

# United States Army Student Detachment

## Student Out-Processing (OCONUS UNACCOMPANIED/RESTRICTED)

### FY18

SERVICE MEMBER INFORMATION		
Name: Last, First MI	Rank	Gaining Station: Report Date: PCS Leave Start Date:
TDY Enroute Location: Start Date:	Do you have a Government Travel Charge Card (GTCC): Yes or No (circle one) Active: Yes or No (circle one)	
Additional TDY Location: Start Date:	EFMP Warranted: Yes or No (circle one)	
MANDATORY DOCUMENTS:		
<input type="checkbox"/> DA Form 31 (Request and Authority for Leave) <input type="checkbox"/> Current Leave and Earnings Statement (LES) <input type="checkbox"/> Current Officer Records Brief (ORB) <input type="checkbox"/> DA Form 5434 (Sponsorship Program Counseling and Information Sheet) (print from ACT) <input type="checkbox"/> DA Form 5121 (Overseas Tour Election Statement) <input type="checkbox"/> DA Form 4036 (Medical and Dental Preparation for Overseas Movement) <input type="checkbox"/> DA Form 4787 (Reassignment Processing) <input type="checkbox"/> DA Form 7415 (Exceptional Family Member Program (EFMP) Query Sheet for Soldiers that have authorized dependents)		
REQUIRED DOCUMENTS IF APPLICABLE:		
<input type="checkbox"/> TDY Option Statement required for TDY en route (ATRRS Reserved) to gaining command. (For Service Members who are authorized movement of Family members at Government expense)		
<b>IMPORTANT:</b> Your end date on your leave form should reflect your report date as stated in Assignment Instructions and IAW USASD Policy Memorandum #10. If PTDY is requested then it must be taken within your requested PCS leave dates (prior to report date).		
<b>FOR USE BY USASD PERSONNEL ONLY</b>		
DATE SENT SM NOTIFICATION:		
GRAD DATE:	SUSPENSE DATE:	
REMARKS:		



**DEPARTMENT OF THE ARMY**  
UNITED STATES ARMY STUDENT DETACHMENT  
5450 STROM THURMOND BOULEVARD, ROOM 244  
FORT JACKSON, SOUTH CAROLINA 29207

ATMT-LTB-SD

21 February 2018

MEMORANDUM FOR All personnel permanently assigned and/or attached to the United States Army Student Detachment (USASD)

SUBJECT: Policy Memorandum #11 - **Out-processing Requirements**

1. References:

- a. AR 600-8-101, Personnel Processing (In-, Out-, Soldier Readiness, Mobilization and Deployment Processing)
- b. AR 614-100, Officer Assignment Policies, Details, and Transfers
- c. AR 614-200, Enlisted Assignments and Utilization Management
- d. AR 608-75, Exceptional Family Member Program
- e. AR 55-46, Travel Overseas
- f. AR 37-104-4, Military Pay and Allowances Policy
- g. DoD Financial Management Regulation, Volume 7A, Chapter 32.

2. Personnel are authorized ten (10) calendar days to conduct Out-Processing procedures (i.e. to coordinate transportation, household goods, clearing current apartment or rental home, etc.) prior to the start of Permanent Change of Station (PCS) Leave or Expiration of Service Agreement (ESA)/Expiration Term of Service (ETS) Leave. PCS Leave must start on the 11th day following graduation whether or not Travel begins. If you want to receive Travel Voucher reimbursement, your travel must occur within the Start and End dates of your approved PCS Leave. Subsequent submittal of your leave form after it has been approved will not be allowed.

3. Supervisors will ensure that personnel are afforded this time to take care of personal business and complete the unit and installation out processing checklist.

4. For timely processing of your PCS orders, submit Out-processing packet as early as the Request For Orders (RFO) is published by HRC. A completed Out-Processing packet to include Request and Authority for Leave (DA Form 31) for PCS and most recent Leave and Earnings Statement (LES) must be received in the USASD prior to publishing of PCS orders. PCS orders will be forwarded no earlier than 90 days prior to

start date of approved PCS DA Form 31. Approved PCS DA Form 31 will be returned to you NLT 30 days prior to your departure. If you would like to request up to 10 days PTDY for House Hunting, annotate "AUTH 10 days PTDY for House Hunting" in Block 17. If PTDY for House Hunting in conjunction with PCS Leave is not requested and the leave days are less than 30 days, the leave form will not be signed by an O-5 or above. Subsequent submittal of your leave form after it has been approved will not be allowed. Ensure to communicate pertinent information regarding Family Members to the Out-processing HR Clerk. Review Out-processing procedures located on the USASD website at <http://usasd.armylive.dodlive.mil/out-processing/>.

5. Required forms for overseas PCS include:

a. **DA Form 4036** (Medical and Dental Preparation for Overseas Movement). A physician must complete 14 through 24, and verify the HIV test results on back bottom of this form. Disregard dental evaluation unless assigned to an isolated area. CONUS to OCONUS PCS HIV tests must be updated within six (6) months of report date. Forms requiring a physician may be completed by a civilian doctor if the nearest Army Military Treatment Facility is not within 60 miles or one-hour drive. For any inquiries or updates, please contact the Medical Liaison located on the USASD website.

b. **DA Form 5121** (Overseas Tour Election Statement). Read carefully and complete as appropriate. This form determines election for movement of family members to OCONUS tour.

c. **DA Form 4787** (Reassignment Processing). This is your request for pinpoint assignment.

6. In accordance with (IAW) AR 608-75 (**Exceptional Family Member Program**) if you are requesting family travel and NOT on assignment to a dependent restricted tour the following is required to include the above; even if your family members are not enrolled in the Exceptional Family Member Program (EFMP). The process for family travel request will not begin until all forms are completed.

a. **DA Form 5888** (Family Member Deployment Screening Sheet). This form must be completed by a physician for all family members.

b. **DA Form 7246** (EFMP Screening Questionnaire). This form must be completed by a physician for all family members.

c. One of the following for each family member: Family Member Overseas Screening Physical Exam Letter or the **SF 506** (Physical Examination) or **DA Form 5888-1** (Screening of Family Members in Remote OCONUS Areas).

d. PDQ- AGES- New Born thru 6yrs old.

ATMT-LTB-SD

SUBJECT: Policy Memorandum #11 - **Out-processing Requirements**

7. If one or more of your dependents are **EFMP** warranted a **DA Form 2792** (Exceptional Family Member Medical Summary) or **DA Form 2792-1** (EFMP Special Education/Early Intervention Summary) is required for each EFMP warranted dependent.
8. Use of DoD Government Travel Charge Card (GTCC) is mandatory for all personnel (military or civilian) to pay for **ALL** official travel costs for TDY/TAD and PCS. Request for PCS Travel Advance and Dislocation Allowance (DLA) is not authorized and will not be approved.
9. Requests for **Advance Pay**:
  - a. Students requesting an advance of basic pay for a PCS move must prepare **DD Form 2560** (Advance Pay Certification/ Authorization). The completed **DD Form 2560**, with a copy of PCS orders attached will be sent to the serving DMPO or unit commander, when required, for forwarding to the servicing DMPO. The unit commander will approve/disapprove all requests for advance of pay.
  - b. Justification. Required when any SM requests **(1)** a second advance, **(2)** an advance of more than one month's basic pay less deductions, **(3)** more than a twelve-month repayment schedule, **(4)** payment earlier than thirty days before departure, or **(5)** payment later than sixty days after arriving at the new duty station. The justification must be in writing and must itemize expenses incurred, extenuating circumstances, and/or severe hardships that would be considered exceptions to normal circumstances.
  - c. An advance pay is NOT intended to provide funds for such items as investments, vacations, or the purchase of consumer goods that are not the result of direct expenses resulting from the SM's PCS orders.
10. **Travel Advance** are no longer authorized by DFAS. Government Travel Credit Card (GTCC) is to be used for authorized PCS related expenses: Transportation, Lodging, Meals, Temporary Quarters Subsistence Expenses, and Approved House Hunting Expenses.
11. The point of contact for this memorandum is the undersigned at (803) 751-5305.

PEACH.ALEJANDRA  
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RELO.1238465458

Digitally signed by PEACH.ALEJANDRA.DEL  
RELO.1238465458  
DN: c=US, o=U.S. Government, ou=DoD,  
ou=PKI, ou=USA,  
cn=PEACH.ALEJANDRA.DEL  
RELO.1238465458  
Date: 2018.02.22 16:28:37 -0500

ALEJANDRA D. PEACH  
CPT, AG  
Commanding



**DEPARTMENT OF THE ARMY**  
UNITED STATES ARMY STUDENT DETACHMENT  
5450 STROM THURMOND BOULEVARD, ROOM 244  
FORT JACKSON, SOUTH CAROLINA 29207

ATMT-LTB-SD

25 October 2017

MEMORANDUM FOR All personnel permanently assigned and/or attached to the United States Army Student Detachment (USASD)

SUBJECT: Policy Memorandum #14 – **Permanent Change of Station (PCS) Leave**

1. References: AR 600-8-10, Leaves and Passes
2. Soldiers assigned to USASD are on an honor system for leave and are expected to submit a Request and Authority for Leave (DA Form 31) for leave after graduation or training has ended.
3. **PCS leave request:** A completed DA Form 31 and most recent Leave and Earnings Statement (LES) is required for all PCS moves to include **“No-Cost Moves”**. You are authorized **five (5) business days** to reconcile personal issues at physical duty location after classes, graduation, or training has ended. **PCS leave will start on the day after the last business day**; however, if you begin travel within the **five (5) business days** your leave must start on the day you physically depart losing duty station. **In accordance with (IAW) AR 600-8-10, Chapter 7, report date to gaining station must be annotated in Block 10b of DA Form 31.**
4. **PCS leave request outside of the continental United States (OCONUS): IAW AR 600-8-10, Chapter 8:**
  - a. Soldiers desiring to take leave or travel outside the United States or outside the territory or foreign country of current assignment must obtain travel clearance approval.
  - b. Soldiers desiring to take leave or travel to or within U.S. possessions of Puerto Rico, Virgin Islands, Guam, American Samoa, and Northern Mariana Islands do not require travel clearance.
  - c. Refer to USASD Policy Memorandum 12, paragraph 7 for required documents.
5. **PCS leave request with Permissive Temporary Duty (PTDY):** AUTH PTDY total number of days must be annotated in Block 17 (REMARKS) of the DA Form 31 with specific dates. **A maximum of ten (10) days PTDY for house hunting is authorized.** Please visit gaining station housing representative to authenticate PTDY for house hunting upon arrival.

ATMT-LTB-SD

SUBJECT: Policy Memorandum #14 – Permanent Change of Station (PCS) Leave

6. **PCS leave request AUTH Travel** must be annotated in Block 17 (REMARKS) of the DA Form 31. Divide the total mileage from your “with duty at location” to your new PCS location by 350 miles to attain the total number of Travel Days authorized.
7. **PCS leave request with TDY enroute:** Dates will be annotated in Block 17 (REMARKS) of DA Form 31 and must be during your requested PCS leave dates.
8. Submit PCS leave request to include requests for travel outside of the United States along with out-processing packet to your Out-processing POC. Visit the USASD website at <http://usasd.armylive.dodlive.mil/out-processing/> for Out-processing procedures and contact information.
9. PCS leave request not in compliance with AR 600-8-10 and this policy will be returned without action.
10. Approved PCS DA Form 31 will be returned to you within NLT 7 days prior to your departure and NET 30 days prior to requested departure date.
11. The point of contact for this memorandum is the undersigned at (803) 751-5305.

PEACH.ALEJANDR  
A.DEL  
RELO.1238465458

Digitally signed by PEACH.ALEJANDR.A.DEL  
RELO.1238465458  
DN: cn=US, ou=U.S. Government, ou=DoD,  
ou=PR, ou=USA,  
cn=PEACH.ALEJANDR.A.DEL,  
RELO.1238465458  
Date: 2017.10.31 10:28:40 -0400

ALEJANDRA D. PEACH  
CPT, AG  
Commanding

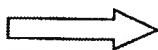
## INSTRUCTIONS FOR COMPLETING

### Permanent Change of Station (PCS) Leave

Review USASD Policy Memorandums 10 and 16 prior to completing Request and Authority for Leave (DA Form 31). DA Form 31 not in compliance with below instructions and USASD Policy Memorandums will be returned without action.

Included in this packet are two (2) copies of DA Form 31. One for Permanent Change of Station (PCS) Leave with Permissive Temporary Duty (PTDY) and the other without PTDY.

1. Select appropriate DA Form 31 and annotate Program Graduation/Completion date (day/month/year) above Block 1. (SEE EXAMPLE BELOW)



Program Graduation/Completion Date: **12 SEP 2014**

<p><b>REQUEST AND AUTHORITY FOR LEAVE</b> This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is DCS, G-1. (See instructions on reverse.)</p>	<p>1. CONTROL NUMBER</p>
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2. Complete Blocks 2, 3, 4, 5, and 6 (Self explanatory).
3. Block 9:
  - a. Use current LES to complete sub-block a.
  - b. Calculate total days from departure (current station) to report date (gaining station) and annotate in sub-block b.
  - c. Sub-block c. and d. leave blank.
4. Block 10:
  - a. Sub-block a. departure/sign-out date.
  - b. Sub-block b. report date to gaining command. Use current RFO.
5. Block 11 Signature of Requester.
6. Block 12 and 13 will be signed by USASD personnel.
7. Block 17:
  - a. Add dates for Temporary Duty (TDY) or PTDY (if applicable).
  - b. Do not fill chargeable leave time. This is done by gaining Command (Finance).
8. Please review DA Form 31 for accuracy before submitting for approval.

<b>REQUEST AND AUTHORITY FOR LEAVE</b>				1. CONTROL NUMBER	
This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is ODCSPER. (See Instructions on Reverse)					
PART - I					
2. NAME (Last, First, Middle Initial)		3. SSN		4. RANK	
5. DATE					
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER IN CONJUNCTION W/PCS LEAVE		8. ORGN, STATION, AND PHONE NO. USASD/SCHOOL NAME DUTY ADDRESS USASD PHONE 803-429-5139	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED	b. REQUESTED	c. ADVANCED	d. EXCESS	a. FROM	b. TO
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS					
Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extensions to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:					
For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD		22. ARRIVED APOE (return only)	
				23. ARRIVED HOME UNIT	
PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP					
<input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)	b. RELATIONSHIP	c. DATES OF BIRTH (Children)	d. PASSPORT NUMBER		
PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION					
26. DESIGNATION AND LOCATION OF HEADQUARTERS			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			



REQUEST AND AUTHORITY FOR LEAVE This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is DCS, G-1. (See instructions on reverse.)				1. CONTROL NUMBER	
<b>PART I</b>					
2. NAME (Last, First, Middle Initial)		3. SSN (For security purposes, Requestor or Soldier, is advised to leave the SSN field blank, as (SI) can input your SSN information last.)		4. RANK	5. DATE
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)		7. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER Permanent Change of Station		8. ORGN, STATION, AND PHONE NO. US Student Detachment 3225 Magruder Avenue Fort Jackson, SC 29207 803-751-5390	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED	b. REQUESTED	c. ADVANCED NA	d. EXCESS NA	a. FROM	b. TO
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
<b>14. DEPARTURE</b>					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
<b>15. EXTENSION</b>					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
<b>16. RETURN</b>					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS ****If not requesting PTDY use this form****  ****If taking TDY annotate in this block the location and time frame****  Chargeable leave is from _____ to _____					
<b>PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL</b>					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a co-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:  For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
<b>PART III - DEPENDENT TRAVEL AUTHORIZATION</b>					
26. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 26					
<b>DEPENDENT INFORMATION</b>					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP	c. DATES OF BIRTH (Children)	d. PASSPORT NUMBER	
<b>PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION</b>					
26. DESIGNATION AND LOCATION OF HEADQUARTERS			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			

REQUEST AND AUTHORITY FOR LEAVE This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is DCS, G-1. (See instructions on reverse.)				1. CONTROL NUMBER	
<b>PART I</b>					
2. NAME (Last, First, Middle Initial)		3. SSN (For security purposes, Requestor or Soldier, is advised to leave the SSN field blank, as (SI) can input your SSN information last.)		4. RANK	5. DATE
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER IN CONJUNCTION W/PCS LEAVE		8. ORGN, STATION, AND PHONE NO. US Student Detachment 3225 Magruder Avenue Fort Jackson, SC 29207 803-751-5390	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED	b. REQUESTED	c. ADVANCED NA	d. EXCESS NA	a. FROM	b. TO
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
<b>PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL</b>					
14. a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
<b>EXTENSION</b>					
15. a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
<b>RETURN</b>					
16. a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS I understand that this absence is not directed by any official of the U.S. Government. I further understand that I cannot conduct public business under this authorization. Accordingly, I will not be entitled to reimbursement for travel, per diem, or any other expenses. I understand that I have the right to cancel it at any time and return to my regular place of duty. From _____ To _____ Chargeable leave is from _____ to _____					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:  For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
<b>PART III - DEPENDENT TRAVEL AUTHORIZATION</b>					
24. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
<b>DEPENDENT INFORMATION</b>					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP	c. DATES OF BIRTH (Children)	d. PASSPORT NUMBER	
<b>PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION</b>					
26. DESIGNATION AND LOCATION OF HEADQUARTERS			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			

**PRIVACY ACT STATEMENT**

<b>AUTHORITY:</b>	Title 5, USC, Section 301.
<b>PRINCIPAL PURPOSE(S):</b>	To authorize military leave, document start and stop of such leave; record address and telephone number where a Soldier may be contacted in case of an emergency during leave; and certify leave days chargeable to a Soldier's leave account.
<b>ROUTINE USES:</b>	To update a Soldier's military leave and pay records. Information furnished may be disclosed to DOD officials or employees who need this information to perform their duties; to federal, state, and local law enforcement authorities in appropriate cases; the American Red Cross; and relatives. The social security number is used for positive identification.
<b>DISCLOSURE:</b>	Voluntary. Disclosure of SSN is voluntary. However, this form will not be processed without a Soldier's SSN, since the Army identifies members by SSN for pay or leave purposes.

**INSTRUCTIONS TO INDIVIDUAL**

1. **AUTHORITY FOR LEAVE.** A Soldier on leave must carry this form while on leave.
2. **CHANGES.** A Soldier who desires changes in authorized leave or does not begin leave on schedule will notify commander.
3. **REPORTING.** A Soldier will report to duty station not later than 2400 on the last day of leave (*block 10b*) (*even if PCS orders contain a later reporting date*).
4. **DEPARTURE/RETURN.** A Soldier will begin and end leave on post, at the duty location, or from the place he or she regularly commutes to work.
5. **CHARGEABLE LEAVE.** If a Soldier works over one-half of the normally scheduled working hours on the day of his or her departure or return, that day is not a chargeable leave day. (*Soldier's commander may authorize early departure or late arrival.*) If he or she returns on a normally scheduled nonduty day, that day is not chargeable to leave.
6. **TRAVEL EXPENSES.** A Soldier on leave pays for all his or her travel expenses, to include return to duty station. He or she must have sufficient funds to pay all expenses. A Soldier without sufficient funds to return to duty station reports to the nearest military installation.
7. **LEAVE EXTENSIONS.** A Soldier must request leave extension prior to end of leave.
  - a. If disapproved, 3 above applies.
  - b. If approved, complete block 15a - 15c. Attach written notification of extension when received.
8. **LOST OR DESTROYED LEAVE FORM EN ROUTE PCS.** Request a reconstructed form from the losing station. Continue with required travel and reporting dates.
9. **CASUAL PAY.** A Soldier who needs a casual pay while on leave should contact the servicing FAO for information and assistance.
10. **MEDICAL TREATMENT.**
  - a. A Soldier who requires medical treatment while on leave, report to the nearest military medical facility. In the absence of such a facility, report to a uniformed services treatment facility or Veteran's Administration facility, if possible.
  - b. Medical treatment at Government expense at other than federal facilities is authorized only for emergencies when treatment cannot be obtained from Government facilities or when prior approval is obtained.
  - c. If a Soldier becomes hospitalized by a civilian physician, the Soldier or someone acting for him or her contact the Patient Administration Office of the nearest military medical facility as soon as possible. A Soldier may seek assistance from the nearest U.S. Army recruiting station or local chapter of the American Red Cross. Information provided must include nature of illness or injury, date and place of hospitalization, and name and telephone number of attending physician.
  - d. If a Soldier is placed sick-in-quarters by a civilian physician he or she will --
    - (1) Contact the Patient Administration Office of the nearest military medical facility.
    - (2) Obtain written statement from attending physician (*military or civilian*) verifying condition and including dates of treatment. Provide statement to leave approving authority upon return to duty.

# SPONSORSHIP PROGRAM COUNSELING AND INFORMATION SHEET

For use of this form, see AR 600-8-8; the proponent agency is ACSIM.

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 5, USC Section 301.  
**PRINCIPAL PURPOSE:** Personnel service support. To counsel Soldier or civilian employee about sponsorship program entitlements, and provide information to gaining battalion or activity of new members.  
**ROUTINE USES:** None. The DoD Blanket Routine Uses set forth at the beginning of the DoD's compilation of systems of records notices may apply to this system.  
**DISCLOSURE:** Mandatory for service members. Nondisclosure may prevent participation in the sponsorship program.

### 1. NOTE: Soldiers/Family members/Civilians may retrieve information regarding their new assignment at *Army Knowledge Online* -

I have been counseled on the **TOTAL ARMY SPONSORSHIP PROGRAM** FOR CIVILIAN EMPLOYEES ONLY:  I would like to have a sponsor assigned to me. (Complete remainder of form.)  
 I decline the offer of sponsorship. (Complete Section 1 only.)

Typed or Printed Name: \_\_\_\_\_ Rank/Grade: \_\_\_\_\_

MOS/Branch/Civilian Occupational Series: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 2. ARRIVAL INFORMATION TO ASSIST GAINING UNIT OR ACTIVITY: If additional space is necessary, please attach your documentation to the form)

a. I (Rank/Grade and Name): \_\_\_\_\_ am on assignment to (Gaining Installation): \_\_\_\_\_  
and expect to arrive on/about (Month and Year): \_\_\_\_\_

b. Soldier's/Civilian's contact information:

Current Unit/Activity Address: \_\_\_\_\_

DSN Phone number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Other (i.e., Social Media): \_\_\_\_\_

Leave Address and Phone number at this address until: \_\_\_\_\_

c. Status (check one):  Married-accompanied  Single-accompanied  Married-unaccompanied  Single-unaccompanied

d. Accompanied by Family members:	NAME	AGE	SEX	RELATIONSHIP	Exceptional Family Member Program (EFMP)	
	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 3. GAINING UNIT/ACTIVITY INFORMATION: If additional space is necessary, please attach your documentation to the form)

a. Gaining Unit/Activity: \_\_\_\_\_ d. Unit 1SG/Supervisor: \_\_\_\_\_

b. Unit CDR/Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Email address: \_\_\_\_\_ e. TASP Unit Coordinator: \_\_\_\_\_

c. Unit sponsor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Email address: \_\_\_\_\_ f. Date of initial contact: \_\_\_\_\_

### 4. LOSING UNIT/ACTIVITY INFORMATION: If additional space is necessary, please attach your documentation to the form)

a. Losing Unit/Activity: \_\_\_\_\_ c. Unit 1SG/Supervisor: \_\_\_\_\_

b. Unit CDR/Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Email address: \_\_\_\_\_ d. TASP Unit Coordinator: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

### 5. FAMILY CONSIDERATIONS: If additional space is necessary, please attach your documentation to the form)

a. Housing requirements (check one):  On-post housing  Off-post housing b. Pets:  Yes  No c. Child care requirements:  Yes  No  
If yes, list pet and type: \_\_\_\_\_

d. Spousal Employment info:  Yes  No e. List of local schools:  Yes  No  
If yes, list type of work: \_\_\_\_\_

f. Contact by Unit Family Readiness Group (FRG):  Yes  No g. Additional comments: \_\_\_\_\_  
If yes, list Email address: \_\_\_\_\_

# OVERSEAS TOUR ELECTION STATEMENT

For use of this form, see AR 600-8-11; the proponent agency is DCS, G-1.

## PRIVACY ACT STATEMENT

**Authority:** Title 10, USC, Sections 3010, 8012 and 5031, and Title 5, USC, Section 301.  
**Principal Purpose:** For personnel service support.  
**Routine Uses:** (1) To conduct initial screening of reassignment cycle to determine soldier's eligibility to comply; and (2) basis for initiating specific assignment processing (*deletion/deferments; additional service; or any other special processing required*).  
**Disclosure:** Disclosure of information is voluntary. However, failure to disclose this data may result in unnecessary hardship on the soldier and/or family members. Failure to disclose data will not automatically exempt soldier from selected reassignment.

**INSTRUCTIONS:** Prepare this form in two copies. Place the original in the Action Pending section of the soldier's MPRJ and place the copy in the soldier's Reassignment File.

1. NAME	2. SSN	3. GRADE/RANK
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### 4. FOR ALL SOLDIERS

Having been advised that I am scheduled for a permanent change of station assignment to \_\_\_\_\_

\_\_\_\_\_, I understand that I must elect to serve either an "all others" or a "with dependents" tour.

If I elect to serve the "all others" tour, I understand that Government transportation of my family members to or from my overseas duty station will not be authorized during the tour. I also understand that if my family members travel at their own expense to reside at or near the area of my assignment (*except for a visit for a period not exceeding 3 continuous months*), I will no longer be entitled to Family Separation Allowance. I also understand that under this tour election, I am authorized movement of my family members to a designated location at Government expense. However, after my family members make a move to a designated location at Government expense, I cannot request to change my tour to the "with dependents" tour in order to request movement of my family members to my overseas area unless extreme personal problems arise which are fully documented.

AND

If I elect to serve the "with dependents" tour, I understand I am not authorized to move my family members and/or household goods to a designated location in CONUS. I understand that I must apply promptly for concurrent travel of my family members in order to receive Family Separation Allowance in the event concurrent travel is not approved. I understand that, if concurrent/deferred travel is not approved, I may apply for nonconcurrent travel for my family members after I arrive in my overseas area, if I am able to obtain suitable quarters, or I may elect to have my family members remain in CONUS. I understand I must have sufficient remaining service to complete the "with dependents" tour length requirements upon my arrival in the overseas area. If not, I will be required to serve an "all others" tour and will not be entitled to Government transportation of my family members to my overseas duty station.

### 5. FOR INVOLUNTARY EXTENSION

I further understand that I will be involuntarily extended in the overseas command if:

I am an obligated volunteer officer (OBV) and do not wish to extend my Active Duty Service Obligation (ADSO) and the end date of my ADSO follows my date eligible for return from overseas (DEROS) within 11 months (*long tour area*) or six months (*short tour area*).

I will be returned to the continental U.S. (CONUS) transition point in sufficient time to process my separation. To be reassigned to CONUS at my normal DEROS, I must be eligible for and take action to acquire sufficient service to have the required months remaining at DEROS.

### 6. FOR ALL ARMY SOLDIERS MARRIED TO OTHER ARMY SOLDIERS

I have been briefed and understand the joint domicile requirements.

### 7. FOR USAR OBV OFFICERS

I understand that if I currently have insufficient remaining service to complete the "with dependents" tour, that by electing the "with dependents" option below, I am concurrently volunteering herewith to extend my ADSO until completion of the prescribed tour.

### 8. FOR ALL SOLDIERS

Regarding my option to elect either the "all others" or the "with dependents" tour, I choose the following actions, to include any additional involuntary extended time in the overseas command.

- a.  I elect to serve a tour for a period of \_\_\_\_\_ months in an "all others" status.  
b.  I elect to serve a tour for a period of \_\_\_\_\_ months in an "with dependents" status.

9. SIGNATURE OF SOLDIER	10A. SIGNATURE OF WITNESS	B. DATE (YYYYMMDD)
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## MEDICAL AND DENTAL PREPARATION FOR OVERSEAS MOVEMENT

For use of this form, see AR 600-8-11; the proponent agency is DCS, G-1

### PRIVACY ACT STATEMENT

**Authority:** Title 10, USC, Sections 3010, 8012 and 5031, and Title 5, USC, Section 301.  
**Principal Purpose:** Information is required on all soldiers being reassigned overseas to determine if they meet medical and dental standards for such assignment.  
**Routine Uses:** (1) For personnel service support; and (2) Information is primarily obtained from review of records unless assignment is to be an isolated area which requires evaluation and personal interview.  
**Disclosure:** Disclosure of information is voluntary. If family members are required to complete medical and dental evaluation and personal interview, but refuse to do so, they will not be permitted to accompany the soldier to the oversea assignment.

1. TO SRP, FT JACKSON, SC 29207	2. FROM STU DET, FT JACKSON, SC 29207
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3. NAME (Last, Middle, First)	4. SSN	5A. GRADE OR RANK	5B. PMOS OR AOC
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6. PRESENT UNIT OF ASSIGNMENT	7. PROJECTED UNIT OF ASSIGNMENT (Include location/country)
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8. PROJECTED DUTY MOS OR AOC (9 Position Code)	9. ANTICIPATED DATE OF LOSS	10. IS MEMBER BEING ASSIGNED TO AN ISOLATED AREA AS DEFINED BY AR 40-501, PARA 5-13C? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	-----------------------------	---

11. IF ANSWER TO ITEM 10 IS "YES" AND IF MEMBER IS REQUESTING FAMILY TRAVEL, ALL FAMILY MEMBERS WILL BE SCREENED BY THE LOCAL MEDICAL TREATMENT FACILITY FOR SPECIAL MEDICAL AND FUNCTIONAL NEEDS. ENTER NAMES OF ALL ACCOMPANYING FAMILY MEMBERS, OTHERWISE ENTER N/A

NAME	NAME

12. LIST ANY OTHER SPECIAL MEDICAL OR DENTAL INSTRUCTIONS CONTAINED IN THE ASSIGNMENT INSTRUCTIONS

13A. NAME OF MPD/PSC REPRESENTATIVE	B. TITLE
C. SIGNATURE	D. GRADE E. DATE (YYYYMMDD)

Complete the medical and dental status portions below, return the original and one copy to the MDP/PSC within 21 calendar days of the date shown in item 13E, and forward one copy to the address in item 6.

**MEDICAL STATUS**

14A PHYSICAL PROFILE SERIAL CODE (PULHES)			B PHYSICAL CATEGORY CODE	C MEDICAL RECORDS REVEAL THE FOLLOWING ASSIGNMENT LIMITATIONS
YES	NO	N/A	ITEM	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15A. Does the member meet the medical fitness standards outlined in AR 40-501? (If "no" explain briefly.)	B IF CONDITION IS TEMPORARY, EXPECTED DATE MEMBER WILL BE ELIGIBLE FOR ASSIGNMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16A. Has member completed HIV screening?	B. DATE, TIME AND LOCATION OF APPOINTMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17A. Is the member pregnant?	B. IF "YES", EXPECTED DATE OF DELIVERY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18A. All active duty and reserve personnel of PCS assignment to Korea will be vaccinated with hepatitis B vaccine. Does the member require immunization?	B. IF "YES", INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19A. Does the member require remedial medical care?	B. IF "YES", INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20A. Is the member currently undergoing alcohol or drug abuse rehabilitation?	B. IF "YES", INDICATE DATE THE MEMBER ENTERED THE REHABILITATION PROGRAM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21A. If item 10 is checked "yes", can the member be assigned to an area where medical facilities are limited or nonexistent?	B. IF "YES", THE MEMBER (and family members, if applicable) MUST BE SCHEDULED FOR A FOLLOW-UP EVALUATION OF MEDICAL STATUS WITHIN 30 CALENDAR DAYS OF THE ANTICIPATED DATE OF LOSS (Item 9). INDICATE DATE, TIME AND LOCATION OF APPOINTMENT(S)

**22. Medical Records Indicate the Member Requires the Following (Check those appropriate)**

REQUIRES	HAS	MISSING	ITEM	DATE, TIME AND LOCATION OF APPOINTMENT, IF NEEDED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Two pairs of spectacles	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Protective mask spectacle insert	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Two hearing aids	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Medical warning tag	

23A. NAME OF MEDICAL OFFICER	B. TITLE
C. SIGNATURE	D. GRADE
	E. DATE (YYYYMMDD)

**DENTAL STATUS (Complete only if Item 10 is checked "Yes" or if required by item 12.)**

YES	NO	ITEM	B
<input type="checkbox"/>	<input type="checkbox"/>	24A. Is the member dentally qualified?	IF "NO", BRIEFLY EXPLAIN. IF CONDITION IS TEMPORARY, EXPECTED DATE THE MEMBER WILL BE ELIGIBLE FOR ASSIGNMENT
<input type="checkbox"/>	<input type="checkbox"/>	25A. Does the member require remedial dental care?	B. IF "YES", INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT
<input type="checkbox"/>	<input type="checkbox"/>	26A. If item 10 is checked "yes", can the member be assigned to an area where dental facilities are limited or nonexistent?	B. IF "YES", THE MEMBER (and family members, if applicable) MUST BE SCHEDULED FOR A FOLLOW-UP EVALUATION OF MEDICAL STATUS WITHIN 30 CALENDAR DAYS OF THE ANTICIPATED DATE OF LOSS (Item 9). INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT(S)

27A. NAME OF DENTAL OFFICER	B. TITLE
C. SIGNATURE	D. GRADE
	E. DATE (YYYYMMDD)

## REASSIGNMENT PROCESSING

For use of this form, see AR 600-8-11; the proponent agency is DCS, G-1

### PRIVACY ACT STATEMENT

**Authority:** Title 10, USC, Sections 3010, 8012, and 5031; Title 5, USC, Section 301; and EO 9397 (SSN)  
**Principal Purpose:** To make assignment decisions, evaluate family member travel to overseas commands and assign family housing  
**Routine Uses:** General disclosures permitted by the Privacy Act and the Army's systems of records notices apply.  
**Disclosure:** Disclosure of information is voluntary. If the information is not provided, commanders will not be aware of family member travel and housing requests, and will result in no government travel and housing for family members.

### PART A - PERSONNEL AND ASSIGNMENT MANAGEMENT DATA *(To be Completed by Losing MPD/PSC)*

1 TO SRP, FT JACKSON, SC		2 FROM MPD, FT JACKSON, SC	
3 NAME <i>(Last, Middle, First)</i>	4 SSN	5 GRADE	6 PMOS
6A CURRENT UNIT/STATION		7A REASSIGNED TO <i>(Unit/UIC/APO/Country)</i>	
6B TELEPHONE NO. <i>(Include Area Code)</i>	7B RSG AUTH	7C PERS CON NO.	7D REPORT DATE <i>(YYYYMMDD)</i>
6C AKO EMAIL ADDRESS			
8. TDY Enroute <i>(Complete only if applicable)</i>			
A MOS/SSI/SQI/ASI	B PURPOSE OF TDY	C GRAD/TERM. DATE <i>(YYYYMMDD)</i>	
9. Married Army Couples Program <i>(Complete only if joint domicile will be requested)</i>			
9A NAME OF MILITARY SPOUSE	9B SSN	9C GRADE	9D PMOS
9E CURRENT UNIT/STATION		9F. TELEPHONE NO. <i>(Include Area Code)</i>	

### PART B - HOUSING AND FAMILY TRAVEL DATA

10. I do <input type="checkbox"/> do not <input type="checkbox"/> have family members with physical, emotional, developmental or intellectual problems.																									
11. <input type="checkbox"/> I am a sole parent. <i>(Check only if applicable)</i>																									
12. Application for Family Member Travel to Overseas Command <i>(Check only one)</i>																									
a. <input type="checkbox"/> I desire concurrent travel and will accept economy quarters if government quarters are not available.																									
b. <input type="checkbox"/> I desire concurrent travel but will not accept economy quarters.																									
13. Family Members Who Will Travel to Next Permanent Duty Station <i>(If more space is needed, continue on a separate sheet.)</i>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">A. NAME <i>(Last, First, MI)</i></th> <th style="width: 20%;">B. RELATIONSHIP</th> <th style="width: 10%;">C. SEX</th> <th style="width: 20%;">D. DATE OF BIRTH <i>(YYYYMMDD)</i></th> <th style="width: 15%;">E. CITIZENSHIP</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	A. NAME <i>(Last, First, MI)</i>	B. RELATIONSHIP	C. SEX	D. DATE OF BIRTH <i>(YYYYMMDD)</i>	E. CITIZENSHIP																				
A. NAME <i>(Last, First, MI)</i>	B. RELATIONSHIP	C. SEX	D. DATE OF BIRTH <i>(YYYYMMDD)</i>	E. CITIZENSHIP																					
14. ANY RELATIVE IN GAINING OVERSEAS AREA WHERE FAMILY MEMBERS MAY RESIDE PENDING AVAILABILITY OF HOUSING AT OR NEAR DUTY STATION <i>(Include name, relationship, address and phone number)</i>																									
15A ADDRESS WHERE MY FAMILY IS CURRENTLY LOCATED	16A ADDRESS WHERE MY FAMILY MAY BE CONTACTED WHILE ON LEAVE																								
15B TELEPHONE NO. <i>(Include Area Code)</i>	16B TELEPHONE NO. <i>(Include Area Code)</i>																								
17. The soldier is administratively qualified and available for assignment. Control sheets/forms prescribed by the regulation <i>(or their equivalents)</i> have been completed. A request for deletion or deferment is <input type="checkbox"/> anticipated <input type="checkbox"/> not anticipated.																									
17A SOLDIER'S SIGNATURE	17B MPD/PSC OFFICIAL'S SIGNATURE	17C REASSIGNMENT WORK CENTER EMAIL ADDRESS <i>(Agency Specific)</i>	17D. DATE <i>(YYYYMMDD)</i>																						



## EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) QUERYING SHEET

For use of this form, see AR 608-75; the proponent agency is ACSIM.

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC Section 301, Departmental Regulations; 10 USC 1071-1085; 10 USC Section 3013, Secretary of the Army; and Army Regulation 608-75, EFMP.

**PRINCIPAL PURPOSE:** To identify soldiers that have family members for enrollment in the EFMP.

**ROUTINE USES:** To federal, state, and local medical agencies in order to provide an exceptional family member with medical treatment when the Department of the Army does not have a suitable treatment facility.

**DISCLOSURE:** Disclosure of the requested information is mandatory. Failure to provide the information may result in disciplinary and/or administrative action. Additionally, failure to provide the information may result in an EFM not receiving necessary medical care.

1. NAME OF SOLDIER	2. RANK
3. UNIT	
4a. HOME ADDRESS	b. HOME PHONE NUMBER
5a. DUTY ADDRESS	b. DUTY PHONE NUMBER
	c. FAX NUMBER
d. EMAIL ADDRESS	

6. Do you have a family member (*child or adult*) with a physical, emotional, developmental, or intellectual disorder that requires special treatment, therapy, education, training, counseling, equipment, assistance or medical care above the level of a general practitioner?  YES  NO
7. If the answer to the above question is yes, is the family member enrolled in EFMP?  YES  NO
8. The EFMP works with the other military and civilian agencies to provide comprehensive, coordinated community support, educational, housing, personnel, and medical services to families with special needs. Enrollment in EFMP is mandatory and benefits the family by considering medical and special education needs in the military personnel assignment process. Medical needs are considered in the worldwide assignment process whereas special education needs are only considered in overseas assignments.
9. The above information is true and correct to the best of my knowledge.

a. SIGNATURE OF SOLDIER	b. DATE SIGNED (YYYYMMDD)
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