United States Army Student Detachment

Student Out-Processing (CONUS)

FY17 Version 01

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)**

REQUIRED DOCUMENTS:

☐ **DA Form 31** (Request and Authority for Leave)

☐ **Current Leave and Earnings Statement (LES)**

☐ **Current Officer Records Brief (ORB)**

☐ **DA Form 7415** (Exceptional Family Member Program (EFMP) Query Sheet)

☐ **DA Form 5434** (Sponsorship Program Counseling and Information Sheet) (print from ACT)

☐ **TDY Option Statement required for TDY enroute (ATRRS Reserved) to gaining command. (For Service Members who are authorized movement of Family members at Government expense) If applicable**

IMPORTANT: 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).

FOR USE BY USASD PERSONNEL ONLY

DATE SENT SM NOTIFICATION:

GRAD DATE:

REMARKS:

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

ATZJ-DBI-SD 8 December 2015

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

SUBJECT: Policy Memorandum #10 – **Permanent Change of Station (PCS) Leave**

1. References:

a. AR 600-8-10, Leaves and Passes, dated 15 February 2006, RAR 001 dated 4 August 2011.

b. This memorandum supersedes all previous versions of Policy Memorandum #10.

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, America Samoa, and Northern Mariana Islands do not require travel clearance.

c. Refer to USASD Policy Memorandum #9, paragraph 7 for required documents.

5. **PCS leave request with Permissive Temporary Duty (PTDY):** PTDY must be annotated in Block 17 (REMARKS) of 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.

6. **PCS leave request with TDY en route:** Dates will be annotated in Block 17 (REMARKS) of DA Form 31 and must be during your requested PCS leave dates.

7. 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.

8. PCS leave request not in compliance with AR 600-8-10 and this policy will be returned without action.

9. 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.

10. The point of contact for this memorandum is the USASD Operations NCOIC at (803) 751-3795.

E. VICTORIA NIETO
CPT, AG
Commanding

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

ATZJ-DBI-SD 8 December 2015

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

SUBJECT: Policy Memorandum #16 - **Out-processing Requirements**

1. References:

a. AR 600-8-101, Personnel Processing (In-, Out-, Soldier Readiness, Mobilization and Deployment Processing), dated 18 July 2003.

b. AR 614-100, Officer Assignment Policies, Details, and Transfers, dated 1 October 2006.

c. AR 614-200, Enlisted Assignments and Utilization Management, dated 26 February 2009, RAR 002 dated 11 October 2011.

d. AR 600-8-8, The Total Army Sponsorship Program, dated 4 April 2006.

e. AR 608-75, Exceptional Family Member Program, dated 22 November 2006, RAR 001 dated 24 February 2011.

f. AR 55-46, Travel Overseas, dated 20 June 1994.

g. AR 37-104-4, Military Pay and Allowances Policy, dated 8 June 2005.

h. DoD Financial Management Regulation, Volume 7A, Chapter 32.

i. This memorandum supersedes all previous versions of Policy Memorandum #15.

2. Total Army Sponsorship Program; Service members undergoing a PCS move will participate in the sponsorship program. Service member will complete and return DA Form 5434 (Sponsorship Program Counseling and Information Sheet) immediately upon receiving assignment instructions. Procedures and requirements are delineated under the USASD webpage at https://usasd.armylive.dodlive.mil/out-processing/.

3. Personnel are authorized five working days to out-process prior to Permanent Change of Station (PCS) or Expiration of Service Agreement (ESA)/Expiration Term of Service (ETS).

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

5. 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. Review Out-processing procedures at the USASD website at https://usasd.armylive.dodlive.mil/out-processing/. Approved PCS DA Form 31 will be returned to you NLT 30 days prior to your departure.

6. 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.

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.

7. 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.

8. 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.

9. For additional questions/concerns, please contact the Out-Processing POC's. SM's with last name beginning with A-H (803) 751-0835, I-N (803) 751-5382 and O-Z (803) 751-5389. Out-Processing NCOIC can be reached at (803) 751-6467.

10. 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.

11. Requests for Advance Pay:

a. SM's 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.

12. For additional questions/concerns, please contact the Finance Section at (803) 751-5393/6542/5564/4340.

13. The point of contact for this memorandum is the USASD Operations NCOIC at (803) 751-3795.

E. Victoria Nieto
E. VICTORIA NIETO
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

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
PART I	

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.

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

PART I

2. NAME *(Last, First, Middle Initial)*	3. SSN *(For security purposes, Requestor or Soldier, is advised to leave the SSN field blank, as (S1) 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	8. ORGN, STATION, AND PHONE NO.
	☒ ORDINARY ☐ EMERGENCY ☐ PERMISSIVE TDY ☐ OTHER Permanent Change of Station	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	d. EXCESS	a. FROM	b. TO
		NA	NA		

11. SIGNATURE OF REQUESTOR	12. SUPERVISOR RECOMMENDATION/SIGNATURE	13. SIGNATURE AND TITLE OF APPROVING AUTHORITY
	☐ APPROVAL ☐ DISAPPROVAL	

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

****If not requesting PTDY use this form****

****If taking TDY annotate in this block the location and time frame****

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 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

24.

PART III - DEPENDENT TRAVEL AUTHORIZATION

25. ☐ *(Space available or required cash reimbursable)* ☐ ONE WAY ☐ ROUND TRIP

☐ *(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

PART I

2. NAME *(Last, First, Middle Initial)*	3. SSN *(For security purposes, Requestor or Soldier, is advised to leave the SSN field blank, as (S1) can input your SSN information fast.)*	4. RANK	5. DATE

6. LEAVE ADDRESS *(Street, City, State, ZIP Code and Phone No.)*	7. TYPE OF LEAVE	8. ORGN, STATION, AND PHONE NO.
	☐ ORDINARY ☐ EMERGENCY ☒ PERMISSIVE TDY ☐ OTHER IN CONJUNCTION W/ PCS LEAVE	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	d. EXCESS	a. FROM	b. TO
		NA	NA		

11. SIGNATURE OF REQUESTOR	12. SUPERVISOR RECOMMENDATION/SIGNATURE	13. SIGNATURE AND TITLE OF APPROVING AUTHORITY
	☐ APPROVAL ☐ DISAPPROVAL	

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

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 _____

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 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

24. **PART III - DEPENDENT TRAVEL AUTHORIZATION**

25. ☐ *(Space available or required cash reimbursable)* ☐ ONE WAY ☐ ROUND TRIP

☐ *(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

PRIVACY ACT STATEMENT	
AUTHORITY:	Title 5, USC, Section 301.
PRINCIPAL PURPOSE(S):	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.
ROUTINE USES:	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.
DISCLOSURE:	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.

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 USC1071-1085; 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)*

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/Famify 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)
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

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

a. Gaining Unit/Activity: _____

b. Unit CDR/Supervisor: _____

Phone number: _____

Email address: _____

c. Unit sponsor: _____

Phone number: _____

Email address: _____

d. Unit 1SG/Supervisor: _____

Phone number: _____

Email address: _____

e. TASP Unit Coordinator: _____

Phone number: _____

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: _____

b. Unit CDR/Supervisor: _____

Phone number: _____

Email address: _____

c. Unit 1SG/Supervisor: _____

Phone number: _____

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

If yes, list pet and type: _____

c. Child care requirements: ☐ Yes ☐ No

d. Spousal Employment info: ☐ Yes ☐ No

If yes, list type of work: _____

e. List of local schools: ☐ Yes ☐ No

f. Contact by Unit Family Readiness Group *(FRG):*

If yes, list Email address: ☐ Yes ☐ No

g. Additional comments:

United States Army Student Detachment

TDY OPTION STATEMENT FY 16

SERVICE MEMBER INFORMATION

Name: Last, First MI **Rank** **TDY Enroute Location:**
Start Date: **End Date:**

Family will reside or relocate (circle one).
City_____ State ___ Zip Code_____

Transportation Option (Circle One):
a. Drive POV b. Government Transportation

IAW AR 600-8-11 Para 4-2, Soldiers who are authorized movement of Family members at Government expense and are directed to TDY schooling with PCS assignment will have the following options for locating their Family members while they perform their TDY:

____*A.* Elect that dependent(s) currently residing in Government quarters be permitted to remain in Government quarters until completion of TDY period. Under this option Soldier is authorized Government travel to and from TDY station and his or her commander may authorize up to 10 duty days to prepare to move dependent(s) upon return from TDY prior to signing out of the present CONUS station (applies CONUS to CONUS, and CONUS to overseas PCS movements).

____*B.* Elect to move dependent(s) from present CONUS and/or overseas station to new CONUS duty station prior to reporting to the TDY station. The gaining commander may authorize up to 10 duty days to settle Soldier's dependent(s), in Government quarters (if available) or on the local economy. Soldier will sign into the new CONUS duty station then proceed TDY for schooling. Soldier will be authorized Government transportation to and from TDY station (applies to CONUS to CONUS, and overseas to CONUS PCS movements).

____*C.* Elect to return to present duty station upon completion of TDY to move dependent(s), who currently live on the local economy (CONUS), to the new duty station. Under this option Soldier is authorized Government travel to and from TDY station, and his or her commander may authorize up to 10 duty days upon return from TDY to prepare to move dependent(s) prior to signing out of the present CONUS station (applies to CONUS to CONUS, and CONUS to overseas PCS movements).

____*D.* Elect to clear current permanent station prior to departure for TDY station; and have dependent(s), at personal expense, accompany Soldier to TDY station or travel to some other location. Soldier may not be given a certificate of non-availability of Government quarters at the TDY station if adequate Government housing is available. Soldier's entitlement for dependent transportation will be based on the most direct routing between the old permanent station and the new permanent station (applies CONUS to CONUS, CONUS to overseas and overseas to CONUS PCS movements). Soldiers who are being reassigned overseas must be medically and dentally qualified for assignment.

I ELECT TDY OPTION ____. *(INITIAL ELECTED OPTION)*

IMPORTANT: I HAVE READ AND UNDERSTAND THE TDY OPTIONS AVAILABLE TO ME. I UNDERSTAND THAT THIS DECISION IS FINAL. AMENDMENTS WILL NOT BE MADE TO PCS ORDERS UNLESS CIRCUMSTANCES ARE BEYOND MY CONTROL.

SERVICE MEMBER (SM) CONFIRMATION

SIGNATURE: **DATE:**

REMARKS: (Use this block for additional TDY locations)

TDY Enroute Location: **TDY Enroute Location:**

Start Date: **End Date:** **Start Date:** **End Date:**