction code (F, V, X, or Y)

2–5. Disposition of individual medical readiness data

- a. MEDPROS is the medical system of record for all medical readiness data elements.
- b. All Army personnel (all COMPOs), regardless of TRICARE enrollment, and deploying DACs maintain up to date IMR data. MEDPROS does not automatically receive DACs Defense Occupational Environmental Health Readiness Application – Hearing Conservation data and must be manually entered upon selection for deployment.
- c. IMR services completed in the electronic health record must be updated in the Medical Readiness System of Record within 72 hours of completion.

2–6. Unit medical readiness standard

Refer to DoDI 6025.19 for DoD current goal and category requirements. The Army’s unit medical readiness standard is 90 percent or above in medical readiness categories 1 and 2.

Chapter 3 **Physical Profiling**

3–1. General

This chapter prescribes a system, which is further described in DA Pam 40–502, for classifying individuals according to functional abilities; documents key aspects of medical readiness; and outlines the administrative management of Soldiers with duty limiting conditions. Healthcare providers will evaluate every Soldier at every medical encounter to identify and appropriately profile potential duty limitations in e-Profile on DA Form 3349–SG. The DA Form 3349–SG is primarily a communication tool between the profiling officer, the Soldier, and the commander to address duty limitations. The Soldier’s profiling officer, the Soldier, and the commander collaborate to identify duty limiting conditions, describe functional limitations, capabilities, physical training requirements and assign appropriate duties. Physical profiles serve to protect and maintain the Soldier’s health by minimizing risk of further injury and illness. In all cases, command teams are teammates in Soldier readiness and utilization. They will make assignments to employ the Soldier and achieve the mission within the limitations described in the profile. The profiling officer will identify all duty limiting conditions in e-Profile, place an emphasis on what the Soldier can do during the profiled period and document restrictions completely but with minimum necessary restrictions. The profiling officer will determine if a Soldier is available to take a regular or modified Army Combat Fitness Test (ACFT) with either a temporary or permanent profile. The commander will review all physical profiles for all Soldiers in their command through the Commander Portal. Healthcare providers will review the Soldier’s profile for all existing conditions in the system of record, during patient encounters. This will establish and maintain clear communication between the healthcare provider, Soldier, and commander. AR 40–501 is the Army regulation describing the medical standards of fitness that the profiling officer will utilize and cite when they issue profiles for duty limiting conditions.

3–2. Application

The physical profile system is applicable to members of any component of the Army throughout their military Service, whether or not the Soldier is on active duty.

3–3. Profiling overview

a. DA Pam 40–502 describes the preparation of the DA Form 3349–SG. The electronic profiling system of record is e-Profile. Profiling officers will complete an e-Profile for all temporary profiles greater than 7 days, and all permanent profiles and can complete temporary profiles for illness and injuries for less than 7 days. Healthcare providers may use DD Form 689 (Individual Sick Slip), unless restricted by other policy, for short-term, minimally limiting injuries and illnesses, less than or equal to 7 days in duration. During medical encounters, healthcare providers will evaluate every Soldier for potential duty limitations or arrange for such evaluations to be completed.

b. In certain mission conditions, e-Profile may be unavailable. If the e-Profile is unavailable the profiling officer will issue a DD Form 689 and describe the duty limiting medical condition/s (less than or equal to 7 days) to the commander. There is no longer a paper option alternative to e-Profile. Printed copies are only for the Soldier's personal record. The creation and generation of a DA Form 3349–SG is required in e-Profile. The commander is required to review Soldiers profiles in the Commander Portal.

c. The DA Form 3349–SG contains all of a Soldier's current duty limiting conditions with built-in communication links between the profiling officer and commander. This form lists all permanent and temporary conditions in a single document. Only permanent conditions modify the PULHES. Profiling officers will evaluate all Soldiers with duty limiting conditions for Section 4: Functional Activities. Any permanent limitation in the functional activities section will either require a disability evaluation referral or initiate the RC medical disqualification process according to their duty status (see AR 635–40). Soldiers with permanent duty limitations that meet retention standards and prevent them from performing all physical tasks for their MOS/skill level per Smartbook DA Pam 611–21 (<https://www.milsuite.mil/book/groups/smartbookdapam611-21>), but that do not impair their abilities to any functional activities (DA Form 3349–SG, section 4), will be referred to the MAR2 in accordance with AR 635–40 and DA Pam 611–21. The signature of the approval authority will provide an initiation date of the appropriate medical or administrative board or review.

(1) To improve standardization across the enterprise, OTSG will be the responsible agent for profile templates for common medical instructions and physical readiness training capabilities.

(2) Profiles will be maintained as long as the Soldier has duty limitations or a medical condition that needs to be communicated to the commander, or is directed by AR 40–501. Profiling officers will document these limitations by condition. Each condition will have only one set of instructions active at any given time. The profile officer associated with each condition will support the provider issuing a profile for a specific condition and will support the commander and commander communication.

(3) MTF commanders, the USAR command surgeon, the chief surgeon of the ARNG, and state surgeons will possess approval authority, and may delegate it to other physicians within their commands. The USAR RSC surgeons will be approval authorities by the nature of their position.

(4) There is no mandatory recovery period after a profile prior to a record ACFT. The profiling officer in coordination with the provider will determine if a Soldier is available for an ACFT for each condition, with the latest date to take the ACFT identified on the profile. When a Soldier is not available for a record ACFT, the profiling officer will extend the profile through the recovery period. This is a description of the Soldier's capabilities to take a full or alternate event ACFT and not proscriptive.

d. The unit commander will review all profiles of Soldiers in their command. After reviewing a profile the unit commander—

(1) Addresses any questions or concerns, including when their observations of the Soldier's performance is inconsistent with the profile, with the profiling officer.

(2) If necessary, has the authority to request a fitness for duty evaluation to include a profile review and second opinion from another profiling officer. Input from the original profiling officer will ensure a comprehensive review and informed opinion. The applicable profile delegation authority will implement a consistent process to ensure timely completion of all requested command reviews, minimizing the impact on readiness. If the original profile deemed the Soldier non-deployable, then the Soldier will remain non-deployable until the fitness for duty evaluation or profile review is completed.

(3) Makes deployability determinations in the Commander Portal for MRC 4, MRC 3, DL 1 and 2, and when not constrained by policy.

(4) Should extend reasonable consideration to profile restrictions even after expiration if the environment or mission has prevented prompt follow up.

(5) Should exercise due diligence in requiring Soldiers to take and ACFT following any temporary conditions that have affected the Soldier's ability to maintain optimal physical fitness and formulate their ACFT policy according to command and leadership policy.

e. A profiling officer writes a temporary profile to describe temporary duty limitations or a medical condition that needs to be communicated to the commander, or is required per AR 40–501. Profiling officers will describe duty limitations, capabilities, and physical readiness training guidance for each reason for profile affecting the Soldier. Each temporary reason for profile must be written for the full duration of the limitations, up to 90 days. Extensions must be linked to the previous profile to maintain an accurate description of the total length of time the Soldier has had a profile for that reason. Temporary profiles impact MRC by duration only, and there is no PULHES determination. Soldiers will be issued a temporary profile when receiving medical or surgical care during or while recovering from illness or injury for the same medical condition. The Medical Retention Determination Point (MRDP) is reached if the medical condition has stabilized or cannot be stabilized in a reasonable period of time for up to 12 months and impacts successful performance of duty. Successful performance of duty is defined as the ability to perform basic soldiering skills required by all military personnel (DA Form 3349–SG, section 4 and passing one aerobic ACFT event) and the ability to perform MOS specific duties. Medical evaluation of Soldiers with temporary profiles is required at least once every 90 days, to assess progress, response to treatment, and the currency of the duty limitations. Specific conditions in AR 40–501 will require specialty care and evaluation to determine if a Soldier meets retention standards. Specialty evaluations should start by the 6th month of the profiled period. If no specialty care is required by policy, a Soldier will have a physician evaluation after 6 months on profile for the same condition. These re-evaluations and progression of care are to ensure that the Soldiers who reach MRDP have recovered and rehabilitated to the point that they can transition to a permanent profile or initiate the appropriate DES process.

(1) A DD Form 689 or short-term temporary profile can describe conditions (less than or equal to 7 days). A temporary profile should convey more information to the commander, use standardized templates and establish the initiating event in e-Profile in accordance with AR 40–501.

(2) When the condition is stable, the profiling officer will communicate the permanent duty limiting conditions to the commander on a permanent profile. If the condition does not meet retention standards, the provider will initiate a referral to DES in accordance with the eligibility provisions of AR 635–40.

(3) The profiling officer must review previous profiles before making a decision to extend a temporary profile. Any extension of a temporary profile will be linked and described as a continuation of the same condition on DA Form 3349–SG in the EHR based on clinical judgment and the history of any other inciting injury.

(4) Temporary profiles will specify an expiration date. If no expiration date is specified, the profile will automatically expire at the end of 30 days from issuance of the profile.

(5) If a profile is required beyond a 12-month period, the condition will be documented in the form of a permanent profile. If the condition does not meet retention standards, the DES/RC–NDR process will commence. Exceptions to the 12-month temporary physical profile restriction must be approved by the first general officer in the Soldier's chain of command, in consultation with the Secretary of the Army or the appropriate designee, senior approving authority, and/or senior medical officer.

(a) Profiling officers requesting an exception to the 12-month temporary physical profile restriction for the same or related medical condition(s) must submit all of the following with the request for an exception:

1. A written treatment plan.
2. An explanation why the Soldier was not referred to a MEB or why the MEB stopped.
3. An expected MRDP.

(b) The action will be documented in the STR, and the approval/disapproval will be documented in the medical instructions on the temporary profile.

f. A profile is considered permanent when the Soldier has reached MRDP for the condition(s). Because of the significance of permanent limitations of duty to medical readiness, all permanent profiles will have two profiling officer signatures. A physician approving authority will review all permanent “3” and “4” profiles.

(1) If the profile is permanent, the profiling officer must assess if the Soldier meets the medical retention standards located in AR 40–501. Soldiers who do not meet the medical retention standards, or cannot complete an aerobic ACFT event, or cannot perform any of the functional activities in section 4 in DA Form 3349–SG, must be referred to DES in accordance with AR 635–40. Soldiers in the RCs who are not on active duty and who do not meet medical retention standards for a non-duty related condition will be processed for medical disqualification in accordance with AR 135–175, AR 135–178, and AR 635–40, unless the Soldier requests a non-duty related PEB.

(2) Soldiers who meet retention standards but have a 3 or 4 PULHES serial will be referred to MAR2 in accordance with AR 635–40.

(3) Permanent profiles may be amended (expired and re-written) at any time, if and when clinically indicated, and all profiled conditions must be based on valid medical documentation contained in the Soldier's medical record. Any amended profile will initiate the appropriate board action in accordance with AR 635–40.

(4) Permanent profiles must be reviewed and verified by the healthcare provider at the time of a Soldier's annual PHA or other annual medical examination.

(5) The Soldier's commander may request a review of a permanent profile.

(6) Soldiers are medically deployable in MRC 3 only when the unit commander determines they are deployable for DL Codes 1 and 2 and not constrained by policy.

g. DD Form 689.

(1) The DD Form 689 is not a substitute for a profile but a means of communication, management, and disposition of short-term acute, minor, self-limited illnesses and medical conditions that are expected to resolve quickly and do not limit the functional capabilities of the Soldier beyond 7 days. Temporary profiles of less than 7 days duration will convey more information for short-term conditions.

(2) DD Form 689s are not a profiling tool, and will not change the Soldier's PULHES.

(3) The disposition section of DD Form 689 describes various short-term scenarios as described in the prescribing policy, AR 40-66.

(4) The initial military training sick slip has transitioned to a series of templates in e-profile. The initial military training sick slips are no longer valid.

(5) Conditions with functional limitations expected to last more than 7 days will be entered into the e-Profile as a temporary profile for IMR accountability and tracking.

3-4. Physical profile serial system

a. The basis for the physical profile serial system is to identify the function of body systems and their relation to military duties. The functions of the various organs, systems, and integral parts of the body are all considered. Since the analysis of the individual's medical, physical, and mental status plays an important role in assignments and welfare of other Soldiers, not only must the functional grading be executed with great care, but clear and accurate descriptions of medical, physical, and mental deviations from normal are essential.

b. In developing the physical profile serial system, body systems or regions were divided into six factors designated as PULHES: physical/systemic; upper extremity and spine; lower extremity and spine; hearing; eyes; and psychological. For each factor, a numerical designation (serial) of 1, 2, 3, or 4 indicates the overall functional capacity for that system or region. The functional capacity of a particular system or region of the body, rather than the defect per se, will determine the appropriate serial. DA Pam 40-502 describes the use of the physical profile serial system.

c. Soldiers who are medically ready may have health conditions that do not meet the specific CCMD deployment guidance. If the healthcare provider and commander concur that the Soldier is able to deploy, the CCMD policy will describe the initiation of the CCMD waiver process. When medical healthcare providers and unit commanders disagree on the deployment status of a Soldier, the decision to request a CCMD waiver will be raised to the first O-6 in the Soldier's chain of command (or higher approving authority) and the hospital commander. Both the first O-6 and hospital commander will review both medical and unit commander recommendations to make the final decision whether to seek a CCMD waiver to deploy the Soldier. CCMD deployment guidance is developed to protect both the Soldier's health and wellbeing and the mission. Guidance is continually updated and is based on consideration of DODIs. The commander will ensure implementation with these individual medical requirements in accordance with all applicable DODIs, to include DoDI 6490.07. To the extent that the information within this chapter is inconsistent with later published DoD guidance, DoD guidance will be followed.

3-5. Representative profile serials and codes

To facilitate the assignment of individuals after they have been given a physical permanent profile serial and for statistical purposes, code designations have been adopted to represent certain combinations of physical limitations or assignment guidance as described in DA Pam 40-502. The alphabetical coding system will be utilized and the appropriate code(s) will be recorded on the DA Form 3349-SG. The profile form will be completed as described in DA Pam 40-502. The numerical designations serials for each profile factor and the code system are presented DA Pam 40-502.

3-6. Profiling officer, approving authority, and commander

a. *Profiling officers.* MTF commanders, ARNG chief and state surgeons, and the USAR command surgeon and RSC surgeons may designate physicians, dentists, physical therapists, optometrists, podiatrists, audiologists, chiropractors, nurse practitioners, nurse midwives, licensed clinical psychologists, licensed clinical social workers, and physician assistants as profiling officers. Under no circumstances will a special forces medic or independent duty corpsman serve as a profiling officer. The designating authority will ensure that those designated are thoroughly familiar with the contents of this regulation, AR 40-501, and DA Pam 40-502. The profile will identify the profiling

officer and associated duty limitations and any indicated medical or administrative boards. Permanent profiles will be maintained as long as the Soldier has duty limitations and medical conditions not meeting retention standards necessitating provider communication with the commander. The profiling officer will link and extend temporary profiles as long as there are duty limitations. Profiling officers will not write temporary or permanent profiles for themselves. Profiling officer limitations are as follows:

(1) *Physicians.* No limitations except for temporary profiles that exceed 6 months cumulative for each single condition and referral to a specialist is clinically indicated or required by policy (see para 3–3e). All permanent profiles require two signatures.

(2) *Dentists, optometrists, physical therapists, chiropractors, occupational therapists, audiologists, podiatrists, physician assistants, nurse midwives, nurse practitioners, licensed clinical psychologists, and licensed clinical social workers.* These healthcare providers have limitations awarding temporary and permanent profiles as described in DA Pam 40–502.

(3) *Athletic trainers.* Athletic trainers in command specified settings will have limited profiling authority, under the supervision of their physician or physical therapist, to award short-term temporary profiles up to 7 days in duration. They may extend the profile an additional 7 days. A healthcare provider will complete any profiling beyond 14 days (total). Significant illnesses or injuries that are not expected to heal in this period should be referred to the appropriate specialty healthcare provider to prevent any delay in care. All profiling by athletic trainers will be constrained to specifically designed templates for the musculoskeletal system in e-profile.

(4) *Other Department of Defense physicians.* In those instances where a Soldier does not have access to an Army MTF, with access to a DoD or other service's medical facility (Navy, Air Force), the profiling officer may be from another Service for all temporary profiles of 6 months or less.

(5) *Regular Army and Reserve Component on active duty participating in TRICARE Prime Remote, Ready Reserve (troop program unit, Active Guard Reserve), individual mobilization augmentee, Individual Ready Reserve and Inactive National Guard and Army National Guard Soldiers.* These Soldiers may have specific temporary or permanent profiles completed via the current agencies contracted to provide these medical services. Regardless of component, contracted healthcare providers will have established points of contact for the transition of responsibility and management of Soldier profiles. Many Soldiers in these categories receive their routine medical care from civilian healthcare providers. Medical recommendations from these healthcare providers will support and inform accurate, complete, and comprehensive profiles from DoD military, civilian, or contracted providers.

b. Profile preparation.

(1) The profile will list the profiling officer, reason for profile, and key descriptors on the same line of the form.

(2) The profiling officer will write and/or extend with linking the profile as long as there are duty limitations.

(3) Permanent “2” physical profiles will require physician review and second signature. This must not be the same person as the first signature.

(4) Permanent “3” or “4” physical profiles require an approving authority signature, as defined below.

(5) A single physical profile may cover multiple conditions. Profiling officers do not assume responsibility for other conditions written by other providers when they add a new reason for profile.

c. Approving authority. MTF commanders, ARNG chief and state surgeons, and the USAR command surgeon, may authorize physicians as approving authority. USAR RSC surgeons are designated approval authorities by position.

(1) The approving authority must be a physician.

(2) The designating officer will ensure that the approval authorities are thoroughly familiar with the contents of this regulation, DoDI 1332.18, AR 635–40, AR 40–501, and DA Pam 40–502.

(3) The approval authority ensures that profiles are appropriate for entry into DES; the signature of the approval authority initiates the administrative review or boarding action.

d. Chief clinical officer or deputy commander for medical services as appointed by the military treatment facility commander. Serves as the senior approving authority within the MTF.

e. Unit commander. Reviews profiles on Soldiers under their command and make a deployability determination for all duty limiting conditions not limited by policy.

3–7. Profiling Soldiers who are pregnant

a. Pregnancy profile guidance. The intent of pregnancy provisions is to protect the health of the Soldier and fetus while ensuring productive employment of the Soldier. Common sense, good judgment, and cooperation must prevail between policy, Soldier, and Soldier's commander to ensure a viable program. The pregnancy profile guidance includes mandating an occupational health interview to assess risks to the Soldier and fetus, additional duty restrictions to reduce exposure to solvents, lead, and fuels that may be associated with adverse pregnancy outcomes. Profiles for

Soldiers who are pregnant will authorize the wear of non-permethrin treated duty uniforms. Post-partum profiles describe the convalescent leave and recovery process as the Soldier returns to full duty and authorize the continued wear of permethrin free uniforms during lactation. The process and procedure of pregnancy, permethrin, and post-partum profiling is described in DA Pam 40–502. The profiling system templates are necessary to create a temporary profile beyond 90 days. Soldiers who are trying to get pregnant may be issued permethrin free uniforms with medical approval authorizing the wear of the uniform as described in DA Pam 40–502.

b. Responsibilities.

(1) *Soldier.* Soldiers trying to get pregnant will seek care from a healthcare provider and request medical authorization exempting the wear of the factory-treated permethrin duty uniforms. Pregnant Soldiers will seek medical confirmation of pregnancy, obtain a pregnancy profile and comply with the instructions of medical personnel and the individual's unit commander.

(2) *Medical personnel.* A profiling officer (physician, nurse midwife/practitioner or physician assistant) will create an e-Profile using the appropriate template in the profiling system.

(a) For pregnant Soldiers, a profiling officer (physician, nurse midwife/practitioner or physician assistant) will confirm pregnancy and initiate prenatal care of the Soldier to include establishing her duty limitations with a pregnancy profile by using the pregnancy profile template as described in DA Pam 40–502.

(b) After review of the occupational history, the profiling officer (physician, nurse midwife/practitioner, or physician assistant), in conjunction with the occupational health clinic as needed, will offer an occupational health exposure questionnaire and identify any additional occupational exposures to avoid for the remainder of the pregnancy. (Examples include but are not limited to hazardous chemicals, ionizing radiation, and excessive vibration.) If the occupational history or industrial hygiene sampling data indicates significant exposure to physical, chemical, biological, or other potential hazards, then the profiling officer will rewrite the profile to restrict exposure from these workplace hazards. Profiles will be issued for the duration of the pregnancy. The MTF will advise the unit commander as required or requested. If a pregnancy is completed, a new profile will be issued as a postpartum profile as described in paragraph 3–8.

(3) *Unit commander.* The unit commander will consult with medical personnel as required. This includes establishing liaison with the occupational health clinic and requesting site visits by the occupational health personnel if necessary to assess any work place hazards. Soldiers currently on fertility treatment are non-deployable.

c. Performance of duty. A Soldier who is experiencing a normal pregnancy may continue to perform military duty within the limits of her profile until delivery. Soldiers experiencing unusual difficulties or complicated problems (for example, pregnancy-induced hypertension) may be given modified duties or excused from all duties at the discretion of Soldier's commander in consultation with their treating obstetrician or primary care provider. Medical personnel will assist unit commanders in determining duties.

d. Sick in quarters. A pregnant Soldier will not be placed sick in quarters solely because of her pregnancy, unless there are complications present that would preclude any type of duty performance.

3–8. Postpartum profiles

a. Convalescent leave (as prescribed by AR 600–8–10) after delivery will be for a period determined by the attending physician as described in DA Pam 40–502.

b. Convalescent leave after the completion of pregnancy (to include miscarriage) will be determined on an individual basis by the attending physician who will issue a postpartum profile as described in DA Pam 40–502.

c. Soldiers will receive clearance from a profiling officer to return to full duty.

d. Postpartum (any pregnancy that lasts 20 weeks and beyond) Soldiers, in accordance with DODD 1308.1 are exempt from the ACFT and from record weigh-in until at least 180 days after pregnancy termination. Medical clearance and training guidance is in DA Pam 40–502.

e. Postpartum and nursing Soldiers are authorized to wear the duty uniform without permethrin.

f. The above guidance will only be modified if, upon evaluation of a physician, it has been determined the postpartum Soldier requires a more restrictive or longer profile because of complicated or unusual medical problems.

3–9. Concussion profiles

Concussion, also known as mild Traumatic Brain Injury (mTBI), is a significant military concern that can adversely affect Soldier health, unit readiness, and mission accomplishment. Use of the concussion profiling system templates is required for all concussion/mTBI profiles. Policies are in place for the management of concussions in the garrison and deployed environment. In order to ensure optimal care, and reduce variance, profiling officers will use the appropriate concussion profile template. The DD Form 689 is not authorized for use for Soldiers diagnosed with a concussion.

3–10. Stinging insect allergy

A Soldier with a stinging insect allergy (examples include fire ant, wasp, hornet, bee, or yellow jacket) requires evaluation by an allergist and is an indication for referral to DES as described in AR 40–501. Soldiers who are unwilling to receive venom immunotherapy recommended by an allergist will be referred to DES. Soldiers who will not benefit from venom immunotherapy will be referred to DES. When a Soldier elects to receive recommended venom immunotherapy, the Soldier needs referral by an allergist. See DA Pam 40–502 for instructions on profiling. The Soldier is required to carry an epinephrine autoinjector and medical warning tags.

3–11. Cancer in remission

When an oncologist determines a Soldier is in remission after cancer treatment and there are either no or only minor physical residuals, the oncologist will issue a P2 profile. See DA Pam 40–502 for instructions on profiling. When seeking to deploy Soldiers who have a history of cancer that is in remission, the oncologist and commander will consider and discuss the mission requirements, support available, and review the appropriate CCMD guidance.

3–12. Responsibility for personnel actions

Commanders and personnel officers are responsible for necessary personnel actions, including appropriate entries on personnel management records and the permanent assignment of the individual to military positions commensurate with the individual's physical profile and recorded assignment limitations. If the Soldier's commander believes the Soldier cannot perform within the limits of the permanent profile, the commander will request reconsideration of the profile by the profiling officer. The same profiling officer, who will either re-write the profile or revalidate the profile as appropriate, must accomplish reconsideration. Selective evaluations are not authorized at any level. Commanders may also request a review of temporary profiles.

3–13. Physical profile and the Army Body Composition Program

DA Form 3349–SG in the EHR or STR will not be used to excuse Soldiers from the provisions of AR 600–9. Pregnancy and post-partum profiles are authorized by policy to exempt Soldiers from the Army Body Composition Program. Any review or consideration of medically induced weight gain will be as directed in AR 600–9.

Chapter 4

Medical Readiness Examinations, Assessments, and Administrative Requirements

4–1. General

This chapter provides—

- a. General administrative policies relative to all military medical examinations.
- b. Requirements for accession physical exams, PHAs, aeromedical examinations and assessments, separation history and physical exams (SHPEs), mobilization/deployment/DHAP, and other medical examinations.
- c. Policies relative to hospitalization of examinees for diagnostic purposes and use of documentary medical evidence, consultations, and the military health record.
- d. Policies relative to the scope and recording of medical examinations and assessments accomplished for stated purposes.
- e. Requests for fitness for duty examinations—

(1) When a Soldier who has previously been found fit by a PEB and the commander notices a deterioration in the Soldier's ability to perform their mission attributable to their condition, or the Soldier develops a new condition, which affects their abilities or causes them to per se fail retention standards, the Soldier will be evaluated by a profiling officer with the potential of being sent back through DES. The provider may revise the profile during the course of the condition to ensure it accurately describes the capabilities and limitations. This may return the Soldier to DES process. The first O–6 in the Soldier's chain of command may request a supplemental referral after 120 days because the previously evaluated condition prevents satisfactory duty performance in accordance with AR 635–40.

(2) When a Soldier who has previously been retained by a MAR2 has deterioration in their condition(s) or abilities, or develops a new condition, which affects their abilities or causes them to per se fail retention standards, the Soldier will be evaluated by a profiling officer with the potential of being sent through DES. The first O–6 in the Soldier's chain of command may request a supplemental referral after 120 days because the previously evaluated condition prevents satisfactory duty performance in accordance with AR 635–40.

(3) When a profiling officer and commander cannot achieve consensus regarding a Soldier's duty limitations, the commander may request a fitness for duty evaluation to determine the Soldier's capabilities and limitations as described DA Pam 40–502. All exams will be conducted in accordance with DA Pam 40–502.

4–2. Application

The provisions contained in this chapter apply to all medical examinations and assessments accomplished by the Army, ARNG, USAR, and United States Military Entry Processing.

4–3. Responsibilities

a. Soldier. Each Soldier is responsible for authorizing and facilitating disclosures of health information by any non-DoD health care provider(s) to the Military Health System for inclusion in the EHR and/or STR. RC Soldiers not empaneled will follow the guidance and direction of commands to submit the documentation to the STR. Maintenance of physical and medical fitness is an individual Soldier responsibility. Each Soldier is responsible for maintaining their physical and medical fitness. Physical fitness is the level of function required to effectively perform all required military duties. Soldiers maintain their medical fitness by seeking timely medical care and advice when they have a medical issue that may affect their readiness. Soldiers will provide their unit records custodian, patient administration officer, unit administrator, and/or unit commander all civilian health records that may affect their medical readiness status or fitness to continue service. Soldiers should not wait until their annual PHA to make such a condition or defect known. Medical records personnel, designated by component, are responsible to scan any civilian health records or other documentary evidence into the Soldier's EHR and file any paper documents into the STR.

b. Unit commander. The unit commander is responsible for ensuring that each Soldier completes all medical readiness requirements; the accuracy of personnel and medical readiness systems of record, and taking appropriate follow-up action regarding each Soldier's readiness or medical status.

c. Military treatment facility commander. The MTF commander is responsible for ensuring the processing and appropriate storage of a Soldier's civilian health records and other documentary evidence in the EHR.

d. Profiling officer. The profiling officer is responsible for endorsing a complete and accurate DA Form 3349–SG. The DA Form 3349–SG communicates to the Soldier's commander medically required duty limitations based on careful, deliberate consideration of the Soldier's history, any physical examination, and a comprehensive review of the medical information. The profiling officer will ensure that the supporting medical documentation is in the EHR/STR prior to initiating a profile.

4–4. Additional evaluations

Consultations performed by specialists or hospitalizations necessary for evaluations in connection with a physical examination or health assessment may be provided as authorized in AR 40–400.

4–5. Distribution of medical reports

a. Medical reports. A copy of the annual PHA will be filed as a permanent record in the EHR with the current DD Form 2005 (Privacy Act Statement – Health Care Records) in accordance with AR 40–66. All IMR elements will be documented on the DD Form 2766 (Adult Preventive and Chronic Care Flowsheet) and in the automated Medical Readiness System of Record. Copies of medical reports may be reproduced from signed copies by any duplicating process that produces legible and permanent copies. Such copies are acceptable for any purpose unless specifically prohibited by the applicable regulation. Distribution of copies will be in full compliance with DoDM 6025.18 and applicable Army regulations and policies. Copies will not be distributed in any form to unauthorized personnel or agencies.

b. DD Form 2807–1 and DD Form 2808.

(1) Except for the interim flying duty medical examinations (FDMEs) completed on DA Form 4497 (Interim (Abbreviated) Flying Duty Medical Examination), all Army military medical examinations are completed on the DD Form 2807–1 (Report of Medical History) and DD Form 2808 (Report of Medical Examination). This includes examinations to attend special schools, permanent separation from the military, and retirement. Previous medical examinations/histories on Soldiers in accordance with this chapter should be considered valid. DD Form 2807–2 (Accessions Medical History Report) is not required for military medical examinations after accession.

(2) The DD Form 2807–1 and DD Form 2808, along with all associated studies (for example, laboratory tests, radiograph readings, consults) will, if they are not already in the EHR, be scanned and placed in the Soldier's EHR.

c. General officers (grade O–7 and above). Verified PHA completion date and active DA Form 3349–SG if applicable (with expiration date as applicable) will be sent to the following:

(1) For RA general officers: General Officer Management Office (DACS–GO), Office of the Chief of Staff, Army, 200 Army Pentagon, Room 2A476, Washington, DC 20310–0200 or email to: usarmy.pentagon.hqda-gomo.mbx.gomo@mail.mil.

(2) For ARNG general officers: Chief, National Guard Bureau (NGB–GO–AR), Room 2D366, Pentagon, Washington, DC 20310–2500. Contact information for ARNG general officer organization: ng.ncr.arng.mbx.gomail-box@mail.mil.

(3) For USAR general officers: Office of the Chief, Army Reserve (GOMO), 6075 Goethals Road, Building 1908, Office 302–04, Fort Belvoir, VA 22060–5231 or email to: usarmy.usarc.ocar.mbx.gomo@mail.mil.

4–6. Documentary medical evidence

a. Documentary medical records and other documents prepared by physicians or other individuals may be submitted by, or on behalf of, an examinee as evidence of the presence, absence, or treatment of a defect or disease, and will be given due consideration by the examiner(s). Submission and use of such documentary medical evidence is encouraged. If insufficient copies are received, copies will be reproduced to meet the requirements of paragraph 4–6b.

b. Each copy of the DD Form 2808 or PHA will have a copy of each piece of documentary medical evidence, to include any consultation or special test obtained for an individual, appended, and scanned into the Soldier's EHR. The Summary of Defects section will contain a statement about the appended documentary medical evidence cross-referenced by the pertinent item number or the component STR.

c. Healthcare providers will review the STR and/or EHR of each examinee whenever the purpose of the examination is relief from active duty, resignation, retirement, separation from the Service, or when accomplished in connection with a PHA.

4–7. Facilities and examiners

a. Physicians, physician assistants, and nurse practitioners may perform medical examinations of any type except where a specific requirement exists for the examination to be conducted by a physician qualified in a specialty. Optometrists, audiologists, and podiatrists, properly qualified by appropriate training and experience, may accomplish such phases of the medical examination.

b. In general, medical examinations and PHAs conducted for the Army will be completed at facilities of the Armed Forces, using properly credentialed and or privileged military medical officers on active or reserve duty, or properly credentialed and or privileged civilian healthcare providers. The medical examination may be completed with the assistance of dentists, optometrists, audiologists, and podiatrists. There may be contract agreements with civilian or Department of Veterans Affairs (VA) facilities to perform military medical examinations, PHAs, or SHPEs for RA or RC forces. Negotiated agreements with the overseeing Army MTF or RC help ensure that individuals who are familiar with the medical retention standards of AR 40–501 review the medical examinations, SHPEs, and PHAs. For example, military physicians can make a competent determination whether the Soldier meets the standards for accession, retention, separation, or retirement.

c. Aeromedical examinations will be conducted by flight surgeons, aeromedical physician assistants, aviation medicine nurse practitioners, or aeromedical examiners.

4–8. Objectives of medical examinations

The objectives of the PHAs are to—

- a. Review and update the Soldier's medical readiness, IMR status, and profiles, as necessary.
- b. Identify and correct readiness issues at the time of examination or encounter or initiate plans to expeditiously correct all deficiencies.
- c. Identify any potential health risks and suggest possible lifestyle modifications.
- d. Initiate evaluation and, if medically advisable, treatment of illnesses and/or injuries.
- e. Meet administrative and legal requirements.
- f. Document current medical conditions and medications.
- g. Identify any potential deployment-limiting conditions and initiate a plan for evaluation, treatment in the EHR or STR. Profiling officers will determine and document in e-Profile if the Soldier currently meets or will meet medical retention standards.

4–9. Recording of medical examinations and required forms

a. *Recording of medical examinations.* Except for PHAs and for flying duty health screens (FDHSs), the required forms for all Army military medical examinations are the DD Form 2807–1 and DD Form 2808. These forms are to be completed as described in DA Pam 40–502. If the DD Form 2808 and DD Form 2807–1 are current (within the

last 12 months), the DD Form 2697 (Report of Medical Assessment) can bring the examination to currency for the purposes of the SHPE. Additional forms may be required. The results of the medical examination will include recording all diagnoses and symptoms on these forms.

- (1) PHA results will be recorded in the STR and the EHR updated to reflect completion of the PHA.
- (2) The EHR will be used to record medical examinations and the PHA.
- (3) The Medical Readiness System of Record will update the completion date of the PHA within 3 days of the provider signing and closing the PHA encounter.

b. Required forms. PHA results will be recorded electronically in the EHR and a copy placed in STR. The EHR will be updated to reflect completion of the PHA. All IMR elements will be documented on the DD Form 2766.

c. Examination requirements. Items required on all Army military examinations and assessments to include additional items that may be accomplished if medically indicated are found in DA Pam 40–502.

d. Screening examinations. Limited or screening examinations, special tests, or inspections required for specific purposes (for example, drivers, personnel exposed to industrial hazards, blood donors, food handlers) may be prescribed by other regulations.

e. Aeromedical examinations. Require a U.S. Army aeromedical activity disposition stamp on the DD Form 2808 for FDMEs and DA Form 4497 for FDHS. The use of the DD Form 2992 (Medical Recommendation for Flying or Special Operational Duty) is prescribed by DA Pam 40–502, and does not require a U.S. Army aeromedical activity disposition stamp.

f. Individual medical readiness elements. All IMR elements, unless automatically updated by the electronic medical readiness systems involved, will be recorded in the appropriate electronic medical readiness system(s) within 3 days of all military examinations.

4–10. Physical examinations

a. Accession physical examinations. The accession medical examination will fulfill the requirement for a PHA for 1 year from the date of the examination with the inclusion of a mental health assessment. Accession physical examinations must be conducted in accordance with accession standards described in AR 40–501 and DA Pam 40–502.

b. Aeromedical fitness examinations. DA Pam 40–502 articulates the general policies for the review and disposition of aeromedically qualified or disqualified applicants and aviation personnel. The FDME and FDHS must use the accession and aeromedical fitness standards in AR 40–501, and are completed as described in DA Pam 40–502. The FDHS and FDME will not meet the annual PHA requirement.

c. Accessing into U.S. Army Reserve. RA or ARNG Soldiers accessing into the USAR from COMPO 1 or 2, must meet the AR 40–501 medical retention standards, have a valid PHA (within the last 12 months), and have no outstanding medical issues that require follow-up, to include a temporary profile (DA Form 3349–SG).

d. Accessing into Army National Guard. RA or USAR Soldiers who are accessing into the ARNG must meet AR 40–501 medical retention standards, have a valid PHA (within 1 year), and have no outstanding medical issues that require follow-up, to include a temporary profile (DA Form 3349–SG).

4–11. Periodic health assessment

The PHA is an annual DoD requirement for all officers, warrant officers, and enlisted personnel of the Army regardless of component. The PHA is an annual readiness assessment with a standardized question set designed to; assess the medical readiness of Soldiers, assess the currency of IMR requirements, provide preventive health screening, identify duty limiting and deployment-limiting conditions and determine if further health evaluation is indicated. Provider screening recommendations from the PHA are to be based on the U.S. Preventive Services Task Force guidelines. Other service examinations (for example flight physicals, deployment health assessments, and so forth) do not meet the annual DoD PHA requirement. RC units will receive their PHAs within the system designed and supported by their command. RC Soldiers may also receive PHAs from MTFs; RCs will ensure all requests for MTF support for PHAs is coordinated with the appropriate RHC prior to sending any non-empaneled (Defense Enrollment Eligibility Reporting System (DEERS) eligible) Soldier to an MTF for their PHA.

4–12. Separation history and physical examination

Application—

a. The SHPE is a joint program to facilitate the transfer of care from the DoD to the VA and support the evaluation of disability claims. Any Service MTF may perform the DoD SHPE evaluations. The electronic health record documents and tracks the completion of these required exams. The following categories of Soldiers must undergo a SHPE prior to their separation from active duty using the procedures described in the SHPE user guide and DA Pam 40–502:

(1) All Soldiers separating or retiring from the RA and Guard and Reserve on active duty, to include Active Guard Reserve personnel (see AR 635–40 concerning the referral of Soldiers into DES when pending retirement for length of service). A Soldier separating from active duty must have a determination that they meet retention standards on their SHPE to become a member of the RCs.

(2) A Soldier undergoing administrative separation from the RA or Active Guard and Reserve, must be available to complete the SHPE per the DoDI 6040.46 and AR 635–200. The SHPE may be waived in cases where the Soldier is not under the control of the Secretary of the Army, such as in the case of unauthorized absences or civilian incarceration, see DA Pam 40–502, table 5–2.

(3) A Soldier of a RC who is separated from active duty to which they were called or ordered in support of a contingency operation, if the active duty was for a period of greater than 30 days before released from active duty.

(4) ARNG/Army National Guard of the United States (ARNGUS) or USAR Soldiers separating after greater than or equal to 180 days on active duty orders will undergo an SHPE prior to release from active duty.

b. The examining health care provider for the SHPE must have verified credentials deemed appropriate by the MTF privileging authority to perform such exams, such as a physician, physician's assistant, or nurse practitioner. This examination is to determine any existing medical condition incurred during active duty Service, provide baseline information for future care, complete a member's military medical record, and provide a final opportunity before separation to document any health concerns, exposures, or risk factors associated with active duty service. File all SHPE associated forms, studies, and laboratory test in the Soldier's electronic health record.

c. When the Soldier is filing a Service connected disability claim, the VA completes the physical examination, when possible.

(1) The VA refers to separation health physical examinations as separation health assessments.

(2) When the VA processes a Soldier's SHPE, the DoD and VA share the STR in accordance with their memorandum of understanding.

(3) RC members demobilizing and filing a pre-separation disability claim must file their claim before separation and schedule their examination with the VA. At pre-separation counseling, Soldiers are informed that they may choose to file a pre-separation disability claim with the VA, and the SHPE will be conducted as part of the disability examination. All benefits options are explained in detail during the mandatory VA benefits briefing.

d. When allegation of sexual assault is raised during a SHPE, the Soldier must be asked if counseling by a sexual assault response coordinator or victim advocate has been provided, including explanation of restricted and unrestricted reporting options. If such counseling has not previously been provided, then the examination will be paused and a sexual assault response coordinator or victim advocate will be contacted. Other parts of the examination may be performed, but the examination and report cannot be completed until that counseling has been provided. Whether the Soldier elects for restricted or unrestricted reporting, documentation of the alleged sexual assault will not be included in the SHPE (which becomes part of the STR). Medical record documentation will be consistent with the standard provided in Enclosure 7 of DoDI 6495.02.

e. Soldiers from RA, ARNG, and USAR being considered for administrative separations and separation because of personality disorder under AR 635–200; other designated physical or mental conditions; and all separations with a characterization of other than honorable will be screened for post traumatic stress disorder (PTSD), mTBI, and other behavioral health disorders prior to their discharge. The screening must be in accordance with MEDCOM guidance and documented in the Soldier's electronic health record. The appropriate DA form, currently DA Form 3822 (Report of Mental Status Evaluation) will be generated and remain accessible via the electronic health record. All Soldiers that are determined to fall below medical retention standards will be evaluated under the physical DES in accordance with AR 635–40. Unless found fit for duty by DES, a separation for personality disorder, or other mental disorder not constituting a physical disability, is not authorized if service-related PTSD is also diagnosed.

f. Section 1177, Title 10, United States Code (10 USC 1177) requires a medical examination in certain instances prior to administrative separation of Soldiers under conditions other than honorable. Medical authorities will ensure medical examinations are completed for any Soldier, officer or enlisted, pending administrative separation under other than honorable conditions who has been deployed overseas in support of a contingency operation or been sexually assaulted during the previous 24 months, and who is diagnosed with PTSD and/or Traumatic Brain Injury (TBI), or who otherwise reasonably alleges the influence of such condition based on their service while deployed or based on such sexual assault, in coordination with the administrative separation authorities per the separation policy.

(1) The purpose of the medical examination is to assess whether the effects of PTSD and/or TBI constitute matters in extenuation that relate to the basis for administrative separation under other than honorable conditions or the overall characterization of service of the member as other than honorable.

(2) In cases involving PTSD, the medical examination shall be performed by a clinical psychologist, psychiatrist, licensed clinical social worker, or psychiatric advanced practice registered nurse.

(3) In cases involving TBI, the medical examination may be performed by a physician, clinical psychologist, psychiatrist, or other health care professional, as appropriate.

(4) The examination will be in accordance with MEDCOM guidance and documented in the Soldier's electronic health record. The appropriate DA form, currently the DA Form 3822, will be generated and remain accessible via the electronic health record.

(5) The requirements of this subparagraph apply to every administrative separation meeting the criteria in paragraph 4–12f, regardless of whether separation is involuntary or at the Soldier's request. This includes cases involving enlisted Soldiers who request administrative separation under AR 635–200, in lieu of trial by court-martial, and officers who request resignation in lieu of trial by court-martial under AR 600–8–24. The medical examination and procedures required by 10 USC 1177 do not apply to courts-martial or other proceedings conducted pursuant to the Uniform Code of Military Justice.

(6) For purposes of paragraph 4–12f only, “sexually assaulted” means that the Soldier facing separation has made a report of sexual assault punishable under Article 120, Uniform Code of Military Justice. No finding of probable cause by an investigation is required.

4–13. Miscellaneous medical examinations

a. *Special forces assessment and selection; special forces qualification course; military free fall parachutists; special forces/ranger combat divers; survival, evasion, resistance, and escape; civil affairs; and psychological operations.* Entrance into any of the above programs requires a completed, reviewed, and approved DD Form 2808 and DD Form 2807–1 (and supporting documents). The approval authority is the U.S. Army Special Operations Command (USASOC) surgeon's office, or the surgeon's office designated by the USASOC surgeon's office.

b. *U.S. Army John F. Kennedy Special Warfare Center and School.* The Commander, U.S. Army John F. Kennedy Special Warfare Center and School (USAJFKSWCS) is the waiver authority for USAJFKSWCS schools. Individuals not meeting the medical fitness standards for USAJFKSWCS training courses will have their physicals and requests for waiver forwarded to Commander, U.S. Army John F. Kennedy Special Warfare Center and School (AOJK–GRP–C), Fort Bragg, NC, 28307–5217.

c. *Certain geographic assignments.*

(1) When an individual is alerted for movement to or is placed on orders for assignment to the system of Army attachés, military missions, military assistance advisory groups, or to isolated areas, the unit commander will refer the individual and their dependents, if any, to the supporting MTF prior to departure.

(2) The unit, staff, or MTF medical healthcare provider will interview the Soldier regarding their current health status and review all available medical records. During this review, the healthcare provider will utilize DoDI 6490.07 and current theater and/or region specific published guidance. The physician will consider such other factors as length of time since the last PHA or medical examination, age, and the physical adaptability of the individual to the new area. Based on their findings, the physician will conduct a complete medical examination if warranted.

(3) The healthcare provider will evaluate, as described in DA Pam 40–502 and complete DA Form 3083 (Medical Examination for Certain Geographical Areas) prior to a permanent change of station. A copy of this form will be filed in the health record or outpatient record (see AR 40–66) and scanned into the EHR.

(4) If the Soldier is disqualified due to a temporary condition, the commander will be informed and a reevaluation and examination will be scheduled.

d. *Medical assignment eligibility.* When a Soldier is disqualified due to a permanent condition or a temporary disqualifying condition will be present for an extended period, the physician must evaluate the Soldier to determine if they meet medical retention standards and have reached the MRDP for the condition(s). If the Soldier does not meet retention standards and has reached the MRDP, the physician will initiate a permanent physical profile (DA Form 3349–SG) and refer the Soldier for DES consideration or other action in accordance with the provision of AR 635–40.

(1) The commander having out-processing responsibility will ensure that this medical action is completed prior to the individual's departure from his or her home station. Soldiers who have received a permanent physical profile that requires administrative processing or board action will not depart home station until these actions are completed.

(2) Family support and required services examinations and consults are necessary to implement the screening process in AR 608–75. Specific services may or may not be available in certain geographic assignments.

4–14. Cardiovascular Screening Program

The Cardiovascular Screening Program is complete when the Healthcare provider reviews and discusses cardiovascular risk factors and any preventive services that are indicated for that Soldier per the United States Preventive Services Task Force, A and B recommendations. Soldiers over 40 must have a cardiovascular disease risk evaluation per the United States Preventive Task Force guidelines during their PHA. If labs are available at the time of the PHA and

an elevated cardiac risk is identified using the most current United States Preventive Task Force guidelines and American Heart Association/American College of Cardiology risk assessment tool (greater than or equal to 7.5 percent), the Soldier must be referred to cardiology for further evaluation.

4–15. Military operational hearing test for H3 profile Soldiers

Audiologists at all Army facilities will assess all H–3 Soldiers to provide recommendations concerning potential hearing impairments that might have negative operational impacts using the Army approved military operational hearing tests (MOHTs) such as the speech recognition in noise test. The MOHT will be administered by audiologists, trained ear, nose, and throat specialists (MOS 68U), or trained civilian technicians in a sound treated room, under earphones without use of hearing aids. These tests provide support for recommendations concerning operational impacts of hearing loss for consideration when completing the physical profile assignment limitations on DA Form 3349–SG and provide appropriate information for medical and administrative board determination.

4–16. Frequency of additional/alternate examinations

a. Female examinations. Examinations specific to females are no longer mandatory. Soldiers need to be aware of the continued importance of evidence-based women’s preventive health services and should follow the current published guidelines. All cervical cytology screening, breast examinations, and any other preventative service will be done in accordance with the U.S. Preventative Service Task Force A and B recommendations. (See website for most current recommendations: <https://www.uspreventiveservicestaskforce.org/page/name/recommendations>.)

b. Medical surveillance examinations. The frequency of medical surveillance examinations varies according to job exposure. Annual or less frequent examinations will be performed during the Soldier’s birth month. Examinations that are more frequent will be scheduled during the birth month and at appropriate intervals thereafter.

c. Potential rabies exposure examinations. Examinations performed as required in AR 40–562 and described in DA Pam 40–502.

4–17. Deferment of examinations

a. Armywide or at specific installations. In circumstances requiring Armywide or installation deferment of periodic examinations where conditions of the Service preclude the accomplishment of periodic examinations or PHAs because resources are being directed to other missions (for example, screening for mobilization/contingency operations, heavy casualties, and so on), requests for exceptions to policies deferring examinations will be forwarded to: The Office of the Surgeon General (DASG–HCO), 7700 Arlington Boulevard, Falls Church VA 22042, usarmy.ncr.hqda-otsg.list.otsg-medcom-g37-med-readiness@mail.mil.

b. Soldiers in isolated areas. The commander concerned for those Soldiers stationed in isolated areas may delay PHAs; for example, Army attachés, military missions, and military assistance advisory groups, where medical facilities are not available. Delayed PHAs will be accomplished at the earliest opportunity in conjunction with leave, temporary duty, or when the individual concerned is assigned or attached to a military installation with a medical facility. Medical examination of such individuals for retirement purposes may not be delayed.

c. Other deferments. In exceptional circumstances, in the case of an individual Soldier, where conditions of the Service preclude the accomplishment of the annual PHA, it may be deferred by direction of the commander having custody of personnel files until its accomplishment becomes feasible. An appropriate entry explaining the deferment will be made in the EHR or personnel file when such a situation exists.

Chapter 5

Deployment and Geographical Area Requirements

5–1. General

This chapter describes the medical readiness support for DoDI 6490.03, DoDI 6490.12, and the DHAP as overseen by the DCS, G–1. The DHAP is an Armywide program that supports commanders to monitor, assess, and prevent disease and injury; and to control or reduce occupational environmental health risks for maximizing unit readiness. Soldiers with CCMD limited conditions will not deploy unless the CCMD grants a waiver in accordance with the specific CCMD guidance. The intent of these programs is to identify and address Soldiers’ and specified DACs’ readiness needs for movement to all geographical areas to include all CCMDs, mobilizations, assignment to remote locations, and to ensure accurate medical readiness for the command.

5–2. Deployment, mobilization, and assignment-specific medical requirements

a. Deployment health. DoDI 6490.03, DoDI 6490.12, DTM–17–004, and DoDI 3020.41, as well as CCMD specific force health protection guidance, detail individual deployment-specific medical requirements by status. Army policy and CCMD specific force health protection and theater entry guidance derive from an overall preventive medicine health risk assessment. Leaders will review these policies prior to any contingency deployment to ensure Soldiers are optimally ready and protected to conduct their mission. The unit commander will ensure implementation of the following individual medical requirements in accordance with DoDI 6490.03:

- (1) Ensure deployable personnel maintain a high state of pre-deployment health and medical readiness.
- (2) Ensure deploying personnel are briefed on deployment health threats and are trained and equipped with necessary countermeasures.
- (3) Ensure that force health protection prescription products are prescribed; that readiness testing, automated neuropsychological assessment metrics, and laboratory studies are drawn; and that immunizations are administered as required per DoD, Army, and/or CCMD guidance.
- (4) Ensure all deployable medical personnel are trained on the signs, symptoms, medical countermeasures, and treatments of exposure to endemic diseases, environmental, occupational, and chemical, biological, radiological, and nuclear health threats.
- (5) Ensure deployable individuals' immunization status, medical records, and dental readiness status are updated in the EHR and MEDPROS.
- (6) Ensure with coordination of patient administration that the deployed personnel's inpatient and outpatient medical and dental encounter documentation (including medical and dental treatment records on DoD personnel from allies and coalition partners) are combined with their permanent medical and dental records within 30 days of redeployment.
- (7) Ensure pre- and post-deployment health assessments and DD Form 2900s are completed when required and that personnel are provided a person-to-person interview with a trained health care provider to review these assessments.
- (8) Ensure RC members receive medical and dental care and disability evaluations according to DoDI 1241.01 and any necessary LOD prior to the release of the member from active duty. If the member does not stay on active duty, ensure arrangements are made for medical and dental care after being released.
- (9) Ensure post-deployment health and risk debriefings are provided to personnel who have returned or are returning from deployment.

b. Command deployability determinations. Medically ready Soldiers and Soldiers who are deemed medically deployable by their commands and meet CCMD specific requirements can deploy.

- (1) Commanders will ensure correction of individual medical readiness and specific health deficiencies prior to individual deployment or assignment to remote locations.
- (2) When notified of their unit's or Soldier(s)' mobilization or deployment, the command will counsel those Soldiers with profiles, temporary and permanent, which may affect their ability to deploy to that specific CCMD as the CCMD force health protection standards are applied. This counseling will include the actions the Soldier should take to maximize their opportunity to deploy (active medical treatment, CCMD waiver request, and so forth). For Soldiers unable to deploy, the commander will counsel the Soldier both on the necessity to continue to perform duties within, and ensure assignment of duties within the limits of their profile.
- (3) The commander will assign appropriate duties and advise the counseled Soldier not to violate their profiles by performing duties with undue risk to their health and safety.
- (4) Use of certain medications and medical conditions, as established by DoD or CCMD guidance, will require a waiver regardless of a Soldier's deployment status. Commanders will ensure requests for medical waivers are submitted to the CCMD surgeon, using established DoD or CCMD guidance, for those deploying personnel who have a medical condition requiring a waiver. Refer to Assistant Secretary of Defense (Health Affairs) Policy Memorandum, Clinical Practice Guidance for Deployment-Limiting Mental Disorders and Psychotropic Medications, dated 7 October 2013; and published CCMD requirements for behavioral health guidance regarding deployment-limiting conditions.

c. Psychiatric health. (See Assistant Secretary of Defense (Health Affairs) Policy Memorandum, Clinical Practice Guidance for Deployment-Limiting Mental Disorders and Psychotropic Medications, dated 7 October 2013). Individuals with a psychiatric condition controlled by medication who are otherwise medically deployable should not automatically be classified as non-deployable. Commanders may consider Soldiers whose psychiatric disorder is in remission, or residual symptoms do not impair duty performance, for deployment. In such cases, the commander makes the ultimate decision to deploy after consulting with the treating physician or other healthcare provider. The availability, accessibility, and practicality of a course of treatment or continuation of treatment in theater or austere environment

should be consistent with clinical practice standards. A psychiatric consult is required for any questions on the safety of psychiatric medications.

d. Dental health. Oral conditions, which can reasonably be expected to result in dental emergencies within 12 months and require dental treatment, are deployment limiting. Dental readiness evaluations are deferred during a deployment outside the 50 United States, the territories of American Samoa, Guam, the Northern Mariana islands, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. Individual readiness evaluations will be completed within 3 months of returning from an OCONUS deployment. A non-DoD civilian dentist should use DD Form 2813 (Department of Defense Active Duty/Reserve/Guard/Civilian Forces Dental Examination) as proof of dental examination.

5-3. Special circumstances

a. Transition. Every effort will be made to ensure completion of the DHAP assessments according to the published timelines. Prior to installation clearance for expiration term of service, retirement, separation from the Service or transition to the Individual Ready Reserve, regardless of timeframe, Soldiers will complete their DHAP assessments and a SHPE. Soldiers transitioning due to permanent change of station or to the USAR or ARNG are required to complete DD Form 2900 within the 90 to 180 day period in accordance with DoDI 6490.03.

b. Frequent deployers. Personnel who deploy again within 180 days following the end of a deployment may not have sufficient time to complete the DD Form 2900. A DD Form 2795 (Pre-Deployment Health Assessment) completed within 180 days after returning from a deployment will meet the DD Form 2900 requirement.

c. Warrior Transition Units. Soldiers assigned or attached to a Warrior Transition Unit or Community Care Units will complete all required deployment health assessment screenings. There are no exceptions or exemptions regardless of component for Soldiers in a Warrior Transition Unit.

d. Remote. Soldiers enrolled in Active Duty TRICARE Prime Remote and TRICARE Prime Remote Overseas obtain their DHAP support and administration through the Reserve Health Readiness Program and are supported by the RHC as described in the responsibilities and DA Pam 40-502.

Appendix A

References

Section I

Required Publications

Unless otherwise indicated, DoD publications are available at <https://www.esd.whs.mil/dd/dod-issuances/> and the USC is available at <https://uscode.house.gov/>.

AR 40–35

Preventive Dentistry and Dental Readiness (Cited in para 2–4a(2).)

AR 40–66

Medical Record Administration and Health Care Documentation (Cited in para 3–3g(3).)

AR 40–400

Patient Administration (Cited in paras 4–4.)

AR 40–501

Standards of Medical Fitness (Cited in para 1–1.)

AR 40–562

Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases (Cited in para 2–4b(5).)

AR 135–175

Separation of Officers (Cited in para 3–3f(1).)

AR 135–178

Enlisted Administrative Separations (Cited in para 3–3f(1).)

AR 220–1

Army Unit Status Reporting and Force Registration – Consolidated Policies (Cited on title page.)

AR 600–8–10

Leaves and Passes (Cited in para 3–8a.)

AR 600–8–24

Officer Transfers and Discharges (Cited in para 4–12f(5).)

AR 600–9

The Army Body Composition Program (Cited in paras 3–13.)

AR 608–75

Exceptional Family Member Program (Cited in para 4–13d(2).)

AR 635–40

Disability Evaluation for Retention, Retirement, or Separation (Cited in para 2–3.)

AR 635–200

Active Duty Enlisted Administrative Separations (Cited in para 4–12a(2).)

Assistant Secretary of Defense (Health Affairs) Policy Memorandum

Clinical Practice Guidelines for Deployment-Limiting Mental Disorders and Psychotropic Medications, 7 October 2013 (Cited in para 5–2b(4).) (Available at <https://www.pdhealth.mil/clinical-guidance/deployment-limiting-conditions>.)

DA Pam 40–502

Medical Readiness (Cited on title page.)

DA Pam 220–1

Defense Readiness Reporting System – Army Procedures (Cited in para 1–6b.)

DODD 1308.1

DoD Physical Fitness and Body Fat Program (Cited in para 3–8d.)

DoDI 1241.01

Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements (Cited in para 5–2a(8).)

DoDI 1332.18

Disability Evaluation System (DES) (Cited in para 2–3.)

DoDI 3020.41

Operational Contract Support (OCS) (Cited in para 5–2a.)

DoDI 6025.19

Individual Medical Readiness (IMR) (Cited on title page.)

DoDI 6490.03

Deployment Health (Cited in para 1–19b.)

DoDI 6490.07

Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees (Cited on title page.)

DoDI 6490.12

Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation (Cited in para 1–19b.)

DoDI 6495.02

Sexual Assault Prevention and Response (SAPR) Program Procedures (Cited in para 4–12d.)

DoDM 6025.18

DoD Health Information Privacy Regulation (Cited in para 1–8.)

DTM–17–004

Department of Defense Expeditionary Civilian Workforce (Cited in para. 5–2a.)

Section II

Related Publications

A related publication is a source of additional information. The user does not have to read a related publication to understand this regulation. Unless otherwise indicated, DoD publications are available at <https://www.esd.whs.mil/dd/dod-issuances/>; the USC is available at <https://uscode.house.gov/>; and the Code of Federal regulations are available at <https://www.ecfr.gov/cgi-bin/ecfr?page=browse>.

AR 11–2

Managers' Internal Control Program

AR 25–30

Army Publishing Program

AR 40–5

Preventive Medicine

AR 40–68

Clinical Quality Management

AR 135–18

The Active Guard Reserve Program

AR 135–91

Service Obligations, Methods of Fulfillment, Participation Requirements, and Enforcement Provisions

AR 135–133

Ready Reserve Screening, Qualification Records System, and Change of Address Reporting

AR 140–1

Mission, Organization, and Training

AR 140–185

Training and Retirement Point Credits and Unit Level Strength Accounting Records

AR 350–1

Army Training and Leader Development

AR 600–8–11

Reassignment

AR 600–8–101

Personnel Readiness Processing

AR 600–20

Army Command Policy

AR 601–210

Regular Army and Reserve Components Enlisted Program

AR 611–75

Management of Army Divers

AR 614–10

Army Military Personnel Exchange Program with Military Services of Other Nations

AR 635–8

Separation Processing and Documents

AR 670–1

Wear and Appearance of Army Uniforms and Insignia

Assistant Secretary of Defense (Health Affairs) DoD Health Information Privacy Regulation

(Available at https://health.mil/military-health-topics/privacy-and-civil-liberties_)

CJCSM 3150.13

Joint Reporting Structure—Personnel Manual (Available at <https://www.jcs.mil/library/cjcs-manuals/>.)

DA Pam 25–40

Army Publishing Program Procedures

DA Pam 25–403

Guide to Recordkeeping in the Army

DA Pam 40–11

Preventive Medicine

DA Pam 40–501

Army Hearing Program

DA Pam 385–90

Army Aviation Accident Prevention Program

DA Pam 600–8

Military Human Resources Management Administrative Procedures

DA Pam 611–21

Military Occupational Classification and Structure

DFAS–IN Regulation 37–1

Finance and Accounting Policy Implementation. (Available at <https://www.asafm.army.mil/>.)

DoD Dictionary of Military and Associated Terms

(Available at <https://www.jcs.mil/doctrine/dod-terminology-program/>.)

DoD 5400.11–R

Department of Defense Privacy Program

DoD 6055.05–M

Occupational Medical Examinations and Surveillance Manual

DoD 7000.14–R, Vol 7A

DODFMR: Military Pay Policy – Active Duty and Reserve Pay (Available at <https://comptroller.defense.gov/fmr.aspx>.)

DoDI 6130.03

Medical Standards for Appointment, Enlistment, or Induction in the Military Services

DSM–5

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM–5), American Psychiatric (Available at <https://www.psychiatry.org/psychiatrists/practice/dsm/dsm-5>.)

FM 7–22

Army Physical Readiness Training

MIL–PRF–680C

Degreasing Solvent (Available at <https://quicksearch.dla.mil/qssearch.aspx>.)

NATO STANAG 3526

Interchangeability of NATO Aircrew Medical Categories (Available at <https://standards.globalspec.com/>.)

NGR 600–200

Enlisted Personnel Management (Available at <https://www.ngbpdc.ngb.army.mil/>.)

NGR 635–101

Efficiency and Physical Fitness Boards (Available at <https://www.ngbpdc.ngb.army.mil/>.)

Office of Personnel Management Operating Manual

Qualification Standards Handbook for General Schedule Positions (Available at <https://www.opm.gov/policy-data-oversight/classification-qualifications/>.)

Periodic Health Assessment

U.S. Army Implementation Plan (Available at <https://health.mil/military-health-topics/health-readiness/reserve-health-readiness-program/our-services/pha>.)

TB MED 250

Dental Record Administration, Recording and Appointment Control

TB MED 507

Heat Stress Control and Heat Casualty Management

TB MED 508

Prevention and Management of Cold-Weather Injuries

TB MED 523

Control of Hazards to Health from Microwave and Radio Frequency Radiation and Ultrasound

TB MED 524

Control of Hazards to Health from Laser Radiation

TC 3–04.8

Individual Flight Records Folder Management

5 CFR Part 339

Medical Qualification Determinations

14 CFR Part 61

Certification: Pilots, Flight Instructors, and Ground Instructors

14 CFR Part 65

Certification: Airmen Other Than Flight Crewmembers

14 CFR Part 67

Medical Standards and Certification

5 USC 552a

Records maintained on individuals

10 USC 101

Definitions

10 USC 1177

Members diagnosed with or reasonably asserting post-traumatic stress disorder or traumatic brain injury: medical examination required before administrative separation

10 USC 10148

Ready Reserve: failure to satisfactorily perform prescribed training

10 USC 10206

Members: physical examinations

10 USC 12303

Ready Reserve: members not assigned to, or participating satisfactorily in, units

Section III

Prescribed Forms

Unless otherwise indicated, DA forms are available on the Army Publishing Directorate website (<https://armypubs.army.mil>).

DA Form 3083

Medical Examination for Certain Geographical Areas (Prescribed in para 4–13c(3).)

Section IV

Referenced Forms

Unless otherwise indicated, DA forms are available on the Army Publishing Directorate website (<https://armypubs.army.mil>); and DD forms are available at the Washington Headquarters Services (WHS) website (<https://www.esd.whs.mil/directives/forms>).

DA Form 11–2

Internal Control Evaluation Certification

DA Form 2028

Recommended Changes to Publications and Blank Forms

DA Form 3349–SG

Physical Profile Record (Available at <https://medpros.mods.army.mil/eprofile/default.aspx?returnurl=%2fad-min%fusermanager.aspx>.)

DA Form 3822

Report of Mental Status Evaluation

DA Form 4497

Interim (Abbreviated) Flying Duty Medical Examination

DD Form 689

Individual Sick Slip

DD Form 2005

Privacy Act Statement—Health Care Records

DD Form 2697

Report of Medical Assessment

DD Form 2766

Adult Preventive and Chronic Care Flowsheet (Available through normal forms supply channels.)

DD Form 2795

Pre-Deployment Health Assessment

DD Form 2796

Post-Deployment Health Assessment (PDHA)

DD Form 2807–1

Report of Medical History

DD Form 2807–2

Accessions Medical History Report

DD Form 2808

Report of Medical Examination

DD Form 2813

Department of Defense Active Duty/Reserve/Guard/Civilian Forces Dental Examination

DD Form 2900

Post Deployment Health Re-assessment (PDHRA)

DD Form 2992

Medical Recommendation for Flying or Special Operational Duty

Appendix B

Internal Control Evaluation

B-1. Function

The functions covered by this document address the Army's ability to maintain medical readiness.

B-2. Purpose

The purpose of this evaluation is to assist medical, administrative, and commanders in maintaining IMR requirements and standards, medical readiness processes and policies, supporting commander deployability determinations and re-designing physical profiles. It is not intended to cover all controls.

B-3. Instructions

Answers must be based on the actual testing of key internal controls (for example, document analysis, direct observation, sampling, simulation, or other). Answers that indicate deficiencies must be explained and the corrective action identified in supporting documentation. These internal controls must be evaluated at least annually or whenever the commander and/or designating authority changes. Certification that this annual evaluation has been conducted must be accomplished on DA Form 11-2 (Internal Control Evaluation Certification).

B-4. Test questions

a. Commander deployability determinations.

(1) Do all commanders perform an annual review of the access management for the Commander Portal for the units in their area of responsibility? Do the officials responsible for deployability determinations and medical readiness have access to the Commander Portal and are they knowledgeable regarding privacy policy and the provisions of AR 40-502, DA Pam 40-502 and other required references available and in use?

(2) Do all commanders annually ensure access to the Commander Portal is limited to those with a need to know? Do the people with access to the Commander Portal have assumption of command orders or an appointment memorandum, documentation of required Commander Portal training, and current privacy act training prior to system approval?

b. Profiling officers. Are designating officials annually ensuring that all profiling officers are thoroughly familiar with AR 40-502, AR 40-501, and DA Pam 40-502?

c. Approval authorities. Do designating officials annually ensure that the approval authorities are thoroughly familiar with DoDI 1332.18, AR 635-40, AR 40-502, AR 40-501, and DA Pam 40-502?

B-5. Supersession

Not applicable.

B-6. Comments

Help makes this a better tool for evaluating the medical readiness. Comments regarding this checklist should be addressed to the Office of the Surgeon General (DASG-HCO-MRD), 7700 Arlington Boulevard, Falls Church, VA 22042-5142.

Glossary

Section I

Abbreviations

ACFT

Army Combat Fitness Test

ACOM

Army command

AOC

area of concentration

AR

Army Regulation

ARIMS

Army Records Information Management System

ARNG

Army National Guard

ARNGUS

Army National Guard of the United States

ASCC

Army service component command

CCMD

combatant command

CJCSM

Chairman of the Joint Chiefs of Staff manual

COMPO

component

CUSR

commander's unit status report

DA

Department of the Army

DAC

Department of the Army Civilian

DCS

Deputy Chief of Staff

DD Form

Department of Defense form

DES

Disability Evaluation System

DHAP

Deployment Health Assessment Program

DL

deployment-limiting

DNA

deoxyribonucleic acid

DoD

Department of Defense

DoDD

Department of Defense directive

DoDI

Department of Defense instruction

DRC

dental readiness class

DRU

direct reporting unit

DTM

Directive-Type Memorandum

EHR

electronic health record

FDHS

flying duty health screen

FDME

flying duty medical examination

HIPAA

Health Insurance Portability and Accountability Act

HIV

human immunodeficiency virus

IMR

individual medical readiness

LOD

line of duty

MAR2

Military Occupational Specialty Administrative Retention Review

MCEP-I

military combat eye protection inserts

MEB

medical evaluation board

MEDCOM

U.S. Army Medical Command

MEDPROS

Medical Protection System

MOHT

military operational hearing test

MOS

military occupational specialty

MRC

medical readiness classification

MRDP

Medical Retention Determination Point

mTBI

mild traumatic brain injury

MTF

military treatment facility

OCONUS

outside continental United States

OTSG

Office of The Surgeon General

PEB

physical evaluation board

PHA

periodic health assessment

PMOS

primary military occupational specialty

PTSD

post traumatic stress disorder

PULHES

physical, upper, lower, hearing, eyes, psychiatric

RA

Regular Army

RC

Reserve Component

RHC

regional health command

RRS-A

Records Retention Schedule-Army

RSC

regional support command

SHPE

separation history and physical exams

STR

service treatment record

TBI

Traumatic Brain Injury

TRICARE

Tri-Service Medical Care

TSG

The Surgeon General

USAJFKSWCS

U.S. Army John F. Kennedy Special Warfare Center and School

USAR

U.S. Army Reserve

USASOC

U.S. Army Special Operations Command

USC

United States Code

1MI

1 mask insert

Section II

Terms

Accepted medical principles

Fundamental deduction consistent with medical facts and based upon the observation of a large number of cases. To constitute accepted medical principles, the deduction must be based upon the observation of a large number of cases over a significant period and be as reasonable and logical as to create a moral certainty that they are correct.

Active duty

Full-time duty in the active military service of the United States. Includes full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned. Does not include full-time National Guard duty (see 10 USC 101).

Active Guard Reserve

(DoD) National Guard and Reserve members who are on voluntary active duty providing full-time support to National Guard, Reserve, and RA organizations for the purpose of organizing, administering, recruiting, instructing, or training the RCs. Also called Active Guard Reserve. (See CJCSM 3150.13.)

Applicant

A person not in a military status who applies for appointment, enlistment, or reenlistment in the USAR.

Army National Guard

That part of the organized militia of the several states and territories, Puerto Rico, and the District of Columbia, active and inactive, that is a land force; is trained, and has its officers appointed, under the sixteenth clause of section 8, article I, of the Constitution; is organized, armed, and equipped wholly or partly at Federal expense; and is federally recognized. (Source: NGR 600–200).

Army National Guard of the United States

The RC of the Army all of whose members are members of the ARNG. The ARNGUS consists of federally recognized units and organizations of the ARNG and members of the ARNG who are Reserves of the Army. (Source: NGR 600–200).

Candidate

Any individual under consideration for military status or for a military Service program whether voluntary (appointment, enlistment, Reserve Officers' Training Corps) or involuntary (induction).

COMPO 1

Those Army organizations that, as a result of Total Army Analysis and program objective memorandum processes, are designated as force structure COMPO 1 and registered as such by unit identification code in the Defense Readiness Reporting System–Army (DRRS–Army) database, the authorized database of record for operational Army organizations (also known as the “Regular Army”). Upon mobilization, ARNGUS/ARNG (COMPO 2) and USAR (COMPO 3) units do not become COMPO 1 organizations; they retain their applicable force structure component designations while on active duty.

Contingency

A situation requiring military operations in response to natural disasters, terrorists, subversives, or as otherwise directed by appropriate authority to protect U.S. interests.

Contingency deployment

Per DoDI 6490.07, a deployment that is limited to outside the continental United States, over 30 days in duration and in a location with medical support from only non-fixed (temporary) military medical treatment facilities. The relocation of forces and materiel is to an operational area in which a contingency is or may be occurring in a deployment.

Deployable

A Soldier under the direct operational control of the reporting unit, whether present or able to be present within 72 hours, who is in compliance with all required personnel readiness standards and not restricted from deploying to perform the unit's core designed and assigned missions. Commanders use the medical readiness information to determine if a Soldier is medically deployable and can contribute to the unit's core designed mission or assigned mission in accordance with readiness reporting guidance.

Deployment

The relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including intercontinental United States, intertheater, and intratheater movement legs, staging, and holding areas.

Disability Evaluation System

Procedures that apply in determining whether a Soldier is unfit because of physical disability to reasonably perform the duties of their office, grade, rank, or rating. DES consists of medical evaluation boards (a function of the Army Medical Department), physical evaluation boards (elements of the U.S. Army Physical Disability Agency), and case reviews, when applicable, by the U.S. Army Physical Disability Agency.

Enlistment

The voluntary enrollment for a specific term of Service in one of the Armed Forces as contrasted with induction under the Military Selective Service Act.

Fully medically ready

Soldiers classified as MRC 1 in MEDPROS.

Healthcare provider

Licensed or certified health care personnel (specifically, a physician, physician assistant, nurse practitioner, dentist, optometrist, physical therapist, chiropractor, occupational therapist, audiologist, podiatrist, nurse midwives, clinical psychologist, clinical social worker, advanced practice nurse, independent duty corpsman, special forces medical sergeant, independent duty medical technician, or independent duty health services technician) who have received PHA program-specific training. This definition does not imply authority to prescribe use of prescription drugs.

Impairment of function

Any anatomic or functional loss, lessening, or weakening of the capacity of the body, or any of its parts, to perform that which is considered by accepted medical principles to be the normal activity in the body economy.

Individual Ready Reserve

A manpower pool consisting of individuals who have had some training or who have served previously in the RA or in the Selected Reserve, and may have some period of their military service obligation remaining. (See DoD Dictionary of Military and Associated Terms.)

Medical capability

General ability, fitness, or efficiency (to perform military duty) based on accepted medical principles.

Medical readiness

A standardized system across the total force to enable the commander to measure, achieve, and sustain Soldiers' health to perform their war time requirement (MOS/AOC) from induction to separation.

Medical Readiness Class 1 (fully medically ready)

Soldiers who are current in PHA (completed), dental readiness assessment classified as Dental Class 1 or 2, immunization status, medical readiness and laboratory studies, individual medical equipment, and without any deployment-limiting medical conditions or medications.

Medical Readiness Class 2 (partially medically ready)

Soldiers who are lacking one or more immunizations, medical readiness laboratory studies, Hearing Readiness Class 4, Vision Readiness Class 4, and/or individual medical equipment.

Medical Readiness Class 3 (not medically ready)

Soldiers who have a deployment-limiting condition described by the deployment-limiting codes 1 through 7. This may include chronic or prolonged deployment-limiting medical or mental conditions, serious illness or injury with associated hospitalization and recovery time, and DRC 3 dental conditions.

Medical Readiness Class 4 (medical readiness indeterminate)

Inability to determine the Soldiers current health status because of missing health information, including Soldiers with an overdue PHA, and/or those in Dental Class 4.

Medical Retention Determination Point

The MRDP is reached if a medical condition which has been temporarily profiled has stabilized or cannot be stabilized in a reasonable period of time for up to 12 months and impacts successful performance of duty. Successful performance of duty is defined as the ability to perform basic soldiering skills required by all military personnel (DA Form

3349–SG, section 4) and passing one aerobic ACFT event and perform the duties required of their MOS, grade, or rank.

Medically deployable

A Soldier who is medically ready and/or has had a commander's deployability determination if required, and meets the DoD, Service-specific, and CCMD medical deployment requirements

Military Occupational Specialty Administrative Retention Review

An administrative process for Soldiers who meet medical retention standards, have a permanent profile of 3 or 4 and may not be able to satisfactorily perform the duties their primary military occupational specialty (PMOS) requires. The MAR2 process will be used to determine whether a Soldier will be retained in his/her PMOS or reclassified into another PMOS. Soldiers who do not meet PMOS standards and who do not qualify for reclassification will be referred to DES. The MAR2 replaces the MOS medical retention board.

Non-deployable

A Soldier who is restricted from worldwide deployment for a unit's core designed or assigned mission because the Soldier—

- (1) Does not meet the baseline individual readiness standards for worldwide deployment as defined in this regulation and other pertinent regulations;
- (2) Does not meet a combatant commander's mission-specific individual readiness standards when tailored for accomplishment of an assigned mission;
- (3) Cannot be under the direct operational control of the reporting unit (not able to be present within 72 hours);
- (4) Has not graduated from a course awarding an AOC or MOS; or
- (5) Is determined by their commander to be non-deployable for any other reason not stated above (commander's call).

Obesity

Excessive accumulation of fat in the body often manifested by poor muscle tone, flabbiness and folds, bulk out of proportion to body build, dyspnea and fatigue upon mild exertion, and frequently accompanied by flat feet and weakness of the legs and lower back.

Physical disability

Any manifest or latent impairment of function due to disease or injury, regardless of the degree of impairment, that reduces or precludes an individual's actual or presumed ability to perform military duty. The presence of physical disability does not necessarily require a finding of unfitness for duty. The term "physical disability" includes mental diseases other than such inherent defects as behavior disorders, personality disorders, and primary mental deficiency.

Physician

An individual possessing a degree in medicine or osteopathy and licensed by a state, commonwealth, territory, or jurisdiction to practice medicine.

Retirement

Release from active military Services because of age, length of service, disability, or other causes, in accordance with Army regulations and applicable laws with or without entitlement to receive retired pay. For purposes of this regulation, this includes both temporary and permanent disability retirement.

Sedentary duties

Tasks to which military personnel are assigned that are primarily sitting in nature, do not involve any strenuous physical efforts, and permit the individual to have relatively regular eating and sleeping habits.

Senior approving authority

Chief clinical officer or deputy commander for medical services as appointed by the MTF commander serves as the senior approving authority within the MTF. MTF commanders, ARNG chief and state surgeons, and the USAR command surgeon, may authorize physicians as approving authorities. USAR RSC surgeons are designated approval authorities by position.

Senior medical officer

The senior medical officer for this purpose is an experienced, field grade physician (MC) who can advise a commander regarding medical readiness. This will generally be a brigade, division, or CORP surgeon.

Separation

An all-inclusive term that is applied to personnel actions resulting from release from active duty, discharge, retirement, dropped from rolls, release from military control or personnel without a military status, death, or discharge from the

ARNGUS with concurrent transfer to the Individual Ready, Standby, or Retired Reserve. Reassignments between the various categories of the U.S. Army Reserve (Selected, Ready, Standby, or Retired) are not considered as separations.

Service treatment record

Includes both the treatment record and the dental record; it is a permanent and continuous file that is initiated when a member enters the service. (Source: AR 40–66.)

U.S. Army Reserve

A Federal force, consisting of individual reinforcements and combat, combat support, and training type units organized and maintained to provide military training in peacetime and a reservoir of trained units and individual reservists to be ordered to active duty in the event of a national emergency. (Source: AR 140–1.)

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Perkowski Exhibit 26

(DA PAM 40-502)

**Department of the Army
Pamphlet 40–502**

Medical Services

Medical Readiness Procedures

**Headquarters
Department of the Army
Washington, DC
27 June 2019**

UNCLASSIFIED

SUMMARY of CHANGE

DA PAM 40–502
Medical Readiness Procedures

This administrative revision, dated 13 December 2022—

- o Prescribes DA Form 3349–SG (Physical Profile Record) in this publication.
- o Changes Army Physical Fitness Test to Army Combat Fitness Test (throughout).

This new publication, dated 27 June 2019—

- o Describes the reorganization of the medical readiness classification codes and consolidates the medical readiness classification 3 “A” and medical readiness classification 3 “B” categories to a single medical readiness classification 3 (para 1–1).
- o Reorganizes the structure describing deployment-limiting conditions to seven codes (para 3–3*b* and table 1–1).
- o Describes how the Commander’s Portal and the Healthcare Portal provide access to all medical readiness tools in the Medical Protection System, to streamline overall visibility of Soldiers’ health and medical services (paras 2–2 and 2–6).
- o Describes processes used, as directed in AR 40–502, when profiling providers complete all profiles for conditions lasting greater than 7 days, both temporary and permanent, in e-Profile (para 2–3).
- o Describes how the administrative portal provides customized reporting and administrative support to optimize medical readiness and deployment (para 2–7).
- o Describes how unit commanders can make deployable determinations for their Soldiers in medical readiness classification 3, deployment-limiting 1 or 2, and upon receipt of a combatant command waiver (para 3–4).
- o Explains how temporary profiles are assigned a medical readiness classification (para 4–4).
- o Describes the reorganized physical category structure as post board codes and deployment-limiting codes (para 4–5).
- o Describes the profiling provider roles, and signature requirements, for temporary and permanent profiles. Explains the level of review to create or change a permanent “3”, “4”, or assign a deployment-limiting physical category code as the approval authority (para 4–8).
- o Describes the profiling changes for Soldiers allergic to stinging insects (para 4–10).
- o Explains that a single DA Form 3349–SG (Physical Profile Record) is used to record both permanent profiles and temporary profiles, to provide a holistic view of a Soldier’s duty limitations (para 4–14*a*(1)).
- o Describes required examinations and assessments (chap 5 and paras 6–6 and 6–7).
- o Describes the administrative requirements for deployment and assignment to remote locations (para 7–2).
- o Describes the medical requirements for deployment (para 7–3).

Headquarters
Department of the Army
Washington, DC
27 June 2019

Department of the Army
Pamphlet 40–502

Medical Services
Medical Readiness Procedures

By Order of the Secretary of the Army:

MARK A. MILLEY
General, United States Army
Chief of Staff

Official:


KATHLEEN S. MILLER
Administrative Assistant
to the Secretary of the Army

History. This publication is an administrative revision. The portion affected by this revision are listed in the summary of change.

Summary. This pamphlet describes the processes and procedures for assessing, documenting, reporting, and administering medical readiness; it is to be used with AR 40–502. This regulation provides individual medical readiness and physical

profile information; it explains the information technology, exams, and forms associated with medical readiness; and it describes the physical examination and assessment procedures. Specifically, this regulation provides instructions necessary to carry out the medical readiness policies established in AR 40–502.

Applicability. This pamphlet applies to the Regular Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve, unless otherwise stated.

Proponent and exception authority. The proponent of this regulation is The Surgeon General. The proponent has the authority to approve exceptions or waivers to this regulation that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field operating agency, in the grade of colonel or the civilian equivalent. Activities may request a waiver to

this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25–30 for specific guidance.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Office of The Surgeon General (DASG–HCO) 7700 Arlington Boulevard, Falls Church, VA 22042.

Distribution. This pamphlet is available in electronic media only and is intended for the Regular Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

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Glossary

Chapter 1

Introduction

1–1. Purpose

This Department of the Army pamphlet explains and documents the basic processes and general procedures for assessing, documenting, and reporting medical readiness. It contains individual medical readiness (IMR) definitions, assessment, reporting, and monitoring; physical profile definitions, assessment, reporting, and monitoring; medical examinations and assessments; deployment and geographical area considerations. AR 40–501 is the authoritative publication for medical standards of fitness; AR 40–502 is the authoritative publication for medical readiness. If any provisions in this DA Pam conflict with the most recent versions of these policies, the provisions in AR 40–502 take precedence.

1–2. References and forms

See appendix A.

1–3. Explanation of abbreviations and terms

a. To describe the basic processes and general procedures for accessing, documenting, and reporting medical readiness the following definitions are used throughout this pamphlet.

(1) Deployable personnel – Soldiers under the direct operational control of the reporting unit, whether present or able to be present within 72 hours, who are in compliance with all required personnel readiness standards and are not restricted from deploying to perform the unit’s core designed and/or assigned mission. Commanders use the medical readiness information to determine if a Soldier is deployable and can contribute to the unit’s core designed mission or assigned mission, in accordance with readiness reporting guidance (see AR 220–1 and DA Pam 220–1).

(2) Medical readiness – Medical readiness classification (MRC) is an administrative determination made by health care providers, using a standardized system across the total force. This system enables the commander to measure, achieve, and sustain their Soldiers’ health and ability to perform his or her wartime requirement in accordance with their military occupational specialty (MOS) or area of concentration (AOC) from accession to separation.

b. Also see the glossary.

1–4. Overview

a. Soldiers, health care providers, unit commanders, and oversight and reporting officials will find basic processes and general procedures to provide medical information and to support force management officials and senior Army leaders. This DA Pam is not intended to provide detailed instructions for every data entry option or requirement in the medical readiness application. It must be used in concert with the supporting medical readiness application help features, the applicable user’s guide, training support package, online tutorials, and/or other user assistance materials that are available at, or linked to, the medical readiness suite of applications. AR 40–502 is the authoritative publication for medical readiness policy.

b. The medical readiness and electronic profiling systems of record will post updates to the Healthcare Portal and Commander’s Portal (see para 2–2). The systems will also maintain current policy and doctrine, processes, information, information technology, training guidance, and reporting requirements.

c. The Medical Protection System (MEDPROS) is the system of record for all medical readiness data elements (see AR 40–502). e-Profile is the electronic profiling system of record, and is required by AR 40–502 for all temporary profiles greater than 7 days, and all permanent profiles.

d. Individual medical readiness is a Soldier responsibility that contributes to unit readiness as managed by commanders and supported by the medical assets.

1–5. Command application of medical readiness

Unit commanders will collaborate closely with unit, staff, or military treatment facility (MTF) providers and use the medical classification, profile review, and their knowledge of the Soldier to make deployability determinations. Commanders will make a deployable or non-deployable determination within MEDPROS in accordance with AR 40–502. Commanders will consider the expected Soldier duties, unit mission, geographic force health protection (FHP) requirements, and policy conditions in their deployability determination. This means that a detailed consideration of the Soldier’s capabilities and limitations should be considered with the mission, tasks, responsibilities, and role in the organization that will influence the command decision regarding the Soldier’s deployment status. Limitations in the

functional activities of the profile are likely to have universal mission impact as they relate to basic Soldier skills that all Soldiers should be able to perform. These deployability determinations do not change the medical readiness of the Soldier. The determinations are merged with the personnel deployability determinations to determine deployment status for readiness reporting. The design of the commander portal consolidates operational medical information to inform the commander regarding Soldier medical readiness. To comply with the Department of Defense (DoD) privacy policy, the reason for a profile is obscured for all users except the commander. The medical instructions, which convey the capabilities and limitations, and the Army Physical Readiness Training (PRT) information must remain operational in nature and should never have the diagnosis or documentation of medical care.

1–6. Medical readiness classification

Healthcare providers determine medical readiness. The medical readiness classes are described below:

a. Medical readiness class 1 – fully medically ready. The MRC 1 – fully medically ready Soldiers have a current status for; a completed Periodic Health Assessment (PHA), dental readiness classification (DRC) 1 or DRC 2 assessment, immunization requirements, medical readiness and laboratory studies, individual medical equipment; and are without any deployment-limiting medical conditions or medications. This class includes Soldiers with temporary profiles up to 7 days in length.

b. Medical readiness class 2 – partially medically ready. The MRC 2 – partially medically ready classification includes Soldiers who lack one or more immunizations, human immunodeficiency virus (HIV) test, Deoxyribonucleic acid (DNA) specimen, individual medical equipment, or are hearing readiness class (HRC) or vision readiness class (VRC) 4. This class includes Soldiers with temporary profiles greater than 8 and up to 30 days in duration.

c. Medical readiness class 3 – not medically ready. The MRC 3 – not medically ready Soldiers have deployment-limiting (DL) conditions for longer than 30 days. Specific deployment-limiting conditions or medications may be identified by combatant command (CCMD) FHP requirements, policies, and DoD guidance. See table 1–1. The physical profile describes duty limitations of Soldiers within MRC 3. These conditions may include temporary or permanent profiles over 30 days, pregnancy, those undergoing administrative review or medical board process, permanent assignment limitations, hospitalization, recovery, or rehabilitation time from serious illness or injury, and/or individuals in DRC 3.

d. Medical readiness class 4 – medical readiness indeterminate. MRC 4 – medical readiness indeterminate is used when the Soldier's current health status cannot be determined due to missing health information; this includes an overdue PHA and/or dental exam. A missing dental exam is described as a DRC 4.

Table 1–1
Deployment-limiting codes

Code	Description
DL 1	Temporary profile > 30 days
DL 2	Dental readiness class 3
DL 3	Pregnancy and postpartum
DL 4	Permanent profile indicating MOS Administrative Retention Review Program (MAR2) needed ¹
DL 5	Permanent profile indicating Medical Evaluation Board (MEB) needed ²
DL 6	Permanent profile indicating non-duty related action is needed
DL 7	Permanent profiles with a deployment/assignment restriction code (F, V, or X) ³

¹ See AR 635–40 for description of MAR2.

² See AR 40–400 for description of the MEB.

³ See table 4–3 for description of these codes.

Table 1–2
Medical readiness classification chart

Medical readiness class	Short definition	Medical definition	Commander's deployment status personnel determination

Table 1–2
Medical readiness classification chart—Continued

MRC 1	Medically ready/deployable	MRC 1 Meets all medical readiness requirements and has dental readiness class 1 or 2 – Temp profile ≤ 7 days	Not required
MRC 2	Partially medically ready/deployable	MRC 2 <i>Soldier is deficient in one or more of the following:</i> – Temp profile between 8 and 30 days inclusive – Hearing readiness class 4 (current within 13 months) – Vision readiness class 4 (current within 15 months) – DNA (drawn, on file with DoD repository) – HIV (drawn, validated with DoD repository) – Immunizations current or valid exception (routine adult immunization profile, to include HepA, HepB, TDA, or TDaP, MMR, polio, varicella, (influenza-seasonal)) – Individual medical equipment (1 pair of mask inserts, 2 pairs eye glasses, MCEP–I, medical warning tag, and hearing aid with batteries if required)	Not required
MRC 3	Not medically ready/non-deployable (CDR determines deployment status for): – Temp profile >30 days (DL 1) to include VRC 3 or HRC 3 profiled conditions – Dental readiness class 3 (DL 2)	MRC 3 Soldier is deficient in one or more of the following: DL 1 – Temp profile > 30 days DL 2 – Dental readiness class 3 DL 3 – Pregnancy and post-partum DL 4 – Permanent profile indicating a MAR2 action is needed DL 5 – Permanent profile indicating a MEB action is needed DL 6 – Permanent profile indicating a non-duty related action is needed DL 7 – Permanent profiles with a deployment /assignment restriction code (F, V, or X)	DL conditions: DL 1 or 2: Soldier is not medically ready/non-deployable, and commander determines deployment status DL 3, 4, 5, 6, or 7: Soldier is not medically ready/non-deployable. Unit commander cannot make a deployability determination for routine readiness reporting When assigned a mission, deployment status will be in accordance with CCMDFHP requirements and policies
MRC 4	Not medically ready/non-deployable and CDR determines deployment status (default non-deployable)	MRC 4 Status is unknown Soldier is deficient in one of the following: – PHA (current within 15 months) – Dental readiness class 4 (current within 15 months)	Soldier is not medically ready/non-deployable, and commander determines deployment status

Chapter 2

Medical Readiness Information Management and Information Technology

2–1. Overview

The Medical Protection System (MEDPROS) is a software application in the Medical Operational Data System (MODS). MEDPROS interfaces with systems across the Army that support personnel actions, readiness reporting, assignments, logistics, and senior leader decisions. MEDPROS receives data from many other applications on MODS and systems across the Army. This information informs leaders, commanders, and health care providers guiding the policies and procedures, resource management and medical support planning to achieve and maintain a medically ready and deployable force. This supports the DoD and Army senior leader's medical readiness goals to achieve and maintain a high level of Army readiness. MEDPROS data is accessible through the commander, healthcare, and

administrative portals. These portals increase transparency, involve the chain of command in medical readiness, improve reporting mechanisms, and link commanders to profiling providers for communication in making accurate deployability determinations throughout the Army. The healthcare team portals provide the tools to enhance readiness, support medical team development, and enhance administrative review and support of readiness at every visit.

2-2. Commander's Portal

a. The Commander's Portal synthesizes and displays the data from MEDPROS and other MODS applications into actionable information for the company commander. The commanders, or their trained designees, use this information to improve medical readiness and make deployability determinations at the company level. Battalion commanders can view the same information as the company commanders, to include communication with the profiling provider. The battalion commander may override a company commander decision. Higher commands can view medical readiness data for Soldiers who have been on profile long enough to require a review at that leader's level. Senior commanders can view aggregate medical readiness of their subordinate commands, and one level down, to support their ability to assess and impact the health and readiness of their subordinate commands. Actions that improve IMR will culminate in improved unit medical readiness. Various user guides describe the details and use of the Commander's Portal.

b. The four areas of focus are "dashboard," "manage readiness," "categories overview," and "messages." Key components of the dashboard include unit readiness, profile management, action items and deployment status management with links to predictive analytics through the Medical Readiness Assessment Tool (MRAT) statistics and Integrated Disability Evaluation System (IDES) dashboard, which tracks actions through the disability process.

(1) Commanders will use the "manage readiness" section to make deployability determinations.

(2) The categories overview displays the unit medical readiness by the MRC and deployment-limiting (DL) codes with the Deployment Health Assessment (DHA) exam status.

(3) Messaging supports one of the essential functions of communication between providers and commanders for profile clarifications or concerns. Profiling providers provide medical instructions and describe potential duty limitations through the Soldier's profile. Commanders use the profile to make the duty assignment and deployability determinations, balancing mission accomplishment, Soldier employment, and the health and welfare of the Soldiers. As an example, a profile might be written as follows: "Soldier is on a sedating medication which will impact concentration and memory and requires increased rest; no climbing or range operations." The commander makes the duty modifications of duty hours and adjusts task performance for the Soldier. Unit commanders may not override duty limitations or instructions on DA Form 3349-SG (Physical Profile Record) (see AR 40-502); communication with the profiling provider is essential for clarification, concerns, and optimal individual and unit medical readiness. IMR and profiling will be described in more detail in subsequent chapters.

2-3. e-Profile

e-Profile is an application within MODS, and is the Army profiling system of record. All duty limitations of more than 7 days must be written in e-Profile by profiling providers as described in the profiling chapter of this document and AR 40-502. The system supports provider and commander communication, tracks historical data, and describes the capabilities and duty limitations that impact the Soldier's duty assignment, IMR class, and applicable board process.

a. e-Profile tracks temporary and permanent profiles describing capabilities, training, and duty limitations. The medical instructions, duty limitations, physical training (PT) adjustments, and duration are displayed on DA Form 3349-SG. The physical profile is displayed in the commander portal for review, duty assignments and deployability determination. The DA Form 3349-SG is an electronically system-generated form, and no hand-written forms are valid.

b. Variance across the Army decreases with the use of customizable templates approved by the Office of the Surgeon General (OTSG) consultants within e-Profile. These templates maximize plain language, clearly describe medical instructions and PT requirements, and support accurate administrative data entry. Some profile templates associated with unique medical conditions are mandatory, as they are centrally tracked. The best examples are the concussion, pregnancy, and tuberculosis templates. Pregnancy and tuberculosis profiles are the only temporary profiles that extend beyond 90 days (described in more detail in the profiling chapter). Manually entering profiles without templates increases workload and adds unwanted variance by provider, by specialty, and installation. This variance confuses commanders and obscures the clear communication of capabilities and limitations. Temporary profiles are no longer associated with the physical profile serial system (or "physical capacity, upper, lower, hearing, eyes, psychiatric (PULHES);" see AR 40-502). There are more detailed descriptions of the profiling process in subsequent chapters of this pamphlet and the associated user's guide.

c. When a Soldier receives healthcare from a civilian provider, and they have limitations that need to be communicated to the command, the Soldier will request a copy of the medical records, and provide a DA Form 7809 (Summary of Care by Non-Military Provider), as a communication tool. The profiling provider may complete a profile from the information in the medical record or the DA Form 7809. This form helps civilian providers by asking for specific information that will be necessary to complete a quality profile.

d. e-Profile is the cornerstone tool for communication between the profiling provider and commander regarding medical instructions and Soldier duty assignments. It records the commander's electronic signature when they view a profile in the commander portal and documents it on DA Form 3349-SG. The provider's electronic signature is prominently displayed on the same line as the reason or condition that they described in the profile. The commander's and provider's signatures link to their contact information through the messaging feature for any necessary further communication and to ensure appropriate disposition. The messaging feature in the commander portal is restricted to the commander, and not available to a designee, or staff. This allows providers to share appropriate medical information. The reason for profile is only visible to the commander or their designee. The minimum necessary rule under the Health Insurance Portability and Accountability Act (HIPAA) applies to these communications.

e. The duration of the Soldier's temporary profile, or PULHES for a permanent profile, will impact the medical readiness class described in chapter 3.

2-4. Medical Readiness Assessment Tool

The Medical Readiness Assessment Tool (MRAT) is a 3-in-1 medical-readiness risk-decision support tool. This tool displays the composite risk, and component risk factors, for permanent medical non-deployable status. Permanent medical non-deployable status is defined as a permanent level 3 or 4 profile in the physical (P), upper extremity (U), lower extremity (L), or behavior health (S) domains of the PULHES system. Role-based access to the tool is available for members of the following cohorts: commanders and commander designees; hospital clinicians and support staff; unit clinicians and support staff. This data currently are for AC Soldiers only.

a. Commanders and commander designees may access the MRAT Leader Tool by clicking the MRAT Statistics link from the Medical Readiness Commander's Portal. Commanders will see the percent of their unit's Soldiers at high risk, or with key risk factors. With training, the commander's designee can build custom graphs comparing the commander's unit against peer units, or comparing subordinate units. Based on review of trends and identification of outlying units, commanders may resource focused efforts to mitigate future medical readiness risk.

b. Hospital clinicians and support staff may access the MRAT 24-Month Trend Tool through links in the electronic health record, the Medical Readiness Clinician Portal, and the health assessment modules (such as the Periodic Health Assessment) in MODS. A 10-45 second review enables the medical team to identify Soldiers who are not responding to treatment and optimize therapeutic plans. The 24-month trend review supports clinicians' accurate response to a commander's questions regarding return to duty timeframes and fitness for duty. As musculoskeletal and/or behavioral health conditions comprise the majority of deployment-limiting conditions, review is recommended in primary care, physical therapy, behavioral health, and readiness clinics. A 24-month trend review will be conducted during in-processing, out-processing, and Soldier readiness processing (SRP). Specific elements available to hospital care teams include:

- (1) 24-month trends on permanent medically non-deployable risk.
- (2) Healthcare utilization.
- (3) Body mass index.
- (4) Army Combat Fitness Test (ACFT) scores.
- (5) Non-deployment medication days' supply.
- (6) Days on profile and max pain scores.
- (7) A summary table.

c. In addition to the 24-Month Trend Tool, unit clinicians also have access the MRAT Screening Tool. This tool displays similar risk factors, by Soldier, based on unit identification code. By default the display is ordered by highest risk for permanent medically non-deployable. The MRAT Screening Tool may be sorted by specific risk factors, like number of consecutive or non-consecutive days on profile in the last 365 days, body mass index, or deployment-limiting medications. Unit-based providers can access these tools through the Medical Readiness Clinician Portal and the MODS Command Management System (CMS). This consolidated unit view supports proactive risk identification and effective mitigation strategies throughout the command.

d. It is essential to understand that the detailed Soldier data needs to be interpreted by a medically trained professional and represents a component of a Soldier's holistic health assessment. The calculated MRAT score represents percentile individualized risk, not probability of outcome. Administrative actions should never be based on the MRAT

permanent medical non-deployment status risk scores. Specific information about this tool is available in the MRAT handbook.

2–5. Medical Protection System

a. MEDPROS is the Army’s authoritative data source for medical readiness. MEDPROS obtains other aspects of IMR, such as the PHA, audiogram, vision, and dental screening dates from other MODS applications or supporting systems. MEDPROS receives the information from e-Profile, describing the medical readiness impacts of the duty limitations. All of this information determines the Soldier’s medical readiness category, as described in chapter 1 of this pamphlet. Integration of MEDPROS and the electronic health record (EHR) continue to improve and streamline health care and medical readiness operations.

b. Per DoDI 6025.19, Soldiers’ PHA and annual dental exam expire at 12 months and is overdue at 15 months. To help commanders prevent Soldiers from becoming overdue in IMR-related services, MEDPROS notifies all Soldiers via email at 9 months, providing more lead time. These emails contain all other IMR deficiencies (vision, hearing, DNA, and so forth), with instructions on how to resolve each issue until the deficiency is corrected. Additionally, modifications to the stoplight functionality within AKO’s “My Medical Readiness” and the new Soldier landing page within MEDPROS will alert commanders via email. As such, the stoplight colors may not directly correlate to the MRC color. MRC logic is predefined to identify all Soldiers who are MRC 3, then MRC 4, then MRC 2, and finally MRC 1.

c. As Army readiness requirements evolve, the timelines and definitions of IMR deficiencies are subject to change. However, managing individual readiness is the Soldier’s responsibility, along with their unit CDR.

d. With the full implementation of the new Healthcare and Administrative Portals, the design and functionality of MEDPROS will change drastically to incorporate all readiness elements into a single sign-on system based on user roles. Individual Soldiers who need to see their own medical readiness data within MEDPROS will not require any special access privileges or training requirements. Other users (such as commanders, administrative personnel, and providers) will have to meet mandatory training requirements and be granted approval by a Commander’s Portal access manager (CPAM). Each one and two star command will appoint a Commander’s Portal approval authority (CPAA). Each command at the BDE level is directed to have at least two CPAMs. CPAAs will train, support, and ensure the CPAMs maintain accurate access for commanders and staff/designee. This process will work through the operational command lines. MEDCOM will establish training requirements and transition to Joint Knowledge On-line (JKO) as the primary source to train the force. Commands are free to direct how many CPAAs are needed within their direct reporting units. There is no MOS, AOC, rank, or grade restriction; however, CPAAs must have knowledge of user’s roles in order to validate user’s requests. CPAMs and CPAAs ensure the right person makes deployability determinations and has the right level of access to Soldier health data.

2–6. Healthcare Portal

The Healthcare Portal is a role-based application with functionality built to support the responsibilities of the health care team member. This portal will help integrate medical readiness into every patient encounter with the health care team. Roles will include differentiation of the levels of function between types of providers and medical staff members. The health care team will have a single location to access the medical readiness functionality that was previously in multiple readiness applications with a single sign-on. Examples of the medical readiness functionality include the ability to do a PHA, write a profile, and update immunizations all from the same location. The provider role will also have the messaging and an integrated action item list. An individual search will yield all their medical readiness information in a single view to support the integration of all readiness services with optimal efficiency. Support staff will be able to use this capability to pro-actively manage readiness, prevent IMR items from becoming overdue, and improve patient care with optimal efficiency.

2–7. Administrative Portal

This portal gives those in an administrative role the ability to appropriately post administrative codes, manage access, create, and use customizable administrative reports that will pull data from all of the readiness systems. A single report will be able to use data from multiple or all the medical readiness functionality, for example e-Profile, MEDPROS web reporting, and medical health assessments.

Chapter 3

Individual Medical Readiness - Key Elements, Standards, Categories, and Goals

3–1. Overview

Maintaining their readiness is an individual Soldier's responsibility. Per DoDI 1332.45, Soldiers, commanders and healthcare providers must immediately correct all IMR deficits to ensure Service members are medically ready to deploy. IMR is the foundation of a unit's Armywide medical readiness and deployability determinations. Medical readiness is a key component of Army personnel readiness, which impacts the Army's mission. MEDPROS reports IMR and the commander's deployability determination to the electronic military personnel office (e-MILPO) and the Defense Readiness Reporting System – Army (DRRS–A). AR 220–1 describes the Army readiness reporting process and will govern whether commanders can override determinations made in the Commander Portal. Medical readiness classification and a commander's deployability determination in MEDPROS combine with administrative deployment status requirements to determine personnel deployment status as part of the Army readiness reporting process. Being not medically ready is a leading cause of non-deployable status. Profiling providers and teams initially enter IMR information into e-Profile or MEDPROS. The health care and administrative portals streamline the system access requirements and medical readiness support, for every healthcare visit to be a readiness visit. The Commander's Portal brings medical reporting capabilities developed over the last decade to commands throughout the Army in a single cohesive platform.

3–2. Individual medical readiness

a. General. DoDI 6025.19 establishes IMR as a Soldier's responsibility. There are six measurable elements of IMR for all Services. Senior leaders report IMR data to the DoD. The Army reports IMR as:

- (1) PHA currency (required by DoD).
- (2) DL conditions (required by DoD).
- (3) DRC (required by DoD).
- (4) Immunization status (required by DoD).
- (5) HIV test and DNA specimen (required by DoD).
- (6) Individual medical equipment (required by DoD).
- (7) Hearing readiness (Army-specific requirement).
- (8) Vision readiness (Army-specific requirement).

b. Commander programs. Since IMR is the basis of unit readiness, commanders must ensure that all unit members comply with IMR requirements and coordinate with supporting medical assets to achieve the Army's readiness goals. Commanders should develop programs to monitor and intervene to ensure their units achieve or exceed the DoD IMR goal. This is essential, since there are additional requirements for personnel readiness beyond being medically ready. The leadership goals for medical readiness and deployment status are different. Optimizing the unit medical readiness supports optimal Army readiness and the unit status report.

c. Medical asset support of individual medical readiness. Key areas of support include accurate and timely update of the EHR and the medical readiness system of record, referral management, and access to medical support. It is best practice to update applicable systems at the time medical service is provided, but if impractical during service provision, all providers (to include Reserve Health Readiness Program (RHRP) providers) and profiling officials will update applicable systems within 72 hours from the time of service. e-Profile will be reviewed and all active profiles updated by a profiling officer, in conjunction with completion of the PHA, as directed in AR 40–502. All active and recently expired profiles should be extended, linked, expired, or modified to most accurately describe the Soldier's capabilities and limitations. Unit medical readiness and organizational management improve with active referral management and clinical support of deployment-limiting conditions. Finally, timely access to care and medical services is essential to ensure medical personnel and Soldiers remain physically, mentally, and medically ready to deploy.

d. Commander tracking. Commanders and leaders at all levels of the Army ensure support of the medical readiness requirements and needs of our Soldiers. Leaders will track their unit's IMR against published DoD goals in the medical readiness system of record as directed in AR 40–502. The Army supports all Soldiers' medical readiness needs while optimizing both the individual and unit.

e. Reporting. For DoD IMR reporting purposes, the Army includes Active and Selected Reserve Soldiers, both officers and enlisted, except those specifically excluded as directed in DoDI 6025.19 and agreed upon by DCS, G–1 and the respective Reserve Component (RC) commands.

3–3. Individual medical readiness - key elements

The eight key elements in the Army's IMR program are described in detail below:

a. Periodic Health Assessment.

(1) The PHA is an annual (every 12 months) screening assessment for changes in health status, especially those that could impact a Soldier's ability to perform military duties. However, for DoD reporting purposes, the Army will use the reporting criteria directed in DoDI 6025.19 to determine when a PHA is overdue. Per this DoDI, the PHA is overdue if not completed within 3 months of the month due date (for example, a PHA due in October 2017 will be counted as overdue if it has not been completed by the last day of January 2018). Once overdue, the Soldier's readiness status will transition to "indeterminate" for PHA currency and become MRC 4 (medically not ready). Commanders and health care providers need to make every effort to prevent Soldiers from becoming non-compliant with their PHA. A commander can make individual deployability determinations within the Commander's Portal, as authorized by AR 40–502. Not making a deployability determination can increase a commander's non-deployable population, decrease their unit's medical readiness, and decrease personnel readiness in their unit readiness reporting. Maintaining their readiness is an individual Soldier's responsibility. Per DoDI 1332.45, Soldiers, commanders, and health care providers must immediately correct all IMR deficits to ensure Service members are medically ready to deploy.

(2) Healthcare personnel ensure the PHA results and e-Profile updates are entered into the medical readiness system of record during the patient encounter. The medical readiness information (PULHES, profile codes, and date of PHA) will automatically update the information in the medical readiness system of record and associated personnel databases. The PULHES is updated through the e-Profile module.

(3) Deployed Soldiers' PHA requirements are deferred until 3 months after their return. This allows the Soldiers ample time to complete their PHA. These opportunities support minimizing the MRC 4 rate.

(4) Members of the Individual Ready Reserve (IRR) have a requirement to promptly report any medical (including mental health) conditions that may affect their readiness to deploy. Human Resources Command will determine what reporting tools the IRR Soldiers (not on active duty) will use to meet the annual PHA requirement. For example, an IRR Soldier may be directed to use the DA Form 3725 (Army Reserve Status and Address Verification) or the virtual muster. If the Soldier reports any conditions, they are required to provide supporting documentation to the Human Resources Command, if requested.

b. Deployment-limiting medical conditions. As directed in AR 40–502, profiling providers describe all medical conditions, including potentially deployment-limiting conditions, on a DA Form 3349–SG. When a medical condition places the Soldier in MRC3, they will receive one of seven deployment-limiting codes (see table 1–1). Commanders must make initial deployability determinations for MRC 3, DL 1 in the Commander's Portal upon review of the profile. The determination will be reviewed monthly while the Soldier has a condition that makes them DL 1. All IMR deficiencies must be immediately corrected to ensure Service members are medically ready to deploy.

c. Dental readiness classification. DoDI 6490.07, DoDI 6025.19 (as implemented by AR 40–3), and AR 40–502 establish the requirements for dental readiness.

(1) *Dental readiness classification 1.* DRC 1 Soldiers hold a current dental examination and no requirement for dental treatment or reevaluation. DRC 1 Soldiers are medically ready and deployable; these Soldiers align with MRC 1.

(2) *Dental readiness classification 2.* DRC 2 Soldiers hold a current dental examination, which requires non-urgent dental treatment or reevaluation for oral conditions that are unlikely to result in dental emergencies within 12 months. DRC 2 Soldiers have active dental disease that requires treatment. DRC 2 Soldiers are medically ready and deployable; these Soldiers align with MRC 1.

(3) *Dental readiness classification 3.* DRC 3 Soldiers require urgent or emergent dental treatment, or are expected to need urgent or emergent treatment within the next year. DRC 3 Soldiers are not medically ready. All DRC 3 conditions must be treated and resolved prior to deploying. These Soldiers are part of the MRC 3 population.

(4) *Dental readiness classification 4.* DRC 4 Soldiers require annual or other dental examinations, such as a digital panoramic image of diagnostic quality for the Army Dental Digital Repository (ADDR). Soldiers whose ADDR data is blank in MEDPROS (dental class unknown) are also DRC 4 (in accordance with AR 40–3 and AR 40–35). DRC 4 Soldiers are not medically ready and are part of the MRC 4 population. This IMR deficiency must be corrected immediately, per DoDI 1332.45. These Soldiers contribute to the medically non-deployable population and are eligible for monthly commander's determinations.

d. Immunizations.

(1) *Readiness reporting tracks the adult routine immunization profile.* (See AR 40–562 for complete information.) If there is an interruption in an immunization series, Soldiers should receive the delayed doses as soon as feasible. Do not restart the series unless clinically indicated. Ensure patients receive doses according to the published vaccine schedule, since in an immunization series, receiving an immunization early may require additional doses for completion. Ensure validation of all immunization medical exemptions with either a lab result or a documented medical encounter. MTFs and facilities providing immunizations must enter the immunizations into the medical readiness

system of record within 24 hours whenever practicable, and no later than 72 hours after the immunization is given in accordance with AR 40–502. MTFs do not turn away any Army Soldier, who can be validated within DEERS, who requires readiness services and data entry. Profiling providers conducting serological titer testing ensure that all positive results are entered into the medical readiness system of record.

(2) *Routine adult series:* See AR 40–562 for guidance on mandatory immunizations. Soldiers are medically ready if they are current on all mandatory immunizations. If the Soldier is missing one or more mandatory immunizations, the Soldier is partially medically ready (MRC 2) unless there are other IMR deficiencies.

(3) *Other immunizations.* Other immunization requirements specified in AR 40–562 are just as important to successful service, but not reflected in the IMR since they apply only to limited populations or are mission specific. Examples include the rabies pre-exposure prophylaxis for those with occupational risk of exposure to rabid animals or forces assigned to locations where access to definitive care is likely to exceed 24 hours.

e. DNA specimen and HIV test.

(1) *DNA.* Soldiers provide a single DNA specimen for storage at the DoD Serum Repository at the Armed Forces Repository of Specimen Samples for the Identification of Remains (AFRSSIR). Soldiers with a DNA sample on file and recorded in the medical readiness system of record are medically ready. Soldiers are partially medically ready (MRC 2) if:

- (a) There is no evidence that a DNA specimen was drawn (“D” in MEDPROS).
- (b) There is no evidence that a specimen is on file at the AFRSSIR.
- (c) The DNA on file category in MEDPROS is blank.

(2) *Entering the record.* A “D” for drawn will be entered into the medical readiness system of record within 24 hours, and no later than 72 hours after the DNA sample is drawn.

(3) *Current HIV test.* Soldiers with a current HIV antibody test received at the Armed Forces Health Surveillance Branch, in accordance with the AR 600–110 testing timeframe (once every 2 years), are medically ready. Soldiers without a current HIV test are partially medically ready (MRC 2).

(a) A “D” for drawn will be entered into the medical readiness system of record within 24 hours whenever practicable, and no later than 72 hours after the DNA sample is drawn.

(b) In accordance with AR 600–110, Soldiers with confirmed HIV infection are exempt from this requirement.

f. Individual medical equipment. The DoD core IMR requirement is one pair of gas mask inserts for Soldiers needing visual correction. The Army individual medical equipment requirement also includes:

(1) Documentation of a current eyewear prescription, such as DD Form 771 (Eyewear Prescription) if required, that is less than 4 years old in MEDPROS VRC.

(2) Physical possession of two pairs of glasses (2PG).

(3) One pair of military combat eye protection (MCEP) inserts (MCEP–I).

(4) One pair of mask inserts (1MI).

(5) One pair of serviceable MCEP eyewear (MCEP) from the authorized protective eyewear list (APEL).

(6) One hearing aid with batteries (HAB), if required.

(7) One medical warning tag (MWT), if required.

Note: AD, ARNG, and USAR Soldiers in deployment status missing any of the above items are partially medically ready.

g. Hearing readiness. (See DA Pam 40–501.)

(1) The Army Hearing Program is described in detail in DA Pam 40–501. The Defense Occupational and Environmental Health Readiness System – Hearing Conservation (DOEHRS–HC) hearing test system is the only authorized system for conducting and recording audiograms (DD Form 2215 (Reference Audiogram) and DD Form 2216 (Hearing Conservation Data)). The DOEHRS–HC hearing test system is comprised of the DOEHRS–HC software application; current DoD approved audiometer; and the DOEHRS–HC data repository web-based application.

(2) All military personnel receive a reference audiogram DD Form 2215 at initial entry training, or Basic Officer Leader Course, prior to noise exposure.

(3) DA Pam 40–501 requires all active duty Soldiers (regardless of unit assignment) and RC Soldiers assigned to table of organization and equipment (TO&E) units to complete an annual (12 months) DD Form 2216 to determine hearing readiness.

(4) Hearing readiness categories are as follows:

(a) *Hearing readiness category 1.* The HRC 1 Soldier had a DOEHRS–HC audiogram within 12 months; unaided hearing is within H–1 standards for both ears. See table 4–1. Soldier is medically ready, and this aligns with MRC 1.

(b) *Hearing readiness category 2.* The HRC 2 Soldier had a DOEHRS–HC audiogram within 12 months; unaided hearing is within H–2 or H–3 standards. The Soldier has a current DA Form 3349–SG in e-Profile assigned (H–2 or

H-3) and has completed both the appropriate Military Operational Hearing Test (MOHT) battery (for example, the Speech Recognition in Noise Test (SPRINT)) and MOS administrative retention review (MAR2). Soldier has hearing aids, if required, and a 6-month supply of batteries. Soldier is medically ready, and this aligns with the MRC 1 population.

(c) *Hearing readiness category 3.* The HRC 3 Soldier has a DOEHS-HC audiogram within 12 months; unaided hearing is within H-2 or H-3 standards in table 4-2, but the Soldier requires audiological evaluation to determine and document an H-2 or H-3 hearing profile on a DA Form 3349-SG in e-Profile. Routine hearing loss profiles will not be written until the comprehensive audiological evaluation is completed. Soldiers with permanent H-3 hearing loss confirmed in the comprehensive audiological evaluation will require referral to the MAR2. This Soldier is not medically ready, nor deployable. Their medical readiness is described as MRC 3, DL 4. Temporary hearing loss profiles are for conditions that temporarily prevent the wearing of hearing protection, or an acute acoustic trauma that has not stabilized for permanent evaluation.

(d) *Hearing readiness category 4.* The HRC 4 Soldier either does not have a DOEHS-HC audiogram within 12 months or requires a followup test to assess a pure tone standard threshold shift. This designation includes Soldiers who do not have a DD Form 2215 audiogram. These HRC4 Soldiers are partially medically ready (MRC2). Commanders ensure completion of all required evaluations and correction of any deficiencies identified prior to deployment.

h. Vision readiness. The Army Vision Conservation and Readiness Program is described in DA Pam 40-506, and contributes to medical readiness. Vision readiness includes an annual (12 months) assessment of a Soldier's distance visual acuity, near acuity if age 45 or older, and currency of the Soldier's optical devices, if required. Health care personnel will not conduct visual acuity testing with the Soldier wearing contact lenses. For Soldiers prescribed spectacles, undergoing a military examination (to include the PHA), health care personnel will measure visual acuity first without spectacles and then with spectacles. During pre-deployment processing, Soldier readiness processing, and after bring provided optometric care to correct a non-deployable status, health care personnel will update the vision readiness module of the medical readiness system of record. Soldiers using civilian eye care should submit a complete DA Form 7655 (Eye and Vision Readiness Summary) to an MTF or unit readiness coordinator to update their vision readiness status in MEDPROS. The vision readiness categories are as follows:

(1) *Vision readiness classification 1.* The VRC 1 Soldier possesses one serviceable APPEL-approved MCEP system and achieves distance and near (if age 45 or older) visual acuity of 20/40 or better with both eyes open. Or, the Soldier possesses a medical waiver for correctable vision worse than 20/40. If the Soldier requires spectacles to achieve 20/40 binocular vision, or as a condition of the medical waiver, a record of the required spectacle prescription that is less than 4 years old must be recorded in MEDPROS and must validate possession of two pairs of glasses, one combat eye protection insert, and one protective mask insert. Referral to optometry is recommended if best vision is worse than 20/20. VRC 1 Soldiers are visually and optically medically ready and align with MRC 1.

(2) *Vision readiness classification 2.* The VRC 2 classification only applies to Soldiers who do not have an APPEL-approved MCEP system and Soldiers who require spectacles either to achieve 20/40 or better binocular vision, or as a condition of their medical waiver. The Soldier's spectacle prescription must be less than 4 years old and recorded in MEDPROS, but possession of all optical devices may not be complete. VRC 2 Soldiers are visually prepared for deployment and possess a current spectacle prescription but lack one or more optical devices. VRC 2 Soldiers are considered medically ready and align with MRC 1.

(3) *Vision readiness classification 3.* VRC 3 Soldiers require optometric treatment, because their best corrected visual acuity at a distance or near (if age 45 or older) is worse than 20/40 at the time of screening, or their required spectacle prescription listed in MEDPROS is older than 4 years. VRC 3 Soldiers are not visually and/or optically ready, not medically ready, and align with MRC 3. Duty limitations of Soldiers in the VRC 3 will be documented through the profiling process with the appropriate DL code to describe the condition and any board requirements.

(4) *Vision readiness classification 4.* VRC 4 Soldiers do not have a documented vision readiness screening in MEDPROS, or have a vision readiness screening in MEDPROS that is older than 15 months. VRC 4 Soldiers are classified as indeterminate, partially medically ready, and align with MRC 2. Commanders ensure completion of all required evaluations and correction of any deficiencies identified prior to deployment.

3-4. Commander deployability determinations

a. In making deployability determinations, unit commanders should consider the Soldier's duties, type of mission, and geographic conditions or concerns. Execution and support for medical readiness both improve when there is close collaboration with supporting (unit or MTF) health care providers. Army leaders need accurate deployment statuses and readiness assessments to train, man, and equip the force.

b. Deployability determinations for Soldiers with missing IMR requirements and duty limitations will be made upon review of a Soldier's medical readiness information and profile. The determination will be documented in the Commander's Portal. The electronic profiling system digitally tracks and documents the commander's profile review. The command staff and commander's designee may view the described capabilities, duty limitations, and training guidance, but will not be able to view the reason for the profile, and their signatures will not be digitally captured on the profile. The Commander's Portal tracks and submits Soldier deployment status defaults and/or commander's determinations and submits them to personnel and Army readiness systems.

c. While unit commanders can make deployability determinations for their Soldiers in MRC 3 or DL 1, a Soldier deemed deployable will not preclude the need for a deployment medical waiver. CCMDs establish the medical deployment policy and waiver process for their area of responsibility. Upon receipt of an assigned mission, the deploying Soldier will be screened according to the currently published CCMD guidance applicable to the assigned mission. Any Soldier with a deployment-limiting condition or requiring a waiver will receive a temporary profile to identify their deployment status limitation and the need to fix the deployment-limiting condition (for example DRC 3) or engage in the CCMD waiver process if the commander wishes to deploy the Soldier. The commander reviews and discusses with the evaluating provider, and can request a CCMD waiver in accordance with the published policy. When the CCMD waiver decision is returned, the originating medical authority indicates the result in e-Profile and expires the temporary profile for the CCMD waiver process. A successful CCMD waiver allows the commander to make the deployability determination for Soldiers who are in MRC 3, DL7 for up to 1 year.

d. Commanders ensure Soldiers are medically ready prior to deployment. During a deployment, the commander assesses changes in a Soldier's deployment status, whether from injuries, worsening of known medical conditions, or the diagnosis of new medical conditions.

3-5. Individual medical readiness categories

Using the eight key elements of IMR and e-Profile information, the medical readiness system of record will indicate the MRC assigned in accordance with paragraph 1-5. This application of the IMR to determine the MRC subsequently supports many personnel actions throughout the Army, from readiness to PCS requirements.

3-6. Disposition of individual medical readiness data

a. MEDPROS is the database of record for all medical readiness data elements. Profiling providers will also document all readiness assessments in the EHR or the service treatment record. The medical readiness system of record and the EHR continue to gain efficiencies of communication and connectivity.

b. All IMR data will be updated in MEDPROS for all Army personnel (all components (COMPOS)), including deploying DA Civilians, regardless of TRICARE enrollment.

c. Healthcare personnel who document IMR services in the EHR (with the exception of immunizations) will update MEDPROS within 72 hours.

3-7. Individual medical readiness goals

See AR 40-502 for the Army's goals. AR 40-502 and current guidance from the Assistant Secretary of Defense, Health Affairs establish the Army IMR goal. There are no published goals for each element of IMR. Reports that provide medically ready statistics, by element, display all personnel who are current or deficient for that element. A Soldier is placed in the order of precedence for the MRCs as follows: MRC 3, then MRC 4, then MRC 2, and finally MRC 1. Personnel may be deficient for more than one element, but will only count once against the unit IMR. For example, Soldier 1 is deficient in three elements and Soldier 2 is deficient in only one element; both deficiencies count against the unit IMR score equally and only once. Soldier 1 needs to correct three items to resolve their IMR deficits and improve unit readiness. Soldier 2 needs to correct one item to become ready and improve the unit readiness.

Chapter 4 Physical Profiles

4-1. General

a. This chapter describes processes for communicating functional abilities, medical instructions and recovery time estimates to commanders, for accurate readiness and duty assignment. The Commander's Portal increases transparency in communication between profiling providers and commanders. Commanders must use the Commander's Portal to track and report personnel deployment status metrics. Standardized, accurate, and clearly worded profiles are critical to inform commanders of both a Soldier's capabilities and functional limitations, such as those outlined in table 4-1.

In accordance with AR 40–502, unit commanders may not override duty limitations or instructions on DA Form 3349–SG. Commanders will use these instructions and the functional information about the Soldier in making duty assignments to include deployment determinations. AR 40–501 provides disease-specific profiling requirements for certain medical conditions, to include but not limited to, asthma and coronary artery disease, and establishes the retention standards for medical conditions. Anatomical defects, pathological conditions, prognosis, and the possibility of further aggravation all contribute to the Soldier’s ability to perform his or her duty. Profiles must be realistic with specific functional limitations written in lay terms.

b. Determining individual assignments or duties is a commander’s decision. Limitations such as “no field duty,” or “no overseas duty,” are not proper medical recommendations. Administratively, Soldiers in certain deployment-limiting categories will have these constraints (such as pregnant Soldiers and Soldiers pending medical and administrative boarding action). Profiling providers must provide specific information on the Soldier’s functional limitations, capabilities, and a description of what the Soldier “can do” to enable assignment or duty determination by the non-medical commander or U.S. Army Human Resources Command. The profiling provider ensures that complete and accurate administrative information is annotated on the DA Form 3349–SG.

Table 4–1
Profiling comment examples

Profiling comments with specific duty limitations and rationale: generally appropriate	Overly restrictive comments without guidance to a commander: generally inappropriate
Requires eight consecutive hours of sleep in every 24 hour period	SM can only work from 9–5, or Soldier cannot present to work until 1000 hours
Soldier should not be exposed to stimuli suggestive of combat experiences (for example, no simulator training, no ranges, no simulated mortars, no patrol lanes, no IED training, and so forth).	No uniforms
No alcohol	No formations
No weapons or ammunition	No 24-hour duty
Soldier has been referred to the MEB process. No deployments to an austere environment per personnel policy regulations. This Soldier should not be issued an individually assigned military weapon, or attend any live fire drills or ranges. Soldier should remain stationed near an MTF where definitive specialty care is available for timely IDES processing.	

c. The commander or personnel management officer determines proper assignment and duty, based on knowledge of the Soldier’s profile, assignment limitations, and the duties of the grade and MOS.

d. The commander has the final decision on the deployment of Soldiers in his or her unit. When health care providers and commanders disagree on the medical readiness status of a Soldier, the decision will be raised to the first O–6 in the Soldier’s chain of command, who makes the final decision whether to deploy the Soldier in consultation with the appropriate medical officer. Deployment waivers may be required for certain areas of operation.

4–2. Application

As specified in AR 40–502, the physical profile system applies to members of any COMPO of the U.S. Army throughout their military service, from accession to separation.

4–3. Physical profile serial system

a. The basis for the physical profile serial system is the function of body systems and their relation to military duties. Profiling providers will use permanent profiles to describe and rate the function of the extremities, sensory organs, physical capacity, and mental health according to the system described in the following paragraphs. The analysis of the individual’s medical function plays an important role in assignments and welfare of Soldiers. Individual duty limitations can impact other Soldiers and unit mission capability. The profiling providers must execute the functional grading, restrictions, and medical instructions with great care and accuracy. Clear and accurate medical instructions to support the recovery, stable function, and maximal safe employment of Soldiers are essential.

b. The permanent physical profile has six functional areas “P–U–L–H–E–S” with four numerical designations used to reflect different levels of functional capacity, described in the following paragraph and table 4–2. The

determination of the numerical designation 1, 2, 3, or 4 evaluates the functional capacity of a particular organ or system of the body.

c. The functional areas for consideration are:

(1) *P – Physical capacity or stamina.* This is general physical capacity and normally includes conditions of the heart; respiratory system; gastrointestinal system and genitourinary system; nervous system; allergic, endocrine, metabolic, and nutritional diseases; diseases of the blood and blood-forming tissues; oral maxillofacial conditions; dental conditions; diseases of the breast, and other organic defects and diseases that do not fall under other specific factors of the system.

(2) *U – Upper extremities.* This is the function and/or diseases of hands, arms, shoulder girdle, and upper spine (cervical and thoracic); as they affect strength, range of motion (ROM), and general efficiency.

(3) *L – Lower extremities.* This is the function and/or diseases of feet, legs, pelvic girdle, lower back musculature, and lower spine (lumbar and sacral) as they affect strength, ROM, and general efficiency.

(4) *H – Hearing and ears.* This is auditory performance.

(5) *E – Eyes.* This is visual acuity and diseases and defects of the eye.

(6) *S – Psychiatric.* This is personality, emotional stability, and psychiatric diseases.

d. There are four numerical designations to describe a Soldier's functional capacity, in each of the six functional areas of the physical profile serial system, applied to the permanent profiles. Guidance for assigning numerical designators is in table 4–2. Soldiers with a numerical designator of 3 or 4 are non-deployable until they have completed the medical or administrative board process described in AR 635–40. The profile serial and physical category codes described in para 4–5 support and document progress through the medical or administrative board processes.

e. All profiles will describe the Soldier's functional limitations whether the condition is just presenting or has a thorough evaluation and has reached the Medical Retention Determination Point (MRDP). The MRDP is reached if a medical condition which has been temporarily profiled has stabilized or cannot be stabilized in a reasonable period of time for up to twelve months and impacts successful performance of duty. Successful performance of duty is defined as the ability to perform basic soldiering skills required by all military personnel (section 4 of DA Form 3349–SG and passing one aerobic ACFT event) and perform the duties required of his or her MOS, grade, or rank. If after reaching MRDP, and transitioning to a permanent profile, the Soldier does not meet the medical retention standards listed in AR 40–501, then the numerical designator must be a 3 or a 4. Any persistent deployment-limiting condition requires inherently significant duty limitation and indicates a numerical designator of 3 or 4. This clearly communicates the significance of the duty limitations and any known deployment-limiting conditions to the commander. The Soldier's functional limitations identified in e-Profile, the ability to meet retention standards and the numerical designator of the profile (permanent 3 or 4), determines DES initiation (see AR 635–40 for description of the DES). The numerical designators described below are also exemplified in table 4–2.

(1) An individual having a numerical designation of “1” describes a high level of medical fitness, deployable.

(2) A physical profile designator of “2” under any factors indicates some medical condition or physical defect that requires some minor functional or activity limitations, deployable. (Note, a Soldier may meet medical retention standards but require a permanent 3, thus, requiring referral to MAR2 in accordance with AR 635–40).

(3) A profile containing one or more numerical designators of “3” describes one or more medical conditions or physical defects with significant functional or activity limitations and warrant processing through a MAR2 or DES process.

(4) A profile containing one or more numerical designators of “4” describes one or more medical conditions or physical defects with severe limitations of military duty performance, requires a DES board evaluation.

Table 4–2
Physical profile functional capacity guide

Profile	P	U	L	H	E	S
Serial	Physical capacity	Upper extremities	Lower extremities	Hearing–ears	Vision–eyes	Psychiatric
Factors to consider	Organic defects, strength, stamina, agility, energy, muscular coordination,	Strength, ROM, and general efficiency of upper arm, shoulder girdle, and upper back, including cervical	Strength, ROM, and efficiency of feet, legs, lower back to include lumbar, sacral, and pelvic girdle.	Auditory performance	Best corrected visual acuity at distance and organic diseases, defects or injuries of the eyes, eyelids, and/or	Type. Severity. and duration of current psychiatric symptoms, disorder, or prognosis. Environmental and individual factors

Table 4–2
Physical profile functional capacity guide—Continued

Profile	P	U	L	H	E	S
	function, and similar factors.	and thoracic vertebrae.			visual system that affect the visual field and overall visual function.	that may affect prognosis for recovery and risk for future decompensation.
1	Good muscular development with ability to perform maximum effort for indefinite periods.	No loss of digits or limitation of motion; no demonstrable abnormality; able to grasp and hold body weight (hanging bar); able to push or pull body weight; able to perform upper body combative to include grappling and submission holds.	No loss of digits or limitation of motion; no demonstrable abnormality; able to perform long marches; stand over long periods, run.	Audiometric threshold at 500, 1000, and 2000 Hz not more than 25 dB in better ear AND not more than 30 dB in worse ear; at 3000 Hz not more than 25 dB in better ear AND not more than 35 dB in worse ear; at 4000 Hz not more than 25 dB in better ear AND not more than 45 dB in worse ear; at 6000 Hz not more than 60 dB in better ear. The better or worse ear is determined for each frequency and may not be the same at all frequencies.	Distance visual acuity of 20/20, or better, in each eye with or without spectacle lenses AND the absence of any visual functional limitation due to diseases, defects, or injuries.	No current psychiatric disorder. May have a behavioral health disorder in complete remission that requires no duty limitation.
2	Able to perform maximum effort over long periods of time but may require shaving restriction, the use of daily medication such as for hypertension or asthma but remains fully	Minimal limitations that may have slight joint mobility limitations, muscle weakness or skeletal defects that do not prevent combatives (excluding grappling and submission holds), PRT climbing	Minimal limitations that may have slight joint mobility limitations, muscle weakness or skeletal defects that do not prevent Marching up to 2 miles with full IOTV and 5 miles in standard uniform, ACFT timed walk, ability to bike 3 miles and swim up to 300	Audiometric thresholds in both ears not more than 40 dB at 500 Hz, 40 dB at 1000 Hz, and 60 dB at 2000 Hz AND audiometric thresholds in at least one ear not more than 25 dB at 500 Hz, 30 dB at 1000	Best corrected distance visual acuity OR the presence of organic diseases, defects, or injuries with mild visual functional limitations that may require non-standard spectacles (tinted lenses, prism, and so forth) or	Mild, residual symptoms of a behavioral health disorder responding to outpatient treatment. Minimal risk of decompensating without continuous behavioral health support. Stable on medications without impairing side effects.

Table 4–2
Physical profile functional capacity guide—Continued

Profile	P	U	L	H	E	S
	deployable without deployment restrictive administrative codes.	drills and prolonged effort.	meters, running at own pace and distance or prolonged effort.	Hz, 25 dB at 2000 Hz, 40 dB at 3000 Hz, 60 dB at 4000 Hz, and 70 dB at 6000 Hz OR meets MOHT battery H2 criteria.	workplace accommodations.	
3	Unable to perform full effort for more than 15 minutes without rest.	Defects or impairments that require significant restriction of use but able to lift, push, or pull up to 40 lbs.	Defects or impairments that require no running, inability to stand over 30 minutes but able to perform the ACFT bike or swim.	Exceeds H2 audiometric threshold criteria AND meets MOHT battery H3 criteria.	Best corrected distance visual acuity of 20/40 in the better-seeing eye that requires the use of optical devices other than spectacle lenses OR the presence of organic diseases, defects, or injuries that result in moderate visual functional limitations	Active behavioral health disorder that limits mission capability and/or social/ occupational functioning. Recent need for inpatient or intensive outpatient treatment. Impairing side effects or significant lab monitoring requirements from medications for behavioral health disorders.
4	Functional level below P3.	Functional level below U3.	Functional level below L3.	Functional level below H3 as determined by exceeding H2 audiometric threshold criteria AND meets MOHT battery H4 criteria.	Functional level below E3.	Chronic psychiatric symptoms that drastically limit the performance of military duties.

4–4. Temporary vs. permanent profiles

There are many electronic requirements for recording profiles. As designated in AR 40–502, profiling provider must complete all profiles for medical conditions lasting greater than 3 days, both temporary and permanent, in e-Profile. The DA Form 689 (Individual Sick Slip) may be used only once for a medical condition limited to acute, minor, self-limited illnesses requiring only 1 to a maximum of 7 days of recovery. DA Form 689 may also be used to write out medical instructions for Service members from other Services, to communicate back to other commanders. Any residual duty limitations and all conditions with functional limitations clinically expected to extend beyond 7 days must be recorded on a temporary profile in accordance with AR 40–502. Profiling for the full expected duration of the condition is essential to the integrity and transparency of the readiness system. This ensures adequate communication with the commander and appropriate duty expectation for the Soldier. Temporary profiles are not associated with a PULHES or the physical function capacity; rather they are assessed by duration only. To prevent unnecessary restrictions for predictable conditions, progressive medical instructions may be written, or the profile can be modified during re-evaluation and progress in care. Additionally, to ensure maximal Soldier participation and readiness, health care providers should support duty assignments and expectations with positive profiling that clearly indicates what necessary Soldier functions a Soldier can perform. No profile will be printed without having been created in the e-Profile electronic application. Leaders accept only valid profiles created and completed within e-Profile.

a. e-Profile is an application in MODS with connectivity to the EHR. Interface capabilities will change over time, and the process will become more seamless with further integration between the EHR and the medical readiness system. Access to e-Profile is role-based. Authorized users can always access the e-Profile application at: www.mods.army.mil and then linking to e-Profile. Commanders and their designees view e-Profile information in the Commander's Portal and are no longer authorized to access e-Profile directly.

b. The DA Form 3349–SG consolidates all of the Soldier's permanent and temporary duty limiting conditions on a single form.

(1) Section 1 is the Soldier information.

(2) Section 2 is the permanent conditions with physical profile serial and any applicable profile codes. The profiling provider and approval authority electronically sign in the designated blocks at the end of each reason for profile.

(3) Section 3 is the active temporary conditions for a profile. Temporary conditions are described by the severity, mechanism of injury, duty status, and expiration date. The days on profile updates automatically in the system even after the document are signed. When reviewing a printed profile, the "days on profile" is static, and it becomes important to consider the date the profile was printed. Each reason for profile has the electronic signature of the profiling provider on the same line. Profiling providers will describe when a Soldier will be eligible for a record ACFT for both temporary and permanent conditions. This clinical decision and clearance for activity, which may be up to twice the length of the profile and may not exceed 90 days, will determine when a Soldier is authorized to take a record ACFT. There is no mandatory recovery period. For example, if a medication requires a profile by policy with no limitations on their ability to do an ACFT, the Soldier would be available for a record ACFT throughout the profile, and no recovery period should be authorized. This section also captures the number of days a Soldier has been on a profile within a 12- and 24-month period.

(4) Sections 4–7 describe the medical instructions, limitations, and PT guidance. All aspects that are permanent are in bold type in the form.

(a) Section 4 is the functional activities for all Soldiers, regardless of MOS and AOC. Any permanent limitation in these functional activities indicates severe limitations and requires the condition to have a numerical designation of 3 or 4. This will initiate Soldier referral to the appropriate medical or administrative board.

(b) Section 5 contains the medical instructions. These instructions cannot be ignored. Temporary instructions will be in plain type, and permanent instructions will be in bold type.

(c) Section 6 describes any permanent or temporary ACFT limitations. To complete the ACFT a Soldier must complete the 2-mile run or an alternate aerobic event. If a Soldier permanently cannot perform at least an alternate aerobic event, the profile serial will have a 3 in the appropriate PULHES designator, and the Soldier will be referred to the MEB.

(d) Section 7 describes the physical readiness training capabilities. Healthcare providers will describe authorized alternate PT events from a medical perspective, for temporary and permanent conditions. For permanent conditions, a Soldier cannot perform at least an alternate aerobic event, the profile serial will have a permanent 3 in the appropriate PULHES designator. The templates will help guide the implementation of FM 7–22 in this section.

(e) Section 8 is the commander's signature block. This will automatically populate with the commander's signature when they view the profile in the Commander's Portal application.

c. Temporary profiles. Indications for a temporary profile are conditions with limitations that will improve over time. Correction or treatment of temporary conditions is medically advisable, and should usually result in a higher level of function and employment. Profiling providers manage Soldiers receiving medical or surgical care, recovering from illness, injury, or surgery by designating a temporary condition on the Soldier's DA Form 3349–SG. The addition of the limitations to any previously existing temporary or permanent limitations in the e-Profile system will provide the commander a single source for the Soldier's medical instructions and duty limitations.

(1) Duration: The profiling provider will write the profile for the entire length of the expected recovery up to 90 days (except as directed in paras 4–8*d* (tuberculosis) and 4–9 (pregnancy)). The profiling provider will extend and modify the profile for the temporary condition, to communicate with the command, until the Soldier reaches the point in their evaluation, recovery, or rehabilitation where they have returned to full duty or the profiling provider determines that the Soldier has achieved the MRDP. MRDP may occur before the 12-month administrative timeline if the condition is stable and no further functional progress is expected. At MRDP, the profiling provider will transition any remaining duty limitations to a permanent profile. All permanent profiles require two profiling provider signatures. The second signature will need to be a physician, or for profiles within their area of expertise, an audiologist or podiatrist are second signature authorities for profiles without deployment limitations. If the profile has deployment limitations, either a 3 or 4 in the PULHES or a deployment-limiting physical-category code, the second signature must be an approval authority. The maximum duration of temporary profiles is 12 months for the same medical condition without an exception, as described in paragraph 4–4*c*(4) below. At 12 months, the Soldier is administratively defined

to have reached MRDP. Profiling providers need to ensure that extensions link to the original profile. Extensions will continue to contribute to the days on profile for that condition. Creating new temporary conditions without linking them to the previous temporary profile will disrupt the tracking system for the days on profile for that condition and can compromise the accuracy of the days on profile, or delay a Soldier's progress toward MRDP. This loss of transparency impedes a commander's ability to manage their formations and undermines the readiness of the Army. All Soldiers with a temporary profile will have an updated functional assessment with medical instructions at least every 3 months and prior to extending the profile.

(2) Temporary profiles exceeding 6 months' duration, for the same medical condition, will be referred to a physician or medical specialist if clinically indicated, for that medical condition, or as required by policy. Specific conditions in AR 40–501 require specialty evaluation to determine if the Soldier meets retention standards. These referrals ensure the optimal care and support to help the Soldier return to duty, or ensure documentation of the injury or illness that supports the medical or administrative board process. Reviewing physicians or specialty health care providers will consider one of the following actions:

(a) Continuation of a temporary profile, for the same medical condition or injury, up to a maximum of 12 months from the initial profile start date;

(b) If the condition has reached MRDP, transition to a permanent profile;

(c) Determination of whether the Soldier meets the medical fitness standards for retention in accordance with AR 40–501 and, if not, refer to the DES. Once MRDP is met for one condition which does not meet retention standards, referral into the DES must commence regardless of the status of other co-existing conditions. If MRDP is met, and the Soldier meets the medical retention standards of AR 40–501, the permanent profile must address the requirements of the MOS or AOC and may indicate referral to an administrative board in accordance with AR 635–40.

(3) Prolonged Soldier review: There are higher authority reviews for profiles lasting over 120 days. Profiles over 120 days in duration will be reviewed by operational profile review boards, above company level, every month. Commanders above the company level will use the Commander's Portal to perform a monthly review of all temporary profiles as noted below:

(a) Battalion and squadron (O–5 or equivalent) commanders will perform a monthly review of temporary profiles lasting 120 days or more.

(b) Brigade commanders (O–6 or equivalent) will perform a monthly review of temporary profiles lasting 180 days or more.

(c) Senior general officer commanders (above BDE, installation level, or equivalent) will perform a review of temporary profiles 240 days or older.

(4) Temporary profiles for conditions with duty limitations beyond 12 months are usually converted to permanent profiles. For all Soldiers, the application of the second signature for a permanent profile that does not meet retention standards initiates the requirement for DES or appropriate processing. For Active duty Soldiers whose condition does not meet retention standards, the second signature on the permanent profile also initiates the DES timeline. For the Reserve COMPOs 2 and 3, the receipt of the MEB packet at the Medical Evaluation Board Tracking Office initiates the timeline for the DES and the RC non-duty related (RC–NDR) process. Requests for exceptions are very rare because the 12-month limit for temporary profiles to reach MRDP ensures timely access to DES and RC–NDR processes, ensures consistent application of the standards, and supports Army readiness. Exceptions to the 12-month, temporary physical profile restriction must be approved by the first general officer in the Soldier's chain of command, in consultation with the senior approval authority and the senior medical officer. Requests for exceptions to the 12-month temporary profile restriction must include:

(a) A detailed written treatment plan: who, what, when, where, and how.

(b) An explanation of why the Soldier has not been referred to the DES or administrative review board.

(c) An expected MRDP.

(5) Providers who see Soldiers (officer and enlisted) in basic training, and MOS- and AOC-specific training may utilize the initial military training (IMT) templates in e-Profile to prescribe clear and concise medical recommendations to the Basic Combat Training (BCT) and Advanced Individualized Training (AIT) commanders and their drill sergeants, regarding the injured Soldier's training.

d. *DD Form 689.*

(1) The DD Form 689 is a means of communication, management, and disposition of short term (1 to 7 days) acute, minor, self-limited illnesses and medical conditions that are expected to resolve quickly and do not limit the functional capabilities of the Soldier beyond 7 days.

(2) The concepts from the IMT sick slip (established by OTSG/MEDCOM Policy Memo 11–095, now expired) were instrumental in the design of the new profile form to capture what the Soldier can do to train and avoid excessive limitation while protecting the Soldier to allow healing and return to full duty. The staff that provides care for BCT

and AIT Soldier population will complete their profile training and utilize the IMT templates instead of the legacy IMT sick slips.

(3) See AR 40–66 for instructions on completing the “Disposition of patient” block on the form.

(4) Functional limitations expected to be greater than 3 days will be entered into e-Profile as a temporary profile, by a profiling provider, for the commander’s medical readiness accountability and tracking.

e. Permanent profiles. Soldiers whose condition(s) have reached MRDP will receive a permanent profile. All permanent profiles require two profiling provider signatures; paragraph 4–6 authorizes specific roles to be the second signature. If the profile has deployment impacts either with a 3 or 4 in the PULHES or a deployment-limiting physical-category code, the second signature must be an approval authority. Some diagnoses do not meet retention standards by definition and will be referred to DES upon diagnosis, in accordance with AR 40–501.

(1) The profiling provider must evaluate whether or not the Soldier meets the medical retention standards in accordance with AR 40–501. A comprehensive review the Soldiers medical records, to include consultation notes and other pertinent medical documentation is essential to ensure that the Soldier’s medical condition and treatment meet MRDP requirements. The numerical designator will describe the severity of the functional limitation and will guide further processing. Permanent profiles are reviewed annually with each PHA and will be updated to reflect any clinical change. There is no requirement to rewrite the profiles every 5 years.

(2) The MEB physician or RC approving authority reviews all MEB referrals from e-Profile prior to signing as the approval authority and second signature:

(a) To ensure that MRDP has been achieved prior to initiating referral into the DES.

(b) To coordinate inappropriate DES referrals, via e-Profile, back through the profiling provider for appropriate disposition.

(c) To assist physician approving authorities in reconciling profiling provider’s questions and concerns about MRDP timing.

(d) To help discern MAR2 versus DES referrals.

(3) Medical and administrative processes once a Soldier reaches MRDP and does not meet medical retention standards.

(a) Duty related processes through one of the three forms of DES: legacy DES, IDDES, or expedited DES.

(b) Non-duty related physical evaluation board (ND–PEB) processing is for the reserve COMPOs only. Soldiers who do not meet retention standards due to a non-duty related condition may request non-duty processing to determine if they may be retained and continue to serve.

(c) Administrative processing for Reserve COMPO Soldiers with non-duty related conditions proceeds when the Soldier does not request a ND–PEB.

(4) Medical and administrative processes once a Soldier reaches MRDP and meets medical retention standards.

(a) Transition to a permanent profile describing the permanent duty limitations. The Soldier’s commander may also discuss a permanent profile, with the profiling provider, request a review of an established permanent profile, and/or initiate a fitness for duty request to clarify any duty performance observations or deployment status concerns. Specific guidance regarding profiling Soldiers with pseudo folliculitis is available in TB MED 287.

(b) The MAR2 is an administrative process to evaluate the Soldier’s ability to serve in their MOS. Outcomes from the MAR2 are to retain the Soldier in their MOS, reclassify them to another MOS, or refer the Soldier for DES processing in accordance with AR 635–40.

4–5. Physical category codes

The physical category codes indicate limitations in personnel and administrative matters and are used in numerous Army systems. The current physical category codes described in tables 4–3 and 4–4 describe a history of an accession waiver, assignment, and deployment limitations, or the completion of medical board or administrative processing. Previously there were medically descriptive codes, but in accordance with AR 40–502, these are rescinded, and the profiling provider will describe these limitations in plain language on the profile to inform the commander’s duty assignments and deployment determinations. The profiling provider may record up to three physical category codes on the DA Form 3349–SG, in section 2, block 12. In the unlikely event that more than three codes are necessary, the additional codes will present in section 5, preceding any other medical instructions to the commander. These codes are administrative in nature and are not authorized for use in medical records to identify limitations.

Table 4–3
Physical category codes (deployment options)

Code	Description or assignment limitation	Medical criteria (examples)

Table 4–3
Physical category codes (deployment options)—Continued

Code F	No assignment or deployment to OCONUS areas where definitive medical care for the Soldier's medical condition is not available.	Individuals who require continued medical supervision with hospitalization or frequent outpatient visits for serious illness or injury.
Code V	This code identifies a Soldier with deployment restrictions to certain areas.	Explanations of condition(s) and specific restrictions are noted in the medical record.
Code X	This Soldier is allowed to continue in the military service with a disease, injury, or medical defect that is below medical retention standards, pursuant to a waiver of an unfit finding and continued on active duty or in active reserve status under AR 635–40.	

Table 4–4
Physical category codes (post board options)

Code	Description/assignment limitation
Code S	Soldier has been determined to meet medical retention standards of chapter 3 by a Medical Evaluation Board (MEB)
Code T	Waiver granted for a disqualifying medical condition, or standard, for initial enlistment or appointment. The disqualifying medical condition, or standard, for which a waiver was granted will be documented in the Soldier's accession medical examination
Code W	This Soldier has a permanent 3 or 4 profile that has been evaluated by a MAR2 with a recommendation to retain or reclassify and return to duty.
Code Y	This Soldier has been found fit for duty through the disability evaluation system (DES) (not entitled to separation or retirement because of physical disability) after complete processing under AR 635–40.

4–6. Profiling provider and approving authority

a. Profiling providers. Commanders of Army MTFs, USARC surgeons, regional support command surgeons, and the State surgeons may designate one or more physicians, dentists, optometrists, podiatrists, audiologists, chiropractors, nurse practitioners, nurse midwives, licensed clinical psychologists, licensed clinical social workers (master's level), and physician assistants (PA) as credentialed profiling providers. The commander ensures the designated profiling providers are thoroughly familiar with the contents of AR 40–502, AR 40–501, AR 635–40, and DA Pam 40–502. Profiling providers will attain and maintain profiling credentials within their scope of practice. Designating authorities will develop and institute a peer review quality assurance process for profiling providers. Profiling providers will not write temporary or permanent profiles for themselves. All permanent profiles require two profiling provider signatures. If the profile impacts deployment status with either a 3 or 4 in the PULHES, or a deployment-limiting physical-category code, the second signature must be an approval authority. Profiling provider limitations are as follows:

(1) *Physicians.* No limitations except for temporary profiles that exceed 6 months when there is a clinical indication for specialty evaluation or care. Physicians may provide second signature authority for profiles with permanent profiles with a 2 in the PULHES that do not impact deployment status. Approval authorities are required to be the second signature for permanent profiles with a 3 or 4 in the PULHES or those that assign a deployment-limiting physical-category code.

(2) *Dentists.* Dentists are specialty health care providers with no limitations within their field. Dentists will write temporary profiles for dental and oral medical conditions. Dentists may be the first signature authority on a permanent 2, 3, or 4 profiles and the second signature on permanent MRC 2 profiles without a deployment-limiting physical-category code. If a temporary dental profile is created through a system interface, it will remain active until the Soldier's dental classification changes in the medical readiness and profiling systems of record. Permanent and temporary profiles need to inform the commander's deployability determinations. Dentists have no profiling authority outside their field.

(3) *Optometrists.* No limitation within their specialty for awarding temporary profiles up to 90 days' duration. Any temporary extension beyond 90 days must be reviewed by a physician. Optometrists have no profiling authority outside their field.

(4) *Chiropractors*. No limitation within their specialty for awarding temporary profiles up to 90 days' duration. Any temporary extension beyond 90 days must be reviewed by a physician. Chiropractors have no profiling authority outside their field.

(5) *Physical therapists, occupational therapists, licensed clinical psychologists, and licensed clinical social workers*. No limitation within their specialty for awarding temporary profiles up to 90 days' duration. Any temporary extension beyond 90 days must be reviewed by a physician. Physical therapists and occupational therapists, licensed clinical psychologists, and licensed clinical social workers may initiate a permanent profile.

(6) *Audiologists*. No limitation within their specialty for awarding temporary profiles and permanent profiles in cases of sensorineural hearing loss. Physicians and audiologists can serve as the second signature on a permanent profile with an H-2 within their specialty. Any profile that assigns deployment-limiting physical-category codes must have an approval authority as the second signature. Changing to or from a permanent numerical designator "3" or "4", adding, or removing a deployment-limiting code requires an approval authority for the second signature. Audiologists have no profiling authority outside their field.

(7) *Physician assistants, nurse midwives, and nurse practitioners*. Any extension of a temporary profile beyond 180 days must be reviewed by a physician, except when the provisions of paragraph 4-9 apply. However PAs with AOC 65DM1, certified in orthopedics, have no limitations on awarding temporary orthopedic profiles or permanent profiles. PAs, nurse midwives, and nurse practitioners may initiate permanent profiles for submission to a physician profiling provider, or the approving authority, for second signature.

(8) *Podiatrists*. No limitation within their specialty for awarding temporary and permanent profiles. Physicians and podiatrists can serve as the second signature on a permanent 2 without a deployment-limiting physical-category code within their specialty. Changing to or from a permanent numerical designator 3 or 4, or adding or removing a deployment-limiting physical-category code requires an approval authority second signature. Podiatrists have no profiling authority outside their field.

(9) *Athletic trainers*. Athletic trainers are not profiling providers, but in command-specified settings will have limited profiling authority, under the supervision of their physician or physical therapist. Athletic trainers may award short term, temporary profiles up to 7 days' in duration. They may make a one-time extension of the profile for 7 additional days. A profiling provider will complete any profiling beyond 14 days (total). Significant illnesses or injuries that are not expected to heal in this period should be referred to the appropriate health care provider to prevent any delay in care. All profiling by athletic trainers will be constrained to designated templates for the musculoskeletal system. Athletic trainers may generate temporary profiles for upper and lower extremities for mild and moderate severity.

(10) *Military Entrance Processing Station physicians, PAs, and nurse practitioners*. MEPS physicians, PAs, and nurse practitioners will be designated as profiling providers. The profiling provider must generate the profile electronically, in e-Profile.

(11) *Other Department of Defense physicians*. A physician from another Service can be a profiling provider, upon completing required training. The profiling provider must generate the profile electronically, in e-Profile. Other methods of communicating capabilities and limitations will be received as clinical input, pending the review, and to inform a valid profile from a profiling provider.

(12) *TRICARE Prime Remote profiling providers*. The RHRP profiling officials may generate profiles in accordance with contractual guidance from the supported component and Army policy. The profiling provider must generate the profile electronically, in e-Profile and ensure clinical coordination as directed by the supported component. RHRP will provide the regional health commands with a referral list of Soldiers requiring further evaluation or care coordination for active duty Soldiers.

b. Approving authority. Army MTF commanders, USARC surgeons, and the State surgeons may designate or delegate one or more physicians as approving authorities serving within their command. They ensure that the designated approval authorities are thoroughly familiar with AR 40-502, AR 40-501, AR 635-40 and DA Pam 40-502. The approving authority must be a physician. Generally, the chief medical officer or deputy commander for medical services, as appointed by the MTF commander, serves as the senior approving authority by position. Army Reserve Regional Support Command (RSC) surgeons are approval authorities by position, but cannot designate other approval authorities. All permanent profiles require two profiling provider signatures. If the profile has a 3 or 4 in the PULHES or assigns a deployment-limiting physical-category code, the second signature must be an approval authority. If the approval authority determines that a permanent 2 profile with a deployment-limiting physical-category code should be a permanent 3 profile, they should return the profile to the original profiling provider for adjustment and to initiate MEB processing in accordance with their standard procedures.

4-7. Recording and reporting of an accession physical profile

a. Individuals accepted for initial appointment, enlistment, or induction normally will be given a numerical designator of 1 or 2. The initial numerical designator will be recorded on DD Form 2808 (Report of Medical Examination) by the MEPS medical officer, at the time of the initial appointment, enlistment, or induction medical examination. The numerical designators assigned by a MEPS physician are for MEPS administrative purposes only and do not represent a "profile" as defined in accordance with this regulation.

b. The accession documentation will identify the initial numerical designator serial (DD Form 2808 and DD Form 1966 (Record of Military Processing—Armed Forces of the United States)). The modifier "T" with a brief, nontechnical description of the defect on the serial, or in those exceptional cases where the numerical designator "3" is used on initial examination, is recorded in the "Summary of Defects" section on the DD Form 2808, in addition to the exact diagnosis. It is the practice for the MEPS to assign a numerical designator "3" pending a medical waiver review of a disqualifying condition. This initial PULHES numerical designator is for MEPS administrative purposes only. It is NOT a PULHES from a DA Form 3349-SG in e-Profile. If the individual receives a medical waiver, the waiver documentation completed by the waiver authority should indicate the appropriate PULHES, in accordance with table 4-1. If the applicant enters the Army with any documented functional limitations or any numerical designator other than a 1 on the DD Form 2808, a DA Form 3349-SG in e-Profile must be completed at initial entry training.

4-8. Profiling reviews and approvals

a. Permanent "3" or "4" profiles, or profiles with a deployment-limiting physical-category code require the signatures of a profiling provider, and a physician approving authority, unless specified by policy. Permanent profiles of "3" or "4" for the IRR require two signatures to include the Army Human Resources Command Surgeon, or his or her designee. Temporary profiles require the signature of an authorized profiling provider. Permanent profiles with a PULHES of "2" without a deployment-limiting code require the initial signature of one profiling provider and the second signature of an approved profiling provider authorized in paragraph 4-6.

b. Situations that require a mandatory review of an existing physical profile include—

(1) Return to duty of a previously hospitalized Soldier. The attending physician will ensure that the patient has the correct e-Profile, assignment limitations(s), and medical follow-up instructions, as appropriate.

(2) Placing a Soldier on convalescent leave. The attending physician or component profiling provider, ensures that the patient has a profile entered into e-Profile, functional limitations(s), and medical follow-up instructions, as appropriate.

(3) When directed by the approving authority in cases of discrepancy or controversial nature requiring temporary revision of profile.

(4) At the time of the PHA or other medical examination.

(5) Upon request of the unit commander.

(6) Upon request of a PEB.

(7) A profiling provider and approving authority signatures are necessary to either change a permanent "3" or "4" profile to a permanent "1" or "2" or remove a deployment-limiting physical-category code.

(8) A change in the Soldier's health that impacts his or her basic Soldier function and ability to perform their duty.

c. The profiling provider adds a temporary condition for a Soldier in e-Profile when, in their opinion, the functional limitations or capacity of the individual temporarily alters their ability to perform their duty. Temporary e-Profiles will not exceed 3 months (90 days) except as provided for in paragraphs 4-8d and 4-9. Temporary functional limitations limited to acute, minor, and self-limited illnesses written on DA Form 689 will not exceed 3 days. The utilization of e-Profile for acute conditions lasting for 3-7 days supports the tracking, medical support, and communication with commands regarding the recovery of their Soldiers.

d. Tuberculosis patients returned to a duty status that requires anti-tuberculosis chemotherapy, following hospitalization, will be given a temporary profile for 1 year. The medical instructions will include assignment limitations to a fixed installation for the required medical care, support, and supervision for 1 year.

e. The hospital commander, appropriate clinical deputy, or command surgeon may verify or revise the physical profile in controversial or equivocal cases.

f. Reserve COMPO reviews and approvals are as follows. The U.S. Army Reserve Regional Support Command surgeons, major subordinate commands staff surgeons, Active Army medical facility profiling providers, State Army National Guard (ARNG) and USAR contracted profiling providers, the U.S. Army Reserve Command (USARC) Surgeon, and the U.S. Army Human Resources Command Surgeon, or their designees (IRR only), may accomplish physical profiles for Reserve COMPO Soldiers not on active duty and for those Soldiers activated on orders for less than 30 days in the Ready Reserve (ARNG/USAR), Standby Reserve (USAR), and Retired Reserve (USAR).

(1) Army Reserve profile providers will accomplish profiles for Army Reserve Soldiers, in accordance with USARC surgeon policy and procedures. The approving authority for the Army Reserve to include troop program unit (TPU) Soldiers is the USARC command surgeon and the RSC surgeons. The USARC command surgeon may delegate profile approving authorities to the operational, functional, training, and support command surgeons, and other physicians, depending on their current duty position and the need for additional approving authorities.

(2) State ARNG/Army National Guard of the United States (ARNGUS) profile providers will accomplish profiles for ARNG/ARNGUS Soldiers not on active duty in accordance with State policy. The respective State Surgeon, or their designated physician alternate, is the approving authority for permanent "3" or "4" profiles. The National Guard Bureau (NGB) Chief Surgeon is an ARNG approving authority for all ARNG/ARNGUS Soldiers. The State surgeons establish processes for awarding profiles to Soldiers with the W, V, and/or F codes, if warranted.

g. The Army Physical Disability Agency identifies Soldiers who are found unfit by a PEB but approved or COAD or COAR status with an "X" code.

h. When Soldiers are returned to duty pursuant to a PEB finding of "fit" in accordance with AR 635-40, the Army Physical Disability Agency applies the Y physical category code. The Army Physical Disability Agency submits the case file to the MEB physician to review and update the profile—to include but not limited to—adding or removing deployment-limiting physical category codes. MEB providers either determine that residual limitations warrant a permanent 2 profile, or retain the 3. Additionally, the MEB providers apply any appropriate deployment-limiting physical-category code. For ND-PEB "fit" determinations, the Army Physical Disability Agency applies the Y physical category code and return to the originating approval authority. The originating approval authority either determines that residual limitations warrant a permanent 2 profile, or retain the 3 status. Additionally, the originating approval authority applies any appropriate deployment-limiting physical-category code. This is to ensure the returning Soldier receives a physical profile commensurate with their functional capacity under the appropriate PULHES factor. The modified profile includes assignment limitations and specific medical instructions determined in the medical board process.

i. MEB physicians, when completing the narrative summary, ensure a full record of all functional limitations is on the DA Form 3349-SG, in e-Profile. The MEB proceeding referring the Soldier to a PEB submits the consolidated DA Form 3349-SG. On that form, the MEB physician may be the profiling provider (1st signature). Cooperation between the MEB physician, PEB liaison officers, and the PEB is essential to support when the PEB requests additional medical information or profile reconsideration by the MTF. The functional limitations described on the profile form may affect the decision of fitness by the PEB.

j. When a MAR2 is complete:

(1) Regular Army. U.S. Army Human Resources Command applies the W code for retained and reclassified Soldiers returning to duty. At completion of the administrative review, the Soldier's primary-care health care provider determines if the Soldier has any deployment-limiting conditions, and applies a V or F physical category code as indicated.

(2) ARNG/ARNGUS: The State surgeons establish policies and processes for awarding profiles to Soldiers with the W, V, and/or F codes, if warranted.

(3) The USARC Surgeon establishes policies and processes for awarding profiles to Soldiers with the W, V, and/or F codes if warranted.

k. Commanders review all DA Form 3349-SGs in e-Profile on their assigned and attached Soldiers. The Commander's Portal supports the commander by presenting this information in a single consolidated location.

4-9. Profiling Soldiers who are pregnant

a. *Intent.* The intent of these provisions is to protect the health of the Soldier and fetus while ensuring productive use of the Soldier. The commander ensures a viable program, in consultation with the Soldier and the provider. This profile guidance has been revised and includes: mandating an occupational health interview to assess risks to the Soldier and fetus; adding additional restrictions to reduce exposure to solvents, lead, and fuels that may be associated with adverse pregnancy outcomes; and authorizing the wearing of non-permethrin treated uniforms for Soldiers who are pregnant and or post-partum. After a review of the risks and benefits of permethrin treatment and that non-permethrin treated uniforms are limited to the garrison environment, the health care team may provide medical authorization for issue of non-permethrin treated uniforms. The Soldier brings this documentation to the commander who provides the paperwork to order the requested uniforms at clothing and sales.

b. *Responsibilities.*

(1) *Soldier.* Soldiers trying to get pregnant should seek appropriate pre-natal care. They may also request medical authorization to obtain and wear permethrin-free uniforms. Pregnant Soldiers seek medical confirmation of pregnancy and comply with the instructions of medical personnel and the individual's unit commander.

(2) *Medical personnel.*

(a) The health care team reviews the risks and benefits of permethrin treatment and may provide medical authorization for the command to issue non-permethrin treated uniforms when a Soldier intends to get pregnant. The request to wear a non-permethrin uniform is not a condition for profile, and the medical authorization is strictly administrative. Non-permethrin treated uniforms are limited to the garrison environment.

(b) For pregnant Soldiers, a credentialed health care provider (physician, nurse midwife, nurse practitioner, or PA) confirms pregnancy and, once confirmed, initiate prenatal care of the Soldier and issue a pregnancy profile by using the pregnancy profile template in e-Profile. Nurse midwives, nurse practitioners, and PAs are authorized to issue routine or standard pregnancy e-Profiles for the duration of the pregnancy. An occupational history, using DD Form 2807-1 (Report of Medical History), is taken at the first visit to assess potential exposures related to the Soldier's specific MOS. This history is ideally taken by the occupational medicine physician, occupational health PA, or occupational health nurse. However, if not feasible, the profiling provider completes the occupational history. After reviewing the occupational history, the profiling provider (physician, nurse midwife, nurse practitioner, or PA), in conjunction with the occupational health clinic as needed, determines whether any additional occupational exposures, other than those indicated in the paragraphs below, should be avoided for the remainder of the pregnancy. Examples include, but are not limited to, hazardous chemicals, ionizing radiation, and excessive vibration. If the occupational history or industrial hygiene sampling (that is, motor pool) data indicate significant exposure to physical, chemical, or biological hazards, then the e-Profile is rewritten to restrict exposure from these workplace hazards.

(3) *Unit commander.* The commander counsels all female Soldiers as required by AR 600-8-24, or AR 635-200. The unit commander consults with medical personnel as required. This includes establishing liaison with the occupational health clinic and requesting site visits by the occupational health and industrial hygiene personnel, if necessary, to assess any work place hazards.

c. *Physical profiles.* Pregnancy profiles stand for the duration of the pregnancy (use the pregnancy profile template in e-Profile). Pregnancy profiles list the diagnosis as "pregnancy, estimated delivery date"; prenatal ultrasounds or other testing are not required to validate an estimated delivery date for the profile. The unit commander reviews the profile in e-Profile. Upon completion of pregnancy, the profiling provider describes the Soldier's duty limitations in a new profile.

d. *Limitations.* Unless superseded by an occupational health assessment, the standard pregnancy profile, DA Form 3349-SG, indicates the following limitations:

(1) Except under unusual circumstances, the Soldier should not be reassigned to overseas commands until pregnancy is complete. (See AR 614-30 for waiver provisions and for criteria curtailing outside the continental United States (OCONUS) tours.) She may be assigned within CONUS. Medical clearance must be obtained prior to any reassignment.

(2) The Soldier will not receive an assignment to duties where nausea, easy fatigue, or sudden lightheadedness would be hazardous to her, or others, to include all aviation duty, classes 1, 2, 3, or 4. However, there are specific provisions in the medical fitness standards for flying duty of AR 40-501 that allow the aircrew member to request, and be permitted, to remain on flight status as further described in the aeromedical policy letters. Air traffic control (ATC) personnel may continue ATC duties with approval of the flight surgeon, obstetrician, and ATC supervisor.

(3) Restrict exposures to military fuels. Pregnant Soldiers must be restricted from assignments involving frequent or routine exposures to fuel vapors or skin exposure to spilled fuel such as fuel handling, or otherwise filling military vehicles with fuels such as motor gasoline, JP8, and JP4.

(4) No weapons training in indoor firing ranges is allowed, due to airborne lead concentrations and bore gas emissions. Firing of weapons is permitted at outdoor sites. (See para (13) below, for other weapons training restrictions.) No exposure to organic solvent vapors above permissible levels. (For example, work in arms room is permitted if solvents are restricted to 1999 MIL-PRF-680, degreasing solvent.)

(5) No work in the motor pool involving painting, welding, soldering, grinding, and sanding on metal, parts washing, or other duties where the Soldier is routinely exposed to carbon monoxide, diesel exhaust, hazardous chemicals, paints, organic solvent vapors, or metal dusts and fumes (for example, motor vehicle mechanics). It does not apply to pregnant Soldiers who perform preventive maintenance checks and services (PMCS) on military vehicles using impermeable gloves and coveralls, nor does it apply to Soldiers who do work in areas adjacent to the motor pool bay (for example, administrative offices) if the work site is adequately ventilated, and industrial hygiene sampling shows carbon monoxide, benzene, organic solvent vapors, metal dusts and fumes do not pose a hazard to pregnant Soldiers. (See para (13), below, for PMCS restrictions at 20 weeks of pregnancy.)

(6) The Soldier must avoid excessive vibrations. These occur in larger ground vehicles (greater than 1 1/4 ton) when the vehicle is driven on unpaved surfaces.

(7) Upon a diagnosis of pregnancy, the Soldier is exempt from regular unit physical readiness training, ACFT testing, and body composition standards for the duration of the pregnancy and 180 days past pregnancy completion. After receiving medical clearance from a health care provider to participate in PT, commanders enroll Soldiers who are pregnant or postpartum to take part in Army Pregnancy Postpartum PT (P3T), in accordance with AR 350–1 and FM 7–22. P3T is designed to maintain health and fitness levels of pregnant Soldiers, and successfully integrate postpartum Soldiers back into unit physical readiness training programs, with emphasis on achieving the ACFT standards, in accordance with guidance provided in the Army PRT Program, and meeting body composition standards in accordance with guidance provided in AR 600–9. Pregnant and postpartum Soldiers must be cleared by a health care provider prior to participating in P3T.

(8) Once pregnancy is confirmed, the Soldier is exempt from wearing load carrying equipment (LCE) to include interceptor body armor (IBA) and/or any other additional equipment. Wearing individual body armor and/or any other additional equipment is not recommended and must be avoided after 14 weeks' gestation.

(9) The Soldier is exempt from all immunizations except influenza and tetanus-diphtheria and from exposure to all fetotoxic chemicals noted on the occupational history form. The Soldier is exempt from exposure to chemical warfare and riot control agents (for example, nuclear, biological, and chemical training) and from wearing mission-oriented protective posture (MOPP) gear at any time.

(10) The Soldier may work shifts.

(11) The Soldier must not climb or work on ladders or scaffolding.

(12) The Soldier is authorized to wear the Army combat uniform without permethrin.

(13) At 20 weeks of pregnancy, the Soldier is exempt from standing at parade rest or attention for longer than 15 minutes. The Soldier is exempt from participating in swimming qualifications, drown proofing, field duty, and weapons training. The Soldier must not ride in, perform PMCS on, or drive in vehicles larger than light medium tactical vehicles, due to concerns regarding balance, vibrations, and possible hazards from falls.

(14) At 28 weeks of pregnancy, the Soldier must be provided a 15-minute rest period every 2 hours. Her duty week should not exceed 40 hours and the Soldier should not work more than 8 hours in any one day. The 8-hour work day does include the time spent in P3T and the hours worked after reporting to work or work call formation, but does not include the PT hygiene time and travel time to, and from, PT.

e. Performance of duty. A woman who is experiencing a normal pregnancy may continue to perform military duty until delivery. Only those women experiencing unusual and complicated problems (for example, pregnancy-induced hypertension) will be excused from all duty, in which case they may be hospitalized or placed sick in quarters. Medical personnel assist unit commanders in determining duties.

f. Sick in quarters. A pregnant Soldier is not placed sick in quarters solely on the basis of her pregnancy, unless there are complications present that would preclude any type of duty performance.

4–10. Stinging insect allergy

a. Soldiers are required to carry their prescribed epinephrine autoinjectors and wear appropriate medical warning tags. Profiling officers should prepare P2 profiles for Soldiers who are prescribed epinephrine autoinjectors, in order to inform their supervisors on the potential for use.

b. Venom immunotherapy (VIT) that can be supported in a garrison or deployed setting with a maximum interval between maintenance VIT shots every 4 weeks during the first 12 months of VIT, every 8 weeks during the second year, and every 12 weeks for the third year and thereafter, is recommended. Allergists review the service member annually for progress to resolution or worsening. Soldiers who decline VIT, should receive a P3 profile and referred to the DES.

c. After 3 years of VIT, the allergist determines:

(1) If no additional treatment or epinephrine auto-injector is required, recommend removal of P2 profile.

(2) If additional treatment is recommended, the Soldier may restart venom shots. Soldier may remain fully functional and deployable despite requiring venom allergy shots more than 3 years as long as the appropriate shot intervals are maintained.

(3) Soldiers who do not require further venom allergy shots after 3 years, but are recommended by an allergist-immunologist to carry an epinephrine auto injector, should maintain a P2 profile without deployment restrictions.

4–11. Cancer in remission

a. When an oncologist determines a Soldier is in remission after treatment for cancer and that there are no physical residuals, they may issue a P2 profile. The Soldier is considered non-deployable while in surveillance, unless the oncologist deems Soldier deployable after discussing mission requirements with CDR. If the Soldier remains in a remission up to 5 years, then the P2 profile may expire. Chronic cancers such as chronic lymphocytic leukemia or

follicular lymphoma, which have not required treatment over the 5-year interval, may also have an expiration of the P2 profile.

b. If at 5 years or sooner, the Soldier experiences relapse or progression of his or her disease that is not expected to return to a prolonged remission, the oncologist writes a P3 profile and refers to the DES.

4–12. Postpartum profiles

a. Convalescent leave (as prescribed by AR 600–8–10 and Army Directive 2016–09) after delivery, is for a period determined by the attending physician. This is normally for 42 days. If a postpartum Soldier meets the definition of a birth event and service requirements from AD 2016–09, she is authorized up to 12 weeks of non-chargeable maternity leave by policy. The service requirement is that the postpartum Soldier be either on active duty or a RC Soldier, serving on call or order to active service, for a continuous period of at least 12 months. Regardless of the Soldier's eligibility for maternity leave, if there are medical indications for convalescent leave beyond the normal 42-day period, the commanders and profiling providers may grant convalescent leave as warranted.

b. Convalescent leave after completion of pregnancy (to include miscarriage) is determined on an individual basis, by the attending physician.

c. Prior to commencing convalescent leave, postpartum Soldiers are issued a postpartum profile, starting on the day of discharge, or the completion of the pregnancy if the Soldier is not hospitalized. The post-partum profile allows PT at the Soldier's own pace. Soldiers are encouraged to use the at-home component of Army P3T while on convalescent leave. If a Soldier decides to return early from convalescent leave, the temporary profile remains in effect for the entirety.

d. Soldiers receive clearance from the profiling provider to return to full duty.

e. All postpartum (any pregnancy that lasts 20 weeks and beyond) Soldiers, in accordance with DoDD 1308.1, are exempt from the ACFT and for record weigh-in for 180 days following completion of pregnancy. After receiving clearance from a profiling provider to resume PRT, postpartum Soldiers take part in the postpartum component of Army P3T. Postpartum Soldiers must receive clearance from a health care provider prior to returning to regular unit PRT if it is before 180 days following pregnancy completion. After receiving clearance from a health care provider to resume PRT, they are expected to use the time in preparation for the ACFT.

f. Postpartum and nursing Soldiers are authorized to wear the ACU without permethrin.

g. The above guidance is only modified if, upon evaluation of a physician, it has been determined the postpartum Soldier requires a more restrictive or longer profile because of complicated or unusual medical problems.

4–13. Concussion profiles

a. *Significance.* Concussion, also known as traumatic brain injury, is a significant military concern that can adversely affect Soldier health, unit readiness, and mission accomplishment. Extensive research and progress in the recognition, care, and treatment of concussion has led to current policies and clinical practice guidelines for the management of concussions in the garrison and deployed environment. These programs and tools improve recognition, access to care and ultimately, outcomes.

b. *Profiling.* In order to ensure optimal care and reduce variance, profile providers use the appropriate concussion profile template, as required in AR 40–502. These templates also make patient and outcome tracking easier, which supports ongoing improvements in Soldier care in garrison and deployed environments. The limitations associated with repeat brain injuries are different to optimize healing and patient outcomes, and it is essential to communicate this to commanders. The DA Form 689 is not authorized for use for Soldier's diagnosed with a concussion.

4–14. Preparation, approval, and disposition of DA Form 3349–SG

a. *Preparation of DA Form 3349–SG.*

(1) A single DA Form 3349–SG is used to record the profiles for both permanent and temporary conditions providing a holistic view of the Soldier's duty limitations.

(2) All DA Form 3349–SGs must be completed in e-Profile for all profiles over 7 days' duration, and using e-Profile for acute conditions lasting for 1–7 days is encouraged, to improve Soldier accountability and unit readiness tracking.

(3) Profiling providers use the various DA Form 3349–SG OTSG-approved templates available in e-Profile to use clear, standardized communication in lay terms. The templates align by the reason for profile and severity. For permanent profiles, the profiling providers describe severity with the physical profile functional capacity guide. All templates are thoroughly reviewed and staffed to ensure the highest quality, with clear and accurate communication. Future template suggestions and updates may be sent to the proponent of this policy.

(4) The DA Form 3349–SG is prepared as follows:

(a) *Section 1: items 1–8.* Profiling providers can initiate a profile using the Soldier’s name (last, first), DoD ID number, or the Social Security number (SSN). e-Profile pre-populates as much of the section as is available from the available databases and systems of record. The profiling provider completes any unpopulated fields. Table 4–5 displays the current organization (CURORG) list that providers populate, in item 5, on DA Form 3349–SG.

Table 4–5
Current organization list

CURORG	A	Active National Guard of the United States
CURORG	B	Air National Guard of the United States
CURORG	C	Army National Guard (inactive)
CURORG	D	United States Marine Corps Reserve
CURORG	E	United States Navy, Reserve
CURORG	F	United States Coast Guard Reserve
CURORG	G	United States Air Force Reserve
CURORG	H	United States Army Reserve Troop Program Unit
CURORG	I	USAR Control Group (Individual Mobilization Augmentation (IMA))
CURORG	J	USAR Control Group (active, Guard/Reserve)
CURORG	K	USAR Control Group (annual training)
CURORG	L	USAR Control Group (reinforcement)
CURORG	M	USAR Control Group (officer active duty obligor (OADO))
CURORG	N	USAR Control Group (dual component)
CURORG	O	USAR Standby Reserve (active status list)
CURORG	P	USAR Standby Reserve (inactive status list)
CURORG	R	USAR Retired Reserve
CURORG	S	RA Delayed Entry Program
CURORG	T	USAR Control Group Reserve Officer Training Corps (ROTC)
CURORG	U	Service academy
CURORG	V	USAR Delayed Entry Program
CURORG	Y	archived record
CURORG	Z	unknown
CURORG	1	Active Army
CURORG	2	Active Marine Corps
CURORG	3	Active Navy
CURORG	4	Active Coast Guard
CURORG	5	Active Air Force
CURORG	6	United States Army retired list
CURORG	7	Permanent Disability retired list
CURORG	8	Temporary Disability retired list
CURORG	9	Army of the United States (AUS) retired list

(b) *Section 2: items 9–14.* The profiling provider completes these sections only for permanent conditions. The template describes the reason for profile in lay terms. The profiling provider completes the PULHES and any pertinent profile codes. The profiling provider who initiates the profile is associated with that specific condition. Specific profiling providers (for example, physicians, audiologists, dentists, podiatrists, and so forth) are authorized to be the second signature for permanent conditions with a numerical designator of 2, without a deployment-limiting physical-category code, within their specialty. Approval authorities may review and approve permanent profiles with a

numerical designator of 3 or 4, and profiles with deployment-limiting physical-category codes. An approval authority may not be both the profiling provider and the approval authority. If an approval authority rewrites a profile, they need to send the profile to either another physician or approval authority (for permanent 2, 3, or 4 profiles) to complete the second signature as described above. The approval authority is encouraged to return the profile, or provide feedback to the profiling provider to improve the process. The digital signature and date is electronically recorded on signing. The MEB physician, State surgeon, USARC surgeon, or their designees, determine whether the Soldier does or does not meet retention standards. A Soldier who enters the DES process secondary to a permanent 3 or 4 profile, indicating that they do not meet retention standards, is initially evaluated by the local or regional MEB. If the appropriate authority determines that the Soldier meets retention standards, then the MEB rewrites the profile to reflect the appropriate limitations. The modified profile accurately reflects the Soldier's limitations with a permanent 2, or a permanent 3, when indicated by policy, and the "S" code applies. The MEB profiling provider documents the circumstances of the process and decision in section 5 on the DA Form 3349-SG to include the board members: rank, full name; date of MEB final determination; MTF or location. Permanent 3 profiles with an S code are referred to the MAR2 for personnel review. If the Soldier, upon MEB review does not meet retention standards, DES processing continues in accordance with AR 635-40. The S code identifies Soldiers who underwent MEB processing only (NOT PEB) and were found to meet retention standards with either a permanent 2 or 3 profile. MEBs completed before the S code was introduced in 2011 should be rewritten in e-Profile with an S code, current accurate capabilities and limitations, and considered for modification as described above.

(c) *Section 3: items 15-22.* The profiling provider completes these sections only for temporary profiles. Temporary profiles are for temporary conditions that are expected to change and improve with treatment. To allow tracking and reflect the fluidity of these conditions, e-Profile displays the as of date on the top of section 3. These conditions are selected from the temporary profile taxonomy with the designation of mild, moderate, or severe. The profiling provider selects the mechanism of injury, duty status, and expiration date. Profiling providers ensure that extensions of expired temporary conditions remain linked to the original profile, to ensure accurate calculation of the number of days.

1. The mechanism of injury is chosen from a drop down list.
2. The duty status is chosen from a drop down list. The provider's entry is based on Soldier self-report. This is independent and exclusive of any association with the line of duty process.
3. The provider sets the expiration date. e-Profile uses this to calculate the total days on temporary profile in the last 12 months, and 24 months, displaying the as of date for block 22.
4. The digital signature and date are electronically recorded on signing.

(d) *Block 23.* This block documents the Soldier's availability to take a record ACFT for either a permanent or temporary condition. If the condition is temporary, the provider enters the anticipated ACFT availability date. It is important to note, this block is to inform the command of the Soldier's capabilities and limitations and does not require the command to administer an ACFT. There is no longer a prescribed recovery period after a profile; the profiling provider includes the necessary recovery period in this block. The recovery time is factored into the date authorized to take the ACFT based on the profiling provider's judgment and is not to exceed 90 days (except as directed above in paragraph 4-9d(7) for pregnancy).

(e) *Section 4: items 24-26.* This section describes the functional activities necessary to perform within retention standards, the additional physical restrictions that guide personnel assignments, and the medical or administrative board referral. An "N" for No documents a Soldier who cannot perform a functional activity in either the P or T columns for permanent or temporary limitations. The additional physical restrictions require more description in weight, time or pace for permanent and/or temporary conditions. The last block documents the indicated medical or administrative board (if any). All new permanent 3 or 4 profiles require a determination in box 26.

(f) *Section 5: item 27.* This section documents the medical instructions to the unit commander for mission and duty assignment. These instructions have permanent restrictions listed in bold type and temporary instructions listed in normal type. The profiling provider writes the medical instructions in plain language, clearly, and to encompass the minimal limitations anticipated supporting Soldier health, welfare, and recovery of function. The commander communicates with the profiling provider for any clarification of the instructions. The medical instructions may not be ignored.

(g) *Section 6.* This section describes the ACFT restrictions and alternative options for the aerobic event. The profiling provider documents "Yes" or "No" under either the permanent or temporary columns. Providers refer any Soldier with a permanent condition to the DES process, if they cannot complete at least one alternate event, unless prevented by a temporary condition.

(h) *Section 7.* This section describes the physical readiness training capabilities for the commander. These should be positive statements to describe what the Soldier can do regarding PT. It is imperative that profiling providers avoid

over-limiting Soldiers which would needlessly impair their ability to train, constraining the Soldier's mission readiness. Conversely, it is important to identify training restrictions that allow a Soldier to heal.

(i) *Section 8.* A profile is a communication tool between the profiling officer and the commander. This can only be effective if the profiling officer generates an accurate, clear, and consistent profile and the unit commander views the profile information to make duty and mission assignments appropriately.

b. *Disposition of DA Form 3349-SG (temporary and permanent).* The electronic profile displays in the Commander's Portal for command review. The electronic profile displays in the PHA for the health care provider to complete their annual review. An electronic copy of the profile is available in Army Knowledge Online (AKO) for the Soldier review. The DA Form 3349-SG is valid when signed by the profiling provider for temporary and permanent 1 and 2 conditions. Permanent 2 profiles are valid from when they are written and the first signature is applied. They remain valid and in a pending status until the appropriate second signature is applied or until the profile automatically expires. The limits of automatic expiration are set in the system of record for Active and Reserve COMPOs. Permanent 3 and 4 profiles, and profiles that assign a deployment-limiting physical-category code are valid when signed by the approval authority. The commander's signature is electronically applied when they view the profile in the Commander's Portal and has no impact on the validity of the profile. The Soldier may request a printed copy of the DA Form 3349-SG completed in e-Profile.

4-15. Responsibility for personnel actions

a. Commanders and personnel officers take necessary personnel actions, including appropriate entries on personnel management records and the assignment of the individual to military duties commensurate with the individual's physical profile and recorded assignment limitations.

b. Profiles are communication tools between the profiling providers and the commanders. All company level commanders are to review the profiles for the Soldiers under their command through the Commander's Portal. Senior commanders review the medical readiness of their subordinate units and provide guidance and mentorship to ensure accurate readiness reporting.

c. If the Soldier's commander believes the Soldier cannot perform within the limits of the permanent profile, or the profile limitations do not address or prevent training that the Soldier can safely complete without aggravating the condition, the commander requests clarification and reconsideration of the profile by the profiling provider. Reconsideration starts with the same profiling provider who seeks to understand the commander's observations and concerns, then either re-writes the profile or revalidates the profile as initially written. This should be a collaborative process to provide the optimal care and employment of the Soldier. In the event that the profiling provider and commander cannot come to an agreement on a temporary or a permanent profile, the commander can request a fitness for duty evaluation with another profiling provider. The second profiling provider has access to the original profile and all applicable notes.

d. The commander reviews all new or modified profiles within 14 days for active duty, and 30 days for the RCs.

4-16. Physical profile and the Army Body Composition Program

AR 600-9, is a personnel program. The DA Form 3349-SG does not excuse Soldiers from the provisions of AR 600-9. The AR 600-9 contains a standard memorandum for completion by a physician if there is an underlying or associated disease process that is the cause of the overweight condition. The inability to perform all ACFT events or the use of certain medications is not generally sufficient medical rationale to exempt a Soldier from AR 600-9.

Chapter 5

Medical Examinations—Administrative Procedures

5-1. General

This chapter provides—

- a. General administrative policies relative to military medical examinations.
- b. Administrative requirements for periodic medical examinations, PHA, Separation History and Physical Examination (SHPE), mobilization, and other medical examinations.
- c. Policies relative to hospitalization of examinees for diagnostic purposes and use of documentary medical evidence, consultations, and the individual health record.
- d. Policies relative to the scope and recording of medical examinations and assessments accomplished for stated purposes.

5-2. Application

The provisions contained in this chapter apply to all medical examinations and assessments accomplished at U.S. Army medical facilities or accomplished for the U.S. Army.

5-3. Physical fitness

a. Maintenance of physical and medical fitness is an individual military responsibility. Soldiers have an obligation to maintain themselves in a physical condition that enables them to perform Soldier duties efficiently. Soldiers are to seek timely medical care and advice whenever they have a medical condition or physical defect and report any effects on their readiness status. Soldiers are not to wait until their annual periodic health assessment to report medical conditions. Soldiers need to provide their military health care provider, unit commander, or medical readiness noncommissioned officer with any civilian health records. The active and RC Soldier's military health record and/or scanned EHR documents any civilian health records which may impact the Soldier's readiness status.

b. Commanders ensure the documentation of a Soldier's readiness and medical status in the personnel systems of record and that the appropriate follow-up action is taken regarding the Soldier's medical or readiness status.

c. Commanders ensure that Soldiers complete and maintain all medical readiness requirements.

d. Commanders safeguard all protected health information and ensure it is entered into the Soldier's Service Treatment Record (STR) and EHR.

5-4. Consultations

a. AR 40-400 and AR 601-270 authorize the referral and use of specialty consultants, either military or civilian.

b. The indications for consultation in evaluation of individuals applying for military service, including United States Military Academy (USMA) and Reserve Officers' Training Corps (ROTC), are as follows:

(1) Verification, or establishment, of the exact nature or degree of a given medical condition or physical defect necessary for the determination of the examinee's medical acceptability or unacceptability based on the medical fitness standards prescribed in AR 40-501; or

(2) Consultation assists higher headquarters in the review and resolution of a questionable or borderline case; or

(3) The examining or reviewing profiling provider deems it necessary.

c. Active duty Soldiers receive a consultation, as indicated, to ensure the proper medical care and disposition of the Soldier.

d. A medical examiner requesting a consultation routinely furnishes the consultant with—

(1) The purpose or reason for examination; for example, enlistment.

(2) The reason for the consultation.

(3) A brief statement of the desired documentation from the consultant.

(4) Pertinent extracts from available medical records.

e. The examining and reviewing entities append the consultation reports to DD Form 2808, DD Form 2807-1, PHA, and scan the documentation into the Soldier's STR or EHR.

5-5. Distribution of medical reports

a. The STR, in accordance with AR 40-66, and the designated EHR system, or outpatient treatment record permanently documents copies of the PHA. The DD Form 2766 (Adult Preventive and Chronic Care Flowsheet), EHR (as applicable), and MEDPROS are used to document all IMR items. Legible and permanent copies reproduced from signed medical readiness documents are acceptable for any purpose unless specifically prohibited by the applicable regulation. Only authorized personnel or agencies may receive distribution of copies.

b. DD Form 2808 and DD Form 2807-1—

(1) All remaining military examinations, to include, examinations to attend special schools, permanent separation from the military, and retirement use the DD Form 2808 and DD Form 2807-1. Medical examinations/histories accomplished in accordance with this chapter are valid. Military medical examinations, other than those conducted at U.S. Military Entrance Processing Command (USMEPCOM), do not require the DD Form 2807-2 (Accessions Medical History Report).

(2) When completing DD Form 2808 and DD Form 2807-1, the examining facility, and either the Soldier's electronic permanent health record (in accordance with AR 40-66), or outpatient treatment record retains a copy of each document. Legible and permanent copies reproduced from signed copies are acceptable for any purpose unless specifically prohibited by the applicable regulation. Only authorized personnel or agencies may receive distribution of copies.

5–6. Documentary medical evidence

a. Documentary medical evidence can provide a broader understanding of an individual’s medical history, level of function and readiness. Examining entities encourage the use of documentary medical evidence to increase clarity and accuracy in the medical examinations. An examiner, or his or her representative, may submit documentary medical records and other documents prepared by physicians or other individuals as evidence of the presence, absence, or treatment of a defect or disease. This evidence receives due consideration by the examiner(s).

b. Reports of consultation and medical documentation of special tests are documentary medical evidence.

c. The examining or reviewing entities append each piece of documentary medical evidence received to:

- (1) Each copy of the DD Form 2808 with annotation in the summary of defects or the originating PHA with annotation in the medical progress note.
- (2) Scan into the Soldier’s EHR, or STR progress note.

5–7. Facilities and examiners

a. Physicians, PAs, and nurse practitioners may perform medical examinations of any type except where specific requirement exists for the examination to be conducted by a physician qualified in a specialty. Optometrists, audiologists, and podiatrists, properly qualified by appropriate training and experience, may accomplish the aspects of the medical examination within their field and sign the report of medical examination (DD Form 2808) documenting those portions of the examination. In all cases, the profiling provider signs the report of medical examination in block 81 of the DD Form 2808.

b. In general, facilities of the Armed Forces, using military medical officers on Active or Reserve Duty, or full-time or part-time civilian employee physicians, with the assistance of dentists, PAs, nurse practitioners, optometrists, audiologists, and podiatrists complete Army medical examinations and PHAs. Contract agreements with civilian or Department of Veterans Affairs facilities, to perform military medical examinations, PHAs, or SHPEs establish an overseeing Army MTF or Reserve Command. (See table 5–1 for SHPE qualification categories.) This ensures review to assess the contracted medical examinations that uphold medical retention standards in AR 40–501. Military physicians and credentialed health care providers familiar with these standards will make accurate and competent retention determinations. Soldiers have to be medically fit for retention, retirement, or non-DES separation. Profiling providers accurately, clearly, and concisely complete the DA Form 3349–SG to describe the capabilities and any functional limitations identified in the examination. If the Soldier’s condition does not meet retention standards, they enter the DES process as described in AR 635–40.

c. The DoD Medical Examination Review Board (DoDMERB) conducts and coordinates the medical examinations for qualification and admission to the USMA, the U.S. Naval Academy, the U.S. Air Force Academy, and the respective preparatory schools. DoDMERB also conducts and coordinates the examinations for the University of Health Sciences. These students may complete their accession lab requirements at their AMEDD Direct Commission Course. All other entities must complete a memorandum of understanding with DHA to describe the process for completing the accession lab requirements.

Table 5–1
Summary of separation history and physical exam qualification categories

Soldier	SHPE required	Notes
Active Component (AC) or Active Guard and Reserve	Yes	The SHPE must be completed prior to separation from active duty. Not filing claim: Complete the SHPE at an MTF or by DoD-contracted services. Filing claim: No later than 90 days prior to date of separation from active duty, complete the separation exam with the VA when possible. Soldiers who separate from overseas locations should refer to the Services for SHPE location and timing.
RC separating after ≥ 180 days of continuous service on active duty (AD) orders or RC separating with ≥ 30 days of continuous service on AD orders in support of a contingency operation	Yes	Not filing claim: Complete the SHPE at an MTF or by DoD-contracted services prior to separation from active duty. Filing claim: Complete the separation exam with the VA when possible. The SHA must be completed prior to separation from active duty. When conducted by the VA, a separation exam up to 180 days prior to the date of separation from active duty is acceptable. In accordance with DoDI 6040.46, Paragraph 3.3, a DoD official must review the VA performed exam and make an entry into the STR. The presence of this entry must be validated as current no more than 30 days prior to the date of separation from active duty, consistent with separation processing procedures of the military department concerned.
USCG	Yes	Complete SHPE at a cognizant USCG, MTF, or VA medical facility. When assigned to Navy, follow Navy procedures.
RC separating after 30 to 179 days of continuous service on AD orders or RC separating with ≤ 30 days of continuous service on AD orders in support of a contingency operation	No	Document health status and complete a medical assessment prior to separation from active duty.
Potentially unfit for continued military service	No	Refer to the DES or IDES. DES examinations meet the SHPE requirement.
Other: Not under control of secretaries (for example, unauthorized absences or civilian incarceration)	No	Commands should request waiver through HRC to HQDA DCS, G–1, or his or her delegee. Memos must include: 1. "In accordance with DoDI 6040.46, Separation History and Physical Examination (SHPE) for the DoD Separation Health Assessment (SHA) Program, dated 14 April 2016, I hereby request a waiver for the requirement of a SHPE in the separation action pertaining to Rank Name under AR 635–200, paragraph XX." 2. Brief reason why SHPE is not capable of being done. 3. Point of contact for this memorandum A copy of this request and the approved waiver must be included in the Soldier's EHR/STR.

5–8. Hospitalization

AR 40–400 authorizes hospitalization if necessary for evaluation in connection with a medical examination or PHA.

5–9. Objectives of medical examinations

The objectives of military medical examinations and periodic health assessments are to provide information to:

- a. Assess the Soldier's medical readiness status and to update the IMR status.
- b. Review PULHES and update any profiles.
- c. Inform the individual of modifiable health risks and to identify potential lifestyle modifications.
- d. Identify an injury or illness that requires treatment or has readiness implications.
- e. Meet administrative and legal requirements.
- f. Update information on current medical conditions, medications, readiness, duty, or deployment-limiting conditions and determine if a Soldier meets medical retention standards.
- g. Determine an individual Soldier's permanent medical non-deployment status risk and health indicator trends by reviewing the MRAT 24-Month Trend Tool.

5–10. Scope of medical examinations

a. The scope of a medical examination conforms to the intended use of the examination. The medical examination routine describes each abnormality, whether or not it affects the examinee's medical fitness to perform military duty. The designated sections on the DD Form 2807–1 and DD Form 2808 annotate all symptoms and diagnoses. DD Form 2807–2 is used in the accessions process. Chapter 6 describes the details of specific examinations and completing the medical examination forms.

b. AR 601–270 describes the administrative procedures pertaining to procurement medical examinations conducted at MEPS. DoDI 6130.03 (Medical Standards for Appointment, Enlistment, or Induction in the Military Services) and AR 40–501 provide the standards for procurement exams. describes the processes of appointment of commissioned and warrant officers of the Army.

c. For procedures pertaining to enrollment in the Army ROTC, see AR 145–1.

d. For procedures pertaining to USMA and ROTC Scholarship applicants.

e. Medical examinations for airborne qualification on DD Form 2808 are valid for 24 months from the date of medical examination. If the examination is older than 2 years, applicants for airborne school must have a current PHA noting any known change in their medical condition since the last examination. A credentialed profiling provider reviews any clinical changes with duty limitations, to ensure the Soldier meets airborne school medical standards.

f. Medical examinations are valid for 24 months from completion date of medical examination until the start date for all U.S. Army John F. Kennedy Special Warfare Center and School (USAJFKSWCS) schools. This includes Special Forces Assessment and Selection; Special Forces, Civil Affairs (CA) and Psychological Operations training; Military Free Fall (MFF); Special Forces/Ranger Combat Diver; and Survival, Evasion, Resistance, and Escape (SERE) training. Military Free Fall Jumpmaster, Dive Supervisor, and Diving Medical Technician (DMT) training are not initial qualification courses. As such, these courses only require a current MFF/Combat Diver Qualification Course (CDQC) physical valid for the period specified in 6–3. Candidates for DMT, not on dive status, require an initial combat diver physical to attend this school.

g. The provisions of paragraphs 5–11 through 5–16 and paragraph 6–2 apply to flying duty medical examinations (FDME), flying duty health screenings (FDHS), and aeromedical summaries for Army aircrew to include unmanned aircraft system (UAS) operators and ATCs. This includes Active Army, Reserves, ARNG, Department of the Army Civilians (DAC), and contract civilians under employment by the DA or firms under contract to the DA. The FDME and FDHS are performed for occupational and preventive medicine purposes to promote and preserve the fitness, medical readiness, and safety of aviation personnel and resources.

h. For all flying classes, evaluation of each disqualifying defect or condition determines if it—

- (1) Is progressive.
- (2) Is subject to aggravation by military service.
- (3) Precludes satisfactory completion of training and/or military service.
- (4) Constitutes an undue hazard to the individual or to others.

i. Aeromedical health care providers consider the factors involved in the use of medicines (Aeromedical Policy Letters (APL), Medications) for treatment of the condition and determine if—

- (1) The medication is effective without aeromedically significant side effects.
- (2) There is a problem with medication compliance.
- (3) The medication is readily available during mobilization.
- (4) The medication does not mask symptoms subject to acute incapacitation or complications in the aviation environment.

j. The aeromedical health care provider considers whether continued flying duty may—

- (1) Compromise personal health.
- (2) Pose a risk to aviation safety.
- (3) Jeopardize mission completion.
- (4) Result in medical limitations that may affect deployment status.

5–11. Aviation administration definitions

a. AR 600–105 (Aviation Service of Rated Army Officers) and AR 600–106 (Flying Status for Nonrated Army Aviation Personnel) provide additional definitions and policies pertaining to aviation duties.

b. The term aircrew duties, when used in this chapter, refer to and are interchangeable with, ATC duties, aviation service, flying status, flight status, UAS operator duties, and flying duty.

c. The terms aircrew and aircrew member are interchangeable and refer to personnel who are in, or graduated from, corresponding aviation, aeromedical, UAS, or ATC training programs.

d. Flight surgeons (FS), aeromedical physician assistants (APA), and aviation medicine nurse practitioners (AMNP) are licensed health care providers awarded their respective aeronautical designation after graduation from a basic level U.S. military aviation medicine training program.

e. An aerospace medicine specialist is a FS who successfully completed a residency in aerospace medicine, or equivalent as determined by the American Board of Preventive Medicine, American Osteopathic Board of Preventive Medicine, or TSG.

f. An Army aeromedical examiner (AME) is a physician with sufficient aeromedical training to allow him or her to independently conduct FDMs and FDHs, write aeromedical summaries, and issue DD Form 2992 (Medical Recommendation for Flying or Special Operational Duty). The Dean, School of Army Aviation Medicine (SAAM) or the Director, US Army Aeromedical Agency (USAAMA) validates and approves the aeromedical training. This term is distinct from Federal Aviation Administration (FAA) aeromedical examiners. FAA aeromedical examiners perform only FAA examinations.

g. The Aeromedical Consultants Advisory Panel (ACAP) is a panel of subject matter experts assembled by the USAAMA Director (either physically or virtually) designed to advise the director on such issues as precedent setting cases and policies. It is not a formal medical board such as a MEB or PEB. Its membership may be composed of senior Fort Rucker aviators, senior flight surgeons and medical specialists with various medical specialty credentials and other subject matter experts as necessary.

h. An Aeromedical Summary (AMS) is a medical information packet summarizing a case history and requesting waiver or suspension for one or more medical conditions. It is prepared by a FS, APA, AMNP, or AME and once properly reviewed, submitted by a FS or AME via the Aeromedical Electronic Resource Office (AERO) to USAAMA for review and disposition.

i. An aeromedical disqualification (DQ) is an unfitting medical condition for aircrew duties as prescribed in the accession and aeromedical standards published in AR 40–501.

j. AR 600–105 is central to the administration of rated aviators and flight surgeons and includes definitions and procedures for:

- (1) Definitions and procedures for temporary medical suspension.
- (2) Medical termination of aviation service.
- (3) Aeromedical waivers.
- (4) Return to aviation service after termination of aviation service.
- (5) Procedures for nonmedical disqualifications for aviation service.
- (6) Flying Evaluation Boards (FEB).
- (7) In-flight aeromedical evaluations.

k. Full flying duties (FFD) is a recommendation of medical fitness permitting aircrew duties as annotated by a FS, APA, AMNP, or AME on a DD Form 2992 (Medical Recommendation for Flying or Special Operational Duty).

l. Duties not including flying (DNIF) is a recommendation of medical unfitness prohibiting flying or ATC duties as annotated by a FS, APA, AMNP, or AME or other health care professional on a DD Form 2992.

m. Date of medical incapacitation (DOMI) is the date of definitive disqualifying medical condition determined by history, examination, or testing. This date is the basis for the effective date of medical termination from aviation service and may not always correspond with the date the local FS, APA, AMNP, or AME issued a DNIF on a DD Form 2992.

n. The AERO is a web based system for recording and tracking flight physicals and aeromedical summaries. The FS, APA, AMNP, or AME creates and submits FDMs, FDHs, and AMSs in AERO. USAAMA dispositions the FDMs and FDHs and makes a final recommendation for all AMSs to the aeromedical waiver authority who then grants or denies a waiver, using the AERO system. The AERO system allows service members to view and print their documents contained in the AERO system.

o. The Aviation Epidemiology Data Registry (AEDR) is an OTSG-directed Aeromedical database that migrates and achieves flight physical and aeromedical summary data from the AERO system.

5–12. Flying Duty Medical Examinations

a. U.S. military or civilian FS, APA, AMNP, or AMEs conduct initial FDMs. Initial FDMs meet the Army-specific administrative requirements for completion as outlined in the Aeromedical Technical Bulletins. The FS, APA, AMNP, or AME applies U.S. Army aeromedical standards from accession and aviation standards published in AR 40–501 and APLs to determine medical fitness for flying duty. The FDM is invalid and incomplete without the electronic or actual signature of a FS, APA, AMNP, or AME on the DD Form 2808 and DD Form 2807–1.

b. Trained FS, APA, AMNP, and AMEs conduct comprehensive FDMs and Interim FDHs for all Classes, when available. Any military, DAC, contract civilian physician or non-aeromedically trained PA or FNP may conduct the

FDME when a FS, APA, AMNP, or AME is not available. Only a FS reviews and signs the DD Form 2808, Report of Medical Examination, and DD Form 2807-1 (Report of Medical History), or DA Form 4497 (Interim (Abbreviated) Flying Duty Medical Examination), prior to sending (either by mail (Director, USAAMA, Building 110, 6th Avenue, Fort Rucker, AL 36362) or Aeromedical Electronic Resource Office system (AERO)) to USAAMA for central review. When non-U.S. Army medical facilities perform a FDME, a FS, APA, AMNP, or AME conducts the FDME to meet the administrative requirements of that branch of the U.S. Armed Forces or host allied nation in accordance with STANAG 3526 (Interchangeability of NATO Aircrew Medical Categories), and AR 12-15 (Joint Security Cooperation Education and Training). The aeromedical cardiovascular screening program still applies. The FS, APA, AMNP, or AME must apply Army aeromedical standards from accession and aviation standards published in AR 40-501 for the determination of medical fitness for flying duties. If the DD Form 2808 and DD Form 2807-1 are not available when host allied nations perform FDMEs, the allied examiner completes in English the allied documents designed for the same purpose. Include a memorandum for record outlining the unusual circumstances with the FDME.

c. DAC or DA contract civilian health care providers with a previous military aeronautical rating of FS, APA, AMNP, or AME practicing in medical specialties other than aviation medicine may complete FDMEs if they meet credentialing requirements. The SAAM provides Army Aviation Medicine refresher training for FS, APA, AMNP, or AMEs to meet credentialing requirements. Other physicians and health care professionals sign the DD Form 2808 for the portions of the examination they accomplish. The FDME is invalid and incomplete without the signature of a FS, APA, AMNP, or AME on the DD Form 2808 and DD Form 2807-1 or DA Form 4497, and the USAAMA final review stamp on the DD Form 2808 or DA Form 4497.

d. APAs and AMNPs may conduct FDMEs and FDHSs and sign and submit directly to USAAMA for review and disposition, normal FDMEs and FDHSs meeting aeromedical class standards and FDMEs and FDHSs with existing waivers meeting annual waiver requirements.

e. APAs and AMNPs may not submit new disqualifications and those not meeting annual waiver requirements. These require the supervising FS review and co-sign prior to submission. In circumstances when the supervising FS is unavailable, APAs and AMNPs annotate same on DD Form 2808, Block 73, "Notes" or DA Form 4497 for USAAMA FS staff to assume that role.

f. MTFs complete additional tests, procedures, and consultations required to complete initial and annual FDMEs or FDHSs, and AMSs for all aircrew classes, to include civilians, active duty, and RC, when possible. MTF commanders or ARNG State Adjutant General's Office may permit supplementary examinations from civilian medical sources to determine fitness for flying duty. These additional tests and consultations are not for the treatment or correction of disqualifying conditions even if such therapeutic interventions may result in the individual being qualified for flight. Conduct additional testing only to the extent required by annual waiver requirements, Aeromedical Policy Letter, or USAAMA Director to determine aeromedical fitness.

g. AERO is the primary method for entering and submitting FDME, FDHS, and AMS data.

h. Purpose, frequency, and period of validity of flying duty medical examinations:

(1) *Initial Flying Duty Medical Examinations (classes 1, 2, 2F/2P, 3, and 4).*

(a) Perform Initial FDMEs on applicants to determine aeromedical qualification for initial aviator, ATC, UAS operator or aviation medicine training, other aviation applicants for positions described in AR 600-105, inter-service transfer, transition from active duty to RC, for return to active duty if the break in service exceeds 12 months, and hiring into the DAC work force.

(b) All flight school applicants (class 1 FDMEs) must pass the Selection Instrument for Flight Training before initiating the FDME, and the aviation medicine clinic staff verifies a passing score.

(c) The results of Initial FDMEs are recorded on DD Form 2807-1 and DD Form 2808.

(d) The initial FDME is valid for a period of 18 months from the date of examination.

(e) Repeat initial FDMEs are required if the FDME expires while awaiting selection for or the start of initial aviator, UAS operator, ATC, or aeromedical training. The FDME must be valid and qualified by the Director, USAAMA before the applicant's acceptance into and prior to arrival for any aviator, UAS operator, ATC, or aviation medicine training program.

(2) *Fort Rucker class 1 Flying Duty Medical Examination.* Class 1 aviator training program students must have a valid, approved initial class 1 FDME before acceptance into aviator training programs and upon arriving for flight training at Fort Rucker. Lyster Army Health Clinic will perform a Fort Rucker class 1 FDME before enrolling the student in flight training to revalidate that the student meets class 1 medical standards of fitness for flying duties. Repeat the entire Initial FDME if the Initial FDME is no longer valid. This physical is valid for up to 24 months to allow completion of the Flight Training programs. Upon graduation and PCS to the next duty station, the aviator completes a FDME or FDHS and birth month realignment, as prescribed in the Aeromedical Technical Bulletins and table 5-2.

(3) *Classes 2, 2F/2P, 3, and 4 validity.* Requirements are:

(a) Following the initial FDME, subsequent comprehensive FDMEs or interim FDHSs align with the aircrew member's birth month using table 5–2.

(b) *Comprehensive Flying Duty Medical Examination.*

1. Perform a comprehensive FDME on all classes of aircrew if there is no requirement for an Initial FDME or FDHS. Record the results of the Comprehensive FDME on DD Form 2808 and DD Form 2807–1. Report interim changes in medical history on DD Form 2807–1 if not previously documented on an AEDR Medical History Verification Report or Aeromedical Summary. Contract aircrew members (except ATC) are the exception when processed using FAA medical standards and forms. Perform the Comprehensive FDME every 5 years beginning with age 20, or as applicable, at ages 25, 30, 35, 40, and 45. Beginning at age 50, the requirement is for an annual comprehensive FDME.

2. Air crew members complete their FDME within 90 days (2 calendar months prior to the birth month plus the birth month) before the end of the birth month. The FDME is valid until the end of the next birth month.

3. Complete and submit a comprehensive FDME after any class A or B mishap.

4. Comprehensive FDMEs are also required for the following: Soldiers requesting a return to aviation service after termination, mishap, FEB, or a disqualifying illness or injury present for more than 365 days. Those terminated from aviation service and requesting a return to aviation service require a comprehensive FDME.

(c) *Interim Flying Duty Medical Examination/Flying Duty Health Screen.*

1. Perform the FDHS on all classes of aircrew if there is no requirement for an initial FDME or comprehensive FDME. Record the results of the FDHS on DA Form 4497 or DD Form 2808 with identified blocks specific for FDHS completion. Report interim changes in medical history on DD Form 2807–1 if not previously documented on an AEDR Medical History Verification Report or Aeromedical Summary.

2. Aircrew members complete their FDHS within 90 days (2 calendar months prior to the birth month plus the birth month) before the end of the birth month. The FDHS is valid until the end of the next birth month.

(d) *Rated aviators in aviation service.* AR 600–105 requires rated aviators not performing operational flying duties to complete an annual FDME or FDHS, to the standards of AR 40–501, with issuance of a DD Form 2992.

(e) *Retirement.* If an FDME is required within 90 days of retirement from Federal service, it will be a comprehensive FDME to include all required components of the SHPE described in chapter 6. The requirement for completion of a SHPE prior to active duty separation is all retiring active duty Soldiers, and RC Soldiers either on active duty orders greater than 180 days or on contingency operations for more than 30 days. Although not otherwise eligible for a SHPE, RC members not on active duty and civilian aircrew members eligible for an FDME within 90 days of retirement should have a comprehensive FDME and ensure the evaluation meets all the requirements of a SHPE.

i. The requirement to perform FDMEs and FDHSs continues during training exercises or military mobilization unless TSG authorizes a suspension. Requests for authorization to suspend FDMEs proceed through the Director, USAAMA, who coordinates authorization with the OTSG aerospace medicine consultant (AMC).

j. Complete the FDME or FDHS to the extent the MTFs permit when aircrew are on duty or in mobilization at a station OCONUS with limited military medical facilities. Submit in the AERO system as deployed incomplete. If AERO is not available email or attach a cover letter to the FDME or FDHS addressed to Director, USAAMA, explaining the facility limitations. Accomplish the missing portions of the annual FDMEs and FDHSs within 90 days upon return to a station with adequate medical facilities. Align subsequent comprehensive or interim FDHSs with the aircrew member's birth month using table 5–2.

k. During certain missions without U.S. or allied military medical officer support (for example, special operations), the commander having custody of the field personnel files may defer the FDME until feasible. Annotate in the remarks section of the DD Form 2992 with an explanation of the deferment.

Table 5–2
Number of months for which a Flying Duty Medical Exam is valid

Month in which last FDME was given

Birth month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Jan	12	11	10	9	8	7	18	17	16	15	14	13
Feb	13	12	11	10	9	8	7	18	17	16	15	14
Mar	14	13	12	11	10	9	8	7	18	17	16	15
Apr	15	14	13	12	11	10	9	8	7	18	17	16

Table 5–2
Number of months for which a Flying Duty Medical Exam is valid—Continued

Month in which last FDME was given

May	16	15	14	13	12	11	10	9	8	7	18	17
Jun	17	16	15	14	13	12	11	10	9	8	7	18
Jul	18	17	16	15	14	13	12	11	10	9	8	7
Aug	7	18	17	16	15	14	13	12	11	10	9	8
Sep	8	7	18	17	16	15	14	13	12	11	10	9
Oct	9	8	7	18	17	16	15	14	13	12	11	10
Nov	10	9	8	7	18	17	16	15	14	13	12	11
Dec	11	10	9	8	7	18	17	16	15	14	13	12

Note: 1Read down the left column to the examinee's birth month; read across to month of last FDME; intersection number is the maximum validity period. When last FDME was within the 3-month period preceding the end of the birth month, the validity period will normally not exceed 15 months. When the last FDME was for entry into aviation training, for FEB, post-accident, post-hospitalization, pre-appointment (warrant officer candidate) and so forth, the validity period will range from 7 to 18 months. Validity periods may be extended, in accordance with paragraph 6–2f, by 1 month only for completion of an examination begun before the end of the birth month.

5–13. Review and disposition of Flying Duty Medical Examinations

a. Review. The aeromedical health care provider reviews the individual health record, FDME, and FDHS with, and counsels the examinee, regarding—

- (1) Conditions found during the FDME.
- (2) Continuing care, including annual waiver requirements, of conditions under treatment and/or waiver.
- (3) General preventive health education, including, but not limited to smoking, cholesterol control, weight control, drug, and alcohol abuse, and other high-risk behavior.
- (4) Profile status. The PULHES section of the DD Form 2808 and e-Profile will document the examinee's current PULHES profile status. Any changes to the PULHES must be done on a DA Form 3349–SG in e-Profile.

b. Class 1 and initial classes 2, 2F, 2P, 3, and 4. Completed FDMEs (originals of DD Form 2807–1, DD Form 2808, and other supporting documents) accomplished for application to aviation and aviation medicine training programs will proceed through the applicant's procurement chain of command, preferably via AERO, to Director, USAAMA for central aeromedical review and disposition. The FS's office must place a copy of the FDME and all enclosures in the electronic medical record or STR and retain a copy in the office for a minimum of 2 years for submissions that did not use AERO. The AERO serves as a repository for the information. In no case does the applicant, or other individuals not in the procurement chain of command, receive the originals. The Director, USAAMA, must make a final recommendation of fitness for flying duties before accepting and assigning initial applicants for aviator, UAS, ATC, and aviation medicine training programs.

c. Trained classes 2, 2F, 2P, 3, and 4. Completed FDMEs and FDHSs (DD Form 2808 and DD Form 2807–1 or DA Form 4497, other supporting documents, and, if applicable, Aeromedical Summary) is forwarded directly to the Director, USAAMA, for central aeromedical review and disposition. The FS's office must place a copy of the FDME or FDHS and all enclosures in the electronic medical record or STR and retain a copy in the office for a minimum of 2 years if submission is not accomplished via AERO. AERO serves as a repository for the information.

d. Tracking. The FS tracks FDMEs and FDHSs via AERO from initiation to final recommendation and/or disposition by USAAMA to include disposition by the waiver authority. The AERO report "My Submissions Stats" and other tools available support flight physical and waiver tracking. If disqualified, the flight surgeon and aviation unit take action, per AR 600–105 and AR 600–106.

e. Distribution of documentation. Waiver and suspension recommendation letters are documents shared between USAAMA and the waiver authority and do not belong in the flight record. Abbreviated waiver disposition letters generated by the waiver authority are filed in the individual flight record folder (IFRF). Health Insurance Portability and Accountability Act rules and regulations regarding protected health information are always respected.

5–14. Temporary medical suspension from aviation service

a. Temporary flying duties pending waiver.

- (1) For defects that will not preclude the safe and efficient performance of flying duties nor be aggravated by aviation duty or military mission, the local commander may permit an individual to continue performance of aviation

duties pending completion of the formal waiver process and upon favorable recommendation for temporary FFD by the local FS, APA, AMNP, or AME.

(2) When used to recommend temporary flying duties, the remarks section of DD Form 2992 will reflect a limited length of time covered by the issued clearance, for example: "Temporary FFD, 90 days, pending receipt of waiver."

b. Temporary medical suspension not pending waiver.

(1) Temporary aeromedical disqualifications that are minor, self-limited, and likely to result in requalification within 365 days require a temporary medical suspension restricting aircrew from flying duties. Examples include ankle sprain, acute rhinitis, gastroenteritis, and simple closed fracture.

(2) The FS, APA, AMNP, or AME consults a FS at USAAMA, or the major Army command's aviation medicine consultants in the U.S. Army, Europe, or Korea, before issuing a DD Form 2992 in complex or questionable cases, when a temporary FFD is being considered. This includes but is not limited to:

(a) Severe coronary artery disease as manifested by angina, infarction, or stroke, or positive treadmill stress test.

(b) Seizures, either idiopathic or secondary.

(c) Cancer (except for skin).

(d) Class 4 drug use.

(e) Significant behavioral health disorders including substance use disorders and/or those requiring psychotropic medication.

(f) Any other disorder thought by FS to represent excessive aeromedical risk.

(3) The local FS, APA, AMNP, or AME evaluates all aircrew with possible aeromedical DQs identified by the aviator, immediate commander, FS, AMNP, or AME, or USAAMA. The FS, APA, AMNP, or AME follows the established standards of aeromedical care (this regulation, APLs, and ATB series).

(4) The FS, APA, AMNP, or AME recommends a date of medical incapacitation and recommend DNIF on DD Form 2992. Establishment of the DOMI is important to determine the 365 day period allowable for temporary aeromedical disqualifications. If the incapacitation persists beyond 365 days, it meets the criteria and requirements of permanent medical suspensions below. The immediate commander sets the date of medical incapacitation and impose the temporary medical suspension by approving the recommendation on the DD Form 2992.

(5) Aircrew under temporary medical suspension may not be assigned flying/UAS/ATC duties or operate the flight controls of a military aircraft. As an exception, the FS, APA, AMNP, or AME may recommend by DD Form 2992 that the Soldier operate flight simulators, perform ground run-up procedures, and/or undergo an aeromedical consultation with in-flight evaluation as appropriate. (See AR 600-105.)

(6) The immediate commander may remove the temporary medical suspension upon favorable recommendation by a FS, APA, AMNP, or AME by approving the recommendation on the DD Form 2992.

(7) Medical termination from aviation service (see para 5-15) is mandatory if the temporary medical suspension exists for greater than 365 days (AR 600-105). In this case, the temporary medical disqualification (DQ) becomes a permanent medical DQ. The FS, APA, AMNP, or AME notifies the immediate commander by a DD Form 2992 and forward an Aeromedical Summary to Director, USAAMA.

5-15. Permanent medical suspension from aviation service

a. Aeromedical disqualifications that are not likely to result in requalification within 365 days require medical termination from aviation service (permanent medical suspension). Issuance of orders for an aeromedical waiver by an aviation service aeromedical waiver authority authorizes continuation of flying duties.

b. The local FS, APA, AMNP, and AME thoroughly evaluate the disqualifying condition in accordance with applicable regulations and Aeromedical Policy Letters and make a preliminary determination of medical fitness for flying duty.

c. Upon verification of the condition, the FS, APA, AMNP, or AME will—

(1) Recommend a medical termination from aviation service (permanent medical suspension) on a DD Form 2992 and forward the notification to the immediate commander.

(2) The FS or AME sends an Aeromedical Summary recommending suspension and a date of medical incapacitation (DOMI) to Director, USAAMA.

d. The Director, USAAMA, makes final recommendations to the aviation service aeromedical waiver authority and recommend a—

(1) Date of medical incapacitation.

(2) Final aeromedical disposition.

(a) Medical termination from aviation service; or

(b) Aeromedical waiver for continuation of aviation service with the permanent aeromedical DQ; or

(c) Requalification without aeromedical DQ ("For Information Only").

e. In the case of concurrence with USAAMA's suspension recommendation, the aviation service aeromedical waiver authority—

- (1) Establishes the date of medical incapacitation.
- (2) Establishes the date of medical termination from aviation service and publish an order (in accordance with AR 600–8–105).
- (3) Ensures any referral to the MAR2 or DES processes comply with AR 635–40. Civilian personnel regulations govern the management of DAC aircrew, and contract requirements govern the management of contract aircrew, though in both cases the waiver authority initiates personnel actions.

5–16. Aeromedical waiver and requalification

a. In the case of permanent aeromedical disqualification, the aircrew member may request consideration for an aeromedical waiver for continued aviation service through a local FS, APA, AMNP, or AME.

b. The FS, APA, AMNP, or AME completes an evaluation within the aeromedical standards of care (this regulation, APLs, and ATB series). The FS, APA, AMNP, or AME prepares an aeromedical summary, and the FS or AME reviews and forwards to Director, USAAMA.

c. The Chief, Aeromedical Consultation Service—

- (1) Reviews the case.
- (2) Arranges or requests additional evaluation by aeromedical consultants, medical specialists, or flight evaluations (AR 600–105) as required.
- (3) Requests ACAP evaluation if needed.
- (4) Refers the case with recommendations to Director, USAAMA.

d. The Director, USAAMA—

- (1) Determines whether an aeromedical waiver is advisable and if so, defines specific flight restrictions and annual waiver requirements to maintain the waiver.
- (2) Forwards final recommendations in the form of a waiver recommendation letter to the aviation service aeromedical waiver authority.

e. The aviation service aeromedical waiver authority—

- (1) Reviews the aeromedical recommendations and supportive enclosures, considers the needs of the U.S. Army, and makes a final determination to grant or deny an aeromedical waiver.
- (2) Issues a waiver disposition letter to the aircrew member, either allowing continuation of aviation service with a waiver, or medically terminating aircrew member from aviation service (permanent medical suspension).
- (3) Removes a waiver and all annual waiver requirements, if documentation supports the recommendation from the Director, USAAMA to rescind a waiver.

f. The aircrew member acknowledges the waiver and, if applicable, restrictions and follow-up evaluation, in writing, to the aviation service aeromedical waiver authority. Failure to do so, or declining the waiver, results in a non-medical disqualification due to dereliction of duty and may result in an FEB (AR 600–105).

g. The FS, APA, AMNP, and AME may recommend amendments to the conditions for continuation or removal of waivers in effect, as required, by submitting written justification in an aeromedical summary along with supportive documents to the Director, USAAMA.

h. Personnel who are dual-status (such as ARNG members and DACs) require a waiver or suspension action from each authority of assignment.

i. Aviation service waiver authority contacts:

(1) For all classes of Active Army and USAR, or international military pilots and flight students of non-NATO or Partnership for Peace (PfP) countries: through Director, USAAMA (MCXY–AER), Fort Rucker, AL 36362–5333; for Commander, Army Human Resources Command (AHRC–EPB–T), 1600 Spearhead Division Ave., Room 2–1–021, Fort Knox, KY 40122. AERO is used for these transmissions.

(2) All Active Army or USAR FSs, APAs, and AMNPs: through Director, USAAMA (MCXY–AER), Fort Rucker, AL 36362–5333; for Commander, Army Human Resources Command (AHRC–OPH–C), 1600 Spearhead Division Ave, Dept. 250, Fort Knox, KY 40122. AERO is used for these transmissions.

(3) All classes of ARNG: through Director, USAAMA (MCXY–AER), Fort Rucker, AL 36362–5333; for Chief, National Guard Bureau (NGB–AVN–OP), 111 South George Mason Drive, Arlington, VA 22204–1382. AERO is used for these transmissions.

(4) For all classes of contract civilians falling under Army aeromedical standards and not FAA aeromedical standards for certification: through Director, USAAMA (MCXY–AER), Fort Rucker, AL 36362–5333; through the contracting officer representative, for the commanding general, or the commanding general's designated the waiver authority, of the installation with the da contract (usually the airfield commander or the command aviation officer of the

installation with the DA contract; for example, at Fort Rucker, command aviation officer (DPT–AD), Fort Rucker, AL 36362–5333). The Contracting Office and the firm under contract to DA will receive the final determination.

(5) All classes of DAC: through Director, USAAMA (MCXY–AER), Fort Rucker, AL 36362–5333; through aviation unit commander; for the commanding general, or the commanding general’s designated waiver authority (usually the airfield commander or command aviation officer; for example, at Fort Rucker, command aviation officer (DPT–AD), Fort Rucker, AL 36362–5333). The local Civilian Personnel Office will receive the final determination.

j. An aircrew member with a medical termination (suspension) from aviation service may request aeromedical requalification if the medical DQ resolves or is no longer disqualifying due to policy or standard changes.

k. The procedure for requesting requalification is the same as the procedure for requesting an aeromedical waiver. Upon receipt of a favorable recommendation from Director, USAAMA the aviation service aeromedical waiver authority determines if requalification meets the needs of the Army, and if so, the waiver authority—

- (1) Publishes orders establishing date of the aeromedical requalification.
- (2) Publishes orders of assignment and travel.
- (3) Issues an administrative waiver if required.

5–17. Active duty for training, active duty for special work, annual training for Ready Reserves, and inactive duty training

a. Individuals on ADT/active duty operational support (ADOS; AC, RC, OP) for 30 days or less do not require medical examinations prior to separation unless there is clinical indication.

b. TPU/IMA Soldiers on AT for 30 days or less must have a current PHA and dental exam but are not required to undergo a specific medical examination prior to initiating orders unless there is clinical indication for the examination. IRR and Standby Active Soldiers are required to receive a PHA prior to reporting on AT orders. Army Human Resources Command Surgeon is the waiver authority for the required PHA prior to AT orders for IRR and Standby Active Soldiers.

c. An individual on ADT/ADOS (AC, RC, and OP) who incurs an injury during such training that may result in disability, or who alleges medical unfitness or disability, must complete a medical examination.

d. The medical retention standards contained in AR 40–501 describe the indications for referral into the DES.

5–18. Retiree recalls

A current (within the past 12 months) medical examination to include periodic health assessment, SHPE, or retirement medical examination meets requirements.

5–19. Health records

Medical examiners review the STR and/or EHR of each examinee, whether an examination is for relief from active duty, resignation, retirement, separation from the Service, or any other physical examination—to include exams done for schools, flight duties, and so forth—or as part of a PHA. The examiner notes any significant problems, patient education, and follow-up care on the DD Form 2766 (Adult Preventive and Chronic Care Flowsheet), as appropriate.

5–20. Mobilization of units and members of Reserve Components of the Army

Mobilization or call-up for war or contingency operations requires a current (within 12 months) PHA and pre-deployment health assessments. See paragraph 6–7 for separation examinations requirements.

5–21. Frequency of additional and alternate examinations

a. Female examinations. Examinations specific to females are no longer mandatory. Evidence-based women’s preventive health services remain important, and Soldiers should follow the clinical guidelines to ensure they receive optimal care. United States Preventative Services Task Force (USPSTF) recommendations include breast and cervical cytology screening examinations (see website for most current guidance: <https://www.uspreventiveservicestaskforce.org/page/name/recommendations>).

b. Medical surveillance examinations. The frequency of medical surveillance examinations varies according to job exposure. Annual or less frequent examinations are performed during the birth month. More frequent examinations are scheduled during the birth month and at appropriate intervals thereafter.

5–22. Deferment of examinations

a. Armywide or at specific installations. In circumstances requiring Armywide or installation deferment of periodic examinations (where conditions preclude doing periodic examinations or periodic health assessments due to resources requirements of other missions—for example, screening for mobilization or contingency operations, heavy

casualties, and so on), submit requests for exceptions to policies deferring examinations to TSG (DASG-HCO, G-37, Medical Readiness, USARMY NCR HQDA OTSG List Medical Readiness, usarmy.ncr.hqda-otsg.list.medical-readiness@mail.mil).

b. Soldiers in isolated areas. Commanders of Soldiers stationed in isolated areas (specifically Army attachés, military missions, and military assistance advisory groups (MAAGs)) may delay periodic health assessments, where medical facilities are not available. Soldiers accomplish delayed periodic health assessments at the earliest opportunity in conjunction with leave, temporary duty, or on assignment or attachment to military installation with a medical facility. All health readiness platforms support these readiness requirements regardless of empanelment. Medical examination of such individuals for retirement purposes may not be delayed.

c. Other deferments. In exceptional circumstances, in the case of an individual Soldier, where conditions of the service preclude the accomplishment of the annual periodic health assessment, it may be deferred by direction of the commander having custody of personnel files until such time as its accomplishment becomes feasible. An appropriate entry explaining the deferment is made in the EHR or personnel file when such a situation exists.

5-23. Promotion

A complete annual PHA medically qualifies officers, warrant officers, and enlisted personnel, regardless of component, for promotion.

5-24. Miscellaneous medical examinations

a. Special Forces (SF), CA, Psychological Operations (PSYOPS), MFF parachutists, Special Forces/Ranger combat divers, survival, and SERE medical examinations. Entrance into SF, CA, PSYOPS, MFF, Special Forces/Ranger Combat Diver, and SERE training is only be accomplished after meeting the medical fitness standards documented by completing the appropriate physical exam.

b. Certain geographic areas.

(1) On alert or order for assignment to the system of Army attachés, military missions, MAAGs, or to isolated areas, the commander of the station of assignment refers the individual and his or her dependents, if any, to the medical facility of the command.

(2) The physician of the facility carefully reviews the health records and other available medical records of incoming personnel and dependents. Medical fitness standards and factors to consider in the evaluation are contained in chapter 7 of this DA Pam and in AR 40-501. Reviewing the medical records and personally interviewing the individuals provides pertinent information about their health. The credentialed health care provider will consider such other factors as length of time since the last PHA or medical examination, age, and the physical adaptability of the individual to the new area.

(3) After review of the clinical records and pertinent discussion, the credentialed health care provider will determine the necessity of a complete medical examination and support accomplishment.

(4) The commander will ensure complete medical evaluations and qualification prior to the individual's departure from his or her home station.

(5) If, as a result of their review of available medical records, discussion with the individual, and findings of the medical examination, the physician finds the individual medically qualified in every respect to include established combatant command guidance, *and* qualified to meet the conditions encountered in the area of contemplated assignment, the physician will complete and sign DA Form 3083 (Medical Examination for Certain Geographical Areas), prior to a permanent change of station. The completing health care providers will ensure documentation of this statement in the health record or outpatient record (AR 40-66), the EHR, and provide a copy to the originating commander.

(6) Screening of all family members will follow the procedures prescribed in AR 608-75. If any family member meets the criteria for enrollment in the Exceptional Family Member Program (EFMP), assignment coordination with appropriate medical and educational representatives will determine the availability of identified required services. If the projected assignment area cannot meet the medical needs, the medical representative will recommend disapproval of accompanied family travel. The examiner will not disclose the cause of the disqualification of a dependent to the commander without the consent of the dependent, and the parent, if the disqualification relates to a minor. If the Soldier or dependent has a temporary disqualification, the evaluating credentialed health care provider will schedule a reexamination following resolution of the condition and apprise the commander.

(7) If the disqualification of the Soldier is permanent or if it is determined that the disqualifying condition will be present for an extended period of time, the physician must refer the Soldier to an MEB if the Soldier does not meet medical retention standards. The DA Form 3349-SG in e-Profile will be completed outlining specific limitations.

c. Potential rabies exposure examinations. The frequency of potential rabies exposure examinations varies according to exposure. Document the examination on the DD Form 2341 (Report of Animal Bite – Potential Exposure)

to collect information necessary to record the history and assessment of rabies risk to a person who was potentially exposed to rabies through an animal bite or other route (that is, bat in a bedroom or dormitory), and to record exam observations, animal laboratory findings, disposition results, and follow-up care for that person.

5–25. Cardiovascular Screening Program

The Cardiovascular Screening Program (CVSP) required in AR 40–502 may be completed in association with a PHA or routine care. All screening is to be accomplished in accordance with the USPSTF A and B level recommendations for each Soldier.

5–26. Army Approved Auditory Fitness for Duty Test for H–3 profile Soldiers

a. Audiologists at all Army facilities will use the MOHT to assess all Soldiers with projected H–3 profiles to determine actual profile category and to provide recommendations concerning functional hearing limitations that might have negative operational impacts. The MOHT will be administered by audiologists, trained ear, nose, and throat specialists (MOS 68U), or trained civilian technicians in a sound treated room, under earphones without use of hearing aids.

b. The Soldier's score on the MOHT, along with the audiogram, will be used to determine an appropriate profile category and administrative recommendations based on the procedure in table 4–2.

c. The recommendations concerning operational impacts of hearing loss should be made to MAR2 and MEBs and considered when completing the physical profile assignment limitations on DA Form 3349–SG in the EHR. The recommendations provide appropriate information for medical and administrative boards to make a final determination.

Chapter 6

Medical Examinations—Forms and Specified Exams

6–1. General

a. This chapter describes the procedure for ensuring complete and accurate documentation of various medical examinations.

b. DD Form 2992 is the outcome of the FDME process and describes the flying duty recommendations to the commander.

c. The DD Form 2808 will document the results of a medical examination for most purposes. AR 40–29 describes the use of DoDMERB forms for specific accession evaluations.

d. The annual periodic health assessment is the medical readiness screening tool for all Soldiers. The DoD PHA is completed electronically within the Medical Readiness Portal within MODS.

e. The separation health physical examination (SHPE) is described in para 6–7.

6–2. DD Form 2992 use

a. DD Form 2992 (Medical Recommendation for Flying or Special Operational Duty) is an official, non-medical document used by the aeromedical provider (FS, APA, AMNP, and AME) to communicate with the aviation commander. It reports the aeromedical readiness status of, and recommends aeromedical fitness for, all classes of military and civilian aircrew duties (except contractors using FAA forms).

b. Complete the DD Form 2992—

(1) After the completion of an FDME or FDHS.

(2) After an aircraft mishap.

(3) After an FEB.

(4) When reporting to a new duty station or upon assignment to operational flying duty.

(5) When admitted to and discharged from any medical or dental treatment facility (inpatient or outpatient, military or civilian), or sick in quarters.

(6) When treated by a health care professional other than a military FS, APA, AMNP, or AME without authorization to issue a DD Form 2992.

(7) Upon return to flight status after termination of temporary medical suspension, issuance of waiver for aviation service, or requalification after medical or nonmedical termination of aviation service.

(8) Other occasions as required by the FS, APA, AMNP, or AME or command.

c. AR 600–105 requires rated aviators not performing operational flying duties to complete an annual FDME or FDHS with issuance of a DD Form 2992.

- d.* The aeromedical health care provider completes three copies of the DD Form 2992.
 - (1) Place copy 1 in the outpatient medical record (to include uploading into the EHR).
 - (2) Forward copy 2 to the examinee's unit commander who signs and forwards it to the flight operations officer for inclusion in the flight records (TC 3–04.11 para 6–23).
 - (3) Provide copy 3 to the examinee for their records.
- e.* If the local FS, APA, AMNP, or AME finds the examinee qualified for flying duty, in accordance with the accession and aviation standards of AR 40–501, then issuance of the DD Form 2992 will constitute an aeromedical recommendation for flying duty pending final review of the FDME or FDHS by USAAMA. If the examinee requires a waiver, and local FS, APA, AMNP, or AME finds the examinee qualified for flying duty, in accordance with the accession and aviation standards of AR 40–501, then issuance of the DD Form 2992 will constitute an aeromedical recommendation for flying duty pending the approval by the appropriate aviation service aeromedical waiver authority. The aeromedical clearance will expire when the current FDME or FDHS is no longer valid. The unit commander is the approval authority for all aeromedical recommendations on the DD Form 2992.
- f.* During their birth month, the aircrew member may request an extension of the validity period of a current FDME or FDHS for a period of 1 calendar month after the birth month. The aeromedical provider does not have to support the request, and the commander does not have to authorize an extension. If the extension expires, the aircrew member must complete the FDME or FDHS with one of the following three dispositions:
 - (1) Found medically qualified and returned to FFD.
 - (2) Administratively restricted from flying duties if no aeromedical DQ exists and be considered for a non-medical DQ and FEB as described in AR 600–105.
 - (3) Medically restricted from flying duties if an aeromedical DQ exists. In some cases, temporary flying duties may be recommended on a DD Form 2992.
- g.* Personnel authorized to sign the DD Form 2992 are as follows:
 - (1) Any physician or health care provider may sign a DD Form 2992 for the purpose of restricting aircrew from aviation duties when an aeromedical DQ exists.
 - (2) A FS, APA, AMNP, and AME may sign the DD Form 2992 to return aircrew to FFD. Annotate recommended restrictions in the remarks block of a DD Form 2992.
 - (3) A non-aeromedically trained health care provider under the supervision of a FS may sign the DD Form 2992 to recommend returning aircrew to FFD when a FS is not locally available by obtaining case-by-case telehealth guidance from a FS, documenting the name of the consulted FS on the DD Form 2992, and in the EHR.
- h.* When host allied nations provide aeromedical support and a DD Form 2992 is not available, the Army will accept host or allied nations' forms designed for the same purpose.
- i.* Contract aircrew using FAA for aeromedical certification must possess the applicable FAA Form 8500–8 (Application for Airman Medical Certificate or Airman Medical and Student Medical Pilot Certificate), in lieu of a DD Form 2992.

6–3. DD Form 2808 (Report of Medical Examination)

a. Required forms. The required form for all Army military medical examinations (not used for the PHA) is DD Form 2808. The electronic DD Form 2808 is available to users at <https://www.esd.whs.mil/portals/54/documents/dd/forms/dd/dd2808.pdf>, supersedes the paper version of the form, and will be utilized whenever available. The “Laboratory Findings” section of this form may not contain enough space to include all required tests. If additional space is needed, the “Notes” section in box 73 may be used for that purpose. MTFs should use standard overprints, stamps, and so forth, in box 73 for that purpose. Table 6–1 contains model entries and explanatory notes for every box on the DD Form 2808. All examinations do NOT require all items.

b. All examinations. All Army military medical examinations require the following items. Additional items may be clinically indicated. See paragraphs *c* through *g* below for additional items required for special examinations. The box number from the DD Form 2808 that corresponds to the appropriate item to be completed is listed following each item.

- (1) *Administrative data.*
 - (a) Date of examination (box 1).
 - (b) SSN and/or DoD ID per direction (box 2).
 - (c) Name of examinee (box 3).
 - (d) Home address; current address, not “home of record” if different (box 4).
 - (e) Home or contact information to include telephone number (box 5).
 - (f) Grade/rank (box 6).
 - (g) Date of birth (box 7).

- (h) Age (box 8).
- (i) Sex (box 9).
- (j) Race and ethnic categories (box 10).
- (k) Service (box 15a).
- (l) Component (box 15b).
- (m) Purpose of exam (box 15c).
- (n) Name of examining facility (box 16).
- (o) The Soldier's name, SSN, and/or DoD ID, per direction will also be completed on the top of all pages with entries for this information on the DD Form 2808.
- (2) *Clinical evaluation section* (boxes 17 through 42). This includes examination of head, face, neck, scalp, nose, sinuses, mouth, throat, ears (drums), eyes (includes ophthalmoscopy), heart, lungs, vascular system, anus, abdomen, upper and lower extremities, feet, spine, skin, breast exam, neurologic exam, and testicular exam on males. (All examinations do not require rectal exams, and pelvic exams on females.)
- (3) *Dental defects and disease*. This is usually completed by a physician, PA, or nurse practitioner who will be noting any obvious gross abnormalities. This does not replace the dental examination by a dentist required in AR 40-3. The physician, PA, or nurse practitioner may check the box acceptable or unacceptable but are not authorized to attribute a dental class. Only a dentist will assign a dental "class" after a dental examination as described in AR 40-3.
- (4) *Notes* section (box 44). Area to explain any abnormalities and to indicate the dental exam is not performed by a dentist.
- (5) *Urinalysis for albumin and sugar* (boxes 45a and 45b).
- (6) *Miscellaneous measurements*. Height (box 53), weight (box 54), temperature (box 56), pulse (box 57), blood pressure (box 58a), distant vision (box 61), near vision (box 63), and audiometer results (box 71a).
- (7) *Qualification for service*(box 74a). For separation and retirement exams, qualification is based on whether the examinee meets the medical retention standards of chapter 3.
- (8) *Physical profile* (box 74b). This section does not replace the requirements for a DA Form 3349-SG in e-Profile as described in chapter 4.
- (9) *Summary of defects* (box 77).
- (10) *Recommendations* (box 78).
- (11) *Name and signatures of examining physician, PA, or nurse practitioner* (boxes 81a and 81b), and of examining or approving physician (boxes 82a and 82b or 84a and 84b).
- (12) *Date examination completed*. This is entered in box 85c.
- c. *Initial examinations for appointment, enlistment, or induction*. In addition to the items listed for "All Examinations" (paragraph b above), the following items are required. (See AR 40-29 for DoDMERB exams.)

Note. MEPCOM will provide instructions to the MEPS on completion of the required forms for Army applicants. These instructions will include additional items on the DD Form 2808 that are used solely by the MEPS (for example, boxes 75, 79, and 80).

- (1) Pregnancy testing on female applicants (box 46).
- (2) HIV testing (box 49). See AR 600-110.
- (3) Drug and alcohol test. USMA Superintendent and the Cadet Command will develop and maintain their testing policies to complete the DoDMERB physical for accession and commissioning (boxes 50 and 51).
- (4) Chest x-ray result, if clinically indicated (record in box 73).
- (5) Color vision (record results in box 66).
- d. *Examinations for the U.S. Army Special Operations Command (USASOC) and U.S. Army John F. Kennedy Special Warfare Center and School (USAJFKSWCS) to include Special Forces, Civil Affairs, Psychological Operations, SERE, MFF, Special Forces/Ranger Combat Diver*. In addition to the items listed for "All Examinations" (paragraphs b(1), (2), (3), and (4) above), these exams require the following items (laboratory and other studies must be completed within 3 months of the physical examination and the physical examination must be dated within 2 years of the class start date to be valid):
 - (1) Laboratory tests—
 - (a) Urinalysis for albumin and sugar, all exams (boxes 45a and 45b).
 - (b) CBC-complete blood count [HGB/HCT (box 47), WBC, platelet count (box 73)].
 - (c) HIV (box 49).
 - (d) Urine specific gravity and urine microscopic, all exams (record in box 52c).
 - (e) Blood type, *initial exam only; do not repeat*.

- (f) Sickie Cell Screen, *initial exam only; do not repeat*, must document existing results (record in box 73).
- (g) Glucose-6-phosphate dehydrogenase, *initial exam only; do not repeat*, may document existing results (record in box 73).
- (h) Complete cholesterol results to include: total cholesterol, LDL, High-density lipoprotein (HDL), and Triglycerides (record in box 73).
- (i) Occult blood, age 40 and older (record in box 73).
- (j) Prostate Specific Antigen test (PSA) for males age 50 and older (record in box 73).
- (2) Miscellaneous measurements—
 - (a) Height (record in box 53).
 - (b) Weight (record in box 54).
 - (c) Pulse (record in box 57).
 - (d) Blood pressure (record in box 58a).
- (3) Vision requirements.
 - (a) Distance vision (record in box 61).
 - (b) Near vision (record in box 63).
 - (c) Color vision, *not* required for CA, PSYOPS, and CST unless also attending Airborne School (record in boxes 59 and 66).
 - (d) Intraocular pressure measurement (record in box 70).
 - (e) Visual fields (record in box 68).
 - (f) Night vision (record in box 69).
 - (g) Refraction. If vision does not correct to 20/20 in each eye with spectacles or contact lenses, or if uncorrected vision is worse than 20/100 in either eye, *not* required for SERE (record in box 62).
 - (h) Pre-surgical refraction for anyone who has had PRK, LASEK, or LASIK or implantable collamer lens (ICL) (record in box 73).
- (4) Audiometer results (record in box 71a).
- (5) Valsalva (record in box 72b.).
- (6) Chest x-ray (PA/LAT) signed by radiologist, *not* required for CA, PSYOPS, unless indicated by current or past clinical history (record in box 73).
- (7) Electrocardiogram (ECG) (record in box 73). Include actual ECG with physical examination.
- (8) Tuberculin purified protein derivative (PPD) or tuberculin skin test (TST) (record in box 73).
- (9) Dental examination by a dentist, *not* required for CA, PSYOPS, and CST unless indication of active clinical dental disease.
- (10) “I am informing the examining health care provider of any changes in my health since my last physical examination” (record in box 73).
- (11) Cardiac statement: “I have never experienced sudden loss of consciousness due to physical exertion, and I have no family history of sudden cardiac death” (record in box 73).
- (12) SERE statement: “I have no fear of heights, depths, dark, or confined spaces” (record in box 73).
- (13) Documentation of a neurological examination in block 42 to include mental status, cranial nerves, motor, sensory, coordination, and deep tendon reflexes.
- (14) All female candidates to USASOC and USAJFKWCS schools must complete the following *in addition* to the above:
 - (a) HCG required within 30 days of course attendance.
 - (b) Papanicolaou’s (Pap) test within the last 12 months, if over age 21, INITIAL EXAM ONLY. Frequency of ongoing women’s health examinations is in accordance with the American Congress of Obstetricians and Gynecologists (ACOG) guidelines. See current guidelines at <https://www.acog.org>.
 - (c) Mammogram in accordance with the American Congress of Obstetricians and Gynecologists (ACOG) guidelines. See current guidelines at <https://www.acog.org>.
- (15) Qualification for service (record in box 74a).
- (16) Summary of defects (record in box 77).
- (17) Recommendations (record in box 78).
- (18) Name and signatures of examining health care provider with date examination completed (record in boxes 81a and 81b).
- e. *Examination for Engineer Diving (MOS 12D)*. In addition to the items listed in “All Examinations” (paragraphs b(1), (2), (3), and (4)), these exams require the following items (complete laboratory, immunizations, and other studies must be within 3 months of the medical examination):
 - (1) Laboratory tests:

- (a) Urinalysis for albumin and sugar (boxes 45a and 45b).
- (b) CBC-complete blood count [HGB/HCT (box 47), WBC, platelet count (box 73)].
- (c) HIV and Hepatitis C (HCV) (box 49).
- (d) Urine specific gravity, urine microscopic, and dipstick (record in box 52c).
- (e) Blood type. *Initial exam only; do not repeat.*
- (f) Sick Cell Screen. *Initial exam only; do not repeat.* May document existing results (record in box 73).
- (g) Glucose-6-phosphate dehydrogenase. *Initial exam only; do not repeat.* May document existing results (record in box 73).
- (h) Complete cholesterol results (fasting lipid panel) to include: total cholesterol, LDL, HDL, and triglycerides (record in box 73).
- (i) Fasting blood glucose and A1C (record in box 73).
- (j) Occult blood, age 40 and older (record in box 73).
- (k) Prostate Specific Antigen test (PSA), males age 40 and older (record in box 73).
- (2) Miscellaneous measurements.
 - (a) Height (record in box 53).
 - (b) Weight (record in box 54).
 - (c) Pulse (record in box 57).
 - (d) Blood pressure (record in box 58a).
- (3) Vision requirements.
 - (a) Distance vision (record in box 61).
 - (b) Near vision (record in box 63).
 - (c) Color vision (record number correctly identified (as applies) and “pass/fail” in boxes 59 and 66).
 - (d) Intraocular pressure measurement (record in box 70).
 - (e) Visual fields (record in box 68).
 - (f) Night vision (record in box 69).
 - (g) Refraction. If vision does not correct to 20/20 in each eye with spectacles or contact lenses, or if uncorrected vision is worse than 20/100 in either eye (not required for SERE) does not qualify (record in box 62).
 - (h) Distant visual acuity that does not correct to 20/20 in both eyes with spectacle lenses does not qualify. Any refractive error in spherical equivalent of worse than plus or minus 8 diopters does not qualify (record in box 62).
 - (i) Pre-surgical refraction for anyone who has had PRK, LASED, or LASIK (record in box 73).
- (4) Audiometer results (record in box 71a).
- (5) Valsalva (record in box 72b).
- (6) Chest x-ray (PA/LAT) signed by radiologist (record in box 73).
- (7) ECG (record in box 73); include actual ECG with physical examination.
- (8) PPD or TST.
- (9) Hepatitis A and Hepatitis B complete series or the Hepatitis A/Hepatitis B combined vaccine (Twinrix), unless identified as Medically Immune. All other immunizations must be up to date and documented on the MEDPROS 2766C printout to be included with physical examination (record in box 73).
- (10) Dental examination by a dentist or a FS, APA, AMNP, or AME.
- (11) Add AR 40–8 statement: “I understand I must be cleared by a FS, APA, AMNP, or AME after hospitalization or sick quarters (IAW AR 600–105), or after treatment or activities which may require restriction (IAW AR 40–8). I am informing the examining health care provider of any changes in my health since my last physical examination” (record in box 73).
- (12) Cardiac statement: “I have never experienced sudden loss of consciousness due to physical exertion, and I have no family history of sudden cardiac death” (record in box 73).
- (13) SERE statement: “I have no fear of heights, depths, dark, or confined spaces” (record in box 73).
- (14) Documentation of a neurological examination in block 42 to include mental status, cranial nerves, motor, sensory, coordination, and deep tendon reflexes. For engineer divers (MOS 12D), the required neurological examination is outlined in the Navy Dive Manual.
- (15) All females must complete the following in addition to the above:
 - (a) PAP test within the last 12 months, if over age 21, *initial exam only*. Frequency of ongoing women’s health examinations is in accordance with the American Congress of Obstetricians and Gynecologists (ACOG) guidelines. See current guidelines at <https://www.acog.org/>.
 - (b) Mammogram in accordance with the American Congress of Obstetricians and Gynecologists (ACOG) guidelines. See current guidelines at <https://www.acog.org/>.
 - (c) Women’s health exam may be transcribed. May annotate from medical records.

- (16) Qualification for service (record in box 74a).
- (17) Summary of defects (record in box 77).
- (18) Recommendations (record in box 78).
- (19) Name and signatures of examining health care provider with date examination completed (record in boxes 81a and 81b).

f. Flying duty medical examinations. See Aeromedical Technical Bulletins, Army Flight Surgeon's Administrative Guide and chapters 5 and 6 of this pamphlet to apply the aeromedical standards in AR 40–501.

g. Airborne examinations. In addition to the items listed in “All examinations” (paragraph b(1), (2), (3), and (4) above), the following items are required:

- (1) Valsalva (box 72b).
- (2) Color vision (boxes 59 and 60).

h. Examination for Ranger School. In addition to the items listed in “All Examinations” the following items are required:

(1) *Age 34 and under.* Urinalysis with microscopy (box 52), HCT (box 47); HIV test within 2 years (box 49); Sickie Cell Screen, *initial examination only*, may document existing results (record in box 73). This exam requires an evaluation by a dentist.

(2) *Age 35 and older.* Urinalysis with microscopy (box 52); HCT (box 47); HIV test within 2 years (box 49); Sickie cell screen, *initial examination only*, may document existing results (record in box 73); fasting blood sugar (box 73); CBC (box 52); fasting lipid panel, ECG, occult blood for age 40 and older (record in box 73). This exam requires an evaluation by a dentist. The requirements in paragraph 5–25 for indications of medical follow-up for elevated or abnormal test results should be followed for these exams on applicants 35 and older and the results forwarded with the medical examination to the Ranger School for review.

6–4. Report of medical history forms

a. Preparation of DD Form 2807–1 (Report of Medical History). DD Form 2807–2 is not required. When the electronic version of the DD Form 2807–1 becomes available, it will supersede the paper form and will be the only one used. The examinee completes this form prior to the examination. The examinee must complete a DD Form 2807–1 in all cases to inform the completion of the DD Form 2808. The DD Form 2807–1 provides the examining physician with indication of the need for special discussion with the examinee and areas with indications for detailed examination, special tests, or consultation referral. The information entered on this form is confidential and is not for release to unauthorized sources. The examinee should be informed of the confidential nature of his or her entries and comments. Trained enlisted medical service personnel and qualified civilians may inform the examinees of the confidential nature of their entries and comments, instruct, and assist examinees in preparing the DD Form 2807–1. Trained enlisted medical service personnel and qualified civilians will make no entries on the form other than the date of examination and the examining facility. Prepare the DD Form 2807–1 in an original and one copy with all items complete. Responses will be typewritten or printed in ink. The DD Form 2807–1 must be dated within 2 years of the class start date to be valid for entrance to USASOC and USAJFKSWCS schools.

b. Signature. The examinee will sign the form in black or dark blue ink or sign electronically when available.

c. The physician's summary (or PA's or nurse practitioner's) and elaboration of the examinee's medical history.

(1) The credentialed health care provider (physician, PA, or nurse practitioner) will summarize and elaborate upon the examinee's medical history and in the case of military personnel, the examinee's health record, and cross-referencing their comments by item number. The examiner will clarify all affirmative responses and fully describe all abnormalities noted.

(2) If the examinee is applying for enlistment or appointment and answers reveal that this Soldier was either previously rejected for military service or discharged for medical reasons, ascertain, and record the exact reason.

(3) A facsimile stamp will not be used for signature. Enter the typed and printed name of the physician, PA, or nurse practitioner and the date into the designated blocks. The physician, PA, or nurse practitioner will sign in black or dark-blue ink, or sign electronically when available.

6–5. Validity times for DD Forms 2808

a. Medical examinations are valid for the purpose and periods below, provided there has been no significant change in the individual's medical condition. (Do not complete a DD Form 2808 to document a PHA). The physician completing the final medical evaluation of the individual signs and dates the report in Block 85. The date recorded in Block 85 on the DD Form 2808 will reflect the completion date of the medical examination.

(1) Medical examinations will be valid for 24 months from the date of medical examination to qualify for entrance into USMA, the Uniformed Services University of the Health Sciences (USUHS), ROTC, Officer Candidate School

(OCS), USMA Preparatory School, induction, enlistment, initial appointment as a commissioned officer or warrant officer (with the exceptions noted in (2) and (3) below). Paragraph 6–7 addresses validity for separation.

(2) At National Advanced Leaders Camp, ROTC Cadets complete a medical screening on DD Form 2807–1, with a focused medical examination as clinically indicated, and laboratory screening tests for DNA, HIV, urinalysis, and drug or alcohol testing. This medical screening and the required laboratory tests are part of the qualification process for a cadet to continue in ROTC and subsequent commissioning.

(3) To qualify a USMA cadet for commissioning complete a DD Form 2807–1, with a focused medical examination as clinically indicated, and the required DNA, HIV, and drug/alcohol tests, if the laboratory tests have not been accomplished during the cadet’s tenure.

(4) The entry examination to qualify for PA school serves as the commissioning examination provided there has been no interval change in the student’s medical condition as documented on the current PHA.

(5) See paragraph 5–12 for validity periods for FDMes/FDHSs.

(6) A current DoD periodic health assessment within the last 12 months or medical examination, to include documentation of all indicated laboratory tests and consults, for Active Component Soldiers and ARNGUS and USAR Soldiers will be valid for reenlistment if an individual has been out of the Service for up to 6 months, as well as attendance at Army or civilian schools, ADT, ADOS, and temporary tour of active duty tours unless the specific school requires a medical examination or a shorter validity period (for example, special forces, diving school, or aviation training). Shorter validity periods for Army Schools must be prescribed by Army regulation or DA pamphlet. The periodic examinations or PHA will be valid only if there has been no change in the Soldier’s medical condition since the last complete PHA or medical examination (para 6–6 defines the periodic health assessment). See AR 600–110 for specific requirements for HIV testing.

(7) Medical examinations are valid for 18 months for entry into Ranger School, and entry into aviation classes 1, 2, 3, and 4.

b. A medical examination conducted for one purpose is valid for any other purpose within the prescribed validity periods, provided the examination is of the proper scope, and using the standards prescribed in AR 40–501. If the examination is deficient in scope, obtain and record the deficient tests, procedures, and results. The PHA is defined as the DD Form 3024 (Annual Periodic Health Assessment) in the prescribing DoDI.

c. The medical examination or PHA for members of the ARNG/ARNGUS and USAR will be valid for the purpose of qualifying for immediate reenlistment in ARNG/ARNGUS and USAR, provided there has been no change in the individual’s medical condition since the medical examination or PHA. Paragraph 5–20 describes the administrative requirements for mobilization or contingency operations, and chapter 7 for deployment-specific information. During deployment, the pre-deployment assessment will meet this requirement to support reenlistment during the deployment.

d. Medical examinations for engineer divers (MOS 12D):

(1) Engineer divers (MOS 12D) must have an initial diving medical examination within 2 years prior to the start of Diver Phase Two training at the Naval Diving and Salvage Training Center in Panama City, FL.

(2) Engineer divers (MOS 12D) must have a full diving medical examination every 5 years. The dive medical officer (DMO)/UMO or FS trained in diving medicine (or has completed a residency in aerospace medicine) performs or reviews the medical examination for engineer divers.

e. The DD Form 2808 must be dated within 2 years of the class start date to be valid for entrance to USASOC and USAJFKSWCS schools.

6–6. Periodic health assessments

a. Application.

(1) An annual PHA is a DoD requirement for all officers, warrant officers, and enlisted personnel of the Army, regardless of component.

(2) The DoD PHA is a medical readiness assessment and public health screening tool and has a different focus than other required examinations. The PHA is a stand-alone assessment that must be completed using the DoD PHA form. A medical exam may not be substituted for a DoD PHA even if a Soldier undergoes a medical examination within 1 year, the scope of which is equal to or greater than that of the required PHA (such as annual FDME or FDHS).

(3) All RC general officers (grade O7 and above) will complete an annual PHA within the standard 3 calendar months before the end of the general officer’s birth month. The PHA may be completed at any military medical facility capable of completing the assessment. If the healthcare provider completing the PHA indicates a need for further evaluation or medical treatment, the general officer will be referred to his/her civilian medical healthcare provider.

(4) General officer (grade O7 and above) PHA completion verification to include date of completion, indication of permanent or temporary profile (with expiration date if applicable) and any duty or deployment limitations will be sent to the following:

(a) For Active Component (AC) general officers: mail to General Officer Management Office (DACS-GO), Office of the Chief of Staff, Army 200 Army Pentagon, Room 2A476, Washington, DC 20310-0200 or email to usarmy.pentagon.hqda-gomo.mbx.gomo@mail.mil.

(b) For ARNG general officers: mail to Chief, National Guard Bureau, (NGB-GO-AR) Room 2D366, The Pentagon, Washington, DC 20310-2500. For the purpose of requesting clarification email can be used; Contact information for ARNG GO organization: ng.ncr.arng.mbx.gomailbox@mail.mil.

(c) For USAR general officers: email to: usarmy.knox.hrc.mbx.gomo-ar-pers@mail.mil.

b. *Procedure.* The PHA consists of three parts—

(1) *Part 1, self-reported health assessment.* A current self-reported health assessment and review completed by the Soldier. The electronic version of the PHA, DD Form 3024, is how to complete the DoD PHA. Handwritten forms will not be accepted. PHAs can be completed with the deployment health assessments. The DoD PHA provides an opportunity for the Soldier to express new health concerns and identify possible impacts to readiness. The Soldier must make an appointment with a healthcare provider to complete the DoD PHA within 60 days after completing the self-reported health status. Whenever possible, the Soldier self-reported health assessment section will be done prior to arrival at the clinic, medical facility, physical exam section, Soldier readiness platform, or local detachment.

(2) *Part 2, medical record review.* A record review will include the Soldier's height and weight, MRAT 24-month trends (AC only), current medical conditions and deployment-related health problems, to include screening for traumatic brain injury exposure, allergies, medications, required immunizations, update of HIV test and DNA specimen, audiology, and visual acuity results. The DD Form 2766 (Adult Preventive and Chronic Care Flow-sheet) will be updated with the most current information. Medical readiness elements will be documented and/or updated electronically during the record review or encounter. Part 2 of the PHA is conducted, coordinated, and documented by any healthcare provider to include medics, licensed practical nurses, registered nurses or medical providers if needed.

(3) *Part 3, review by a healthcare provider.* A physician, nurse practitioner or PA, preferably the Soldier's primary care team, unit providers, or component providers, will—

(a) Review the Soldier's statement of health, any pertinent tests and reports, PULHES, accuracy of DA Form 3349-SG in e-Profile, MRAT 24-month trends (AC only), readiness screening information, and make referrals as indicated. The healthcare provider review will occur within 60 days for Soldiers after completion of the Soldier's self-reported health assessment. See AR 600-110 for specific requirements for HIV testing, documentation, and follow-up.

(b) Perform a symptom-focused exam if warranted, to address concerns identified by the Soldier in his/her self-reported health assessment. The PHA will include screening for mental health disorders, behavioral health risks, to include screening for traumatic brain injury exposure, and physical health conditions that may impact mental status or emotional well-being. The provider will make recommendations for referrals to address treatment of medical problems and/or preventive health services as warranted. (Health screening recommendations are to be based on the United States Preventive Task Force Guidelines.)

(c) Whenever possible, the PHA will be accomplished in a single appointment. Active duty TRICARE Prime Remote, ARNG/ARNGUS, and USAR Soldiers may complete the PHA and IMR requirements via the current agencies contracted to provide these medical services.

(d) The PHA includes the current DoD Mental Health Assessment (MHA), which is an independent annual requirement. Healthcare providers must complete the one time DoD MHA training to properly administer this part of the examination.

(e) The physician, nurse practitioner or PA will document the Soldier's disposition by assessing their IMR status, deployment-limiting conditions, dental, immunization, laboratory, and medical equipment as ready or not ready. This will support an assessment of the Soldier as fully medically ready, partially medically ready, not medically ready, or medically indeterminate.

(f) Referrals and recommendations will be documented and orders entered, where applicable, for any required preventative or readiness related medical services not immediately available during the PHA process.

(g) The examining physician, nurse practitioner, PA, or record reviewer thoroughly investigates and documents the Soldier's current medical status. A copy of the provider summary and recommendations from the PHA is copied into AHLTA (for active duty). A copy of the actual PHA is placed into HRR for RC Soldiers.

(h) The PHA status is reported as complete when the credentialed healthcare provider reviews, confirms, and signs the PHA, and it is annotated within the EHR. The credentialed healthcare provider does not have to wait for results of laboratory tests or consults to complete the PHA. The credentialed healthcare provider will sign the PHA on the same day whenever possible but no later than 24 hours after the provider review. Follow-up clinical notes on laboratory tests or consults will be documented in the Soldier's EHR.

(i) The DoD PHA may not be completed as part of a DD Form 2795, DD Form 2796, or DD Form 2900 (Post-Deployment Health Re-Assessment, Post-Deployment Health Assessment (PDHA)). The DoD PHA must always be completed on its own and in its entirety despite completion of a deployment health assessment.

1. All periodic health assessments are reviewed and signed by a credentialed physician, nurse practitioner or PA.

2. The Soldier is informed of remedial conditions found upon examination. Referrals will be made and/or recommended as indicated (by component) for the purpose of evaluations or care, for general health education matters including, but not limited to nutrition, smoking, alcohol and drug abuse, and weight control.

3. All personnel with potential hazardous exposures in their work environment, for which medical surveillance examinations are required, will receive information to assure appropriate medical surveillance examinations are conducted. Such occupational health examinations will be specific to job exposure.

c. *Follow-up.* Soldiers of the ARNG/ARNGUS or USAR who are not on active duty will be scheduled for follow-up appointment and consultations at Government expense only when appropriate documentation is completed. Treatment of conditions or remediable defects as a result of a PHA screening will be facilitated if authorized through the component process. If individuals are not authorized treatment at government expense, they will be advised to consult a private physician of their own choice at their own expense. (See AR 600–8–4.)

d. *Frequency.* (See paras 5–12 for aircrew, ATCs, and UAS operators.)

(1) Special Forces, Ranger combat divers, MFF parachutists.

(a) Following the initial medical exam, Special Forces/Ranger combat divers and MFF parachutists' subsequent comprehensive exams and PHAs will be aligned with the Soldier's birth month using table 5–2. The medical examination for engineer divers must be performed or reviewed by a DMO or a FS trained in diving medicine. The physical examination for Army MFF must be performed by or reviewed by a FS, DMO, or AME. A DD Form 2992 will be issued annually in conjunction with the medical examination.

(b) The comprehensive exam for Special Forces/Ranger combat divers, and MFF parachutists is performed every 5 years beginning at ages 35, 40, 45, and 50. Beginning at age 40, a comprehensive exam will include CVSP, and beginning at age 50 will be an annual requirement. It will be performed within 90 days before the end of the birth month in the year it is due. Comprehensive exams will be completed and submitted after any class A and B mishap.

(c) Interim exam Special Forces/Ranger combat divers and MFF parachutists' PHA (a DA Form 4497 may be used) is performed in the interim years when an initial or comprehensive exam is not required. It will be performed within 90 days before the end of the birth month and is valid until the end of the next birth month.

(d) Special Forces/Ranger combat divers and MFF parachutists in specialty service are required to maintain a comprehensive or interim Army Special Operations Forces, MFF parachutists, combat divers and divers (MOS 12D) divers exam even when the Soldier is not assigned to operational duty positions.

(2) All other personnel on active duty will have a PHA on record no older than 12 months beginning after enlistment or commissioning.

(3) All members of the Selected Reserve will have a PHA at least once every 12 months. Army commanders, the Commander, Army Human Resources Command, and the Chief Army Reserve, NGB may, at their discretion, direct more frequent medical assessments or physical examinations in individual cases MEDPROS data will reflect non-compliance if a PHA has not been reported or is older than 15 months.

(4) Members of the IRR have a requirement to promptly report any medical (including mental health) conditions that may affect their readiness to deploy. Army Human Resources Command will determine what reporting tools the IRR Soldiers (not on active duty) will use to meet the annual PHA requirement. For example, an IRR Soldier may be directed to use the DA Form 3725 and virtual muster or the DA Form 7349 (Initial Medical Review - Annual Medical Certificate). The DA Form 7349 is prescribed to collect medical information of sufficient detail for uniformity in medical evaluation for Soldiers who are not required by policy to complete an annual PHA. This form evaluates Soldiers in terms of medical conditions and physical defects which may require medical care or which may require a profile to describe capabilities and limitations. If the Soldier reports any conditions, they are required to provide supporting documentation to Army Human Resources Command if requested.

6–7. Separation History and Physical Exam

The Separation History and Physical Exam (SHPE) is a joint program to support the evaluation of Soldier disability claims and transition of care to the VA. The SHPE must be completed prior to separation from active duty for the eligible population as described in AR 40–502 and table 5–1. There are program requirements, Soldier responsibilities, Command responsibilities, credentialed provider duties, and patient administration duties prescribed in DoDI 6040.46.

a. The SHPE program requirements includes DoD reporting SHPEs and Separation Health Assessments (SHA) completion by component throughout the DoD. To ensure accurate information, these exams will be coded with a

joint standardized code in the electronic health record, V70.5_9 “SEPARATION / TERMINATION / RETIREMENT EXAM”.

b. The SHPE program has specific timeline requirements outlined in the SHPE user guide to ensure that the required SHPE exam is complete and validated by 30 days from separation. The requirement for a physical exam within 12 months of separation is fixed; other interval timelines may be adjusted for terminal leave as allowed by DoD and VA policy.

c. This assessment is to determine any existing medical condition incurred during active duty Service, provide baseline information for future care, complete a member's military medical record, and provide a final opportunity before separation to document any health concerns, exposures, or risk factors associated with active duty service. File all SHPE associated forms, studies, and laboratory test in the Soldier's EHR/STR. Any duty limitations are described through the profiling system, and completing a SHPE does not exempt a Soldier from unit physical readiness training, any physical fitness tests, field, or any other type of duty assignment.

d. When the Soldier is filing a service connected disability claim, complete the physical examination through the VA, when possible, prior to separation. The VA refers to SHPEs as Separation Health Assessments.

e. The Soldier completes the DD Form 2807-1 and DD Form 2808 in the medical readiness system of record. If the physical is over 6 months (180 days) from retirement and needs to be updated, the DD Form 2697 (Report of Medical Assessment) will also be completed in the medical readiness system of record. The Soldiers who are filing a VA claim will need to adhere to VA policies and procedures, ensure their claim is initiated and their medical records are available to the VA to support their SHPE and any additional exams. The VA will complete the SHPE for Soldiers between 180-90 days from separation.

f. Unit commanders ensure Soldiers are preparing and attending appointments and complete the SHPE unless the Service member is not under control of the Secretary of a Military Department such as unauthorized absences or civilian incarceration. If a Soldier refuses or fails to comply with the processes necessary to complete the physical exam portion of the SHPE, the unit commander will generate a brief memorandum to document the refusal or non-compliance and provide a copy to the servicing military treatment facility. The memorandum will serve in lieu of the separation report and be documented in the STR to meet the documentation requirements of DoDI 6040.46.

g. The military treatment facility commander or their designee ensures access and appropriate review to support SHPE requirements. Coordination with the VA will necessitate access and training on the use of the Bidirectional Health Information Exchange.

h. Patient Administration provides copies of the STR, supports the transition of care and communication between the DoD, VA, and the Soldier to accomplish the SHPE requirements. The VA providers do not have access to the Army medical readiness system of record and do not use AHLTA, so printed DD Form 2807-1, DD Form 2808, the AHLTA web-print file (or equivalent in future systems), and STR need to be provided. Patient Administration also supports the use of the Bidirectional Health Information Exchange and Joint Legacy Viewer to enhance communication between the DoD and VA systems.

i. The SHPE is an individualized health assessment sufficient to evaluate the health of the Soldier at the time of discharge. A SHPE will consist of the following.

(1) DD Form 2807-1, initiated by the Soldier, completed by the Soldier, with comments on all positive responses completed by the healthcare provider performing the SHPE that has that has verified credentials deemed appropriate by the MTF privileging authority to perform such exams, such as a physician, physician's assistant, or nurse practitioner.

(2) A review of the Soldier's DD Form 2807-1 and their medical record will be completed to identify any complaints or potential active duty service-related (incurred or aggravated) illness or injury. The health care provider will address and document all concerns related to the subjective input provided by the Soldier. When an allegation of sexual assault arises during an SHPE, the health care provider will ask the Soldier if they have received counseling by a Sexual Assault Response coordinator or victim advocate has been provided, including explanation of the restricted and unrestricted reporting options. If not, the exam will be paused and the Sexual Assault Response Coordinator or Victim Advocate will be contacted. Other parts of the exam may be performed, but the exam and report cannot be completed until the Sexual Assault Response coordinator or victim advocate counseling is provided. Whether the Soldier elects for restricted or unrestricted reporting, per DoD policy documentation of the alleged sexual assault will not be included in the SHPE. Medical documentation will be consistent with the standard provided in DoDI 6495.02, Enclosure 7. If completing a SHPE through the VA, follow VA instructions for completing these exams.

(3) DD Form 2808, completed by a credentialed health care provider and a review of medical record and a record of significant medical conditions.

(4) A threshold audiogram completed within the past 6 months, A comprehensive audiology evaluation is necessary abnormal audiograms and referral guidelines per DA Pam 40-501. For RC members, the comprehensive

audiogram may be completed after the SHPE, but it must be documented in the STR no later than the final separation from military service to include any subsequent evaluations of a standard to temporary threshold shift.

(5) Optional HCV testing per U.S. Centers for Disease Control guidelines at <https://www.cdc.gov/hepatitis/hcv/> and any additional testing appropriate to the Soldier's health status, as determined by the examining credentialed health care provider and in accordance with current DoD and DA policies to include a discussion of the "A" and "B" rated USPSTF recommendations based on the Soldier's age and gender.

(6) An assessment regarding the Soldier's qualification for retention according to AR 40–501.

(7) All occupational health termination examinations required by DoD and DA policy (for example, hearing conservation, radiation medical surveillance) and medical surveillance programs because of hazardous job exposure, must be completed before the SHPE is completed. Ensure currency of any periodic testing required by other issuances (for example, HIV testing in accordance with DoDI 6485.01), before referral for SHPE.

j. The SHPE may be waived in accordance with DoD and Service guidance. See table 5–1.

k. If a full physical examination, with a DD Form 2807–1 and DD Form 2808, has been completed in the previous 12 months, a DD Form 2697 may be used to highlight any health changes and be an additional document to the current DD Form 2808. The Soldier must acknowledge with his or her signature in block 19 of DD Form 2697 and DD Form 2808 that the information provided is true and complete.

l. In accordance with 10 USC 1145(a)(5), the SHPE occurs immediately before the scheduled separation. With the consent of the Soldier and concurrence of the unit commander, the requirement may be met in any of the ways shown below. No more than 30 days prior to separation, there must be an administrative review and validation of the qualifying SHPE by completing block 85 on the DD Form 2808. When the Soldier has terminal leave, the final out-processing date may be used in lieu of the date of separation from active duty for the timeline requirements (other than the 12-month period).

(1) A SHPE up to 30 days prior to the date of separation from active duty requires no further documentation.

(2) A SHPE up to 90 days prior to the date of separation from active duty must be validated as current not more than 30 days prior to the date of separation. Such validation is an administrative requirement and does not require a separate entry into the STR, though an entry may be made if necessary for tracking purposes.

(3) When conducted by the VA, a separation exam up to 180 days prior to the date of separation from active duty is acceptable. In accordance with DoDI 6040.46, a DoD official must review the VA performed exam and make an entry into the STR. The presence of this entry must be administratively validated as current no more than 30 days prior to the date of separation from active duty.

(4) A DoD physical exam performed between 90 days and 12 months prior to separation from active duty if it meets the SHPE minimum standards and is updated with a new medical assessment no more than 30 days prior to separation from active duty and documented in the STR.

m. When accomplished incident to retirement, discharge, or REFRAD, medical examinations, including the SHPE and annual PHA, are valid for a period of 12 months from the date of examination or assessment.

Table 6–1
Recording of medical examination

Box no.	Block description	Explanatory notes and model entries (Model entries are in parentheses) Refer to the glossary for abbreviations used
1	(Date of examination)	Enter the date on which the medical examination is accomplished
2	(Social Security number)	Examinee's number (SSN 396–38–0699)
3	(Name)	Record the entire last name, first name, and middle name. When using a suffix, Jr., Sr., or III, it appears after the middle name. (Jackson, Charles John Jr.)
4	(Home address)	Examinee's current mailing address (not the "home of record" —if different) (Street number, city, state, Zip code or unit mailing address)
5	(Telephone number)	Enter telephone number to reach the examinee—home or unit (202–555–1212)
6	(Grade)	Enter examinee's grade (E8, O4)
7	(Date of birth)	Record as year, month, day
8	(Age)	List years of age at the time of examination (28 yr.)
9	(Sex)	Check female or male
10	(Race)	Check the applicable block

Table 6–1
Recording of medical examination—Continued

Box no.	Block description	Explanatory notes and model entries (Model entries are in parentheses) Refer to the glossary for abbreviations used
11	(Years of Government service)	Not required
12	(Agency if not DoD)	To be used by other agencies, as appropriate
13	(Organization unit)	The examinee's current military unit of assignment, Active or Reserve. If no current military affiliation, enter a dash (for example, "B Company, 2D Battalion, 325th, Infantry, 82nd Airborne Division, Fort Bragg, NC 28307–5100")
14a	(Rating or specialty) (Aviators only)	Not required on Army examinations unless directed by USAAMA
14b	Total Flying Time (Aviators only)	Not required on Army examinations unless directed by USAAMA
14c	Last 6 months (Flying Time – Aviators only)	Not required on Army examinations unless directed by USAAMA
15a	(Service)	Check the appropriate service
15b	(Component)	Check the appropriate component
15c	(Purpose of examination)	Check or enter the purpose of the examination
16	(Name of examining facility)	Name of the examining facility or examiner and address. If an Army post office, include local national location (Military Entrance Processing Station, 310 Gaston Ave., Fairmont, WV 12441–3217)
17 ²	(Head, face, neck, scalp)	Record all swollen glands, deformities, or imperfections of the head or face. If a defect of the head or face, such as moderate or severe acne, cyst, exostosis, or scarring of the face is detected, a statement will be made as to whether this defect will interfere with the wearing of military clothing or equipment. If an examiner detects enlarged lymph nodes of the neck describe them in detail with a clinical opinion of the etiology
18	(Nose)	Record all abnormal findings. Record estimated percent of obstruction to airflow if septal deviation, enlarged turbinates, or spurs are present
19	(Sinuses)	Record all abnormal findings ("Marked tenderness over left maxillary sinus")
20	(Mouth, throat)	Record any abnormal findings, to include enucleated tonsils (Tonsils enucleated)
21	(Ears)	If operative scars are noted over the mastoid area, annotate simple or radical mastoidectomy and describe any other clinical findings (for example, "Bilateral severe swelling, injection and tenderness of both ear canals")
22	(Eardrums)	Record all abnormal findings. In the event of scarring of the tympanic membrane, record the percent of involvement of the membrane as well as the mobility of the membrane. If tested, a definite statement will be made as to whether the eardrums move on valsalva maneuver or not and also noted in item 72b
23	(Eyes)	Record abnormal findings. If an examiner finds ptosis of lids, state the cause and extent of the interference with vision. If an examiner finds pterygium, note: 1. Encroachment on the cornea, in millimeters, 2. Progression, 3. Vascularity For example, "Ptosis, bilateral, congenital. Does not interfere with vision. Pterygium, left eye, 3 mm encroachment on cornea; nonprogressive, avascular"
24	(Ophthalmoscope)	Describe opacities of the lens regarding size, progression since last examination, and interference with vision (for example, "Redistribution of pigment, macular, right eye, no loss of visual function. No evidence of active organic disease")
25	(Pupils)	Record all abnormal findings
26	(Ocular motility)	Record all abnormal findings

Table 6–1
Recording of medical examination—Continued

Box no.	Block description	Explanatory notes and model entries (Model entries are in parentheses) Refer to the glossary for abbreviations used
27	(Heart)	Describe abnormal heart findings completely to include the time in the cardiac cycle, the intensity, the location, transmission, effect of respiration, or change in the position, and a statement as to whether the murmur is organic or functional. When describing murmurs by grade, indicate basis of grade (for example, “Grade II/IV soft, systolic murmur heard only in pulmonic area and on recumbency, not transmitted. Disappears on exercise and deep inspirations, physiological murmur”)
28	(Lungs and chest)	Lungs: Describe the cause of any rales and other abnormal sounds detected on exam. The examinee will be evaluated on the basis of the cause of the pulmonary sounds and not simply on the presence of such sounds (for example, “Sibilant and sonorous rales throughout chest. Prolonged expiration”). Breast exam: Note location, size, shape, consistency, discreteness, mobility, tenderness, erythema, dimpling over any mass, in a comprehensive clinical description
29	(Vascular system)	Adequately describe any abnormalities. When varicose veins are present, a statement will include location, severity, and evidence of venous insufficiency (for example, “Varicose veins, mild, posterior superficial veins of legs. No evidence of venous insufficiency”)
30	(Anus, rectum) (Prostate if indicated)	Describe surgical scars and the size, number, severity, and location of hemorrhoids. Check fistula, cysts, and other abnormalities (for example, “One small, mild, external hemorrhoid. Digital rectal normal. Stool guaiac negative”). In prostate exam note grade of prostatic enlargement, surface, consistency, shape, size, sensitivity, mobility.
31	(Abdomen, viscera)	Include hernia. Note any abdominal scars and describe the length in inches, location, and direction. If a dilated inguinal ring is found, a statement will be included in item 31 as to the presence or absence of a hernia (2-inch linear diagonal scar, right lower quadrant).
32	(External genitalia)	Describe any abnormalities. Include results of testicular exam on males.
33	(Upper extremities)	Record any abnormality or limitation of motion. If applicant has a history of previous injuries or fracture of the upper extremity, as, for example, a history of a broken arm with no significant finding at the time of examination, indicate that no deformity exists and function is normal. Make a positive statement in addition to checking the “normal” column. If an examinee has a history of dislocation, make a statement describing the function, and any limitations at the time of examination (for example, “No weakness, deformity, or limitation of motion, left arm”).
34	(Lower extremities)	Record any abnormality or limitation of motion. If applicant has a history of previous injuries or fracture of the lower extremity, as, for example, a history of a broken leg with no significant finding at the time of examination, indicate that no deformity exists and function is normal. Make a positive statement in addition to checking the “normal” column. If the examinee has a history of dislocation, make a statement describing the function, and any limitations, at the time of examination (for example, “No weakness, deformity, or limitation of motion, left leg”).
35	(Feet)	Record any abnormality. Describe detected flat feet with the stability of the foot, presence of symptoms, presence of eversion, stable, and bulging of the inner border. Describe pes planus as mild, moderate, or severe (for example, “Flat feet, moderate. Foot asymptomatic, no eversion or bulging; no rotation”). Circle category relating to arch, degree, and symptoms.
36	(Spine, other musculoskeletal)	Include pelvis, sacroiliac, and lumbosacral joints. Check history. If scoliosis is detected, the amount and location of deviation in inches from the midline will be stated.
37	(Identifying body marks)	Record scars or marks of purely identifying significance and those that interfere with function here. Fully describe tattoos that are obscene or so extensive as to be unsightly (for example, “1-in. vertical scar, dorsum; 3-in. heart-left forearm; shaped tattoo, lateral aspect middle 1/3 left arm”).
38	(Skin)	Describe pilonidal cyst or sinus. If skin disease is present, its chronicity and response to treatment should be recorded. State also whether the skin disease will interfere with the wearing of military clothing or equipment (for example, “Small discrete angular, flat papules

Table 6–1
Recording of medical examination—Continued

Box no.	Block description	Explanatory notes and model entries (Model entries are in parentheses) Refer to the glossary for abbreviations used
		of flexor surface of forearms with scant scale; violaceous in color; umbilicated appearance and tendency to linear grouping”).
39	(Neurologic)	Record complete description of any abnormality.
40	(Psychiatric)	Record all abnormalities. Before making a psychiatric diagnosis, a minimum psychiatric evaluation will include non-axial diagnosis and clinical criteria for the diagnosis.
41	(Pelvic)	Note type of exam (for example, “bi-manual”). Record any abnormal findings. (See item 52a for pap test.)
42	(Endocrine):	Describe every abnormality noted.
43	(Dental)	Examining physicians will apply the appropriate standards prescribed in AR 40–501, and indicate “acceptable “ or “non-acceptable. “ This does not replace the required annual dental examination by a dentist or the dentist's determination of the appropriate dental classification.
44	(Notes)	Describe every abnormality noted. Enter pertinent item number before each comment. Continue in item 73 if necessary.
45 ³	(Urinalysis) a. Albumin b. Sugar	Record results (For other urine microscopic or specific gravity, record in box 52c.)
46	(Urine HcG)	Record results
47	(Hemoglobin/hematocrit)	Record results
48	Blood Type	Record results
49	(HIV)	Record date, results, add HIV specimen ID label in indicated section.
50	(Drugs)	Record results of Drug Tests, add Drug Test Specimen ID to indicated space.
51	(Alcohol)	Record results of alcohol screen
52	(Other / results)	52a (use to record results of pap test) 52b (use to record PSA result) 52c (use to record urine microscopic or urine specific gravity.)
53	(Height)	Record in inches to the nearest quarter inch (without shoes). For initial Class 1 FDME: Leg length, sitting height, and functional arm reach will be measured, in accordance with APL, Anthropometrics.
54	(Weight)	Record in pounds to the nearest whole pound (in PT clothes without shoes, or hospital gown).
55	(Maximal allowable weight)	This item is for accession medical examinations only. This does not replace the official weigh-in for Soldiers in conjunction with the ACFT and AR 600–9
56	(Temperature)	Record in degrees Fahrenheit, to the nearest tenth
57	(Pulse)	Record with arm at heart level
58 a, b, c	(Blood pressure)	Record Results (for example, 110/76), record repeat readings in 58 b and c if initially elevated.
59	(Red/green vision test)	Record a pass/fail for vivid red/green vision if the examinee fails the color vision test in item 66.
60	(Other eye or vision test)	For example, results of red lens test.
61	(Distant vision)	Record the English Snellen Linear System (20/20, 20/30, and so forth) of the uncorrected vision of each eye. If uncorrected vision of either eye is less than 20/20, record the corrected vision of each eye (for example, “Right 20/50 corrected (corr) to 20/20 and Left 20/70 corr to 20/20”).
62	(Refraction)	Enter the word “manifest” or “cycloplegic,” whichever is acceptable, after refraction. Indicate an emmetropic eye by plano or 0. For corrective lens, record refractive value (for example, “Right By –1.25 S – 0.25 CX 005. Left By –1.75 S – 0.25 CX 175”).
63	(Near vision)	Record results in terms of reduced Snellen. Whenever the uncorrected vision is less than normal (20/20), enter the corrected vision for each eye and lens value after the word “by” (for example, “Right 20/40 corrected to 20/20 by Same and Left 20/40 corrected to 20/20 by + 0.50”).
64	(Heterophoria)	Identify the test used; for example, either Maddox Rod or Stereoscope, Vision Testing (SVT), and record results, Prism Divergence not required. All subjective tests will be at 20 feet or at a distance setting of the

Table 6–1
Recording of medical examination—Continued

Box no.	Block description	Explanatory notes and model entries (Model entries are in parentheses) Refer to the glossary for abbreviations used
		SVT. Record distance interpupillary distance (PD) in mm (for example, "Esophoria degree 4, Exophoria degree 0, right hyperphoria 0, left hyperphoria 0, PD 63").
65	(Accommodation)	Record values without using the word "diopters" or symbols (for example, "Right 10.0; Left 9.5").
66	(Color vision)	Record the test used and the number of plates correctly identified over the number of plates tested (for example, PIP, 12/14, pass or PIP, 3/14, fail). The Cone Contrast Test and Service approved computer based tests are also acceptable for flight physicals. If the examinee fails a color discrimination test, utilize the Red/Green color naming test and record the result in Block 59 if accepted for the purpose of the exam.
67	(Depth perception)	Record the test used and score in the appropriate space "corrected" or "uncorrected," as applicable. Enter the best depth perception score achieved by the examinee in seconds of arc (accession standards is 40 seconds of arc) and whether that score equates to pass or fail for the purposes of the examination (for example, RANDOT, 40" arc, pass or TITMUS Stereoacuity, 120" arc, fail).
68	(Field of vision)	Identify the test used and the results. If a vision field defect is found or suspected in the confrontation test, use a more exact perimetric test and a perimeter and/or tangent screen. Record findings on a visual chart and describe them in item 77. Copy of the visual chart must accompany the original DD Form 2808 (for example, "Confrontation test: Normal, full").
69	(Night vision)	Test used and Score For aviation, the examiner will record any loss of night vision or report that it is not indicated by history.
70	(Intraocular tension)	Identify type of test used: applanation or non-contact. Record results numerically in millimeters of mercury of intraocular pressure. Describe any abnormalities (for example, "Normal O.D. 18 O.S. 17").
71a,b	(Audiometer)	Test and record results at 500, 1000, 2000, 3000, 4000, and 6000 Hertz using procedures prescribed in DA Pam 40–501. (use 71b for repeat tests if applicable)
72a	(Read Aloud Test)	Enter RAT satisfactory or unsatisfactory
72b	(Valsalva)	Enter satisfactory or unsatisfactory
73	(Notes)	Examiner will enter notes on examination about significant medical events in the individual's life, such as major illnesses or injuries and any illness or injury since the last in-service medical examination. The examiner will develop the history by reviewing health record entries and questioning the examinee. Note complications, sequelae, or absence thereof, where appropriate. Comments from other items may also continue into this space if annotated appropriately. This space is also used for additional tests when there is no specific box for the test on the DD Form 2808. For instance enter the results, if accomplished, of ECGs, chest x-rays, FBS, Fasting lipid profile, cholesterol, occult blood tests, sickle cell screens. Overprints or stamps may be used in this space.
74a ^d	(Examinee/applicant qualification)	Indicate is qualified or not qualified for service corresponding to the intent for the exam. NOTE: THE PURPOSE OF THE EXAMINATION IN ITEM 15c AND MUST CHECK EITHER QUALIFIED OR UNQUALIFIED IN THIS SECTION WITH THE PURPOSE OF EXAM (FOR EXAMPLE, "QUALIFIED FOR ACCESSION (Chap 2); QUALIFIED FOR RETENTION (Chap 3); QUALIFIED FOR SEPARATION (Chap 3); QUALIFIED FOR RETIREMENT (Chap 3)").
74b	(Physical profile)	The physical profile as prescribed in chapter 7 will be recorded. Any permanent profile with above a numerical designator of 1 should have an associated DA Form 3349–SG attached (for example, "111121") and in e-Profile.
75	(Signature of examinee)	The examinee will sign the DD Form 2808 if he/she has a disqualifying condition to indicate that he/she has been advised of the disqualifying condition.
76	(Significant or disqualifying defects)	List the significant or disqualifying defects. On accession exams, list the correct ICD code that corresponds to the disqualifying condition. Any medical waivers for accession should also be noted here.
77	(Summary of defects)	Summarize medical and dental defects considered significant. Record all defects considered serious enough to require disqualification, further consideration, such as waiver, or more complete survey. Also record any defect that may be of future significance, such as non-static defects that may become worse. Enter item number followed by a short, concise diagnosis; do not repeat the full description of a defect previously described under the appropriate item. Do not summarize minor, non-significant findings.
78	(Recommendations)	Notation will be made of any indication for further specialized examinations or tests.
79	(MEPS WORKLOAD)	(MEPS use only)
80	(Medical inspection date and physicians signature)	Used at the MEPS and includes inspection prior to movement to basic training of height, weight, body fat if applicable, pregnancy test and a note of qualified or unqualified. The physician signature is the

Table 6–1
Recording of medical examination—Continued

Box no.	Block description	Explanatory notes and model entries (Model entries are in parentheses) Refer to the glossary for abbreviations used
		physician who has done the inspection and should not be confused with items 83–85 that are the signatures of the medical examiners who accomplished and reviewed the medical examination.
81–84	(Physician or examiner)	Enter the typed or printed names of examiner and signature (physician, PA, or NP). If examination is not performed by a physician, a physician must co-sign the form in item 82a.
85	Administrative review	Any administrative review should be noted here by the signature of the reviewer, grade and date. Also indicate the number of attached sheets if applicable.
86	(Waiver granted)	Indicate any waiver outcome. Who granted it, for what medical condition, and the date.
87	(Number of attached sheets)	List the number and type of any attached sheets needed. For example, waivers, specialty consult, DA Form 3349–SG in e-Profile, and so forth.

Notes:

¹ Not all items are required on all examinations. See paragraph 6–3 to determine the scope of the examination based on the purpose of the examination.

² Note on the DD Form 2808, items 17 through item 39, the examiner must check normal, abnormal, or NE (not examined). All abnormalities will be described in item 44 and continued in items 73 and 77 if needed.

³ On page two of the DD Form 2808, re-enter the name and Social Security number of the examinee in the spaces provided.

⁴ On page three of the DD Form 2808, re-enter the name and Social Security number of the examinee in the spaces provided.

6–8. Fitness for Duty Exams

These evaluations will span from profile review and adjudication to a military clinical evaluation to determine if a Soldier has reached MRDP. When a fitness for duty evaluation is for a profile, all original duty limitations remain in effect until the fitness for duty evaluation is completed and the profile is/is not modified.

a. MTF commanders, State Surgeons, and the USARC Surgeon will develop processes and procedures to conduct fitness for duty evaluations within their areas of responsibility. These initial fitness for duty evaluations will seek to provide a second review of the Soldier's capabilities and limitations for the command teams.

b. Military clinical evaluations to determine a Soldier's capabilities, limitations, and potential retention issues may be requested of the MTF or medical supporting entity. The MTF or medical supporting entity will complete Fit for Duty exams on all AC and RC Soldiers as indicated and/or requested. Completing these exams for RC Soldiers is irrespective of the current duty status, DEERS enrollment status, or line of duty (LOD) investigation. RC members not enrolled into TRICARE are not entitled to treatment, unless the condition is duty related. For Soldiers who are not eligible for care, the initial civilian evaluations will be submitted with the request. The request will be in memorandum format to the MTF commander or supporting medical authority with the commander's justification, any supporting documentation, and the original profile.

Chapter 7**Deployment and Geographical Area Requirements****7–1. General instructions and criteria**

a. Medical readiness and the deployment health assessment programs (DHAP) support the commander's ability to accomplish their unit's designed and assigned missions. Deployable Soldiers are under the direct operational control of the reporting unit, either present or can be present within 72 hours, are in compliance with all required personnel readiness standards, and are not restricted from deploying to perform the unit's core designed and assigned missions. The health care providers will evaluate and report the Soldier's medical readiness. The commander will use this information for their deployability determination. When determining whether a Soldier can deploy with a physical profile, commanders should discuss their questions and concerns with the profiling provider, or request input from the Soldier's medical health care provider.

b. Commander reservations and concerns: Any reservations should be based on the commander's personal knowledge and firsthand observations of the Soldier's physical activities. If a profiling provider and commander cannot agree on a Soldier's duty limitations, the commander should request a "fitness for duty" evaluation. Medical instructions described on a physical profile may not be ignored, however. It is the commander's responsibility to counsel the Soldier about physical profiles that may affect their deployment status. In all cases, the role of the commander is to ensure Soldiers do not violate their profiles and are assigned duties that they can perform without undue

risk to health and safety. This collaboration will ensure high quality medical care, appropriate duty assignments, and accurate deployability determinations. The DHAP supports sustained readiness.

7–2. Deployment, mobilization, and assignment-specific medical requirements

a. Medical requirements. AR 40–502 implements individual deployment-specific medical requirements by status described in DoDI 6490.03, DoDI 6490.12, DTM 17–004, and DoDI 3020.41. Soldiers and the DoD Civilian expeditionary workforce will maintain a high state of pre-deployment health and medical readiness with a personal commitment to readiness. Deploying unit commanders execute all Army policies and CCMD guidance, regarding deployable personnel medical requirements in accordance with DoDI 6490.03.

(1) Deployable personnel will maintain a high state of pre-deployment health and medical readiness.

(2) Deploying personnel will receive briefings on deployment health threats and are trained and equipped with necessary countermeasures.

(3) Force health protection prescription products (FHPPPs) will include a minimum of a 90 day supply of prescription medication. Readiness testing automated neuropsychological assessment metrics, required laboratory studies, and immunizations will be administered as required per DoD, Army, and/or CCMD guidance.

(4) All deployable medical personnel, Soldiers, and DA Civilians will receive training on the signs, symptoms, medical countermeasures, and treatments of exposure to endemic diseases, environmental, occupational, and chemical, biological, radiological, and nuclear (CBRN) health threats.

(5) Deployable individuals' immunization, medical, and dental records will be updated in EHR, STR, and MEDPROS. The custody for these records will be established.

(6) Within 30 days prior to re-deployment inpatient, outpatient medical and dental encounter documentation (including medical and dental treatment records on DoD personnel from allies and coalition partners) will be consolidated and transported back to the deployed Soldiers and/or Civilians home station, to be combined with individuals' permanent medical and dental records.

b. Assessments. The DHAP, including the Pre-Deployment Health Assessments (Pre-DHA) and Post-Deployment Health Assessments (PDHA) and Post-Deployment Health Re-Assessment (PDHRA) will be completed by going into AKO, select "My Medical Readiness," under the "Self Service" then select "Deployment Health Assessments" (DHA), and finally, select appropriate DHA within the following timelines:

(1) DD Form 2795 (Pre-Deployment Health Assessment) screens for physical and behavioral health readiness and provides the individual the opportunity to correct any health deficiencies prior to deployment and is completed within 120 days of deployment.

(2) DD Form 2796 (Post-Deployment Health Assessment (PDHA)) is completed not earlier than 30 days before redeployment date and not later than 30 days after redeployment, and for RC members, before they are released from active duty. The PDHA screens for immediate deployment related injuries such as physical, mental, or behavioral issues the individual may have sustained during deployment. Soldier responses are compared to the Pre-DHA responses and with documentation of care during deployment found in the deployment health record.

(3) DD Form 2900, PDHRA, is completed within 90–180 days after redeployment, and screens for physical and behavioral health issues that may have evolved over time since the individual's return from deployment.

(4) Within the DHAP timelines all deployable personnel will have a face-to-face interview with a trained health care provider to review their assessments. Medical and dental referrals and follow-up visits for health concerns or issues will be scheduled as appropriate. Deployment Health Assessments (DHA) are required for all OCONUS deployments greater than 30 days to locations without fixed U.S. MTF and may be required for CONUS deployments at the discretion of the unit commander.

(5) RC Soldiers receive medical and dental care and disability evaluations in accordance with DoDI 1241.01 prior to release of RC Soldiers from active duty. If the member does not stay on active duty, coordination will be made to transition the medical and dental care to the VA.

(6) Mandatory Post-deployment health and risk communications debriefings will be provided to all personnel who have returned or are returning from deployment.

(7) DHAP metrics include compliance (completion of the required assessments in the required timeframe) and completion (completion of the required assessments within or outside the timeframe specified in policy). For example, a Soldier who completes a post deployment assessment 29 days after returning from deployment is compliant and complete; a Soldier who completes the same assessment at 31 days is not compliant, but complete.

c. Deployability determinations When the commander receives an assigned mission, they review the CCMD guidance, medical readiness and deployability determination to determine deployment status for the assigned mission and the need to request any CCMD waiver.

(1) Commanders must make sure all IMR and any specific health deficiencies are corrected prior to individual deployment or assignment to remote locations.

(2) The commander assigns duties that comply with the medical instructions and counsel Soldiers to follow their profiles and perform duties without undue risk to health and safety. If a commander has any questions or concerns regarding the duty limitations described in the profile and their assessment of the Soldier's performance, they are to communicate with the profiling provider for clarification or request a fitness for duty evaluation by another health care provider.

d. Psychiatric. Personnel with psychiatric conditions controlled by medication (for over 90 days) are not automatically non-deployable. The commander may consider Soldiers with a psychiatric disorder in remission, or whose residual symptoms do not impair duty performance for deployment duties. The commander makes the ultimate decision whether to deploy the Soldier after consulting with the treating physician or other credentialed health care provider. The availability, accessibility, and practicality of a course of treatment or continuation of treatment in theater or austere environment should be consistent with clinical practice standards. If there are any questions on the safety of psychiatric medication, consult a psychiatrist. Further information is in Assistant Secretary of Defense (Health Affairs) Memo, Clinical Practice Guidance for Deployment-Limiting Psychiatric Conditions and Medications, dated October 7, 2013.

e. Dental. Oral conditions that require urgent or emergent dental treatment with a risk of progression to a dental emergency within 12 months (DRC 3) are not normally deployable and require correction prior to deployment. A non-DoD civilian dentist will use DD Form 2813 (Department of Defense Active Duty/Reserve/Guard/Civilian Forces Dental Examination), as proof of dental examination (DD Form 2813 is available on the internet at https://www.esd.whs.mil/directives/forms/dd2500_2999/).

7-3. Deployment-limiting medical conditions

a. Soldiers, DA Civilians and Army contractors having no deployment-limiting conditions are considered medically qualified to serve in certain geographical areas and theater specific operations.

b. Combatant commands establish the requirements for their areas of responsibility and any waiver processes. The following medical conditions need careful health care provider review before making a recommendation for deployment into a combat zone or austere isolated area where medical treatment for these conditions may not be readily available.

(1) A history of emotional or mental disorders, including character disorders, of such a degree as to have interfered significantly with adjustment or is likely to require treatment during this tour.

(2) Any medical conditions where maintenance medication is of such toxicity as to require frequent clinical and laboratory follow up or where the medical condition requires frequent follow up that cannot be delayed for the extent of the tour.

(3) Inherent, latent, or incipient medical or dental conditions that are likely to be aggravated by the climate or general living environment prevailing in the area where the Soldier is expected to reside, to such a degree as to preclude acceptable performance of duty.

(4) Of special consideration are Soldiers with a history of chronic cardiovascular, respiratory, or nervous system disorders that are scheduled for assignment and/or residence in an area 6,000 feet or more above sea level. While such individuals may be completely asymptomatic at the time of examination, hypoxia due to residence at high altitude may aggravate the condition and result in further progression of the disease. Examples of areas where altitude is an important consideration are La Paz, Bolivia; Quito, Ecuador; Bogota, Columbia; and Addis Ababa, Ethiopia.

(5) Remediable medical, dental, or physical conditions or defects that might reasonably be expected to require care during a normal tour of duty in the assigned area are to be corrected prior to departure from CONUS.

7-4. Special circumstances

a. Transition. Prior to installation clearance for ETS, retirement, separation from the service or transition to IRR, regardless of timeframe, Soldiers are screened for DHAP assessment requirement so that they can be complete even if the timing of their personnel actions preclude them from being compliant with the timeframe specified in policy. Those near or overdue are completed during out-processing. Soldiers transitioning due to PCS, the Army Reserve, or ARNG are required to complete the PDHRA within the 90-180 day period in accordance with DoDI 6490.03.

b. Frequent deployers. Personnel who deploy again within 180 days following the end of a deployment may not have sufficient time to complete the PDHRA (DD Form 2900). Completing the Pre-DHA (DD Form 2795) within 180 days after returning from a deployment meets the PDHRA requirement.

c. Warrior Transition Units. Soldiers assigned or attached to a WTU or Community Care Units (CCU) who deployed for greater than 30 days outside the continental United States to locations without a fixed Health Readiness Platform will complete all Deployment Health Assessments per DoDI 6490.03. Deployment health activities are

required for U.S. military and DoD Civilian individuals deploying for greater than 30 days to OCONUS contingency operations (including Humanitarian and Peacekeeping Operations) in locations without fixed MTFs. Deployment health activities may also be required for individuals deploying for 30 days or less to CONUS or OCONUS locations, based on identified health risks or per the decision of the commander exercising operational control. These assessments are designed to address deployment related physical and behavioral health needs and concerns of Soldiers within the deployment cycle. Soldiers in care at a WTU or CCU are an important population for this program. Per AR 40–502, there are no exceptions or exemptions regardless of Component for Soldiers in a WTU.

d. Remote. Commanders of Soldiers enrolled in Active Duty TPR and TRICARE Prime Remote Overseas administered through the Reserve Health Readiness Programs will instruct Soldiers to complete the PDHRA (DD form 2900) self-assessment in the medical readiness system of record and coordinate the person to person interview.

e. During deployment. Routine medical readiness assessments are deferred during deployment, however a Soldier's medical readiness classification can change due to injury, worsening, or development of a medical condition.

Appendix A

References

Section I

Required Publications

Unless otherwise indicated, DoD publications are available at <https://www.esd.whs.mil/dd/dod-issuances/>.

AR 12–15

Joint Security Cooperation Education and Training (Cited in para 5–12*b*.)

AR 40–3

Medical, Dental, and Veterinary Care (Cited in para 3–3*c*.)

AR 40–8

Temporary Flying Restrictions Due to Exogenous Factors Affecting Aircrew Efficiency (Cited in para 6–3*e*(11).)

AR 40–35

Preventive Dentistry and Dental Readiness (Cited in para 3–3*c*(4).)

AR 40–66

Medical Record Administration and Healthcare Documentation (Cited in para 4–4*d*(3).)

AR 40–400

Patient Administration (Cited in table 1–1.)

AR 40–501

Standards of Medical Fitness (Cited in para 1–1.)

AR 40–502

Medical Readiness (Cited in the title page.)

AR 40–562

Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases (Cited in para 3–3*d*(1).)

AR 220–1

Army Unit Status Reporting and Force Registration – Consolidated Policies (Cited in para 1–3*a*(1).)

AR 350–1

Army Training and Leader Development (Cited in para 4–9*d*(7).)

AR 600–8–10

Leaves and Passes (Cited in para 4–12*a*.)

AR 600–8–24

Officer Transfers and Discharges (Cited in para 4–9*b*(3).)

AR 600–8–105

Military Orders (Cited in para 5–15*e*(2).)

AR 600–9

The Army Body Composition Program (Cited in para 4–9*d*(7).)

AR 600–105

Aviation Service of Rated Army Officers (Cited in para 5–11*a*.)

AR 600–106

Flying Status for Nonrated Army Aviation Personnel (Cited in para 5–11*a*.)

AR 600–110

Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus (Cited in para 3–3*e*(3).)

AR 601–270

Military Entrance Processing Station (MEPS) (Cited in para 5–4*a*.)

AR 608–75

Exceptional Family Member Program (Cited in para 5–24b(6).)

AR 614–30

Overseas Service (Cited in para 4–9d(1).)

AR 635–40

Disability Evaluation for Retention, Retirement, or Separation (Cited in table 1–1.)

AR 635–200

Active Duty Enlisted Administrative Separations (Cited in para 4–9b(3).)

DA Pam 40–501

Army Hearing Program (Cited in para 3–3g.)

DA Pam 40–506

The Army Vision Conservation and Readiness Program (Cited in para 3–3h.)

DA Pam 220–1

Defense Readiness Reporting System – Army Procedures (Cited in para 1–3a(1).)

DoDD 1308.1

DoD Physical Fitness and Body Fat Program (Cited in para 4–12e.)

DoDI 1241.01

Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements (Cited in para 7–2b(5).)

DoDI 3020.41

Operational Contract Support (OCS) (Cited in para 7–2a.)

DoDI 6025.19

Individual Medical Readiness (IMR) (Cited in para 2–5b.)

DoDI 6130.03

Medical Standards for Appointment, Enlistment, or Induction in the Military Services (Cited in para 5–10b.)

DoDI 6485.01

Human Immunodeficiency Virus (HIV) in Military Service Members (Cited in para 6–7i(7).)

DoDI 6490.03

Deployment Health (Cited in para 7–2a.)

DoDI 6490.07

Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees (Cited in para 3–3c.)

DoDI 6490.12

Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation (Cited in para 7–2a.)

DTM 17–004

Department of Defense Expeditionary Civilian Workforce (cited in para 7–2a.)

FM 7–22

Army Physical Readiness Training (Cited in para 4–4b(4)(d).)

Guide to Clinical Preventive Services

Recommendations of the U.S. Preventive Services Task Force (Cited in para 6–6b3(b).) (Available at <https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html>.)

STANAG 3526

Interchangeability of NATO Aircrew Medical Categories (Cited in para 5–12b.)

Section II

Related Publications

A related publication is a source of additional information. The user does not have to read a related publication to understand this publication. Unless otherwise indicated, publications are available on the Army Publishing Directorate (APD) website, at <https://armypubs.army.mil/>. DoD publications are available at <https://www.esd.whs.mil/>. The United States Code and the Code of Federal Regulations are available at <https://www.govinfo.gov/>.

AD 2012–23

Body Fat Standards for U.S. Army Enlisted Accessions

AD 2016–09

Maternity Leave Policy

AR 25–30

Army Publishing Program

AR 40–68

Clinical Quality Management

AR 56–9

Watercraft

AR 135–18

The Active Guard Reserve Program

AR 135–91

Service Obligations, Methods of Fulfillment, Participation Requirements, and Enforcement Procedures

AR 135–100

Appointment of Commissioned and Warrant Officers of the Army

AR 135–133

Ready Reserve Screening, Qualification Records System, and Change of Address Reporting

AR 140–1

Mission, Organization, and Training

AR 140–185

Training and Retirement Point Credits and Unit Level Strength Accounting Records

AR 145–1

Senior Reserve Officers' Training Corps Program: Organization, Administration, and Training

AR 600–8–4

Line of Duty Policy, Procedures, and Investigations

AR 600–20

Army Command Policy

AR 601–210

Active and Reserve Components Enlistment Program

AR 611–75

Management of Army Divers

AR 614–10

U.S. Army Personnel Exchange Program with Military Services of Other Nations

AR 670–1

Wear and Appearance of Army Uniforms and Insignia

Army Flight Surgeon's Administrative Guide

Administrative Guide (Available at https://vfso.rucker.amedd.army.mil/public/downloads/army_apls_may2015.pdf/)

Assistant Secretary of Defense (Health Affairs) Policy Memorandum

Clinical Practice Guidance for Deployment-Limiting Mental Disorders and Psychotropic Medications, dated 7 October 2013 (Available at <https://www.health.mil/policies?&query=mental%20disorders>)

ATB

Aeromedical Technical Bulletins (Available at https://vfso.rucker.amedd.army.mil/public/downloads/army_apls_may2015.pdf/)

DA Pam 385–90

Army Aviation Accident Prevention Program

DA Pam 600–8

Military Human Resources Management Administrative Procedures

DA Pam 611–21

Military Occupational Classification and Structure

DoD 5400.11–R

Department of Defense Privacy Program

DoD 6025.18–R

DoD Health Information Privacy Regulation

DoD 7000.14–R, Volume 7A

Military Pay Policy and Procedures – Active Duty and Reserve Pay

DoDI 1332.45

Retention Determinations for Non-Deployable Service Members

DSM–V

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM–5), American Psychiatric Association

Navy Dive Manual

Revision 7, Appendix 5A (Available at <https://www.navsea.navy.mil/home/supsalv/00c3-diving/diving-publications/>.)

NGR 600–200

Enlisted Personnel Management and Fiscal Year (FY) Enlistment Criteria Memorandum (ECM) (Available at the Guard Knowledge Online (GKO) <https://gko.ngb.army.mil/>.)

NGR 635–101

Efficiency and Physical Fitness Boards (Available at https://www.ngbpdc.ngb.army.mil/pubs/635/ngr635_101.pdf)

OPM Operating Manual

Qualification Standards Handbook for General Schedule Positions (Available at <https://www.opm.gov/qualifications/index.htm>.)

TB MED 250

Dental Record Administration, Recording, and Appointment Control

TB MED 507

Heat Stress Control and Heat Casualty Management

TB MED 523

Control of Hazards to Health from Microwave and Radio Frequency Radiation and Ultrasound

TB MED 524

Control of Hazards to Health from Laser Radiation

TC 3–04.11

Commander's Aviation Training and Standardization Program

5 CFR Part 339

Medical qualification determinations

14 CFR Part 61

Certification: Pilots, flight instructors, and ground instructors

14 CFR Part 65

Certification: Airmen other than flight crewmembers

14 CFR Part 67

Medical standards and certification

10 USC 1145(a)(5)

Health benefits

10 USC 1177

Members diagnosed with or reasonably asserting post-traumatic stress disorder or traumatic brain injury: medical examination required before administrative separation

10 USC 10148

Ready Reserve: failure to satisfactorily perform prescribed training

10 USC 10206

Members: physical examinations

10 USC 12303

Ready Reserve: members not assigned to, or participating satisfactorily in, units

Section III

Prescribed Forms

Unless otherwise indicated, DA Forms are available on the Army Publishing Directorate (APD) website (<https://armypubs.army.mil>).

DA Form 3349–SG

Physical Profile Record (Prescribed in para 2–2b(3).) (Available at <https://medpros.mods.army.mil/eprofile/default.aspx?returnurl=%2fadmin%fusermanager.aspx>.)

DA Form 7349

Initial Medical Review - Annual Medical Certificate (Prescribed in para 6–6d(4).)

DA Form 7809

Summary of Care by Non-Military Provider (Prescribed in para 2–3c.)

Section IV

Referenced Forms

Unless otherwise indicated, DA Forms are available on the APD website (<https://www.armypubs.army.mil>); DD Forms are available on the Washington Headquarters Services (WHS) website <https://www.esd.whs.mil/directives/forms>).

DA Form 2028

Recommended Changes to Publications and Blank Forms

DA Form 3083

Medical Examination for Certain Geographical Areas

DA Form 3725

Army Reserve Status and Address Verification

DA Form 4497

Interim (Abbreviated) Flying Duty Medical Examination

DA Form 7655

Armed Forces Eye and Vision Readiness Summary

DD Form 689

Individual Sick Slip

DD Form 771

Eyewear Prescription

DD Form 1966

Record of Military Processing – Armed Forces of the United States

DD Form 2215

Reference Audiogram

DD Form 2216

Hearing Conservation Data

DD Form 2341

Report of Animal Bite – Potential Rabies Exposure

DD Form 2697

Report of Medical Assessment

DD Form 2766

Adult Preventive and Chronic Care Flowsheet

DD Form 2795

Pre-Deployment Health Assessment

DD Form 2796

Post-Deployment Health Assessment (PDHA)

DD Form 2807–1

Report of Medical History

DD Form 2807–2

Accessions Medical Prescreen Report

DD Form 2808

Report of Medical Examination

DD Form 2813

DoD Active Duty/Reserve/Guard/Civilian Forces Dental Examination

DD Form 2900

Post-Deployment Health Re-assessment (PDHRA)

DD Form 2992

Medical Recommendation for Flying or Special Operational Duty

DD Form 3024

Annual Periodic Health Assessment

FAA Form 8500–8

Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate (Available at <https://medxpress.faa.gov/medxpress/>.)

Glossary

Section I

Abbreviations

ACFT

Army Combat Fitness Test

ADDR

Army Dental Digital Repository

ADOS

active duty operational support

ADT

active duty for training

AERO

Aeromedical Electronic Resource Office

AFRSSIR

Armed Forces Repository of Specimen Samples for the Identification of Remains

AKO

Army Knowledge Online

AME

aeromedical examiner

AMNP

aviation medicine nurse practitioner

AOC

area of concentration

APA

aeromedical physician assistant

APD

Army Publishing Directorate

APEL

authorized protective eyewear list

APL

aeromedical policy letters

ARNG

Army National Guard (State)

ARNGUS

Army National Guard of the United States

BCT

Basic Combat Training

CA

civil affairs

CCMD

Combatant Command

CDQC

Combat Diver Qualification Course

COAD

continued on active duty

COAR

continued on active reserve

COMPO

components

CURORG

current organization

DA

Department of the Army

DES

Disability Evaluation System

DHAP

Deployment Health Assessment Program

DMO

diving medical officer

DMT

diving medical technician

DNA

deoxyribonucleic acid

DoD

Department of Defense

DoDI

Department of Defense instruction

DRC

dental readiness classification

ECG

electrocardiogram

EFMP

Exceptional Family Member Program

EHR

electronic health records

FAA

Federal Aviation Administration

FDHS

Flying Duty Health Screen

FDME

Flying Duty Medical Examination

FEB

Flying Evaluation Board

FFD

full flying duties

FS

flight surgeon

HCV

hepatitis c virus

HDL

High-density lipoprotein

HIV

human immunodeficiency virus

IMR

Individual medical readiness

IMT

initial military training

IRR

Individual Ready Reserve

MAR2

MOS Administrative Retention Review Program

MCEP

military combat eye protection

MEB

Medical Evaluation Board

MEDPROS

Medical Protection System

MEPCOM

U.S. Military Entrance Processing Command

MEPS

Military Entrance Processing Stations

MFF

military freefall

MHA

Mental Health Assessment

MODS

Medical Operational Data System

MOHT

Military Operational Hearing Test

MOPP

mission oriented protective posture

MOS

military occupational specialty

MRC

medical readiness classification

MRDP

medical retention determination point

MTF

military treatment facility

NATO

North Atlantic Treaty Organization

NGB

National Guard Bureau

OCONUS

outside the continental United States

P3T

pregnancy/post partum physical training

PA

physician assistant

PCS

permanent change of station

PDHRA

Post Deployment Health Reassessment

PEB

Physical Evaluation Board

PHA

periodic health assessment

PSYOPS

psychological operations

PT

physical training

PULHES

“Physical, upper, lower, hearing, eyes, psychiatric” in the profile functional capacity guide

RC

Reserve Component

RC–NDR

Reserve Component non-duty-related

REFRAD

Release from Active Duty

RHRP

Reserve Health Readiness Program

ROM

range of motion

ROTC

Reserve Officers’ Training Corps

SAAM

School of Army Aviation Medicine

SERE

survival, evasion, resistance, escape

SHPE

separation history and physical exam

SPRINT

speech recognition in noise test

SSN

Social Security number

STANAG

standardization agreement

STR

service treatment record

TPR

TRICARE Prime Remote

TRICARE

Tri-Service Medical Care

TSG

The Surgeon General

USAAMA

U.S. Army Aeromedical Activity

USAJFKSWCS

U.S. Army John F. Kennedy Special Warfare Center and School

USAR

U.S. Army Reserve

USASOC

U.S. Army Special Operations Command

USC

United States Code

USMA

United States Military Academy

USPSTF

U.S. Preventive Services Task Force

VRC

vision readiness classification

WTU

Warrior Transition Unit

Section II

Terms

Accepted medical principles

Fundamental deduction consistent with medical facts and based upon the observation of a large number of cases. To constitute accepted medical principles, the deduction must be based upon the observation of a large number of cases over a significant period and be as reasonable and logical as to create a moral certainty that they are correct.

Active Component

A Federal force of full-time Soldiers and Department of the Army Civilians who make up the operational and institutional organizations engaged in the day-to-day missions of the Army. These Army organizations are designated as force structure component (COMPO) 1. Upon mobilization, ARNGUS/ARNG (COMPO 2) and USAR (COMPO 3) units do not become “Active Component” organizations; they retain their applicable force structure component designations while on active duty. See DA Pam 220–1.

Applicant

A person not in a military status who applies for appointment, enlistment, or reenlistment in the USAR.

Authorized protective eyewear list

Eyewear that has satisfied all applicable qualification requirements (such as, meets Army standards for ballistic protection) and is listed on Program Executive Office Soldier (PEO Soldier) Qualified Products List (QPL). See <https://www.peosoldier.army.mil/equipment/eyewear/>.

Candidate

Any individual under consideration for military status or for a military service program whether voluntary (appointment, enlistment, ROTC) or involuntary (induction).

Civilian physician

Any individual who is legally qualified to prescribe and administer all drugs and to perform all surgical procedures in the geographical area concerned.

Deployable

A Soldier under the direct operational control of the reporting unit, whether present or able to be present within 72 hours, who is in compliance with all required personnel readiness standards and not restricted from deploying to perform the unit’s core designed and assigned missions. Commanders use the medical readiness information to

determine if a Soldier is medically deployable and can contribute to the unit's core designed mission or assigned mission in accordance with readiness reporting guidance.

Deployment

The relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including intercontinental United States, intertheater, and intratheater movement legs, staging, and holding areas.

Disability Evaluation System

Procedures that apply in determining whether a Soldier is unfit because of physical disability to reasonably perform the duties of his or her office, grade, rank, or rating. The DES consists of medical evaluation boards (a function of the Army Medical Department), physical evaluation boards (elements of the U.S. Army Physical Disability Agency (USAPDA)), and case reviews, when applicable, by USAPDA.

Enlistment

The voluntary enrollment for a specific term of service in one of the Armed Forces, as contrasted with induction under the Military Selective Service Act.

Health care provider

Licensed or certified health care personnel (specifically, a physician, physician assistant, nurse practitioner, dentist, optometrist, physical therapist, chiropractor, occupational therapist, audiologist, podiatrist, nurse midwives, clinical psychologist, clinical social worker, advanced practice nurse, independent duty corpsman, special forces medical sergeant, independent duty medical technician, or independent duty health services technician) who have received PHA program-specific training. This definition does not imply authority to prescribe use of prescription drugs.

Impairment of function

Any anatomic or functional loss, lessening, or weakening of the capacity of the body, or any of its parts, to perform that which is considered by accepted medical principles to be the normal activity in the body economy.

Latent impairment

Impairment of function that is not accompanied by signs and/or symptoms but is of such a nature that there is reasonable and moral certainty, according to accepted medical principles, that signs and/or symptoms will appear within a reasonable period of time or upon change of environment.

Manifest impairment

Impairment of function that is accompanied by signs and/or symptoms.

Medical capability

General ability, fitness, or efficiency (to perform military duty) based on accepted medical principles.

Medical readiness

A standardized system across the total force to enable the commander to measure, achieve, and sustain Soldiers' health to perform their war time requirement (MOS/AOC) from induction to separation.

Medical Readiness Class 1 (Fully Medically Ready, MRC 1)

Soldiers who are current in PHA (completed), dental readiness assessment classified as DRC 1 or DRC 2, immunization status, medical readiness and laboratory studies, individual medical equipment, and without any deployment-limiting medical conditions and medications.

Medical Readiness Class 2 (Partially Medically Ready, MRC 2)

Soldiers who are lacking one or more immunizations, medical readiness laboratory studies, HRC 4, VRC 4, and/or individual medical equipment.

Medical Readiness Class 3 (Not Medically Ready, MRC 3)

Soldiers with use of a deployment limiting medication, a chronic or prolonged deployment limiting medical or mental condition as described in AR 40–501. These conditions may also include temporary or permanent profiles of category 3 or higher, pregnancy, undergoing administrative review or medical board process, permanent assignment limitations, hospitalization, recovery, or rehabilitation time from serious illness or injury, and/or individuals in Dental Class 3.

Medical Readiness Class 4 (Medical Readiness Indeterminate, MRC 4)

Inability to determine the Soldier's current health status because of missing health information, including Soldiers with an overdue PHA, and/or those in DRC 4.

Medical Retention Determination Point

The Medical Retention Determination Point (MRDP) is reached if a medical condition which has been temporarily profiled has stabilized or cannot be stabilized in a reasonable period of time for up to 12 months and impacts successful performance of duty. Successful performance of duty is defined as the ability to perform basic soldiering skills required by all military personnel (section 4 of DA Form 3349–SG and passing one aerobic ACFT event) and perform the duties required of his or her MOS, grade, or rank.

Obesity

Excessive accumulation of fat in the body manifested by poor muscle tone, flabbiness, and folds; bulk out of proportion to body build; dyspnea and fatigue upon mild exertion; and frequently accompanied by flat feet and weakness of the legs and lower back.

Operational Profile Review Board

A board convened monthly at battalion level and higher to review all temporary profiles of greater than 120 days in length (battalion), greater than 180 days in length (brigade), and greater than 240 days in length (senior command and higher).

Physical disability

Any manifest or latent impairment of function due to disease or injury, regardless of the degree of impairment that reduces or precludes an individual's actual or presumed ability to perform military duty. The presence of a physical disability does not necessarily require a finding of unfitness for duty. The term "physical disability" includes mental diseases other than such inherent defects as behavior disorders, personality disorders, and primary mental deficiency.

Physician

An individual possessing a degree in medicine or osteopathy and licensed by a State, Commonwealth, territory, or jurisdiction to practice medicine.

Reserve Component

Applies to Army National Guard of the United States (ARNGUS), Army National Guard (ARNG), and U.S. Army Reserve (USAR) units. See DA Pam 220–1.

Retirement

Release from active military Services because of age, length of service, disability, or other causes, in accordance with Army regulations and applicable laws, with or without entitlement to receive retired pay. For the purposes of this regulation, this includes both temporary and permanent disability retirement.

Sedentary duties

Tasks to which military personnel are assigned that are primarily sitting in nature, do not involve any strenuous physical efforts, and permit the individual to have relatively regular eating and sleeping habits.

Separation

An all-inclusive term that is applied to personnel actions resulting from release from active duty, discharge, retirement, dropped from rolls, release from military control or personnel without a military status, death, or discharge from the ARNGUS with concurrent transfer to the Individual Ready, Standby, or Retired Reserve. Reassignments between the various categories of the U.S. Army Reserve (Selected, Ready, Standby, or Retired) are not considered as separations.

Section III

Special Abbreviations and Terms

This section contains no entries.

UNCLASSIFIED

PIN 204085-000

Perkowski Exhibit 27

(MILPERSMAN 1300-1300)

MILPERSMAN 1300-1300

ASSIGNMENT OF ACTIVE DUTY PERSONNEL WITH BLOODBORNE PATHOGENS (BBP)

Responsible Office	NAVPERSCOM (PERS-454)	Phone: DSN COM	882-4734 (901) 874-4734
MyNavy Career Center		Phone: Toll Free E-mail: MyNavy Portal:	1-833-330-MNCC (6622) askmncc@navy.mil https://my.navy.mil/

References	(a) DoD Instruction 6485.01 of 7 June 2013 (b) SECNAVINST 5300.30F (c) OPNAVINST 1300.20 (d) DoD Instruction 1332.45 of 30 July 2018 (e) SECNAVINST 5211.5F (f) NAVMED P117, Manual of the Medical Department October 2020 (g) SECNAVINST 1850.4F

1. **Policy**. Assignment policy for personnel infected with bloodborne pathogens (BBP) is governed by references (a) through (c). This policy outlines the assignment and distribution processes for active duty Service members infected with a BBP. The policy that outlines the assignment and distribution process for Navy Reserve Service members infected with BBP can be found in reference (b). The procedures outlined herein ensure that Service members (Active Component and full time support) infected with BBP have the opportunity to fill valid operationally and overseas billets.

a. Service members who have a BBP will be retained in the Service unless they demonstrate an unfitting medical condition(s). Service members who demonstrate an unfitting medical condition(s) shall be referred to the Integrated Disability Evaluation System (IDES) per reference (d).

b. Assignment restrictions cannot be imposed on BBP-infected Service members, except as delineated by this article and by reference (b). Any proposed changes in assignment policy which affect BBP-infected Service members must be coordinated

with Navy Personnel Command (NAVPERSCOM), Deployability Assessment and Assignment Branch (PERS-454) per reference (b).

2. **Definition.** BBP: Pathogenic microorganisms, transmitted via human blood, which cause disease in humans. They include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

3. **Confidentiality.** Maintaining the confidentiality of Service members infected with BBP is absolutely essential. Correspondence, electronic mail (e-mail), and verbal or phone discussions regarding BBP-infected Service members will be limited to the following personnel: the BBP-infected Service member, personnel within NAVPERSCOM who have a demonstrated need to know in order to perform their duties and assign these Service members, the commanding officer (CO) of the proposed gaining command, and the senior medical officer or senior medical department representative of the proposed gaining command. Strict compliance with the provisions of the Privacy Act is required per reference (e).

a. E-mails regarding BBP-infected Service members containing names, Social Security numbers, Department of Defense Identification/Electronic Data Interchange Personal Identifier (DODID/EDIPI) or other Personally Identifying Information (PII) shall be digitally-signed and public key infrastructure-encrypted.

b. Hard-copy correspondence must be pre-coordinated before mailing to PERS-454. If used, all hard-copy correspondence regarding BBP Service members which contains names, Social Security numbers, DODID/EDIPI or other PII will:

(1) Be double wrapped with the inner layer marked as Controlled Unclassified Information (CUI) and include a SF-901, CUI cover sheet should be used.

(2) Be mailed to only those with an official need to know,

(3) Be sent via a mailing service that can provide tracking information, and

(4) Be handled and destroyed per Department of Defense privacy directives.

4. **Assignment Procedures.** The Assistant Commander, Navy Personnel Command for Career Management (PERS-4) will coordinate policy and assignment for Service members infected with BBP. Service members with BBP may not be assigned or reassigned without PERS-454 approval.

a. Personnel with a BBP infection will be detailed according to the normal assignment policies (i.e., sea/shore flow and career progression) and will be screened for assignment in exhibit (1). PERS-4 detailers will coordinate with PERS-454 for all orders affecting BBP.

b. Any questions regarding assignments should be referred to PERS-454.

c. HIV:

(1) When a Service member is initially identified as having HIV during overseas screening, operational screening, or in the normal course of healthcare services, the Navy Bloodborne Infection Management Center (NBIMC) will notify PERS-454 and the Service member's CO.

(2) For a new diagnosis of an HIV positive member, the CO will arrange for the timely notification of the Service member per reference (b).

(3) A newly diagnosed HIV-positive Service member will be placed on temporary limited duty (TLD) upon checking into the HIV Evaluation Treatment Unit per references (b) and (e). COs may contact PERS-454 via points of contact listed. Upon reaching stability, the Service member will be screened by the NBIMC and complete a medical assignment screening as outlined in [MILPERSMAN 1300-800](#), Transfer of Personnel to Operational Duty (Operational Screening). Service members who require more than 12 months of TLD will be referred to the IDES per references (c) and (e). If qualified, rating conversion or lateral transfer may be an additional option, refer to [MILPERSMAN 1440-010](#), Conversion Authorization; and [1440-011](#), Forced Conversion; for enlisted personnel and current naval administrative (NAVADMIN) message for officer lateral transfer.

(4) Newly diagnosed Service members must be thoroughly educated on their condition and the permanent assignment limitations outlined in exhibit 1 due to their medical status, to include possible port visit restrictions by host nations.

For the most current information on country restrictions on entry, stay, and residence of HIV-positive persons to ensure he or she understands the scope of countries with restrictions that may be applicable to Outside continental United States (OCONUS) or operational assignment.

d. Chronic Hepatitis:

(1) Service members initially diagnosed with chronic hepatitis B or C will be placed on TLD until dispositioned by either infectious disease or gastroenterology. Treatment will follow appropriate clinical guidelines.

(2) Service members with chronic HBV or HCV who go beyond 12 months of treatment, have failed treatment, who are not candidates for treatment, or who have complications from the infection which impair their ability to perform the required duties of rate, rank or office, will be referred to the IDES.

5. **Procedures for OCONUS or Operational Orders.** Service members with a BBP infection will be detailed according to the normal assignment policies (i.e., sea/shore flow and career progression) and will be screened for assignment to commands described in exhibit 1. Due to potential austere environments and limited medical facilities, Service members with a BBP will not be considered for overseas individual augmentee tours or remote duty assignments.

a. The Service member will acknowledge during the screening process that additional personnel will need to know of their medical condition(s). BBP Service members will also acknowledge that they may be prohibited from taking liberty, leave, or temporary duty in countries that have entry restrictions applicable to persons with BBP, such as HIV.

b. For the most current information on country restrictions, the Service member should visit the following Web sites: www.hivtravel.org and <https://travel.state.gov/content/passports/en/country.html>.

c. Assignment applications:

(1) Enlisted members will follow regular procedures of MyNavy Assignments (MNA) System entry.

(2) Officers will contact their detailers directly.

d. If the Service member is not medically cleared from NBIMC after 12 months of TLD, they will be referred to IDES per reference (e).

6. **Responsibilities**. All personnel must ensure that Service member medical information is protected per the Health Insurance Portability and Accountability Act and the Privacy Act (as appropriate). Adherence to the process timelines for OCONUS and operational orders is very important to Navy command manning levels and prioritization of outstanding requisitions.

a. Service member:

(1) Enlisted Service members will negotiate orders via MNA.

(2) Officers will contact detailers directly.

b. PERS-454:

(1) Execute BBP assignment policy.

(2) Coordinate with NBIMC.

(3) Coordinate assignment with detailers and Service members.

(4) Inform prospective CO of Service members' assignment to their commands.

c. Detailer:

(1) Coordinate with Service member and PERS-454 for assignments.

(2) Notify PERS-454 if a Service member who negotiated orders to an operational assignment is found unsuitable.

d. NBIMC:

(1) The NBIMC will provide guidance to commands upon initial detection of Service members who are positive for a BBP.

(2) The NBIMC will provide formal notification of approval or disapproval to PERS-454 for operational duty

utilizing exhibit 2. Exhibit 2 will be scanned into appropriate electronic health record for review.

(3) The Bureau of Medicine and Surgery (BUMED) Resource Management Department will provide travel for initial evaluation and treatment of BBP active duty Service member.

(4) The NBIMC and treating HIV evaluation and treatment units will ensure all newly diagnosed and unstable BBP Service members are placed on TLD and/or referred to IDES as outlined above.

(5) Per reference (f), chapter 15, personnel in special communities such as aviation duty, diving duty, special warfare, or submarine duty who are diagnosed HIV-positive, require a BUMED waiver of medical standards to continue in these programs.

e. Screening command:

(1) Ensure the Service member has been approved through the overseas screening or operational screening process per reference (g), [MILPERSMAN 1300-300](#), Overseas/Remote Service General Information; [1300-302](#), Suitability and Selection for Overseas Service; [1300-304](#), Suitability for Overseas Assignment Screening and Reporting; [1300-800](#) and [1306-801](#), Enlisted Assignment Screening for all BBP conditions. Exhibit 2 will be used as formal clearance for operational duty in regards to the BBP specifically.

(2) For the most current information on country restrictions, the screening command should visit the following Web sites: www.hivtravel.org and <https://travel.state.gov/content/passports/en/country.html>.

f. Prospective commands will notify PERS-454 regarding acceptance of assignment, within 48 hours of notification of prospective gain. Any command inquiries, regarding personnel with BBP, should be referred to PERS-454 for response coordination.

EXHIBIT 1

**LIST OF COMMANDS ELIGIBLE FOR OVERSEAS OR OPERATIONAL ASSIGNMENT
OF MEMBERS WITH BLOODBORNE PATHOGENS (BBP)**

1. The following OCONUS medical facilities are capable of providing medical services to members with identified BBP:

NAVAL HOSPITAL ROTA SPAIN
NAVAL HOSPITAL NAPLES ITALY
NAVAL HOSPITAL SIGONELLA ITALY
NAVAL HOSPITAL GUAM MARIANA ISLAND
NAVAL HOSPITAL YOKOSUKA JAPAN
NAVAL HOSPITAL OKINAWA JAPAN
NAVAL HOSPITAL GUANTANAMO BAY CUBA
NAVAL HEALTH CLINIC HAWAII HAWAIIAN ISLAND (TRIPLER Army Medical Center)

2. Service members with BBPs can be detailed to operational assignments and sea duty squadrons that have a permanently assigned medical officer. No Fleet Marine Force billets will be authorized.

EXHIBIT 2

**NAVY BLOODBORNE INFECTION MANAGEMENT CENTER (NBIMC) OPERATIONAL
/OVERSEAS SCREENING**

1. This Service member requires additional screening for operational/overseas duty. I have determined that this member's medical suitability with consideration of ONLY his or her bloodborne pathogen condition is (approved/not approved) for operational/overseas duty. Member's screening is valid for 6 months prior to receipt of orders. If it is determined that the member is not suitable for operational duty he or she will be directed to be placed on TLD until he or she can successfully screen for operational duty. If it is determined that the Service Member has been non-deployable for a period equal to or greater than 12 months, who have failed treatment, or who have complications from the infection which impair his or her ability to perform the required duties of rate, rank or office will be directed to be referred to the Integrated Disability Evaluation System (IDES).

2. For further discussion of this matter, the Officer in Charge, NBIMC can be reached at dha.bethesda.j-11.mbx.nbimc-oic@mail.mil.

OIC NBIMC

Perkowski Exhibit 28

(MILPERSMAN 1300-800)

MILPERSMAN 1300-800

TRANSFER OF PERSONNEL TO OPERATIONAL DUTY (OPERATIONAL SCREENING)

Responsible Office	NAVPERSCOM (PERS-40BB)	Phone:	DSN	882-3523
			COM	(901) 874-3523
			FAX	882-2647
	NAVPERSCOM (PERS-451)	Phone:	DSN	882-4518
			COM	874-4518
			FAX	N/A
NAVPERSCOM CUSTOMER SERVICE CENTER		Phone:	Toll Free	1-866-U ASK NPC

References	(a) BUMEDINST 1300.2A (b) NAVMED P-117, Manual of the Medical Department (c) SECNAVINST 1850.4E (d) SECNAVINST 5300.30D

1. **Purpose.** To establish the requirement for commanding officers to perform an operational screening after a member in their command receives permanent change of station (PCS) orders to operational duty.

2. **Policy.** Operational screening determines suitability of Sailors transferring to Type 2 or 4 duty (enlisted) and Type C or D duty (officer). This does not alleviate the requirement to complete overseas screening per MILPERSMAN 1300-300. For Sailors transferring to Type 4 or D duty and found unsuitable due to a medical condition, once overseas screening has been reported per MILPERSMAN 1300-300, commands are directed to report unsuitability findings utilizing Exhibit 3 of this article.

a. The responsibility for operational screening lies with the Sailor's parent command. Screening Military Treatment Facility (MTF) responsibilities are outlined per references (a) and (b). Parent commands will ensure operational screenings are completed and reported per reporting requirements in para. 3.

An operational screening must be completed no later than 30 days after a Sailor is under orders to operational duty.

b. For enlisted members transferring to an operation command (type 2) within their first year of active duty, the Navy's entrance physical examination will be considered to satisfy the requirement for an operation screening. Overseas screening, per MILPERSMAN 1300-300, is still required to be completed for all orders to Type 3, 4 or 6 duty.

c. All officers assigned to Type/TAC 2/C will complete an operational screening prior to transferring to the operational unit. Overseas screening, per MILPERSMAN 1300-300, is still required to be completed for all orders to Type 3, 4 or 6 and TAC O and D (except HI and AK) duty.

d. For Sailors who have been disqualified from any program (e.g., submarine, nuclear, air crew duty etc.) due to medical limitations and are requesting conversion, an operational screening must be completed prior to any conversion/lateral transfer request being considered. Ensure submarine disqualification or medical waiver process has been completed prior to submission of the operational screening report.

3. **Reporting Requirements.** For enlisted personnel found able to return to duty after temporary limited duty (TLD) or "Fit for Continued Naval Service" by the Physical Evaluation Board (PEB), responsibilities are outlined per MILPERSMAN 1306-801 and reference (a).

a. For medical limitations identified during operational screening, the screening MTF must forward a suitability inquiry for the Sailor to the medical officer for the operational platform to ensure the condition will not interfere with the Sailor's ability to perform in the operational environment per this article and reference (a).

b. If a delay in operational screening is anticipated, notify the gaining command and Navy Personnel Command (NAVPERSCOM) Enlisted Distribution Division (PERS-40BB) (for enlisted), or the applicable officer detailee, utilizing Exhibit 1 with a "status pending" message stating the reason for delay and anticipated completion date.

c. For Sailors found **Suitable**, the transferring command will document suitability screening using Exhibit 2 and attach to transfer package.

d. For Sailors found **Unsuitable**:

(1) The transferring command will notify the gaining command and NAVPERSCOM (PERS-40BB) for enlisted or the applicable officer detailee using Exhibit 3.

(2) Ensure report of unsuitability contains the following:

(a) Detailed reason(s) for the finding to include ICD-9 code(s).

(b) Recommendations from the screening MTF regarding medical limitations, prognosis, and indicated administrative actions (e.g., placement on TLD and referral to PEB).

(c) Recommendation from the commanding officer.

4. **NAVPERSCOM Action**. Upon receipt of an unsuitable for operational duty message, NAVPERSCOM (PERS-40BB) will place the Navy Enlisted Classification (NEC) code "0090" (Not Operationally Suitable) in the Sailor's Enlisted Master File (EMF).

a. **For enlisted Sailors**, disposition recommendations will come from the respective detailee and enlisted community manager (ECM). NAVPERSCOM, Enlisted Distribution Division (PERS-40MM) will liaise with the NAVPERSCOM, Medical Programs Division (PERS-82) to coordinate with Bureau of Medicine and Surgery (BUMED), force medical officers, ship medical officers, and overseas MTFs as required for those cases where assignment determinations for different type platforms cannot be readily made.

b. **For officers**, recommendations will come from the respective detailee or placement officer. PERS-451 will liaise with the NAVPERSCOM, PERS-82 to coordinate with Bureau of Medicine and Surgery (BUMED), force medical officers, ship medical officers, and overseas MTFs as required for those cases where assignment determinations for different type platforms cannot be readily made.

c. **For both officers and enlisted**, one of the following actions will result if the Sailor is not placed on TLD or referred to PEB:

(1) If a prospective gaining command with medical capabilities appropriate for supporting the Sailor's limitations can be identified, assignment orders will be issued.

(2) If a valid requirement exists at the current command, retain the member until expiration of active obligated service or minimum service requirement, unless needs of the Navy dictate otherwise.

(3) **For enlisted Sailors only**, one of the following additional actions may result:

(a) As dictated by needs of the Navy, an enlisted Sailor may be allowed to extend or reenlist provided the Sailor can be detailed per MCA priorities. This is different from the option cited in paragraph 4c(2) in that it allows Sailors who are unsuitable for some operational jobs to go to other hard-to-fill jobs.

(b) The Sailor will be instructed to contact their command career counselor (CCC) regarding submission of a conversion package to NAVPERSCOM, Career Administration Division (PERS-81). COs and CCCs should be aware that most Navy ratings require a Sailor to be world-wide assignable and if the Sailor has been found to be operationally unsuitable, the request for conversion may be disapproved.

(c) If none of the above options apply, the enlisted Sailor's command will be directed to initiate administrative separation (ADSEP) processing, per MILPERSMAN 1910-120, by reason of "not worldwide assignable."

5. **Administrative Separation (ADSEP)**

a. Sailors administratively separated by reason of being "not world-wide assignable," per MILPERSMAN 1910-120, **must not** have a disability as defined per reference (c).

b. If an administrative board is required prior to a separation determination, the administrative board may not

disregard or change the diagnosis of a medical officer. Sailors can introduce evidence as to the impact that such diagnosis may have on their potential for productive future naval service.

6. Human Immunodeficiency Virus (HIV) Personnel. Personnel enrolled in the HIV Program are governed per reference (d) and are not subject to this article.

EXHIBIT 1

OPERATIONAL SCREENING STATUS REPORT

(Use proper message format containing the following:)

FM Transferring Command
TO COMNAVPERSCOM MILLINGTON TN//PERS-40BB (and)/APPLICABLE
DETAILER (for enlisted personnel) (or)/APPLICABLE OFFICER
DETAILER FOR OFFICERS//
INFO GAINING COMMAND (IF APPLICABLE)
BUMED WASHINGTON DC//M3F//
BT
UNCLAS // N01300//
MSGID/GENADMIN//
SUBJ/OPERATIONAL SCREENING STATUS REPORT ICO RANK/RATE, NAME//
REF/A/DOC/BUPERS/DMY//
REF/B/DOC/BUMED/DMY//
REF/C/RMG/BUPERS ORDER/DTG//
NARR/REF A IS MILPERSMAN 1300-800 OPERATIONAL SCREENING PROCESS.
REF B IS BUMEDINST 1300.2A. REF C IS ORDER XXXX//
POC/NAME/RANK/UNIT IDENTIFIER/TEL:DSN/COMM/EMAIL IF APPLICABLE//
RMKS/1. ORIG UNABLE TO COMPLETE OPERATIONAL SCREENING PER REFS
A THRU C WITHIN THE 30-DAY TIME PERIOD.
2. REASON FOR DELAY:
3. ANTICIPATED COMPLETION DATE:
4. ADDITIONAL INFO FROM MTF (IF ANY):
5. PROVIDER'S NAME, RANK, TELEPHONE NUMBER, AND E-MAIL ADDRESS.
6. COMMANDING OFFICER'S COMMENTS:
BT

EXHIBIT 2

OPERATIONAL SUITABILITY REPORT

(Attach the following statement to transfer package)

(DATE) SUITABILITY FOR OPERATIONAL DUTY

1. Operational screening per BUPERS Order XXXX completed.
Member is fully suitable for operational duty.
2. Reason for screening: Orders to Type 2/operational duty.

U. R. SEAWORTHY
By direction

(DATE): I hereby acknowledge the above entry and that I am
fully suitable for operational duty.

(Sailor's Signature) _____

EXHIBIT 3

OPERATIONAL UNSUITABILITY REPORT

(Use proper message format containing the following:)

FM Transferring Command
TO COMNAVPERSCOM MILLINGTON TN//PERS-40BB (and)/APPLICABLE
DETAILER (for enlisted personnel) (or)/APPLICABLE OFFICER
DETAILER (for Officers)//
INFO GAINING COMMAND (IF APPLICABLE)
BUMED WASHINGTON DC//M3F//
BT
UNCLAS // N01300//
MSGID/GENADMIN//
SUBJ/UNSUITABILITY FOR OPERATIONAL DUTY ICO RANK/RATE, NAME//
REF/A/DOC/BUPERS/DMY//
REF/B/DOC/BUMED/DMY//
REF/C/RMG/BUPERS ORDER/DTG//
NARR/REF A IS MILPERSMAN 1300-800 OPERATIONAL SCREENING PROCESS.
REF B IS BUMEDINST 1300.2. REF C IS BUPERS ORDER XXXX//
POC/NAME/RANK/UNIT IDENTIFIER/TEL:DSN/COMM/EMAIL IF APPLICABLE//
RMKS/1. OPERATIONAL SCREENING PER REFS A THRU C COMPLETED.
MEMBER IS UNSUITABLE FOR (LIST SPECIFIC UIC/BILLET).
2. REASON FOR SCREENING: ORDERS TO TYPE 2/OPERATIONAL DUTY.
3. REASON FOR UNSUITABILITY: (MEDICAL OFFICER'S DIAGNOSIS.
UTILIZE ICD-9 CODES WHEN APPLICABLE.)
4. ADDITIONAL INFO FROM MTF (PER REF B):
A. SPECIFIC LIMITATIONS.
B. PROGNOSIS FOR IMPROVEMENT.
C. LIMDU / PEB.
D. PROVIDER'S NAME, RANK, TELEPHONE NUMBER AND E-MAIL ADDRESS.
5. COMMANDING OFFICER'S RECOMMENDATION://
BT

Perkowski Exhibit 29

(MILPERSMAN 1300-300)

MILPERSMAN 1300-300

OVERSEAS/REMOTE SERVICE GENERAL INFORMATION

Responsible Office	NAVPERSCOM (PERS-451)	Phone:	DSN COM	882-4142 (901) 874-4142
NAVPERSCOM CUSTOMER SERVICE CENTER		Phone: Toll Free	1-866-827-5672	
		E-mail:	UASKNPC@navy.mil	

References	(a) SECNAVINST 5300.39 (b) OPNAVINST 1300.14D (c) BUMEDINST 1300.2A (d) DoDI 1315.18 (e) JFTR appendix "Q" (f) DODI 2000.12 of 1 March 2012 (g) OPNAVINST F3300.53C (For Official Use Only)

1. **General Information.** Per references (a) through (c) all military personnel and their dependents are required to complete the overseas screening process prior to traveling overseas at Government expense. Reference (b) identifies this process for active duty Navy personnel and their dependents, and defines overseas duty as "military duty performed while assigned to a military installation or activity permanently based outside the 48 contiguous United States." Department of Defense (DoD) establishes tour lengths for overseas assignment, per reference (d), which are listed in reference (e). Alaska and Hawaii are considered overseas areas, but **are exempt** from overseas screening requirements. Personnel ordered to overseas and remote locations identified in MILPERSMAN 1300-304 are required to complete an overseas suitability screening. This article and its related articles listed below provide information and procedures pertaining to overseas/remote assignments:

Topic	See MILPERSMAN
Selection and Suitability	1300-302
Suitability Screening and Reporting Procedures	1300-304
Early Return/Reassignment Due to Unsuitability	1300-306
Tour Lengths and Types	1300-308
Overseas Extensions	1300-310
Units Transitioning to Overseas Locations	1300-312
Diego Garcia Assignments	1300-314
Dependent Entry Approval Information	1300-316

Reference (c) identifies the BUMED policies, procedures, and responsibilities for medical, dental, and educational suitability screening.

2. Overseas Service Categories

a. **Overseas service for officers** may be categorized as follows:

(1) **Shore tours** for unit identification codes (UICs) having the following type assignment code (TAC):

(a) Overseas Shore "O"

(b) Hawaii "H"

(c) Alaska "A"

(2) Secretary of the Navy (SECNAV) prescribed **sea tours** for UICs having the following TAC:

(a) Continental United States (CONUS) sea "C"
(includes units in Hawaii)

(b) Overseas sea "D"

b. **Overseas service for enlisted** personnel may be categorized by the following sea/shore type code:

(1) Overseas shore duty Type "6" (Hawaii and Alaska will display as CONUS Type "1").

(2) Overseas sea duty Type 4 (Hawaii and Alaska will display as CONUS Type "2").

(3) Overseas remote land-based sea duty for rotational purpose Type "3".

3. **Antiterrorism (AT)/Force Protection (FP) Awareness**

a. All Service members and adult dependent family members shall receive mandatory antiterrorism awareness level I training prior to travel outside the continental United States (OCNUS) per references (f) and (g). All Level I training must be conducted within 90 days prior to travel OCNUS by the command antiterrorism officer (ATO).

b. An area-specific briefing is required after arrival at the overseas location.

c. A NAVPERS 1070/613 Administrative Remarks entry verifying completion of all AT/FP briefings by the Service member and adult family members is required. The NAVPERS 1070/613 entry will state the level of training, date completed, and who attended the training.

4. **Suitability for Overseas Assignment Validity.** The Service member and all dependent family members who plan to travel at Government expense to the overseas permanent duty station must complete a suitability screening per references (b) and (c). Suitability determinations (including medical, dental and educational) will be valid for 1 year from date of initial screening unless changes in conditions affecting suitability occur. Navy personnel/family members whose suitability screening has expired, or whose conditions change prior to transfer, shall arrange for reevaluation of suitability. Additionally, the Service member is responsible for reporting any changes.

Exhibit G

Declaration of Nick Harrison

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

NICHOLAS HARRISON, et al.,

Plaintiffs,

v.

LLOYD J. AUSTIN, Secretary of Defense, et al.,

Defendants.

Civil Action No. 1:18-cv-641 (LMB/IDD)

RICHARD ROE, et al.,

Plaintiffs,

V.

LLOYD J. AUSTIN, Secretary of Defense, et al.,

Defendants.

Civil Action No. 1:18-cv-1565 (LMB/IDD)

DECLARATION OF NICK HARRISON

1. My name is Nick Harrison, one of the plaintiffs in *Harrison v. Austin*. I am over 18 years of age, I am competent to testify about the information contained in this declaration if needed, and I offer this declaration based on my own actual, personal knowledge.

2. After this Court's Memorandum Opinion of April 6, 2022, the Defendants initially refused to discuss any details regarding the injunctive relief that had been awarded to me and provided no guidance to the District of Columbia National Guard for several months. My enlistment term was set to expire in late July of 2022. Thus, the Defendants asked me to sign a six-month extension to my service commitment — extending my term to January of 2023. At the time, it was suggested that a decision on my application would be reached by then.

3. After I signed that extension, the Defendants informed me they could not comply with this Court's Order dated April 6, 2022 and amended on May 10, 2022 which required "the

Secretary of the Army rescind her decision denying Harrison's application in the Judge Advocate Corps for the District of Columbia National Guard and reevaluate that application in manner consistent with the injunctive relief awarded to the plaintiffs." The Defendants said my original application had been destroyed at some point during the course of litigation and, in the Army's view, simply updating that application would have been insufficient.

4. The Defendants directed me to create another application, which required me to reassemble all of the necessary materials, and to reapply and submit another request for a medical waiver for HIV. Although I expressed concern that HIV, in and of itself, should no longer be considered a disqualifying medical condition requiring a waiver and that the Army's assertion that it still had discretion to discriminate on that basis was problematic, I complied and prepared a request for a medical waiver in the interest of moving along in the process.

5. After I assembled the materials necessary for another application, I followed the Army's normal procedure to correct errors or injustices resulting when an application was not presented to a selection board – tendering an official request for a Special Selection Board to consider a retroactive appointment and the appropriate time-in-grade promotions. Although this request was submitted through my chain of command to the Army's Deputy Chief of Staff (G-1) on August 22, 2022, the Defendants have never acknowledged it, nor responded to it.

6. I was informed that my requests for waivers had been approved and my application had been forwarded to the Human Resources Command on November 6, 2022. However, although I was told that the accessions board would convene sometime that month, the Defendants again provided no timeframe for the anticipated completion of the process. My enlistment term was set to expire again in late January of 2023. Thus, the Defendants asked me to sign another six-month extension — extending my term to July of 2023.

7. After I signed that extension, the Defendants provided no additional updates on the status of my application. I inquired about my official request for a Special Selection Board. When I received no answer, I sent a letter to the Army's Assistant Secretary of Manpower and Reserve Affairs on January 27, 2023. The Defendants have never acknowledged that, nor responded to it. I submitted an application to the Army Board for Correction of Military Records on February 19, 2023. The Army Review Boards Agency acknowledged receipt of that application, but it provided no timeline for the anticipated completion of that process – noting only that there was a backlog which could delay a decision for longer than a year.

8. After almost an entire year had passed and the Defendants had still provided no indication of when a decision might be reached, my legal team filed a Motion for Clarification of Order Dated April 6, 2022 (As Amended May 10, 2022). The motion was filed on April 5, 2023. At 8:00 p.m. on the following day, I suddenly received notification from the Defendants that my application had finally been approved by the accessions board. However, although my superiors had suggested that, based on my experience and qualifications, I would receive a commission as a Captain (O-3) when I submitted my original application in 2014, the Defendants now only offered me an appointment as a First Lieutenant (O-2) in the Judge Advocate General Corps of the District of Columbia National Guard.

9. The Defendants have still never acknowledged that, nor responded to my request for a Special Selection Board. In addition, in the communication informing me that I was being recommended for an appointment, I was told that if I accepted the commission, I would be obligated to serve for another eight years – even though I already have over twenty years of military service and I became eligible for retirement in 2020.

10. On May 23, 2023, I appeared before the federal recognition board. On May 30, 2023, I was notified that I had officially been appointed as a First Lieutenant (O-2) in the Judge

Advocate General Corps of the District of Columbia National Guard. However, at the time of this declaration, I have received no further updates regarding my official request for a Special Selection Board or my application to the Army Board for Correction of Military Records.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this 31st day of May, 2023.

Nick Harrison
Nick Harrison