

5000
IMA

MAY 07 2021

From: Commanding Officer
To: Distribution List

Subj: HEADQUARTERS AND SERVICE BATTALION INDIVIDUAL MOBILIZATION
AUGMENTEE STANDARD OPERATING PROCEDURES

Ref: (a) MCO 1001.62B
(b) DODI 1235.11
(c) MCO 1001R.1L
(d) MCO 1001.59A
(e) MCO 1800.11A
(f) MCO P1610.7F
(g) MCO 6100.13A CH 2
(h) MCO 6110.3A CH-1 and ADMIN CH
(i) MCO 1500.63
(j) Joint Travel Regulations (JTR)
(k) Henderson Hall BnO 7220.1
(l) MCO 1610.7A
(m) MCO 1616.1
(n) MCO 1800.11A
(o) MCO P1900.16F
(p) Force Order 6000-2
(q) DoDFMR 7000.14-R, Vol 5

1. Purpose. This SOP establishes directive guidance and administrative procedures intended to ensure the efficient management of the Henderson Hall Headquarters and Service Battalion (H&S Bn), Individual Mobilization Augmentee (IMA) program. This SOP amplifies guidance from the Commandant of the Marine Corps (CMC) and policy promulgated from Manpower & Reserve Affairs (M&RA) and Marine Forces Reserve (MFR). Where Higher Headquarters (HHQ) guidance is published which conflicts with this order, this order will be amended to comply. In this SOP, IMA Members may also be referred to as "IMAs," "individuals," or "members."

2. Background. Successful administration of Reserve Component (RC) manpower requires the knowledge of unique procedures, systems, requirements, and legal constraints. This SOP is in compliance with the references and clarifies command functions and responsibilities associated with IMA program management and personnel administration.

3. Actions. Charlie Company is designated as the H&S Bn Reserve Integration Section (RIS) and is tasked with program management and coordinating administration of IMA personnel assigned to the Henderson Hall IMA Operational Group (OpGroup). The RIS will coordinate with the Operational Sponsors (OpSponsors) assigned to the battalion's various

directorates and other operational units having IMA structure on their Table of Organization (T/O). All members of the command (RUCs 88600, 88614, 88654, 88656, 88666, 88669, 88670, 88768, 88681, 88685, & 88732) who support IMA management will comply with the contents of the references and this SOP.

4. Recommendations. Recommendations concerning the contents of this SOP are invited and should be forwarded to the Reserve Integration Section.



R. L. WISER

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CHAPTER 1
IMA PROGRAM OVERVIEW

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CHAPTER 1

IMA PROGRAM OVERVIEW

1000. INDIVIDUAL MOBILIZATION AUGMENTEE PROGRAM

1. The Reserve Component (RC) of the Marine Corps Total Force provides trained units and qualified individuals to augment, reinforce, and sustain the Active Component (AC) in times of war or national emergency, and at such other times as the national security may require.
2. The IMA program provides a source of well-trained and qualified Reserve Component individuals to fill a time-sensitive portion of the Active Component wartime structure. The program facilitates military manpower requirements, specifically by providing individual Reserve manpower which can be accessed during the initial stages of an emerging crisis, prior to mobilization of the Individual Ready Reserve. To maintain readiness, reserve Marines who are part of the program train in their designated billets throughout the year, much like members of Select Marine Corps Reserve (SMCR) units.
3. IMAs are Selected Reserve (SelRes) members not part of a SMCR unit. IMA billet structure resides within the USMC AC, other Department of Defense (DoD) agencies, and within non-DoD organizations. IMA coded BICs are annotated with a "D" under the "Res Type" column on T/O.
4. MCO 1001.62B (Ref a) establishes the policies, roles, and responsibilities for the management of the United States Marine Corps IMA Program.

1001. IMA PROGRAM AUTHORITIES

1. The RC of the Total Force is organized, administered, trained, and equipped under the direction of the CMC. The main agencies and identified personnel providing administrative oversight and support for IMA Marines are as follows:

- a. The Deputy Commandant for Manpower and Reserve Affairs (DC M&RA) is the principal staff officer for Reserve manpower matters and is directly responsible for the formulation of plans, policies, budget, structure, and administration of the RC. This is accomplished through the development and promulgation of unique policies, procedures, and guidance to administer the RC within the Total Force construct.

b. The Director, Reserve Affairs (Dir RA) Division is the principal advisor to the DC M&RA on all manpower matters pertaining to the RC. The Dir RA is responsible for the formulation, administration, and oversight of Reserve manpower management, plans, policies, and programming in order to provide a balanced and affordable reserve force consisting of manpower capabilities required to augment, reinforce, and sustain the AC.

c. Reserve Affairs Personnel Management (RAM) is the department which manages the IMA Program via the IMA Program Manager (RAM-3), who serves as the principle responsible agent for the USMC IMA Program. At all levels, the IMA Program Manager oversees the structure, allocation of resources (RPMC funds & APDs), and provides oversight on all Marine IMA Program orders and directives. RAM-3 also assists IMA OpGroup Program support personnel in the execution of their respective duties.

d. AC Commanders (COs) or Officers-in-Charge (OICs) exercise command of Reserve Marines assigned to billet structure within their command or activity. Command implies responsibility for ensuring good order and discipline, training, and overall mobilization readiness. COs or OICs are aided in this task by AR Marines who are assigned for the purpose of carrying out Reserve Affairs (RA) activities.

e. Reserve Integration Officers are senior AR officers located at command elements within the OPFORs. These Marines serve as the primary advisors to the commanders on Reserve integration matters, to include the activation/mobilization of reserve Marines and units. It is common for these members to also serve as OpGroup Program Managers and OpSponsors at their respective commands.

f. The Operational Group Program Manager (OpGroup PM) acts as the primary interface between their organization and RA. The OpGroup PM is appointed by the head of the MARFOR or Supporting Establishment organization, and provides enterprise-level management and oversight for all relevant structure (per IMA Authorized Strength Report) and acts as the primary advocate for the IMA Program and reserve equities within their organization. They are the primary liaison within the Operational Group to coordinate internal OPCON/ADCON relationships between commands and organizations with IMA structure on their T/O. OpGroup PMs also work with applicable OpSponsors and Comptrollers/G-8 to manage and/or act as a conduit for fiscal and manning resource requirements within the IMA OpGroup.

g. The OpSponsor is a designated individual within a command, unit, or organization who oversees and coordinates with IMA Marines on their T/O and other agencies when required for general program operations and personnel administration. The position is designated in writing with defined responsibilities by the AC Command and, where

necessary, the senior agent associated with an organization having IMA Marines listed on the T/O. OpSponsors will serve as the primary point of contact in their respective organizations and report to both the AC chain of command and the OpGroup PM regarding all administrative and personnel matters associated with IMA Marine participation.

2. Figure 1-1 is a generic representation of the organizational relationships inherent to IMA Program Management.

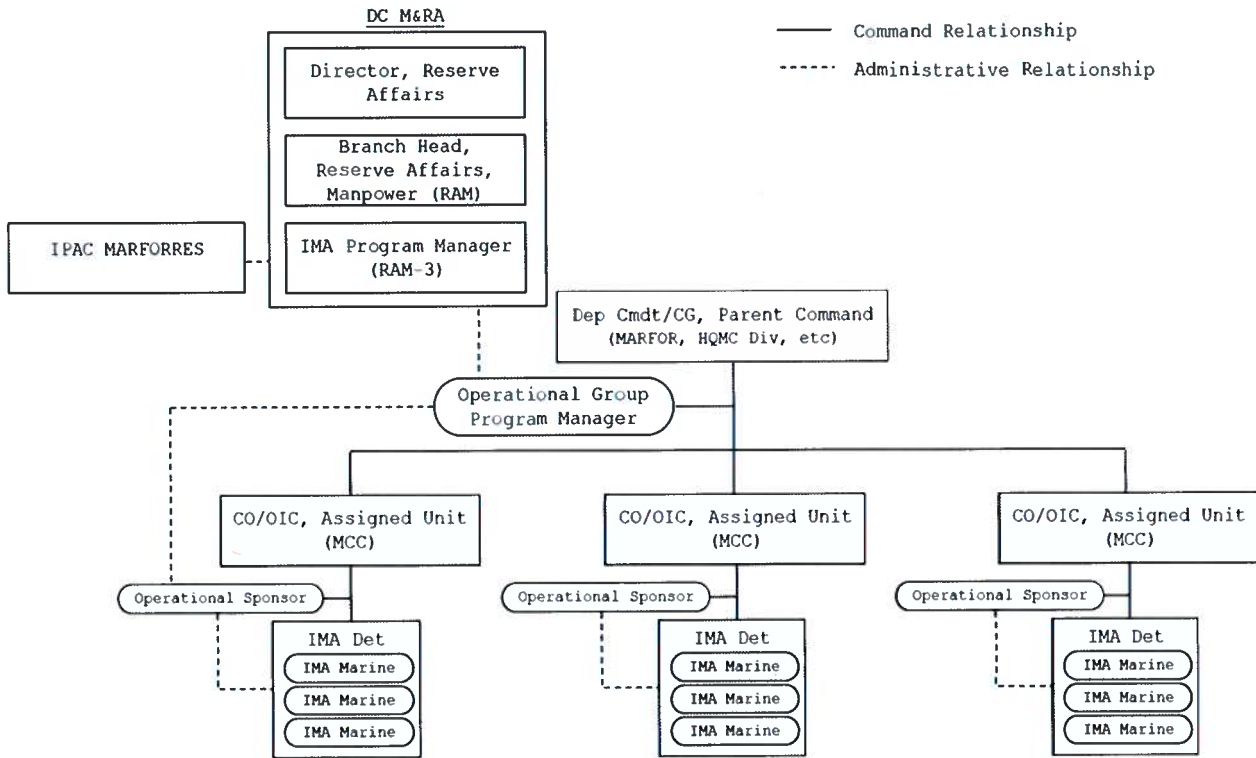


Figure 1-1 IMA Organizational Relationships

CHAPTER 2

ROLES AND RESPONSIBILITIES

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CHAPTER 2

ROLES AND RESPONSIBILITIES

2000. H&S BN RESERVE INTEGRATION SECTION

1. As subject matter experts in reserve matters, the Reserve Integration Section (RIS) executes the essential functions required to manage the Henderson Hall IMA OpGroup Program and other reserve component matters. RIS personnel conduct IMA program management functions such as advocating on behalf of the command on IMA affairs, executing policy/quality control, and assisting OpSponsors with IMA administrative requirements. A commissioned officer will be designated in writing as the H&S Bn IMA OpGroup Program Manager and will serve as the OIC for the RIS.

2. Tasks

a. Provide Reserve administration expertise for the IMA Marines assigned to HQMC Henderson Hall RUCs 88600, 88614, 88654, 88656, 88666, 88669, 88670, 88678, 88681, 88685, and 88732. Develop and implement policies and procedures to effectively manage the IMA program on a day-to-day basis.

(1) Coordinate with OpSponsors to forward Inner Unit Transfer (IUT) requests to Reserve Affairs for approval.

(2) Coordinate with OpSponsors to complete data entry and certify training event entries such as PFT, CFT, etc. in Marine Corps Training and Information Management System (MCTIMS).

(3) Coordinate with Headquarters and Service Battalion (H&S Bn) Corpsman to ensure accurate records for IMA Marines placed in a Temporarily Not Physically Qualified (TNPQ) status (as applicable).

(4) Coordinate with MARFORRES IPAC to assist IMA members with administrative matters and travel claim settlements as necessary.

(5) Be prepared to assist with legal support coordination for reserve specific topics. Prepare UPB, conduct NJP's and utilize the Request Mast directive set by Commander. Liaison between IMA unit and H&S Bn for results of proceedings. Marine Forces Reserve Judge Advocate Division or Quantico Legal Services Support Section may provide legal support/advice to reserve component Marines.

b. Provide IMA advocacy for the H&S Bn IMA program.

(1) Track IMA members' training and medical readiness. Conduct annual/semi-annual training for IMA Marines.

(2) Ensure the RIS Limited Duty Coordinator (LDC) tracks all IMA members who are in a Temporarily Not Physically Qualified (TNPQ), Not Physically Qualified (NPQ), Line of Duty (LOD), or Medical Hold (MEDHOLD) status.

(3) Maintain a copy of all OpSponsor assignment letters.

(4) Represent Henderson Hall IMA OpGroup at IMA working groups, budget meetings, and all other reserve related actions at HQMC-level.

(5) Collect and maintain data on the IMA program and submit reports to DC, M&RA as necessary.

c. Manage fiscal oversight of IMA OpGroup.

(1) Work with applicable OpSponsors and Comptroller/G-8 to manage and/or act as a conduit for fiscal and manning resource requirements within the Operational Group.

(2) Assist with program budget execution for Annual Training (AT) & Inactive Duty Training (IDT).

d. Assist IMA OpSponsors as necessary in their duties.

(1) Ensure all IDTs are scheduled, approved, mustered, certified, and exported in Drill Management Module (DMM). BPT schedule, approve, muster, and certify drills for IMA Members when extenuating circumstances prevent OpSponsors from doing so.

(2) Assist as necessary with writing and issuing Active Duty for Operational Support (ADOS), Off-Site IDT, and AT orders via Marine Reserve Order Writing Service (MROWS) and Defense Travel System (DTS). Cancel/modify orders as necessary.

(3) Input exception requests for Billet Identification Code (BIC) grade or MOS waivers from OpSponsors and IMA Program Office in Inventory and Development Management System (IDMS) as necessary.

(4) Ensure identified IMA BIC vacancies are being properly advertised and filled by OpSponsors.

(5) Endorse requests for transfer to IRR and forward to MARFORRES IPAC. Assist OpSponsors in drafting and issuing involuntary transfer to IRR letters as required.

(6) Receive and forward to IMA Program Office or Gaining Command as appropriate all IUT requests from OpSponsors and IMA Marines.

(7) Assist OpSponsors with Administrative Separation Packages as required. Serve as liaison to facilitate package transfer between OpSponsor and H&S Bn CO.

2001. BATALLION STAFF SECTIONS

a. S-1

(1) Provide administrative support to RIS and OpSponsors for IMA Marines' legal issues.

(2) Screen and release all correspondence from RIS in regards to the H&S Bn's IMA Program.

b. S-3

(1) Maintain a cadre of trained instructors to support large-scale IMA training events.

(2) Ensure H&S Bn Corpsman coordinates with RIS to plan large-scale medical/dental stand-downs and updates Medical Readiness Records System (MRRS) as appropriate.

2002. OPERATIONAL SPONSORS (OPSPONSORS)

1. OpSponsors must be appointed by the appropriate DC/Division/Organization/Branch and designated in writing (see Encl 2A for appointment letter template). Per Ref (a), OpSponsors must be Active Component (AC), Active Reserve (AR), or a federal employee (GS-9 or higher) who is available on a daily basis and familiar with the duty requirements of the IMA Program billets assigned to that command/organization. They will serve as primary points of contact within the branches for all IMA/Reserve matters. Other IMAs, reservists on ADOS, and contractors may NOT serve as OpSponsors. Appointment letters with the appointee's signed endorsement of acceptance will be submitted to CMC (RAM-3) via the RIS. RIS will also maintain current copies of all OpSponsor appointment letters.

2. OpSponsors will be the primary DMM administrator for their respective IMA Marines. OpSponsors may also designate other AC or reserve personnel to assist with IMA administration. The following documents are required to be submitted to RIS in order to request permissions in DMM for the following:

- a. OpSponsor: Appointment Letter and Form DD-577 (Encl 2A and 2B)
- b. Mustering and Proxy Officials: Form DD-577 and Permission Request Letter (Encl 2B and 2C)
- c. Certifying Official: Form DD-577 and Permission Request Letter (Encl 2B and 2C)
- d. Per Ref (q), IMA Reservists requesting DMM permissions will be limited to Proxy, Drill Approver, and Drill Reviewer. IMA Reservists are not authorized Muster Official, Approver, or DM Manager permissions as these are the role of the unit OpSponsor and OpGroup.

3. Each set of permissions is restricted by rank as detailed in MARADMIN 311/11 (Drill Management Module (DMM) Interim Guidance) dated 26 May 2011. Any request for permissions outside of this guidance requires a Reserve Affairs waiver letter. This letter, once approved, must be uploaded to DMM.

4. Tasks

- a. Responsible for the BIC management, scheduling, coordination, and reporting of all IDTs (aka drills) and Additional Paid Drills (APDs), as well as the coordination of mandatory AT and ADOS events for IMA personnel.

- b. Determine mission requirements and required staffing of authorized BICs. Facilitate the filling of funded IMA BICs.

- (1) Coordinate with RIS to advertise current and projected billet vacancies based on annual Authorized Manning and current On-Hand Staffing of IMA billets in IDMS three to six months prior to the end of the current billet holder's tour. Advertised BICs will be, at a minimum, equal to 100% of Authorized Manning minus current On-Hand Staffing.

- (2) Review RQS and resume (if submitted) of all potential IMA candidates.

- (3) Schedule interviews of qualified Reserve Marines. Such interviews will be conducted at no expense to the government and candidates will not be granted drill points or pay for interviews. Interviews may be conducted via telephone and virtual mediums.

- (4) Inform RIS of acceptance or rejection of potential IMA applicants within 10 days from receipt of RQS.

- (5) Send administrative/check-in forms to selected and newly assigned IMAs.

c. Facilitate check-in and check-out of IMA members for your respective organization.

d. Drill Management Module (DMM)

(1) Obtain and maintain a DMM account.

(2) Coordinate with IMA Marines to schedule IDTs/APDs in DMM. Approve scheduled IDTs/APDs and delete IDTs as required and applicable.

(3) Muster IMA Marines in DMM following the successful completion of scheduled IDTs/APDs within 48 hours. If DMM is unavailable for excusable reasons, utilize a physical muster sheet and maintain a copy of all muster sheets for at least one year.

(4) Marines approved for eligible telework should create and maintain a telework timesheet detailing work completed and time logged. Timesheets should be uploaded as an attachment to drills in DMM or sent to their OpSponsor to maintain a copy on record for at least one year.

e. Coordinate with RIS for dates, information, cancellation, or modification of AT orders as necessary.

f. Screen and approve volunteers for deployments and ADOS opportunities. Coordinate ADOS requests and assignment of reserve Marines to funded reserve billets in accordance with the references.

g. Coordinate with RIS to facilitate the ability of IMA members to accept ADOS orders funded by units external to H&S Bn.

h. Coordinate with RIS on IUTs requests.

i. Coordinate with RIS on requests for transfer to the IRR.

j. Assist with the conduct and tracking of training events such as PFT, CFT, and annual training classes as required.

k. Assist with the conduct and completion of professional evaluation of IMA members; identify reporting seniors and reviewing officers and ensure the completion of fitness reports.

l. Assist with the coordination of all security clearance requirements as required by billet.

2003. IMA MEMBERS

1. The performance and responsibilities of IMA Marines are distinct to their respective billets and commands they support. Each IMA Marine performs their duties as directed by the owning unit. Although the member is part of an AC Command, the individual participation dynamic necessitates IMA Marines take more responsibility for many activities and functions Active and SMCR units have dedicated support structures in place to facilitate. IMA Members must complete tasks associated with individual training and medical readiness in addition to executing the required billet duty assignments.

2. The following are general responsibilities and expectations required of IMA Marines. Further responsibilities will be detailed in Chapter 3 of this SOP.

3. Tasks

a. Complete all administrative requirements required for check-in and check-out procedures as directed in Chapter 3 & 4 of this publication.

b. Coordinate with owning unit OpSponsor for periods of IDTs and annual training. IMA Marines should make every effort to comply and become familiar with how the OpSponsor communicates and tracks their IMA participation. OpSponsors are the most important POC IMA Marines have in the IMA Program.

c. Schedule and execute approved IDTs and AT/ADOS orders as written. Sign and return copies of AT or ADOS orders to the OpSponsor. Coordinate requests for deletion and/or modification of orders and drills with OpSponsor.

d. Initiate travel orders and claims via DTS in a timely manner. Allow OpSponsor to review prior to submission.

e. Initiate and assist with the coordination of IUT or transfer to IRR requests for OpSponsor endorsement and RIS administration.

f. Complete all required annual classes and training events. Confirm courses are recorded via Marine Online Basic Training Record. Contact RIS for any discrepancies.

g. Establish reporting chain of command of joined unit. Submit MRO worksheets to identified reporting senior when required.

h. Fulfill all security clearance requirements as required by IMA billet in accordance with T/O. Member should alert OpSponsor and Security Manager to any updates concerning their clearance, to include upcoming expiration dates.

i. Complete career retention counseling as required by the Battalion Career Planner (see Chapter 14 of this SOP for further guidance).

j. Maintain medical readiness per Chapter 10 of this SOP. Inform OpSponsor and RIS LDC of any TNPQ, NPQ, LOD or MEDHOLD status.

k. IMA members will ensure they have active accounts and can access required administrative systems per Chapters 5-7 of this SOP. It is the responsibility of the IMA member to ensure they obtain or have access to a CAC reader in order to log onto certain systems/websites.

l. Submit EPARS in a timely manner as necessary to facilitate administrative updates and actions. Monitoring EPARS is the responsibility of the IMA Member. Notifications are not generated when an EPAR is returned for the member's action, therefore members must monitor their EPAR status to ensure completion and close out.

4. A minimum of 50 career retirement credit points must be earned within each IMA member's anniversary year IOT achieve a satisfactory year towards retirement. One point is achieved for each drill period and one point for each day of active duty (AT or ADOS). Given the flexibility of establishing annual drill schedules, IMA Marines should ensure their drills are factored around their anniversary date (reference Career Retirement Credit Report in MOL) in order to achieve a satisfactory year towards reserve retirement.

5. Lack of Participation Consequences

a. IMA Members who do not meet or are unable to meet the minimum participation requirements per Ref (a) will be evaluated to determine if they are adequately supporting the operational unit's mission.

b. Members who are identified as not having met minimum participation requirements will be recommended for involuntarily transfer to the IRR. Any IMA who is transferred for failure to complete a PFT or CFT will additionally receive an Adverse Fitness Report.

c. IMA Members who are unable to support their assigned unit or meet minimum IMA Program requirements due to other personal reasons (family, health, or civilian employment) should request transfer to the IRR or a more suitable reserve unit.



UNITED STATES MARINE CORPS
CHARLIE COMPANY
HEADQUARTERS AND SERVICE BATTALION
HEADQUARTERS MARINE CORPS, HENDERSON HALL
ARLINGTON, VA 22214-5000

IN REPLY REFER TO
SSIC
OFFICE
MMDDYY

From: DC/Division/Organization/Branch Title
To: Rank FNAME MI. LNAME EDIPI/MOS USMC OR USMCR
Subj: ASSINGMENT AS INDIVIDUAL MOBILIZATION AUGMENTEE (IMA)
PROGRAM OPERATIONAL SPONSOR

Ref: (a) MCO 1001.62B
(b) MCO P1001R.1L

1. Per the references, you are assigned as the OpSponsor for the Command's IMA Program Marines. For administrative identification purpose, the Marine Corps Total Force System (MCTFS) designated Monitored Command Code for all IMA Marines at this command is H&S Battalion Henderson Hall (011).
2. You will read, familiarize yourself with, and perform all duties required by the references.
3. This appointment will terminate upon your transfer from this command, unless sooner superseded or revoked.

FI. MI. LNAME

FIRST ENDORSMENT

MM DD YY

From: Rank FNAME MI. LNAME EDIPI/MOS USMC OR USMCR
To: DC/Division/Organization/Branch Title

1. I have assumed the duties and responsibilities of this assignment.
2. I have read and will comply with the requirements of the references listed above pertaining to this billet.
3. My contact information is commercial telephone number (XXX) XXX-XXXX and email address XXXXXXXXXX@XXXX.XXX

FI. MI. LNAME

Copy to:
CMC (RA)
Henderson Hall (G-1)

ENCLOSURE (2A)

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE*(Read Privacy Act Statement and Instructions before completing form.)***PRIVACY ACT STATEMENT****AUTHORITY:** E.O. 9397, 31 U.S.C. Sections 3325, 3528, DoDFMR, 7000.14-R, Vol. 5.**PRINCIPAL PURPOSE(S):** To maintain a record of appointment and termination of appointment of persons to any of the positions listed in Item 6, and to identify the duties associated with this appointment.SORN T1300 (<http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570154/1300/>)**ROUTINE USE(S):** The information on this form may be disclosed as generally permitted under 5 U.S.C Section 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the Federal Reserve Banks to verify authority of the appointed individuals to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published at: <http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>.**DISCLOSURE** Voluntary; however, failure to provide the requested information may preclude appointments.**SECTION I - APPOINTEE**

1. NAME <i>(First, Middle Initial, Last and Rank or Grade)</i>	2. DoD ID NUMBER	3. TITLE
4. DOD COMPONENT/ORGANIZATION		5. ADDRESS <i>(Include ZIP Code, email address, and telephone number with area code and DSN)</i>

6. POSITION TO WHICH APPOINTED *(X appropriate box - one only. Checking more than one invalidates the appointment.)*

<input type="checkbox"/> DISBURSING OFFICER: DSSN _____	<input type="checkbox"/> CASHIER	<input type="checkbox"/> CHANGE FUND CUSTODIAN
<input type="checkbox"/> DEPUTY DISBURSING OFFICER: DSSN _____	<input type="checkbox"/> PAYING AGENT	<input type="checkbox"/> IMPREST FUND CASHIER
<input checked="" type="checkbox"/> CERTIFYING OFFICER	<input type="checkbox"/> COLLECTIONS AGENT	<input type="checkbox"/> SAFEKEEPING CUSTODIAN
<input type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL	<input type="checkbox"/> DISBURSING AGENT	<input type="checkbox"/> ASSISTANT SAFEKEEPING CUSTODIAN

7. YOU ARE APPOINTED TO SERVE IN THE POSITION IDENTIFIED IN ITEM 6. YOUR RESPONSIBILITIES INCLUDE:**8. REVIEW AND ADHERE TO THE FOLLOWING PUBLICATION(S) NEEDED TO ADEQUATELY PERFORM YOUR ASSIGNED DUTIES:****SECTION II - APPOINTING AUTHORITY**

9. NAME <i>(First, Middle Initial, Last)</i>	10. TITLE	11. DOD COMPONENT/ORGANIZATION
12. DATE <i>(YYYYMMDD)</i>	13. SIGNATURE	

SECTION III - APPOINTEE ACKNOWLEDGEMENT

I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds or payment certification, as appropriate, under my control. I have been counseled on my pecuniary liability applicable to this appointment and have been given written operating instructions. I certify that my official signature is shown in item 16 below.

14. PRINTED NAME <i>(First, Middle Initial, Last)</i>	15. DATE <i>(YYYYMMDD) (Not earlier than date in Item 12 or 13)</i>
16.a. DIGITAL SIGNATURE	16.b. MANUAL SIGNATURE

SECTION IV - APPOINTMENT TERMINATION

The appointment of the individual named above is hereby revoked.	17. DATE <i>(YYYYMMDD)</i>	18. APPOINTEE INITIALS
19. NAME OF APPOINTING AUTHORITY	20. TITLE	21. APPOINTING AUTHORITY SIGNATURE

**INSTRUCTIONS FOR COMPLETING
APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE**

Use this form to:

1. Appoint disbursing officers and their agents, e.g., deputy disbursing officers, disbursing agents, paying agents, cashiers, imprest fund cashiers, change fund custodians, and collection agents.
2. Appoint certifying officers. Certifying officers are those individuals, military or civilian, designated to attest to the correctness of statements, facts, accounts, and amounts appearing on a voucher for payment.
3. Appoint departmental officials. Departmental officials are those individuals, military or civilian, who are designated in writing and are not otherwise accountable under applicable law, who provide source information, data or service on which a certifying officer relies when certifying vouchers as correct and proper for payment.
4. Appoint safekeeping custodians or assistants. Appointees to these positions are not subject to pecuniary liability.
5. Governing guidance is in the Department of Defense Financial Management Regulation, Volume 5 (Disbursing Policy).

SECTION I.

1. Enter the Appointee's name and rank or grade.
2. Enter the Appointee's 10-digit DoD Identification Number.
3. Enter the Appointee's title.
4. - 5. Enter the name, complete address (to include e-mail address), and telephone number (include DSN when available) of the DoD Component or activity to which appointed.
6. Mark X in the appropriate box to indicate the duty the appointee will perform (select only one). If appointing a disbursing officer or deputy disbursing officer, enter the appropriate DSSN in the space provided.
7. The appointing authority identifies the types of payments affected, but need only be specific as he or she considers necessary, and may include any other pertinent, applicable information (e.g., system involved).
8. List all publications the Appointee must review and follow in order to adequately fulfill the requirements of the appointment.

SECTION II.

9. - 12. Enter the appointing authority's name, title, DoD Component/Organization location, and date signed.
13. The appointing authority must enter his or her manual or digital signature. If signature is digital, completing item 12 is not required since the digital signature includes the date; enter only after completion of items 1 through 11, as this signature will "lock" those items.

SECTION III.

14. - 16. The appointee enters his or her name and digital (16a) or manual (16b) signature, or both, depending on type(s) of signature(s) to be employed, in the appropriate spaces. If the signature is manual (16b), complete item 15, but if the signature is ONLY digital (16a), completing item 15 is not required since the digital signature includes the date. If the appointee enters both manual and digital signatures, the dates in items 15 and 16a must match. The date in item 15 (or 16a if signed digitally) cannot be earlier than the date in item 12 or 13. The appointment is effective on the date of acceptance by the appointee, and is not in force without his or her acknowledgement.

SECTION IV.

Completing this section terminates the original appointment. If partial authority is to be retained, complete a new DD Form 577.

17. Enter the date the termination is effective. Completion of this item is not required if item 21 is signed digitally, since the electronic signature includes the date.
18. The appointee initials in the space provided acknowledging revocation of the appointment.
19. - 21. The appointing authority enters his or her name, title and signature (which may be digital) in the spaces provided.



DRILL MANAGER PERMISSION REQUEST

Rank

Date

*MCC

EDIPI

Last, First, MI

Billet

****Please select you requested permission**

Provide justification below

- APD Manager
- Approver
- Drill Approver
- Career Planner
- DM Manager
- Diary Exported
- MCMEDS Case Administrator
- MCMEDS Case Reviewer
- Muster Manager
- Muster Official
- Proxy
- Reviewer
- Schedule Creator

*Input all requested MCC

**Familiarize yourself with the Henderson Hall IMA SOP and the Drill Manager User Manual

ENCLOSURE (2C)



UNITED STATES MARINE CORPS
CHARLIE COMPANY
HEADQUARTERS AND SERVICE BATTALION
HEADQUARTERS MARINE CORPS, HENDERSON HALL
ARLINGTON, VA 22214-5000

H&S Battalion Headquarters Marine Corps Henderson Hall
Individual Mobilization Augmentee (IMA) Statement of Understanding (SOU)

Participation in the H&S BN HQMC HH IMA program is an individual and voluntary action pursuant to Marine Corps Order 1001.62B; however, this SOU outlines specific participation standards. Failure to adhere to these standards may result in administrative action to include informal and formal counseling's, adverse administrative action, or involuntary removal from the H&S BN HQMC HH IMA program.

____ Submit all request for orders and/or travel at least 15 days prior to execution. Under no circumstance will an IMA Marine travel without an authenticated set of orders and certified DTS authorization.

____ Complete a 12-day annual training period per fiscal year. Extended or reduced annual training periods will be considered on a case-by-case basis.

____ Submit all travel claims within 5 business days of completion. Failure to do so may result in government travel charge card delinquency or even denial of payment.

____ Pay all government travel charge card balances by due date.

____ Maintain access to at least Defense Travel System, Marine Online, MarineNet, and Drill Manager Module.

____ Update Civilian Employment Information and certify your Career Retirement Credit Report in MOL annually. Additionally, maintain correct physical and mailing addresses in MOL and the Marine Corps Total Force System.

____ Complete the physical fitness test by 30 June, the combat fitness test by 31 December, an annual height/weight certification, and all other Marine Corps assigned annual training per fiscal or calendar year.

____ Maintain individual medical and dental readiness through civilian or military providers. Medical and dental readiness includes, but is not limited to dental screening, periodic health assessment, audiogram, human immunodeficiency virus draw, flu vaccine, and various other vaccinations.

____ Request and schedule all drills in Drill Management Module (DMM) prior to execution. Drills must be approved in DMM prior to drill and/or travel to drill.

IMA Marine Date

OpSponsor/OIC/RS Date

ENCLOSURE (2D)

CHAPTER 3

HENDERSON HALL IMA OPGROUP TOUR

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CHAPTER 3

HENDERSON HALL IMA OPGROUP TOUR

3000. GENERAL

1. IMA Marines must remember that serving in an IMA billet is a privilege. Satisfactory participation and successful completion of all training requirements, as spelled out in the references and this SOP, are required to remain in the billet.

2. Per Ref (a), the standard IMA tour length is three years or 36 months from the IUT/join effective date. Any requests for extension in an IMA billet will be guided by paragraph 3006 of this chapter.

3. Per Ref (a), and MARADMIN 214/19, Company Grade Combat Arms officers (MOS 0302, 0802, 1302, 1802 and 1803) will be limited to serve no more than two cumulative years in the IMA Program or Provisional IMA Program (PIP) until such time as they are promoted to the rank of Major.

4. Company grade officers are limited to serve no more than 24 consecutive months in any combination of the IMA Program or PIP.

5. Assignments into the current BIC structure require a grade and MOS match.

a. A grade match is defined as one grade above, a grade equal to, or one grade below the required billet grade per the T/O, except for Colonels and Sergeants Major/First Sergeants.

b. Each O-6 Command BIC requires the assignment of an O-6 only. O-5s may fill O-6 BICs which are not identified as Command BICs.

c. Sergeants Major/First Sergeants will only serve in approved 8999 BICs. CMC (RA) will assign all Sergeants Major/First Sergeants.

d. Restricted officers will not normally be authorized an assignment to unrestricted officer BICs.

e. Any grade or MOS mismatch will require the OpSponsor to submit a waiver request with justification to the RIS which will then be forwarded to the IMA Program Manager for approval. IMA members are not a guaranteed fill, despite previous assignments.

f. Once an IMA Marine is promoted and becomes a grade mismatch as a result of the promotion, OpSponsors will coordinate with RIS to move

the IMA to a BIC within the current unit which constitutes a grade match. BIC reassignment within the same Monitored Command Code (MCC) does not constitute an IMA tour reset. If there are no BICs available, the IMA Marine will have 90 days to transfer to another unit before they are involuntarily transferred to the IRR.

5. IMAs who reach the end of their tour and have not been authorized a tour extension or who do not have an approved IUT in IDMS will be transferred to the IRR.

6. IMAs who have reached the end of their tour (to include those twice extended to a maximum of five years) in an H&S Bn IMA unit, but are currently serving on active duty in an activated status will have their tour administratively extended to 90 days beyond the end of their release from active service to facilitate transfer to a different unit (IMA or SMCR) before being transferred to the IRR.

a. No waiver is required for this administrative extension unless the IMA desires to extend past 90 days. Extension requests with justification must be submitted to RA NLT 15 days prior to the expiration of the administrative extension.

b. For those IMAs already at five years who are administratively extended for active service in an activated status, waivers for additional extensions will not be entertained.

3001. CHECK-IN/CHECK-OUT

1. It is in the best interest of the unit and the individual Marine that some administrative matters be discussed and prepped prior to the member's first IDT to facilitate timelines and efficiency. Due to the time requirements associated with checking in and gaining access to and within the Pentagon or other organizational buildings, it is recommended the IMA member fill out and submit informational and access forms as soon as possible after being joined to allow the necessary administrative work to be conducted.

a. OpSponsors will provide the incoming IMA member with the appropriate check-in paperwork/forms specific for the unit or direct the IMA to their respective organization's administrative personnel. Important items which will need to be initiated include items such as requests for Pentagon security pass access, swipe access to their branch/division's office spaces, NIPR email, SIPR access (if required), security clearance verification, etc.

b. It is strongly recommended IMAs complete the MarineNet Annual Training Course for Cyber Awareness and Personal Identifiable

Information (PII) to eliminate a delay with the check-in process. IMAs should send copies to their OpSponsors and ensure they have hard copies on their person when reporting for their first day of drill.

c. Once joined to an H&S Bn IMA unit, it is the individual Marine's responsibility to ensure at least two consecutive IDT periods are scheduled as soon as possible in order to facilitate the check-in process.

3002. AUDITS

1. The IMA's assigned unit administrative support will conduct audits with new IMA members checking-in to the unit. Once audits are completed, the IMA member or the unit's administrative clerk will submit documents via Electronic Personnel Administrative Request (EPAR) for Unit Diary action by Marine Forces Reserve (MFR) Instillation Personnel Administration Center (IPAC). Audits will also be administered for the following occasions:

- a. Upon joining/rejoining a command.
- b. Prior to and/or following a period of mobilization/ADOS orders.
- c. Whenever there is a change in marital or dependency status.
- d. During designated IMA quarterly training or stand-down events as detailed in Paragraph 3005 of this chapter.
- e. Triannual - every three years if none of the above have occurred.

2. Electronic Personnel Administrative Request (EPAR). EPARS are the ONLY vehicle for the processing of all administrative actions. The RIS will review and process EPARS for the IMA Marines who fall under RUCs 88600, 88614, 88654, 88656, 88666, 88669, 88670, 88678, 88681, 88685, and 88732. Reserve Marines on active duty orders for more than 30 days will fall under the Active Duty RUC hierarchy assigned and EPARS will be processed by the servicing IPAC.

a. IMA-generated EPARS will route to the RIS for review and will then be forwarded to MFR IPAC. All submitted EPARS will be addressed within 3-5 business days. If no action has been taken within this timeframe, the IMA Marine should contact their OpSponsor for assistance and follow-up.

b. The process of an EPAR is as follows:

- (1) IMA Marine/OpSponsor will create EPAR via MOL portal.

(2) RIS Administrative clerk will review/work EPAR.

(3) If correct, RIS will forward EPAR to MFR IPAC. If a discrepancy is identified, RIS will return the EPAR to the IMA Marine.

(4) Once received, MFR IPAC will work assigned EPARs for appropriate Unit Diary transaction.

(5) MFR IPAC reports EPAR via Unit Diary (UD/MIPS) to update the IMA Marine's record.

c. It is incumbent on IMA Marines to monitor and follow up on submitted EPARs to ensure they are completed or corrected in a timely manner if returned.

3003. REGULAR DRILL PERIODS

1. During IDT (or any duty period) for purposes of accountability, the IMA Marine will check in with their owning unit's OpSponsor/Muster Official at the start and end of every day. Reporting to or checking in with RIS is not required.

2. Further guidance pertaining to processes and requirements for IDT periods will be guided by Chapter 5 of this SOP.

3004. SYSTEMS AND ADMINISTRATIVE TOOLS

1. IMA Marines should ensure they have active accounts and familiarize themselves with the following systems and administrative tools (see Appendix A for websites and references):

a. Drill Management Module (DMM)

(1) Request drills

(2) View drill history, approval status, number of drills remaining, etc

b. Marine OnLine (MOL)

(1) Annual Retirement Credit Report (ARCR)

(2) Career Retirement Credit Report (CRCR)

(3) Anniversary Date and Satisfactory Year Requirements

(4) Electronic Personnel Administrative Request (EPAR)

- (5) Individual Medical Record
- (6) Record of Emergency Data (RED)
- (7) Reserve Drill Summary
- (8) Civilian Employment Information (CEI)
- (9) Official Military Personnel File (OMPF)
- (10) Reserve Component Annual Fitness Report Schedule

(11) Submit Marine Reported on Worksheet (MROW) to reporting chain of command

2. It is the responsibility of an IMA member to ensure they have regular access to a CAC enabled computer, or that they obtain a CAC reader at their own expense to permit access to required administrative systems.

3005. IMA ANNUAL TRAINING

1. Henderson Hall will host quarterly Annual Training events throughout the year in order to provide opportunities for IMA Marines to complete annual training requirements.

2. Required courses include two categories: Instructor-led and Leader-led.

a. Instructor-Led: Instructor-led classes require a trained and certified instructor. Training rosters must be signed by the certified instructor. Courses include: PFT, CFT, annual HT/WT, Sexual Assault Prevention Response (SAPR—Calendar Year requirement and grade-specific) and Prohibited Activities and Conduct. Training rosters require the signature of the certified instructor.

b. Leader-Led: Leader-led classes can be taught by any senior NCO, SNCO, or Officer, based on the demographics of the audience. Course materials for the Leader-led classes can be found on the TECOM website and with the H&S Battalion S-3. Courses include Unit-based Marine Awareness and Prevention Integrated Training (UMAPIT), Operational Security, Risk Management (every 2 years for reservists), Level 1 Anti-Terrorism, and Records Management. Training rosters require the signature of the individual teaching the class.

3. IMAs are invited to attend scheduled events and attendance is highly encouraged. A Letter of Instruction (LOIs) will be provided to

OpSponsors early to give adequate notice to allow IMAs to plan accordingly with their civilian employers. The Battalion Annual Training Calendar will be distributed to OpSponsors yearly and announcements and updates will be provided via the Charlie Company Monthly Gouge.

4. If IMAs do not attend one of the quarterly training events, they are responsible for completing their annual training requirements to ensure satisfactory participation. Other options are to do a unit IMA training event or to attend training events sponsored by other Marine Corps units. As a reminder, it is the individual IMA's responsibility to submit valid and signed training rosters to RIS in order to verify attendance/completion and to enter the course or event in MCTIMS.

3006. EXTENSIONS

1. In order to facilitate the M&RA intent to allow other Marines an opportunity to join the IMA program, IMAs should expect they will not be able to extend past a three year tour. Extensions may be entertained on a case-by-case basis with justification based on the needs of the Marine Corps.

2. One-year extensions may be requested and will be initiated by an IMA member in a timely manner prior to the end date of the Marine's IMA tour. All extension requests must be submitted to RA NLT 15 days prior to the IMA Marine's end of tour date. No IMA member will be authorized to stay beyond five consecutive years per Ref (a) in the same MCC.

3. IMAs shall submit extension requests to the RIS via their assigned OpSponsor. RIS will submit the request to the IMA Program Manager for approval.

4. Should the extension request be denied, the IMA member will be transferred to the IRR the Monday following their end of tour date.

3007. TOUR RESETS

1. Transferring to another BIC within the same MCC does not qualify for an IMA program tour reset. Reserve Marines must transfer to another IMA unit (i.e. another MCC designator) or SMCR command to reset their tour date. IMA Marines are allowed to transfer to another IMA unit within the same OpGroup to reset their tour dates. Marines may move to a different BIC within their current MCC to facilitate promotions and BIC/grade matches, however, this does not reset the member's tour date.

3008. PARTICIPATION

1. Participation in an H&S Bn IMA Det is unique and distinct from participation in the Active Reserve (AR), Select Marine Corps Reserve (SMCR), Individual Ready Reserve (IRR), or the Active Component (AC). IMAs should expect to drill during weekdays and can potentially be required to drill for extended periods or spend weeks to months on active duty on short notice.

2. Henderson Hall stands firm on hiring and keeping quality Marines who improve the readiness and capabilities of their active duty counterparts. IMA Members who do not meet the minimum participation requirements listed above will be evaluated to determine if they are adequately supporting the operational unit's mission.

3. The completion of a full tour with an IMA unit is neither guaranteed nor required. At any time, at either the IMA Marine's request, the OpSponsor's request, or OpGroup/RUC CO's direction, the IMA Marine may be either transferred to the IRR (voluntarily or involuntarily) or allowed to IUT to another IMA or SMCR unit. Every opportunity will be given to IMA members in good standing and in compliance with program standards to transfer to another IMA or SMCR unit before being involuntarily transferred.

4. Should an IMA become unable to meet the duty commitments required or if a member has been determined not to have met minimum participation requirements per Ref (a), they will be recommended for involuntarily transfer to the IRR or shall request a transfer to another unit.

5. Considerations in determining adequate participation include, but are not limited to:

a. Unsatisfactory engagement, attendance, or contribution to owning unit.

b. Failure to perform all 12 days of Annual Training period.

c. Failure to complete service directed annual training requirements.

d. Loss of or inability to attain the required security clearance (as applicable).

e. Failure to maintain medical/dental readiness.

f. Failure to complete a PFT/CFT. Failure to complete these requirements without an exemption will result in the Marine receiving an adverse fitness report.

6. IMA Members who are unable to meet minimum requirements due to hardships or other personal reasons (family, health, or civilian employment) should bring the matter to the attention of their OpSponsors as soon as possible. RIS will work with OpSponsors and the Marine on a case-by-case basis to determine solutions. If it is determined the IMA cannot regularly meet required obligations with their current unit or the IMA program, it is recommended the IMA Marine request transfer to the IRR or an SMCR command.

7. IMAs who seek a voluntary transfer to another unit or transfer the IRR will be guided by Chapter 4 of this SOP.



Extension Request

Justification

EDIPI

Full Name

PMOS

BMOS

Billet Description

BIC

Grade

Rank

Unit

Join Date

RECC

MSAD From Date

Current MSAT To Date

Requested MSAT Date

ENCLOSURE (34)

CHAPTER 4
JOIN AND UNIT TRANSFER PROCEDURES

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CHAPTER 4

JOIN AND UNIT TRANSFER PROCEDURES

4000. GENERAL

1. Requests to join from an SMCR/IMA unit or transfer to a SMCR/IMA unit or IRR will be initiated by the IMA member. Members will utilize enclosures 4B and 4C, as appropriate, to generate the necessary request and submit via the chain of command. Joins from the IRR must be handled by a Prior Service Recruiter (PSR).

2. An obligor, or Mandatory Participant, is defined as a drilling reservist who has not yet reached their Mandatory Drill Participation Stop Date (MDSO). Obligors are not normally assigned to IMA BICs. However, in cases where an Obligor cannot drill due to SMCR unit availability within a reasonable commuting distance, obligors may complete their mandatory participation period as a drilling IMA if an appropriate billet exists.

a. Obligors are not permitted to transfer to the IRR without approval from the Commander, Marine Forces Reserve.

b. Obligors cannot voluntarily transfer or resign. Once past their MDSO, they become non-obligors.

c. IMAs who are obligors will report their MDSO to their OpSponsor upon joining the unit.

3. Members seeking to join/transfer to an IMA detachment within the Henderson Hall IMA OpGroup shall ensure their Reserve Qualification Summary (RQS) is up to date and accurate. Marines should utilize the most current RQS version available on the M&RA MMPR-1 Promotions webpage (Encl 4A).

4. Resumes highlighting a Marine's experience and skills both in service as well as in the civilian sector are highly encouraged, but not required.

5. Per MARADMIN 491/20 and guidance put forth by RAM, photographs will no longer be considered or accepted when reviewing a Marine's application package.

a. Individuals interested in joining an IMA detachment within the Henderson Hall IMA OpGroup will submit their RQS (or application package via a PSR, if applicable), to RIS for review.

b. RIS will forward valid RQSS to OpSponsors within the OpGroup for review and consideration. OpSponsors with open IMA billets should contact the individual to schedule an interview. Interviews may be conducted in person or over the phone at the discretion of the OpSponsor.

c. OpSponsors will inform RIS of acceptance or rejection within 10 days from receipt of RQS. After 10 days, RIS will notify the individual so they may apply for reserve opportunities outside of the Henderson Hall IMA OpGroup if applicable.

6. When members transfer out of the Henderson Hall IMA OpGroup, any temp loaned items or other property belonging to the U.S. Government must be returned prior to execution of transfer to another unit or to the IRR (this includes seasonal uniform items issued from H&S Bn Supply).

4001. ASSIGNMENT POLICY

1. Restricted Officers. IAW Ref (a), restricted officers are limited to serve no more than 36 consecutive months in any combination of the IMA Program or Provisional IMA Program (PIP). Upon completion of an IMA or PIP tour, restricted officers must serve in a Selected Marine Corps Reserve (SMCR) unit for 36 months before returning to the IMA Program or PIP. This provision does not apply if there are no SMCR requirements for the restricted officer's military occupational specialty.

2. Company Grade Officers. IAW Ref (a), company grade officers are limited to serve no more than 24 consecutive months in any combination of the IMA Program or PIP. Upon completion of an IMA or PIP tour, company grade officers must serve in an SMCR unit for 36 months before returning to the IMA Program or PIP.

3. Aviators. IAW Ref (a), aviators in the rank of captain and major are limited to serve no more than 36 cumulative months in any combination of the IMA program or PIP prior to reaching 16 years of commissioned service. This provision does not apply to aviators in the IMA serving in 75XX billets.

4. Operations and Tactics Instructor Necessary MOS (NMOS). Marines in the rank of gunnery sergeant through master gunnery sergeant eligible to fill 0577 billets are limited to serve no more than 36 consecutive months in any combination of the IMA Program or PIP. Primary MOSs (PMOS) eligible to fill 0577 NMOS billets include: 0321, 0393, 0399, 0848, 1371, 1812, and 1833. Upon completion of an IMA or PIP tour, Marines eligible to fill a 0577 billet must serve in an SMCR unit for 36 months before returning to the IMA Program or PIP. This

provision does not apply to Marines serving in an IMA billet as a PMOS match.

5. Waivers. Requests for waivers regarding assignment policies will be closely scrutinized and considered on a case-by-case basis by Director, Reserve Affairs.

4002. JOIN FROM IRR

1. All joins from the IRR must be completed through a PSR.
2. PSRs will submit the Marine's join package to RIS or the unit OpSponsor for consideration. OpSponsors will utilize the interview process directed in paragraph 4000.
3. If approved, the OpSponsor will provide an acceptance signature via endorsement of the join packet. The PSR will submit the packet to MFR IPAC via CSC. MFR IPAC will then join the member via unit diary.

4003. JOIN FROM SMCR

1. Reserve Marines seeking transfer from an SMCR unit to an IMA unit should generate a request for an Inner Unit Transfer (IUT) within Requirements Transition and Manpower Management System (RTAMMS) and submit it to their SMCR chain of command.
2. If recommended, the SMCR Command will endorse the request and forward to the gaining command (RIS).
3. RIS will submit the request to RA for approval.
4. Once approved, the reserve member is responsible for endorsing their approved IUT orders and submitting them to MFR IPAC via EPAR to process the IUT on unit diary.

4004. JOIN FROM IMA

1. A member seeking to transfer from one IMA Det to another IMA Det must generate a request for an IUT in Inventory Development and Management System (IDMS) in RTAMMS and notify their OpSponsor.
2. If approved, the OpSponsor will notify RIS who will endorse and submit to the gaining command.
3. The gaining command will endorse the request and forward to RA for final approval.

4. If approved, the IMA Member will endorse their approved IUT orders and submit to MFR CSC via EPAR for diary transaction.

5. Reserve members and OpSponsors should ensure all administrative actions and requirements are complete prior to the Marine's transfer to another unit (i.e. close out travel claims and unpaid drills in DMM).

4005. TRANSFER TO IRR

1. For a voluntary transfer to the IRR, the member must initiate the transfer by discussing their decision with their OpSponsor.

2. Upon notifying their operational chain of command, the member should then generate an IRR transfer request (Encl 4D) and obtain the OpSponsor's signed endorsement. Members should then submit the request via EPAR and provide the OpSponsor with the tracking number.

3. MFR IPAC will report voluntary transfer to IRR via Unit Diary and will update the Marine's record. Marines can confirm their transfer date via Marine Online Chronological Record.

4. Obligors, as defined by Paragraph 4000, may not voluntarily transfer to the IRR without authorization from Commander, Marine Forces Reserve.

5. For an involuntary transfer to the IRR, the OpSponsor will submit a written request with necessary justification to RIS for endorsement. RIS will confirm documentation and forward to RA for approval.

4006. TRANSFER TO SMCR

1. A member seeking transfer to a SMCR unit will request an IUT via IDMS and notify their OpSponsor for concurrence.

2. The member must submit the request and requisite SMCR check list via IDMS for Gaining Command endorsement. If the IMA member lives outside of 150 miles of the gaining command Home Training Center (HTC), a distance waiver must also be submitted.

3. The SMCR unit will endorse the request and forward to Marine Corps Individual Reserve Support Activity (MCIRSA) for final approval.

4. Upon approval, the member must endorse their approved IUT orders and either submit to MFR via EPAR or submit to SMCR command administration section to process the transfer on unit diary.

5. Reserve members and losing OpSponsors should ensure all administrative actions and requirements are complete prior to the

Marine's transfer to another unit (i.e. close out travel claims and unpaid drills in DMM).

4007. TRANSFER TO IMA. A member seeking a transfer to another IMA Det will be guided by Paragraph 4004 of this SOP.

4008. INTER-SERVICE TRANSFER

1. A member seeking an Inter-Service transfer must complete DD Form 368 Request For Conditional Release, with the other Service's Recruiter. The member must submit the request to RIS via their OpSponsor.

2. RIS will submit the request to MMSR for review and approval.

3. MMSR-5 will endorse the DD Form 368 with authorization or declination.

a. If authorized, the member will obtain a new service enlistment DD Form 4 and will present it to the OpSponsor.

b. The IMA Member will then submit the approved DD368 to MFR IPAC via EPAR. MFR IPAC will process the transaction on unit diary.

4009. PROVISIONAL IMA PROGRAM JOIN

1. The primary purpose of the Provisional IMA Program (PIP) is to assist OpSponsors in meeting wartime manpower requirements with trained and qualified personnel by pre-assignment of IRR Marines to unfunded IMA BICs.

2. PIP personnel are not members of the SMCR, nor are PIP personnel joined as an IMA via unit diary entry. These Marines remain members of the IRR. IRR Marines conduct Associate Duty orders to drill for points, whereas IMA Marines can conduct Appropriate Duty drills for points only.

3. The AC Command OpSponsor, via the RIS, will provide associate duty orders for PIP personnel to approved unfunded IMA BICs only.

4. IMA Marines not extended in a funded IMA BIC are eligible to apply for PIP placement in an unfunded IMA BIC with the same command. Any Associate duty orders for PIP personnel are normally for a period of one (1) year, and PIP personnel are subject to all provisions of AC augmentation.

5. Per MCO 1510R.39B, PIP members may request up to 28 days of ADT on Reserve Counterpart Training (RCT) per FY via their command.

RESERVE QUALIFICATION SUMMARY (RQS)**Privacy Act Statement**

AUTHORITY: 10 U.S.C. 5013; 10 U.S.C. 5041; 10 U.S.C. 1074f; 32 CFR 64.4; DoD Dir 1215.13; DoDI 3001.02; CJCSM 3150.13B; DoDI 6490.03; SECNAVINST 1770.3D; CO 7220.50; E.O 9397 (SSN), as amended; DoDI 1000.30; and [SORN M01040-3](#).

PURPOSE: To collect personal and professional information that will determine qualifications for assignment to a reserve component billet. Information collected will be used to provide boards with an update of military and civilian skills and qualifications which may not be reflected in the Official Military Personnel Files (OMPF). This form can be submitted as part of an individual's package submission to boards, but will not be used to update OMPF information.

ROUTINE USES: The information is used by personnel who are authorized to screen records for consideration for promotion and military assignments. EDIPI is used for purposes of individual identification only.

DISCLOSURE: Voluntary; However, failure to provide the information would preclude up to date information regarding skills and qualifications from being available in official case files, and may hamper chances for future military assignment and promotions. Disclosure of the EDIPI is mandatory.

This form is intended to provide boards with an update of military and civilian skills and qualifications which may not be reflected in your Official Military Personnel Files (OMPF). It may be completed by all officers, staff noncommissioned officers, and sergeants of the Selected Marine Corps Reserve, Individual Ready Reserve, Active Reserve, Mobilization Training Units, and Individual Mobilization Augmentees, when required.

This form can be submitted as part of an individual's package submission to boards, but will not be used to update OMPF information. Marines should conduct a separate audit of their records to ensure that all of their skills and qualifications are accurately reflected in the Marine Corps manpower system. Information on ordering OMPFs and Master Brief Sheets is available at www.manpower.usmc.mil/ManpowerManagement/Support Branch. Additional career information is located on Marine On-Line at <https://www.mol.usmc.mil> and at www.manpower.usmc.mil/ReserveAffairs.

Read the Privacy Act Statement above before completing the RQS. Please type or print clearly when completing a paper copy of the form. If you require additional space to complete an item, continue on a separate piece of paper, identifying the item being continued. Upon completion, submit to the appropriate Headquarters element as required. This form is also available electronically with expandable data fields at <https://www.mol.usmc.mil/RDOL>.

RESERVE QUALIFICATION SUMMARY (RQS)

1. NAME (Last, First, MI)		2. EDIPI	3. AGE	4. CURRENT RANK	5. DOR									
6. PMOS	7. AMOS	8. AMOS2	9. CURRENT MILITARY DUTY (Billet/Unit)											
10. PRIMARY RESIDENCE (City, State, Zip)			11. PHONE		12. EMAIL									
13. LANGUAGES (Spoken/Written/Reading Skills)	14. HEIGHT (in)	15. WEIGHT (lbs)	16. BODY FAT (%)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align:center">a. Score</td> <td style="text-align:center">b. Date</td> </tr> <tr> <td>17. PFT</td> <td></td> <td></td> </tr> <tr> <td>18. CFT</td> <td></td> <td></td> </tr> </table>			a. Score	b. Date	17. PFT			18. CFT		
	a. Score	b. Date												
17. PFT														
18. CFT														
19. CURRENT CIVILIAN OCCUPATION (Job/Description of Duties)														
20. CIVILIAN EDUCATION (School/Date Completed)														
21. MILITARY EDUCATION (School/Date Completed)														
22. MILITARY CAREER EXPERIENCE SUMMARY (Period, Billet, Unit, Active/Reserve)														
23. DECORATIONS (Award/Date Received)														
24. REMARKS (Include Community Activities, Civilian Skills beneficial to military service, etc.)														
Signature Field				26. Date										

INSTRUCTIONS FOR COMPLETING NAVMC 10476 FORM

- | | |
|--|--|
| <p>1. NAME. Type service member's last name, first name and middle initial.</p> <p>2. EDIPI. Enter service member's EDIPI, which is located on the back of the Military ID (CAC) card.</p> <p>3. AGE. Enter the service member's current age.</p> <p>4. CURRENT RANK. Enter service member's current rank.</p> <p>5. DOR. Enter service member's date of rank.</p> <p>6. PMOS. Enter service member's primary military occupational specialty (PMOS).</p> <p>7. AMOS. Enter service member's additional military occupational specialty (AMOS).</p> <p>8. AMOS2. Enter service member's additional military occupational specialty (AMOS).</p> <p>9. CURRENT MILITARY DUTY. Enter service member's billet, unit and component organization (ex: Policy Analyst/Reserve Affairs, M&RA).</p> <p>10. PRIMARY RESIDENCE. Enter service member's home address (city, state, zip).</p> <p>11. PHONE. Enter service member's home, cell and work phone numbers.</p> <p>12. E-MAIL. Enter service member's personal or work e-mail address.</p> <p>13. LANGUAGE. Enter service member's foreign language spoken / written/ reading ability.</p> <p>14. HEIGHT. Enter service member's height that corresponds with the most current PFT or CFT (box 17 or 18).</p> <p>15. WEIGHT. Enter service member's weight that corresponds with the most current PFT or CFT (box 17 or 18).</p> <p>16. BODY FAT. Enter service member's current body fat (if applicable).</p> <p>17. PFT. Enter service member's most current PFT date and PFT score. These scores can be found on Marine-On-Line.</p> <p>18. CFT. Enter service member's most current CFT date and CFT Score. These scores can be found on Marine-On-Line.</p> <p>19. CURRENT CIVILIAN OCCUPATION. Enter service member's current civilian occupation, job title and description of duties.</p> <p>20. CIVILIAN EDUCATION. Enter service member's current and/or concurrent education level and vocational or special skill licensing or certification. Include the educational institution and the date diploma or certification was completed.</p> <p>21. MILITARY EDUCATION. Enter service member's military schools attended. Include completion date.</p> <p>22. MILITARY CAREER EXPERIENCE SUMMARY. Enter service member's career experience summary. Include the billet(s) held, the unit and whether the billet was in the active or reserve component. Include the dates served in those billets.</p> <p>23. DECORATIONS. Enter service member's award(s) to include personal award(s), campaign medal(s), unit award(s), etc. Include the date the award was received.</p> <p>24. REMARKS. Enter any miscellaneous information that pertains to the duties and responsibilities of current or future military billets. This can include, but is not limited to, community activities, civilian skills beneficial to the military, hobbies, philanthropy, sports, etc.</p> | <p>25. SIGNATURE. Type in the service member's signature.</p> <p>26. DATE COMPLETED. Enter the date the RQS was completed.</p> |
|--|--|



Henderson Hall IUT Request

Rank

Date

Name

EDIPI

BIC

Future Command
Information

Current Command
Information

Full Unit Name

BIC

RUC

MCC

Full Unit Name

RUC

MCC

SMCR IMA

SMCR ONLY

Distance Waiver

Yes No N/A

IUT Checklist

Yes No

Member Signature

OpSponsor/OIC/RIS Signature

ENCLOSURE (4B)



UNITED STATES MARINE CORPS
CHARLIE COMPANY
HEADQUARTERS AND SERVICE BATTALION
HEADQUARTERS MARINE CORPS, HENDERSON HALL
ARLINGTON, VA 22214-5000

IN REPLY REFER TO:
1000
C CO
DD MMM YY

From: Rank FNAME MI. LNAME EDIPI/MOS USMCR
To: Director, Marine Forces Reserve, Instillation Personnel
Administration Center

Subj: REQUEST FOR TRANSFER TO THE INDIVIDUAL READY RESERVE

Ref: (a) MCO 1001R.1J

1. I am requesting to transfer from FULL UNIT NAME to the Individual Ready Reserve effective DD MMM YYYY.
2. I can be reached at EMAIL or NUMBER if there are any further questions.

FI. MI. LNAME

FIRST ENDORSEMENT

From: OPSPONSOR/OIC/OP PROGRAM MANAGER
To: Director, Marine Forces Reserve, Instillation Personnel
Administration Center

Subj: REQUEST FOR TRANSFER TO THE INDIVIDUAL READY RESERVE

1. This request is APPROVED/DISAAPPROVED, effective DD MMM YYYY
2. Point of contact regarding this matter is RANK FNAME MI. LNAME at EMAIL or NUMBER.

FI. MI. LNAME

ENCLOSURE (4C)



UNITED STATES MARINE CORPS
CHARLIE COMPANY
HEADQUARTERS AND SERVICE BATTALION
HEADQUARTERS MARINE CORPS, HENDERSON HALL
ARLINGTON, VA 22214-5000

IN REPLY REFER TO:
1000
C CO
DD MMM YY

From: Rank FNAME MI. LNAME EDIPI/MOS USMCR
To: Director, Reserve Affairs

Subj: INVOLUNTARY TRANSFER TO THE INDIVIDUAL READY RESERVE ICO
RANK FNAME MI. LNAME EDIPI/MOS USMCR

Ref: (a) MCO 1001.61B
(b) MCO 1001R.11 w CH 1

1. Per the references, UNIT Operational Sponsor requests RANK NAME MI. LNAME EDIPI, be involuntarily transferred to the individual ready reserve due to REASON
2. PROVIDE SUPPORTING REASONS WHY MEMBERS NEEDS TO BE TRANSFERRED
3. The point of contact for this matter is BILLET RANK FULL NAME, at EMAIL or NUMBER.

FI. MI. LNAME

FIRST ENDORSEMENT

From: Individual Mobilization Augmentee Operational Group Program
Manager Headquarters and Service
Battalion, Headquarters Marine Corps, Henderson Hall
To: Director, Reserve Affairs

Subj: INVOLUNTARY TRANSFER TO THE INDIVIDUAL READY RESERVE ICO
RANK FNAME MI. LNAME EDIPI/MOS USMCR

1. Forwarded, recommending approval.
2. Point of contact regarding this matter is Captain Bryson M. Hall at Bryson.Hall@usmc.mil or 703-693-5360.

B. M. HALL

ENCLOSURE (40)



ADMINISTRATIVE ACTION (5216)
NAVMC 10274 (REV. 3-93) (EF)
Previous editions will be used

1. ACTION NO.	2. SSIC/FILE NO. 1000
3. DATE YYY MM DD	

4. FROM (Grade, Name, SSN, MOS, or CO, Pers. O., etc.) RANK FNAME MI LNAME	5. ORGANIZATION AND STATION (Complete address) FULL UNIT NAME FULL ADDRESS
6. VIA (As required) IMA Operational Group Program Manager H&S Bn, HQMC, Henderson Hall	

7. TO: [] Director, Reserve Affairs 3280 Russell Road Quantico, VA 22134 []	8. NATURE OF ACTION/SUBJECT Request for Involuntary Transfer to the Individual Ready Reserve ICO RANK FNAME MI. LNAME EDIPI/MOS RANK
	9. COPY TO (As required)

10. REFERENCE OR AUTHORITY (if applicable) (a) MCO 1001.62B (b) MCO 1001R.1L	11. ENCLOSURES (if any)
--	-------------------------

12. SUPPLEMENTAL INFORMATION (Reduce to minimum wording - type name of originator and sign 3 lines below text)
It is requested that RANK FNAME MI. LNAME be transferred to the Individual Ready Reserve effective
YYYYMMDD. PROVIDE JUSTIFICATION ON WHY SNM/SNO NEEDS TO BE TRANSFERED

FI. MI. LNAME

FIRST ENDORSEMENT

DD MMM YY

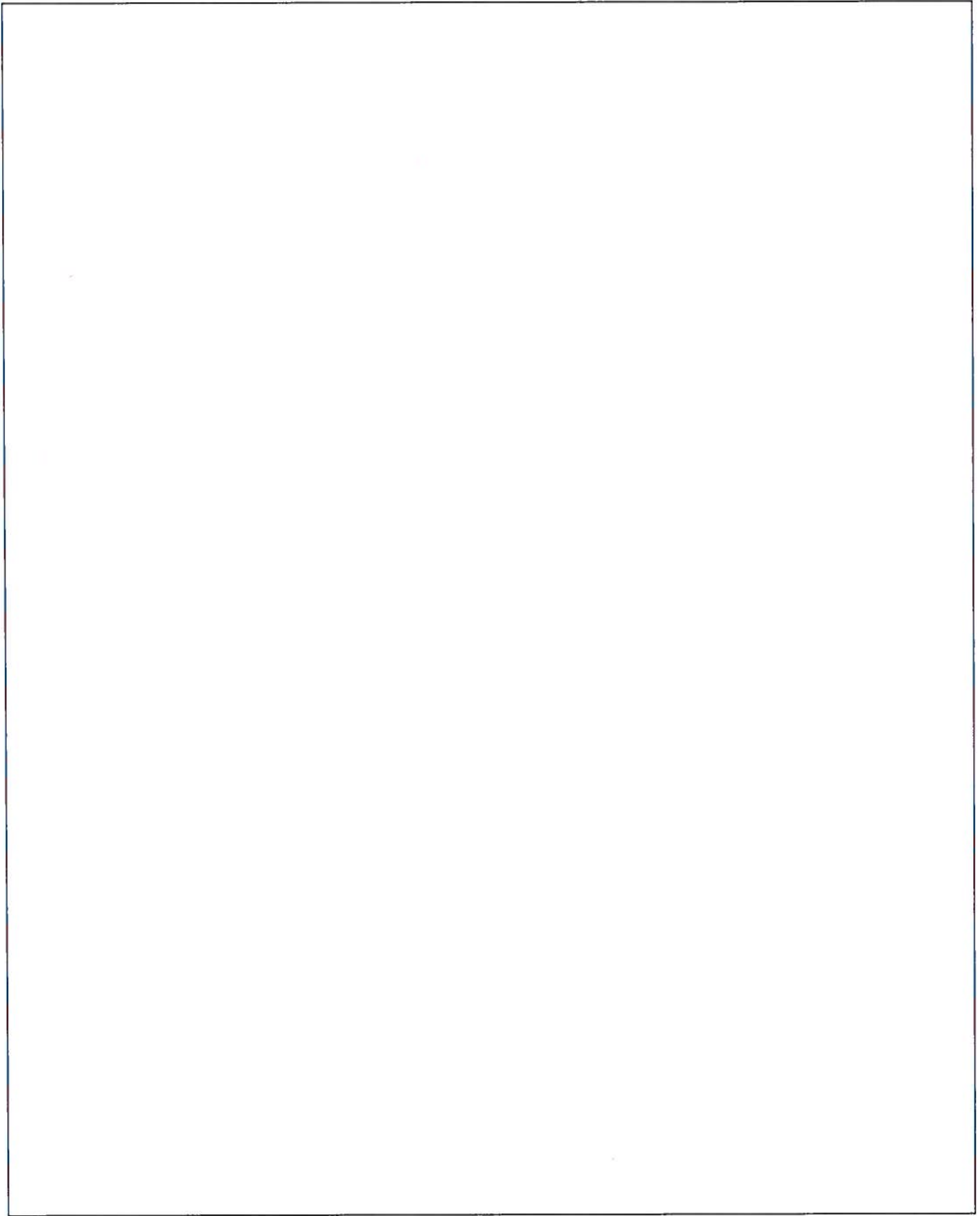
From: IMA OPGROUP Program Manager, H&S Bn, HQMC, Henderson Hall
To: Director, Reserve Affairs

1. Forwarded, recommending approval.

FI. MI. LNAME

13. PROCESSING ACTION. (Complete processing action in item 12 or on reverse. Endorse by rubber stamp where practicable.)
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ENCLOSURE (40)



CHAPTER 5

INACTIVE DUTY TRAINING

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CHAPTER 5

INACTIVE DUTY TRAINING

5000. GENERAL

1. Inactive Duty Training (IDT), commonly referred to as "drill(s)", is authorized training performed by members of the IMA Detachment not on Appropriate Duty (APPD), Annual Training (AT), or Active Duty Training (ADT). The primary purpose of conducting IDT is to provide individual and/or unit readiness training.
2. Each IDT period is four hours in length. No member may perform more than two IDT periods per day.
3. Each member is authorized to perform 48 regularly scheduled IDT periods per fiscal year and a minimum of 12 days of Annual Training orders exclusive of travel time each anniversary year.
4. As an IMA, there are opportunities for other types of participation service (Funeral Honors) and to perform additional paid drills (APD), but both of these instances require prior approval from RIS and the member's OpSponsor. APDs in particular should not be requested until an IMA member has reached the 48-fiscal year drill limit and have planned or exhausted their AT.
5. Appropriate duty orders performed for retirement points only (without pay) may be executed for an IDT period. Appropriate duty must be a minimum of two hours in length with a maximum of two points per day and must be coordinated with and approved by the OpSponsors prior to execution.
6. A minimum of 50 career retirement credit points must be earned within each IMA member's anniversary year IOT achieve a satisfactory year towards retirement. One point is achieved for each drill period and one point for each day of active duty (AT or ADOS) is awarded. Given the flexibility of establishing annual drill schedules, IMA Marines should ensure their drills are factored around their anniversary date (reference MOL CRCR) in order to achieve a satisfactory year towards retirement.

5001. DRILL MANAGEMENT MODULE (DMM)

1. MARADMIN 245/12 (Drill Management Module (DMM) Final Transition Guidance) announced the final transition of processing of drills from paper Muster Sheets and Unit Diary transactions to processing through DMM only.

2. All IMA Members assigned to the Henderson Hall OpGroup are required to have registered and active DMM accounts in order to request drills. Reservists must ensure they have access to a CAC reader as members may only log into DMM utilizing CAC certificates. Members are expected to obtain a CAC reader at their own expense for home/personal use if their work situation does not afford them access to a CAC reader.

a. Unlike SMCR units, IMA members are responsible for the creation and request of their own drills through DMM.

b. In the event of extenuating circumstances which preclude a member from creating or requesting their own drills, they may contact their OpSponsor to generate drills on the member's behalf.

3. Members will create and request their drills in DMM no less than 48 hours prior to the requested drill period. Drills requested inside the 48 hour threshold will first be coordinated with the OpSponsor to provide justification for the late drill request.

4. IMA Marines should ensure their drill requests are approved in DMM before executing the requested drill. This is especially important with regards to travel. Any legal or medical situations which arise outside of an approved drill period will not be considered covered under a line of duty investigation.

5. Any member who requires deletion of a drill already approved will seek approval from their work section and notify the OpSponsor of the change. Drill deletion requests will include a justification and should be submitted no less than 24 hours prior to the scheduled drill, barring any emergencies.

6. The OpSponsor will approve requested drills in DMM prior to the start of the first drill.

7. OpSponsors or designated Mustering Officials for the member's unit shall muster the drills within 48 hours of the completion of all consecutive drill periods. For any courtesy drills and/or drills involving a submitted Muster Sheet, the OpSponsor/Mustering Official shall muster the drills within 48 hours of receipt of confirmed attendance.

8. The OpSponsor or RIS will certify the submitted muster within 72 hours of mustering.

9. The member should review DMM, their pay, and their CRCR in MOL to ensure they have been paid/received retirement points within five to ten working days of the drill being exported in DMM. In the event

they have not been paid, the member should immediately contact their OpSponsor/RIS for resolution.

5002. DRILL PROCESS

1. IMA Members seeking to perform IDTs will first coordinate with their OpSponsor and, if appropriate, assigned reporting senior or head of division/branch they are supporting. Deconfliction ensures the drilling member's IDT has no negative impact on daily operations in the section to which the drilling member will be working while assigned to the IMA unit. The reporting senior will ensure appropriate tasks are assigned during the IDT.

2. In order to retain cognizance over scheduled drills, OpSponsors are encouraged to maintain a 30-60-90 day schedule for all of their assigned IMA members. OpSponsors should work with the AC leadership to identify projects, exercises, training events, etc requiring IMA support well in advance to facilitate timely drill scheduling and notification.

3. IMA members are responsible for requesting their IDT periods in DMM. OpSponsors may assist with inputting drill requests as necessary.

4. The OpSponsor will prepare, sign, and provide a Notification of Required Military Duty letter (Encl 5A) as needed to drilling members whose civilian employers require such notification.

5. The member will attend their drill strictly according to the times/location entered into DMM. Should a member be unable to attend requested IDT periods or require an abbreviated schedule due to extenuating circumstances, they must notify their OpSponsor and their organizational supervisor, as soon as practical. Failure to make proper notifications can result in an unauthorized absence and/or unsatisfactory attendance marks.

6. Marines approved for eligible telework should create and maintain a telework timesheet detailing work completed and time logged. Timesheets will be uploaded as an attachment to drills in DMM or sent to OpSponsors to maintain a copy on record for at least one year.

7. Once the drills are satisfactorily completed, the Mustering Official/OpSponsor will muster the drill(s) in DMM. If, due to extenuating circumstances, the OpSponsor is unable to muster the IMA in DMM, they may contact RIS with confirmation of member attendance and specify which drills they need assistance to help muster.

8. IMA members do not rate IDT travel entitlements per MARADMIN 568/19. IMA personnel who live outside of the commuting distance per

Henderson Hall BnO 7220.1, or applicable HTC commuting order, will submit an OF-1164 Claim for Reimbursement for Expenditures on Official Business (Encl 7C) via DTS Local Travel Voucher.

5003. ADDITIONAL PAID DRILLS

1. Additional Paid Drills (APDs) consist of Additional Training Periods (ATP), Readiness Management Periods (RMP), Additional Flight Training Periods (AFTP), and Funeral Honors Duty (FHD). The only types of APDs authorized for the Henderson Hall IMA OpGroup are ATP and FHD.

2. IMA Members and OpSponsors seeking to secure APDs will submit their request to RIS via DMM. Justification for APDs must show the tie to a specific operational requirement. ATPs will normally only be approved for IMA Marines that have exhausted their 48 drills and 12-day Annual Training for the FY.

3. The funding for APDs is strictly controlled throughout the IMA program. Therefore, no APDs will be authorized without specific approval from RIS. Any APD drill request created without prior approval will be immediately cancelled/disapproved.

5004. OFF-SITE AND COURTESY DRILLS

1. Marines directed to perform IDT periods 50 miles away from their HTC, or off-site drills, will be entitled to allowances (Per Diem and Travel) as prescribed in Ref (j).

2. Courtesy drills are authorized with prior coordination and approval between unit OpSponsors. These drills are considered periods of IDT or ATP in which a member trains with or supports a different SMCR/IMA unit which may be in the Pentagon/NCR or at a different location.

a. Requests to conduct off-site or courtesy drills will be submitted to the OpSponsor no less than seven days prior to the first requested drill date. The host unit's IMA MCC and RUC must be present on the request.

b. Requests for courtesy drills must be accompanied by evidence of coordination with the other SMCR/IMA unit demonstrating their awareness and approval of planned drill dates, times, and locations.

3. When a member conducts approved courtesy drills with a different SMCR/IMA unit, the member will schedule their drill by submitting an

IDT request in DMM with their parent unit (the RUC for the courtesy unit must be known and inputted). The courtesy unit's OpSponsor/Mustering Official will then notify the IMA member's OpSponsor/Mustering Official to muster the Marine. Once mustered, the parent unit OpSponsor will certify the drill.

4. When a member conducts approved off-site drills, they must check in with the host OpSponsor, Mustering Official, or designated POC conducting the training at the start of the drill as well as check out at the end of the drill on a daily basis to certify accountability.

5005. COMMUTING DISTANCE

1. IMAs working in the National Capital Region will be bound by Battalion Order 7220.1 H&S Bn, HQMC, Henderson Hall Commuting Order for travel reimbursement purposes. BnO 7220.1 defines the local commuting area for the National Capital Region as:

a. In Maryland: The counties of Anne Arundel, Baltimore, Calvert, Carroll, Charles, Frederick, Harford, Howard, Montgomery, Prince George's, St. Mary's, and Washington. It also includes the city of Baltimore and all cities now and hereafter existing in the geographic area bounded by the outer boundaries of the combined areas of the counties listed above.

b. In Virginia: The counties of Albemarle, Arlington, Clarke, Culpeper, Fairfax, Fauquier, Greene, King George, Loudoun, Madison, Orange, Prince William, Spotsylvania, and Stafford. It also includes the cities of Alexandria, Fairfax, Falls Church, Fredericksburg, and all cities now and hereafter existing in the geographic area bounded by the outer boundaries of the combined areas of these listed Virginia counties.

c. In Pennsylvania: The county of Adams.

d. In West Virginia: The counties of Morgan, Berkeley, and Jefferson.

5006. COMMUTING DISTANCE

1. Any member who lives outside the commuting distance from the National Capital Region per BnO 7220.1 is eligible for reimbursement of lodging costs for IDT provided that government billeting is not available.

2. The OpSponsor will provide the member with a Certificate of Non-Availability (CNA).

a. A CNA is not required when seeking reimbursement for on-base billeting lodging fees (such as Crossroads Inn on MCB Quantico or the Gateway Inns & Suites on Joint Base Anacostia-Bolling).

b. The lodging cost must fall within the GSA established maximum per diem rates for federal travelers.

(1) Members may book rooms beyond per diem rates, but will only be reimbursed up to the maximum per diem rate.

(2) Room tax does not count against the per diem rate.

3. Any enlisted member who lives outside the commuting distance from the Pentagon per BnO 7220.1 is also eligible for reimbursement of meals at the government meal rate for IDT provided:

a. The member performs a minimum of 2 IDTs (8 hours) of duty to rate meal reimbursement.

b. The member does not have government provided or contracted meals.

4. Reimbursement for lodging is authorized for one night, the evening prior to two consecutive IDTs (two four-hour drill periods). For example, for a member who performs two drills on Saturday, a night of lodging on Friday night is reimbursable. A night of lodging for Saturday night is not reimbursable unless the member will be performing two more IDTs on Sunday.

5. To request reimbursement for lodging, a member will complete an OF-1164 Claims for Reimbursement for Expenditures on Official Business form (Encl 7C). Receipts, muster sheet, and CNA (as applicable) will be submitted with the OF-1164s to the OpSponsor for review no later than 5 days after completing the final drill.

6. Travel and allowances reimbursement for off-site drills will only be authorized when the duty location is outside the established commuting distance set forth in Henderson Hall BnO 7220.1 or applicable HTC commuting order. Lodging reimbursement may be authorized for off-site drills via OF-1164. For all other cases, in order for reimbursement, the member must live in a location in which the distance between their residence to the National Capital Region is outside of the local commuting distance.

a. In addition to the above, for a member to rate travel reimbursements, they must be on Off-Site IDT orders stating the member is not to commute to the duty location.

b. The member will input drills into DMM for pay/allowances, but will also complete and submit via MOL EPAR a travel claim package (see

Chapter 7 of this SOP) in order to be reimbursed for Off-Site IDT travel/lodging.

7. Enlisted members may request reimbursement for meals per Joint Travel Regulations.

a. Meals will be reimbursed at a prorated percentage of the daily BAS rate:

(1) Breakfast - 20%

(2) Lunch - 40%

(3) Dinner - 40%

b. Enlisted members may complete a Missed Meals Statement (Encl 7D) and submit to their OpSponsor for review. Once reviewed and returned, members will submit via MOL EPAR to MARFORRES IPAC for reimbursement.



UNITED STATES MARINE CORPS
CHARLIE COMPANY
HEADQUARTERS AND SERVICE BATTALION
HEADQUARTERS MARINE CORPS, HENDERSON HALL
ARLINGTON, VA 22214-5000

IN REPLY REFER TO:
1000
C CO
DD MMM YY

From: TITLE OF OPSPONSOR/OIC/RIS
To: RANK FNAME MI. LNAME EDIPI/MOS USMCR
Subj: OFFICIAL NOTIFICATION OF REQUIRED MILITARY DUTY
Ref: (a) Title 10, United States Code, Section 270
(b) Title 38, Chapter 43, Uniformed Services
Employment/Reemployment Rights Act (USERRA)

1. Pursuant to reference (a), you are directed to report to the FULL UNIT NAME for the following type of military duty, on the dates indicated, with the United States Marine Corps:

<u>TYPE OF DUTY</u>	<u>DATE (S)</u>
TYPE OF DRILL/ORDERS	DDMMYYYY - DDMMYYYY

2. You are authorized, and encouraged, to present this letter to your employer as **OFFICIAL NOTIFICATION** of your requirement to perform military service. Your employer's assistance and contributions to the Guard and Reserve cannot be emphasized enough; continued good relations between yourself, your employer, and the U.S. Marine Corps Reserve are necessary for not only your professional development, but also the economic and military vitality of our nation.

3. Reference (b), as amended, provides a statutory leave of absence and reemployment rights for persons employed by private employers, the Federal Government, any State Government, or other political subdivision who hold positions other than temporary, and who request leave to perform military training. Reference (b) requires personnel entering military service to give reasonable oral or written advance notification to employers of a forthcoming absence. Specifically, applicants for military service, members reporting for active military service, and members of the reserve must give reasonable advance notice to their employer that they will be absent from their position of employment to perform military service, including Inactive Duty Training, in order to retain reemployment rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1994.

4. If you desire information concerning the eligibility requirements or your rights under USERRA and State/local reemployment statutes, assistance is available through your chain of command. Further assistance is available from the National Committee for Employer Support of the Guard and Reserve (NCESGR) at (800) 336-4590; your local ESGR ombudsman at (757) 247-6641 x246; or the Office of Veterans' Reemployment Rights, United States Department of Labor, Washington, D.C., at (202) 693-4701.

5. The point of contact in this matter is RANK LNAME at EMAIL OR NUMBER

FI. MI. LNAME

ENCLOSURE (54)

CHAPTER 6

ANNUAL TRAINING (AT)/PERIODS OF ACTIVE DUTY (ADOS ORDERS)

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CHAPTER 6

ANNUAL TRAINING/PERIODS OF ACTIVE DUTY (ADOS ORDERS)

6000. GENERAL. H&S Bn IMA members are required to complete 12 days of Annual Training (AT) or equivalent active duty period per fiscal year. IMA members may also be provided Active Duty for Operational Support (ADOS) opportunities on a voluntary basis.

6001. ANNUAL TRAINING

1. Per MCO 1001.62B, all IMA members will perform 12 days of AT per fiscal year (exclusive of travel). Failure to satisfactorily complete an AT may warrant removal from the IMA Program due to unsatisfactory participation.

2. IMA members must coordinate with their respective OpSponsor to ensure they are properly scheduling and satisfactorily participating in AT requirements.

3. Members should request AT dates no less than two weeks prior to the desired start date of the orders. IMA Marines MUST have approved orders in MROWS before commencing AT regardless of what they may have coordinated with their civilian employer. It is imperative members communicate with their OpSponsor to ensure enough lead time to generate orders in a timely manner.

4. AT will normally take place at the Marine's designated HTC. However, members may also participate in offsite AT. Offsite AT requests should be discussed and approved by the OpSponsor prior to submission of the orders request to determine viability.

5. OpSponsors may utilize the orders request format in Encl 7A or a unit specific form. Marines should provide dates, location, any updates to primary residence or phone number, and mode of transportation to AT location on the orders form request.

a. The OpSponsor/RIS will screen and notify the member of any potential hard hold items which could hold up the orders authentication process.

b. It is the responsibility of the IMA member to resolve any hard hold items as soon as possible in order to prevent the interruption of orders validation.

(1) Some hard hold items may be waived to allow the IMA member to fix the discrepancy while on AT orders.

(2) Subsequent orders will not be approved for any hard hold items previously identified which were not corrected while on orders.

6. The OpSponsor will notify the member when AT orders have been authenticated and they are permitted to conduct AT. Members may view their orders in MROWS (order history tab).

7. Prior to the start of AT, the member will sign the receiving endorsement on their orders after the order's authentication date, and before the order's start date.

8. Upon a member's arrival at the duty location for the start of an AT, the OpSponsor will generate a reporting endorsement which, at a minimum, will state the time and date the member reported for AT and indicate if government quarters and billeting are not available.

a. For members who live outside the established commuting distance to their HTC, a statement in the endorsement directing the member to lodge in the local area and prohibit commuting will be included.

b. The statement will also provide direction on attaining a Certificate of Non-Availability (CNA).

9. When members depart from the duty location at the end of their AT, the OpSponsor will generate and sign an AT orders detaching endorsement which will, at a minimum, state the time and date the member departed from AT.

10. Members are not authorized to conduct periods of IDT/ATP in conjunction with AT orders unless specifically authorized. If approved, the drills must be conducted after the orders and the orders must state drills are being conducted in conjunction with AT orders.

6002. ACTIVE DUTY FOR OPERATIONAL SUPPORT

1. Active Duty for Operational Support (ADOS) is a category of funds managed at the institutional level by Director, Reserve Affairs (RA), Manpower and Reserve Affairs (M&RA), HQMC.

2. ADOS is a tool commanders can use to meet temporary administrative, operational, and exercise support requirements. ADOS orders should be short-term in nature with a clearly defined termination date.

3. Periods of ADOS are typically divided into two main categories: conventional ADOS and contingency operations ADOS.

a. Conventional ADOS is designed to meet requirements through use of a period of active duty for one year or less. Conventional ADOS has two categories which are determined by two funding sources:

(1) Military Personnel, Marine Corps (MPMC) for ADOS-Active Component (ADOS-AC).

(2) Reserve Personnel, Marine Corps (RPMC) for ADOS-Reserve Component (ADOS-RC).

b. The type of conventional ADOS funding required is based upon a determination on the primary benefits of work to be performed by the member.

c. ADOS for Contingency Operations (ADOS-CO) is designed to meet requirements through a period of active duty for three years or less and is directly tied to existing operational requirements. This type of ADOS is a subset of ADOS-AC controlled by Manpower Management Integration Branch (MMIB-2), Manpower Management (MM) Division, M&RA.

4. Conventional ADOS orders will not be funded for greater than 365 days (or past end of current FY) without written approval by Director, Reserve Affairs (RA).

5. Reservists are limited to serving 1,095 days on active duty in a 1,460-day period ("1095 Rule") when assigned to ADOS-Contingency Operations (CO), ADOS AC, or ADOS RC orders. Individuals who exceed this limitation will count against total end-strength authorized for the active component.

6. In order to manage active duty end-strength, Manpower and Reserve Affairs, will closely scrutinize 1095 waivers for each fiscal year. Waiver requests applicable to ADOS-CO orders will be submitted to MMIB-2 for consideration.

7. Additionally, policy has been established to closely monitor Reserve Marines serving on voluntary ADOS orders as they accumulate "high active duty time" (HADT). Reservists with HADT (defined as exceeding 16 years of total active duty time) have limited mobilization capability.

a. Reserve Marines are required to submit a HADT waiver (Encl 13A) for orders which will carry them to 16 years of active duty service or more. If the request for orders is approved, the signed NAVMC 11668 will be forwarded to MMRP to be included in the Marines ESR. Marines submitting a HADT waiver for orders that will carry them to or over 18 years of cumulative active duty service will not be permitted to execute orders that are greater than 179 days in duration.

b. See Chapter 13 of this SOP for further guidance regarding Reserve Marines requesting HADT waivers.

6003. ADOS INDIVIDUAL READINESS REQUIREMENTS

1. Prior to being authorized to conduct ADOS orders, Marines are required to be up-to-date on medical requirements - to include immunizations, PHA, and HIV testing; be within height and weight standards; and must not have any outstanding or delinquent physical fitness requirements (PFT/CFT).
2. An enlisted member cannot accept ADOS orders that fall within 30 days of their ECC unless they re-enlist prior to accepting the orders.
3. Members must also ensure they have a current and accurate primary residential address reflected in MCTFS prior to orders being generated.

6004. CONVENTIONAL ADOS-AC PROCESS

1. Due to the limited amount of ADOS funding allocated to the units in the National Capital Region (NCR), known or identified ADOS requirements needed to support operational demands will be prioritized.
2. An OpSponsor can request conventional ADOS orders up to 365 days for those members not affected by High Active Duty Time (see Chapter 13 of this SOP). Anything beyond 365 days requires written approval from the Director, RA.
3. A reserve member is not authorized to spend more than 1,095 days of the preceding 1,460 days on ADOS. This "1095 Rule" does not count or include periods of AT or periods of AD under involuntary mobilization.
4. Orders will not typically be written beyond the end of each fiscal year. Continuous orders that need to be extended beyond this date should be coordinated with RIS.
 - a. Members will ensure they notify their OpSponsor of their desire to continue AD or intent to demobilize (to include requests to demobilize early) no less than 3 months prior to end of mobilization.
 - b. Voluntary ADOS may be terminated by a Marine providing the chain of command a two-week notice, or by the OpSponsor giving the Marine a two-week notice.

6005. CONTINGENCY ADOS-CO PROCESS

1. H&S Bn may be tasked via Marine Corps Mobilization Processing System (MCMPS) to fill various contingency billets utilizing Requirement Tracking Numbers (RTNs). These requirements may be either CONUS or OCONUS billets. OCONUS RTNs are excellent opportunities for reserve members wishing to seek out Individual Augment (IA)/deployment billets.

a. RIS will advertise the RTNs to address contingency shortfalls within H&S Bn. These RTNs are considered for ADOS-CO funding by MMIB and SecNav authorization and therefore do not count against the OpGroup's FY ADOS Funding.

b. H&S Bn will coordinate actions to fill external RTNs in support of contingency operations with active duty and reserve personnel. RIS will seek reserve component candidates to fill required RTNs.

c. On a case-by-case basis, RIS may also seek reserve component candidates to fill RTNs that are tasked for sourcing to other DCs and MARFORs.

2. If a reserve candidate is identified for mobilization, the OpSponsor will nominate the candidate to RIS. RIS will then notify MMIB of the volunteer's intent to fill the RTN.

3. Upon screening and review of the applicant's record, MMIB will submit the member for SecNav approval. Upon confirmation of approval, member will then be provided mobilization orders.

4. Members should note their start date for check-in. The unit that the member will check-in to will be determined by billet location and the unit being supported.

6006. TRAVEL CLAIMS

1. Within five days of the final date of orders completion, members will submit a travel claim package via EPAR (see Chapter 7 of this SOP for further information and enclosures pertaining to DTS and Travel Claims). A travel claim package will include (in the following order):

- a. Travel voucher (DD Form 1351-2) (Encl 7B)
- b. Original orders (with signed receiving endorsement)
- c. All orders modifications

- d. Reporting endorsement
- e. Detaching endorsement
- f. Receipts if obtained (in the following order)
 - (1) Zero-balance lodging receipts
 - (2) Zero-balance rental car receipts
 - (3) All other receipts

2. Marines are responsible for tracking and following up on their own travel claims upon completion of both active duty and inactive duty orders. Inter-Unit Transfers and MROWS Orders will not be approved if any outstanding travel vouchers are not settled or addressed prior to the date of request.

6007. MISCELLANEOUS. Members are reminded while mobilized or on ADOS, they are subject to the same operational requirements as their Active Component colleagues to the section in which they are assigned (e.g. safety stand downs, mandatory training, etc). Members who are mobilized greater than 30 days will utilize Henderson Hall Consolidated Administration (CONAD) or the local unit IPAC for the processing of any administrative needs while they are on AD.

CHAPTER 7

DEFENSE TRAVEL SYSTEM (DTS)/TRAVEL CLAIMS

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CHAPTER 7

DEFENSE TRAVEL SYSTEM (DTS) AND TRAVEL CLAIMS

7000. GENERAL

1. In February 2017, the Deputy Commandant for Manpower and Reserve Affairs (DC, MRA) directed the RC to utilize DTS for all supported travel. Per MARADMIN 651/17, starting 31 December 2018, all designated Marine Resource Orders Writing System (MROWS) orders-types issued to Selected Reserve Marines will utilize DTS for requesting, scheduling, and reimbursement when executing official travel. MROWS orders-type examples include PME and other approved schools, active duty for operational support (ADOS), and individual annual training (AT).

7001. GOVERNMENT TRAVEL CHARGE CARD (GTCC)

1. Per MARADMIN 485/17, all Reserve Marines are required to have a Government Travel Charge Card (GTCC).

a. Marines who have a GTCC and have recently transferred from another unit or component of the Reserves will coordinate with the Agency Program Coordinator (APC) to have their account transferred to their operational unit.

b. Members who do not have a GTCC are required to contact their operational unit's APC or Organizational Defense Travel Agent (ODTA) in order to initiate the process for obtaining a GTCC. Members will be required to complete Travel Explorer (TRaX) training and sign a Statement of Understanding regarding the GTCC program.

2. The GTCC is a charge card and not a credit card. This means members should be mindful they cannot maintain any balance from month to month and must pay the balance in full at the end of each billing period.

3. Per MARADMIN 431/19, HQMC requires all Marines' GTCCs to remain active even when not in a traveling status.

7002. DTS ACCOUNTS

1. Per MARADMIN 485/17, all Reserve Marines are required to create a Reserve Marine DTS account (DTS-R). This must be done regardless if the member has a civilian DTS account.

2. DTS can be accessed via CAC login at <https://dtsproweb.defensetravel.osd.mil/cas/login>. A statement of understanding will need to be filed with the APC at the member's operational command to establish a new DTS account.

7003. ORDER SUBMISSION PROCESS

1. IMA members are responsible for submitting their orders requests in a timely manner to guarantee enough time for review, approval, and generation. For local travel, it is recommended that members submit orders requests at a minimum of two weeks in advance of their requested start date. For orders outside the local area and those that require additional coordination (e.g. plane tickets, hotels, etc), members should submit orders request NLT 30 days from their anticipated travel start day.

2. To initiate the process, members should create and fill out an orders request form and submit to their OpSponsor for review.

3. The OpSponsor will do one of the following:

a. Respond via email or phone conversation stating any potential concerns within the request. If the orders request form is not validated by a direct supervisor or equivalent, the form will be automatically returned to sender.

b. The OpSponsor will conduct a review audit of the member's record prior to the order writing process to identify any potential issues that would place a hard hold on the member's orders. In the event there are items needing correction during the audit, the OpSponsor will notify the member via phone/email of the corrections/updates that will need to occur before orders will be issued.

4. Once the orders request form has been audited and is found satisfactory, the OpSponsor will initiate the process of creating orders within Marine Reserve Orders Writing System (MROWS).

a. Upon final authentication of the orders, the OpSponsor will notify the member that he/she is approved for requested orders. Members shall sign their receiving endorsement after the orders are authenticated, but before the start date of the orders.

b. OpSponsors will generate a reporting endorsement on the start date for those members executing reporting orders.

c. Upon detachment from orders, the OpSponsor will create a detaching endorsement if applicable. This endorsement will notify the member he/she has five working days to submit their Travel Claim.

5. IMA Members are responsible for uploading and submitting their Travel Claim package into DTS. Members will track the status of their Travel Claim and report any issues to their OpSponsor. If the travel voucher is returned to the member for correction, the member must take action or risk being checked for pay or denied future orders.

7004. TRAVEL CLAIMS

1. Upon completion of active duty orders (ADOS or AT), IMA Marines are to submit a travel claim via DTS within 5 business days.

2. A travel claim package will include (in the following order):

- a. Travel voucher (DD Form 1351-2) (Encl 7B)
- b. Original orders (with signed receiving endorsement)
- c. All orders modifications
- d. Reporting endorsement, if applicable
- e. Detachment endorsement, if applicable
- f. Receipts if obtained (in the following order)
 - (1) Zero-balance lodging receipts
 - (2) Zero-balance rental car receipts (if applicable)
 - (3) All other receipts

3. RIS will check for accuracy and forward travel claim to disbursing for processing. HH CONAD or the servicing IPAC will process any travel claims for ADOS orders over 30 days.

4. The disbursing office will either return claim to member for corrections/re-work or will submit the DTS Voucher to Quantico Finance/Disbursing for payment via DTMS.

5. IMA Marines should see disbursement posted approximately 25 business days following their submission.

7005. BILLETING

1. If an IMA Marine resides outside the local commuting distance to the Pentagon per BnO 7220.1, they are eligible to receive lodging in conjunction with performing drills or AT. During off-site AT or ADOS,

lodging is settled through submission of a DTS authorization and voucher. Important billeting information for IMA Marines to know include:

a. Billeting reimbursement is not an entitlement and, as such, is subject to available funding and policy interpretation.

b. Two drills must be conducted (and reflected in DMM) the day following the night of lodging claimed for off-site IDT reimbursement.

c. Government Lodging should be contacted prior to commercial lodging. CNA must be obtained by IMA member and submitted when claiming commercial lodging (up to approved per diem rates).

d. The only information required to be filled in on an OF-1164 (Encl 7C) is Section 4. The claimant should sign in Section 10 and the OpSponsor will sign in Section 8. Dates and lodging location are helpful additions if applicable.

7006. IDT LODGING REIMBURSEMENT

1. When conducting IDTs and the IMA Marine lives outside the established commuting distance to their HTC, lodging is paid by the individual and reimbursed via DTS Local Travel Voucher. An OF-1164, zero-balance lodging receipt, DMM screenshot of drills performed in a "Muster Submitted" status, and CNA shall be submitted via DTS Local Travel Voucher at the conclusion of the drill period IOT get reimbursement for IDT lodging. Marines will only be reimbursed for lodging costs. Reimbursement for travel, fuel, and per diem is not authorized for IDT periods.

7007. MISSED MEALS STATEMENT

1. Enlisted members may request reimbursement for meals per Joint Travel Regulations following certain periods of IDT. Members should fill out their missed meals information on their OF 1164 and attach it to their DD Form 1351-2 Travel Voucher. Members will then submit their travel claim via MOL EPAR to MARFORRES IPAC for reimbursement.

HENDERSON HALL IMA ORDERS REQUEST FORM

Name/Rank:
Home Addr (Street, City, State):
Email:
Home Training Center:
Do you have a Govt Tvl Card?

TYPE OF ORDERS:

- IDT Orders (off-site drills)
 - Annual Training **(12 days + 1 travel day)**
 - Extended Annual Training (Any additional AT or AT over 13 days)
 - Split AT _____ **1st half** or _____ **2nd half**
 - PME (Example: Cmd&Stf, EWS)
 - ADOS (OpGroup Program Manager & OpSponsor concurrence required)
 - Appropriate Duty (points only – short term)
-

ITINERARY

Start date (Travel on date):
Report no later than date/time (if appl):
Ending date of orders:

Report to (Billet):
Unit or Organization:
Address (Street, City, State):
Mission:

***TRAVEL**

Mode of Travel (Air, POV, Train, Bus):

- Desired departure airport:
 - Desired time of departure: not before: & not after:
 - Desired time for return flight: not before: & not after:
-

***BILLETING/RENTAL CAR**

Billeting: Is there billeting on base? _ Cost per night: \$_

Rental Cars are only an option if executing ADOS orders or if the gaining command is funding with O&M fund.

Rental Car? Yes or No

Email to [HNHL C CO@USMC.MIL](mailto:HNHL_C_CO@USMC.MIL)

***Only fill out if orders do not qualify to be DTS orders**

ENCLOSURE (7A)

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.					
<input type="checkbox"/> Electronic Fund Transfer (EFT)		<input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____					
<input type="checkbox"/> Payment by Check		2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE		4. SSN	
6. ADDRESS. a. NUMBER AND STREET		b. CITY		c. STATE		d. ZIP CODE	
e. E-MAIL ADDRESS		7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES	
11. ORGANIZATION AND STATION		12. DEPENDENT(S) (X and complete as applicable)		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		10. FOR D.O. USE ONLY	
<input type="checkbox"/> ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED		<input type="checkbox"/> YES		<input type="checkbox"/> NO (Explain in Remarks)	
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE		d. COMPUTATIONS	
15. ITINERARY		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		c. MEANS/MODE OF TRAVEL		d. REASON FOR STOP	
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		e. LODGING COST		f. POC MILES	
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PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General; DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments.

Applicable SORN: T7333 (<http://privacy.defense.gov/notices/dfas/T7333.shtml>).

ROUTINE USE(S): Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: <http://dpclo.defense.gov/privacy/SORNS/component/dfas/preamble.html>.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credit to the DoD traveler's pay account for any residual or shortage.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your pre-designated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your pre-designated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note)	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.

CHAPTER 8

ADMINISTRATIVE SUPPORT AND READINESS

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CHAPTER 8

ADMINISTRATIVE SUPPORT AND READINESS

8000. GENERAL

1. The Henderson Hall H&S Bn IMA Program conducts personnel administration via RIS and MARFORRES IPAC. This requires OpSponsors and Individual IMA members to utilize RIS and outside entities to perform most aspects of administration.
2. Members should submit all documentation related to orders and travel claims to RIS in a timely manner. All other items not pertaining to orders and requiring unit diary entry will be forwarded to MFR CSC for processing.

8001. RIS ADMINISTRATIVE SUPPORT

1. The following list includes, but is not limited to, general administrative issues and items which RIS can provide support for IMA Marines and OpSponsors:
 - a. EPARS - required for the processing of all official administrative actions and correspondence.
 - b. MCTFS - administrative clerks have access to look up and verify information reflected in a Marine's record.
 - c. MCTIMS - recording official scores, courses, and other training materials.
 - d. DTS & Travel Claims - see Chapter 7 of this SOP for further information.
 - e. MROWS - orders writing, approval, and historical reference.
 - f. DMM - assistance with scheduling, mustering, certifying, and exporting drills.
 - g. IDMS - initiate, review, and forward IUT requests. Manage and monitor IMA BICs, paychecks, and structure.
 - h. MCMEDS - input and track medical documentation and status.
 - i. Trouble Tickets/IT Support - can provide some assistance regarding trouble ticket requests for MOL, MROWS, DTMS, APES, and JEPES.

2. RIS maintains a unit OMB email address to help facilitate questions and administrative issues IMA Marines and OpSponsors may have before sending EPARS or formal documentation. Inquiries should be sent to the following email address: hnhl_c_co@usmc.mil.

3. RIS can also advertise open IMA positions or send out information regarding IMA Marines seeking a new unit. OpSponsors should contact RIS regarding solicitation for personnel to support mission requirements and to help fill IMA BICs. IMA Marines seeking a new unit may send RIS their up-to-date RQS and resume (if member has one) to be advertised to other IMA Program Managers and OpSponsors.

8002. EPARS

1. EPARS are the ONLY vehicle for the processing of all administrative actions. RIS will review and process EPARS for those IMA Marines under the following RUCs: 88600, 88614, 88654, 88656, 88666, 88669, 88670, 88678, 88681, 88685, 88732. Reserve Marines on active duty orders for more than 30 days will fall under the Henderson Hall Active Duty RUC (54008) hierarchy and EPARS will be processed by Henderson Hall CONAD or appropriate unit servicing IPAC if not assigned to Henderson Hall.

2. IMA-generated EPARS will route to RIS for processing and then be forwarded to MFR IPAC. Submitted EPARS will be addressed within 3-5 business days. If no action has been taken on the EPAR within that timeframe, the IMA Marine should contact their OpSponsor for assistance and follow-up.

3. The process of an EPAR is as follows:

a. IMA Marine/OpSponsor will create EPAR via MOL. EPAR must be submitted in order for RIS to take action.

b. RIS Administrative clerk will review and work EPAR.

c. If correct, RIS will forward EPAR to MFR IPAC. If a discrepancy is identified, RIS will return EPAR to IMA Marine for their corrective action.

d. Once received, MFR IPAC will work assigned EPARS within 5-7 business days.

e. MFR IPAC reports EPAR via Unit Diary to update IMA Marine's Record.

4. Submitted EPARS are the responsibility of the individual IMA Member. Members are reminded EPARS returned to them requiring further action or corrections do not generate notifications. Therefore, it is

incumbent on the IMA Marine to continuously check their EPAR until it has been actioned and closed out.

8003. MFR CSC OMB INBOX

1. The MFR CSC Unit Level OMB email box will be utilized for submission and communication when a Marine is unable to access EPAR via MOL. MFR CSC OMB email address is MFR_CSC@usmc.mil.
2. Types of administrative correspondence which are submitted to the OMB inbox can include, but are not limited to: travel claims, awards, school certificates, personal certificates, CRCR, and general audit material.
3. The member will be the only one notified in the event the EPAR is returned to member for corrections. If the EPAR is returned and the member cannot correct it themselves, they should copy and paste the EPAR return statement in an email and submit to the OpSponsor for further review and assistance.
4. IMA members are responsible for updating their OpSponsor/RIS of any movement or inaction on EPARS, travel claims, orders request, and any other request to include submission, rejection, correction, and completion.

8004. MISCELLANEOUS

1. Members who are mobilized greater than 30 days will utilize Henderson Hall Consolidation Administration (CONAD) or the local unit IPAC for the processing of any administrative needs while they are on AD.
2. Per MARADMIN 733/12, members will ensure all documentation being sent over unsecure networks is free from Social Security Numbers (to include no longer utilizing the last four digits of SSNs).
 - a. Members will instead use their Electronic Data Interchange Personal Identifier (EDIPI) anywhere they would have previously used SSN or last four of SSN.
 - b. The EDIPI can be located on the back of the CAC under DoD ID Number. It can also be looked up by using the 'locator' tool in MOL.
3. Members will ensure they are not sending other Personally Identifiable Information (PII) on unsecure networks or systems. Members will also ensure all documentation in which SSNs cannot be removed or redacted are sent via encrypted email.

CHAPTER 9

PHYSICAL TRAINING AND READINESS REQUIREMENTS

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ENCLOSURES

NAVMC 11622 PFT/CFT PERFORMANCE WORKSHEET	9A
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CHAPTER 9

TRAINING AND PHYSICAL READINESS

9000. GENERAL. Training and physical readiness requirements such as the PFT, CFT, and weigh-ins are to be performed by IMA members as required per MCO 6100.13A CH-2, MCO 1500.63, MCO 6110.3A CH-1 and ADMIN CH, and MCO 1001.62B. Failure to comply with these requirements will classify the IMA as an unsatisfactory participant and will result in an involuntary transfer to the IRR or consideration for administrative separation. While assigned to Henderson Hall H&S Bn OpGroup, IMA members are exempt from certain annual requirements such as rifle/pistol, CBRN, and swim qualification requirements.

9001. PFT/CFT

1. The PFT/CFT may be completed at Henderson Hall or with any other Reserve or AC unit of the member's choice. The IMA Marine must have a current PHA (within the last 12 months) in order to participate in PFT/CFT. If the Marine decides to row on the PFT, the 5K row must be approved by the CO of the unit hosting the PFT/CFT.

2. PFTs/CFTs conducted by H&S Bn Henderson Hall S-3 are on a semi-annual schedule which is detailed in their TEEP. Information regarding event dates will be pushed out to OpSponsors on a routine basis. The H&S Battalion S-3 TEEP may also be acquired by calling S-3 at 703-614-1471.

3. No prior coordination is required in order to attend a Henderson Hall sponsored PFT/CFT. If an IMA Marine takes a Henderson Hall-sponsored PFT/CFT, the scores will be entered by S-3 upon completion of the event.

4. If an IMA Marine completes a PFT or CFT at a location other than Henderson Hall, the member must obtain a copy of the training NAVMC 11622 with their score recorded, as well as the monitor's appointment letter showing they are appointed as a Command Physical Training Representative (CPTR) or Force Fitness Instructor (FFI). All forms must be submitted to RIS via EPAR IAW the published policy. NAVMC 11622s received outside of that policy will not be accepted and member will be ran as "Required Did Not Take."

5. Members who are unable to run a PFT/CFT or can only run a partial PFT/CFT should ensure they notify the OpSponsor of any medical issues per Chapter 10, of this SOP. Medical issues and documentation, to include a physician's assessment and recommendation, must be done PRIOR to the date of event or the end of the semi-annual requirement

period. Failure to provide medical documentation in a timely manner may result in the member being ran as "Required Did Not Take."

6. As part of the IMA Program, IMA Marines are required to weigh in once per calendar year IAW Ref (a) and (h). Weigh-ins can be conducted in the Henderson Hall S-3 office during normal business hours. Weigh-in documentation conducted at other AC or Reserve units outside Henderson Hall should be forwarded by the IMA member along with the CPTR/FFI appointment letter of the monitor via EPAR to RIS who will upload the information into MCTIMS. Uniform for weigh-in is green-on-green PT gear with white socks.

7. IMAs who fail to perform annual PFTs, CFTs, and height/weight requirements during each calendar year throughout the duration of their tour will be declared unsatisfactory participants and will not be permitted to extend their IMA tour or conduct an IUT to another IMA billet.

9002. RIFLE/PISTOL

1. While assigned to Henderson Hall H&S Bn OpGroup, IMA members are exempt from annual rifle/pistol, CBRND, and swim requirements. The H&S Bn S-3/RIS will run exemptions for members in MCTIMS using code 'EEE' for exempt per MCO 3574.2K Paragraph 2002.

2. Should an IMA member need/desire to complete an exempt training requirement, they may seek opportunities through other local SMCR or I-I units. Henderson Hall has a limited number of training allocations and typically gives priority to AC Marines or RC Marines who are coming into zone for promotion or have been slated for deployment.

3. Should a Marine find themselves unable to attain a rifle or pistol training allocation through Henderson Hall, the member may contact RIS to help facilitate attendance at a rifle or pistol range through the Training Support Center, Quantico (703-432-7974) or the Reserve Support Unit (RSU), Quantico (703-432-0470).

9003. OTHER INDIVIDUAL TRAINING. Members in need of other types of training to include, but not limited to: Driver Improvement courses, CBRND, and swim qualification shall request training coordination through their OpSponsor. The OpSponsor/RIS will work with Henderson Hall S-3, the RSU in Quantico, or another operational unit to facilitate training opportunities for the Marine. Once training has been completed, the member will submit proof of training completion (whether memorandum, certificate, or other) via EPAR for input and upload into MCTIMS.

9004. PREDEPLOYMENT TRAINING. MMIB and/or a regional Deployment Processing Center (DPC) typically helps coordinate any pre-deployment training requirements for reserve members activated in support of ADOS-CO orders/Requirement Tracking Numbers (RTN). RIS will assist members as needed.

PFT/ICFT PERFORMANCE WORKSHEET

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (5 U.S.C. 552a/Public Law 93-579), this Notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 10 U.S.C. 1074f, Medical Tracking System for Members Deployed Overseas; 32 CFR 64.4, Management and Mobilization; DoDI 1215.13, Reserve Component (RC) Member Participation Policy; DoDI 3001.02, Personnel Accountability in Conjunction with Natural and Manmade Disasters; CJCSM 3150.13B, Joint Reporting Structure Personnel Manual; DoDI 6490.03, Deployment Health; SECNAVINST 1770.5, Management and Disposition of Line of Duty Benefits for Members of the Navy and Marine Corps Reserve; MCO 7220.50 B, Marine Corps Policy for paying Reserve Marines; E.O. 9397 (SSN), as amended; and SORN M01040-3.

PRINCIPAL PURPOSE: Information collected by this form will be used to record physical fitness performance data for compliance with the Marine Corps Physical Fitness and Combat Fitness program and will be entered in Marine Corps Total Force System (MCTFS).

ROUTINE USES: Information will be accessed by Commander's, Senior Enlisted Advisors, Officers in Charge, Force Fitness Instructor, Command Physical Training Representative, and S-3 command designated personnel with a need to know in order to comply with the Marine Corps' Body Composition and Military Appearance Program. A complete list and explanation of the applicable routine uses is published in the authorizing SORN available at : <http://dpcid.defense.gov/Privacy/SORNS/index/DOD-wide-SORN-Article-View/Article/570625/m01040-3/>.

DISCLOSURE: Voluntary; however, failure to provide the information may result in administrative action that limits promotion, retention, and assignment.

FOR OFFICIAL USE ONLY
Privacy sensitive when filled in. Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

NAVMC 11622 (Rev. 01-20) (EF)

CHAPTER 10

MEDICAL READINESS

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CHAPTER 10

MEDICAL READINESS

10000. GENERAL

1. All Reserve Marines are subject to periodic medical readiness evaluations. These medical readiness evaluations are referred to as Periodic Health Assessments (PHAs). The PHA is used to review, verify, and correct Individual Medical Record (IMR) deficiencies.

a. Reserve Marines can coordinate with any Navy or Marine Corps Reserve Center or Military Treatment Facility (MTF) to facilitate their PHA requirements. Starting January 2018, an online Health Risk Assessment is required PRIOR to scheduling a PHA. Once completed, Marines should contact the MTF for scheduling an appointment - the online health assessment is good for up to 60 days. Marines should take with them or be prepared to fill out a DD Form 2808 (Encl 10A) when seeing a military provider.

b. In addition to a current PHA, an HIV screening is required every two years. It is highly encouraged that each member receives a new HIV result prior to the expiration of the previous requirement.

c. Per SECNAVINST 6120.3, reservists may use their civilian primary care manager (PCM) to conduct their PHAs, provided their PCMs have access to ePHA. The medical assessment must be documented on a NAVMED 6120/8 Form (Encl 10B). Marines must see a military provider every third year for their PHA.

d. Members may use civilian dentist and DD Form 2813 (Encl 10C) to meet annual dental requirements, but they must be examined by a military dental officer at least once in a 3-year period. All dental costs associated with a civilian provider are borne by the Marine.

2. Reserve members should be aware orders requests will be placed on hold in the event of expired PHAs and HIV tests. A rating of a Dental Class III or IV may also result in a hard hold. Members should submit the documentation via EPAR to have the new medical information run on MCTFS.

3. Members should be aware the Medical Readiness Reporting System (MRRS) utilized by naval medical personnel to record PHA and other medical information does NOT update MCTFS. Therefore, it is imperative IMA Marines follow up with unit administrative personnel to ensure their updated medical information is correctly reflected.

10001. MEDICAL READINESS

1. Members will ensure they maintain medical readiness at all times. In the event a member develops an injury/illness which prevents them from being considered fit for full duty, they must notify their OpSponsor and the Limited Duty Coordinator (LDC) assigned to RIS within ten days of the illness or injury.
2. Reserve Marines are medically classified as either Fit for Full Duty, Temporary Not Physically Qualified (TNPQ), Not Physically Qualified (NPQ), or Line of Duty (LOD).
3. Per Ref (c), Marines will not be joined to an SMCR unit or IMA detachment nor perform any category ADOS when found not fit for full duty per current regulations with the exception of IUT as approved by COMMARFORRES (G1).

10002. TEMPORARY NOT PHYSICALLY QUALIFIED (TNPQ)

1. TNPQ is a medical status unique to the Reserve Component. A Reserve Marine may be classified as TNPQ when the Marine is not in a duty status and develops a medical condition or becomes injured. The medical condition is usually of a minor or temporary nature (e.g. bone fracture, minor surgery, etc.) and is expected to be resolved within six months and would not normally preclude the member from attending drill.
2. When a member is injured, they must notify their OpSponsor and reserve LDC within ten days after an injury or illness has occurred. Documentation from the Marine's attending physician must be provided to the LDC as soon as practical containing the diagnosis along with the ICD code.
 - a. Medical documentation must identify the diagnosis, treatment plan, recommended physical limitations, and prognosis of recovery.
 - b. The LDC will review the documentation for approval and then forward to RMED/MFR. If approved, the LDC will provide the member a letter of instruction notifying them they are TNPQ and outline the conditions of participation to be followed while TNPQ. Members will provide a copy of this letter to their OpSponsor for filing.
3. To ensure the commander and MDR are kept informed of the Marine's status, the Marine is required to provide medical documentation every 30 days from his/her attending physician. Failure to comply with this requirement may result in administrative action including, but not limited to, administrative separation and/or reduction in grade (enlisted Marines).

4. Marines may not perform any type of ADOS or ADT greater than 30 days while in a TNPQ/TNDQ status. The OpSponsor and operational chain of command may authorize ADOS or ADT less than 30 days, if the Marine provides medical documentation stating such participation will not aggravate the medical condition/injury.

5. Reserve Marines approved for TNPQ will be given an initial period of six months upon assignment in order to return to a full duty status. At the end of this period, if the treating physician believes that with ongoing therapy the patient will make a complete recovery within a second period of 6 months (180 days), then a second period may be granted. The Marine must be referred to a Medical Retention Review (MRR) board no later than 12 months after being assigned TNPQ.

6. Upon completion of treatment, a release from the attending physician certifying the member's ability to perform all duties without restrictions will be submitted to the LDC who will review and submit it to RMED/MFR. This will also be documented in the member's medical record.

7. If it appears the disqualifying factor is of a more permanent nature, then the medical/dental officer, the member's operational chain of command, and the LDC shall initiate fitness evaluation proceedings by forwarding the appropriate medical documentation to Director, Physical Qualifications and Review (MED-32), Bureau of Medicine and Surgery (BUMED), for consultation and determination, via COMMARFORRES (HSS). Due to the time sensitivity of the medical documentation to be reviewed, no other via addressees are required.

10003. NOT PHYSICALLY QUALIFIED (NPQ)

1. If a Marine's condition does not allow them to come off TNPQ status and appears permanent, the member will be placed in an NPQ status upon determination made by BUMED Wounded, Ill and Injured (M9).

2. Marines are not permitted to perform AT or any AD orders once an NPQ determination is made. The CO/OIC/I-I/OpSponsor may permit a Marine awaiting a final NPQ determination to perform IDT if the MDR determines the participation will not aggravate the member's injury or illness by assigning the Marine to an NPQ-Drill status.

10004. MEDHOLD

1. Reservists who are on active duty orders greater than 30 days will not be released from active duty until found physically qualified.

2. If not physically qualified, the member will be held on active duty in a MEDHOLD status with the exception of those who may reach sanctuary (see Chapter 15 of this SOP).

3. However, members who choose not to remain on active duty may be released from active duty and will be required to sign the following page 11 entry: "I understand I have been recommended for retention on active duty beyond my EAS for the purpose of receiving medical treatment. I choose to be released from active duty in lieu of medical hold. I may request Line of Duty (LOD) benefits for continued treatment and if necessary, I may be processed through the Disability Evaluation Board."

10005. LINE OF DUTY (LOD) MEDICAL BENEFITS

1. LOD benefits may be authorized to a qualified member for an injury/illness/disease which occurred in the line of duty during a period of IDT or active duty (30 days or less) and requires continued medical care beyond the period of the IDT or active duty orders during which the incident occurred.

2. Members injured while on IDT or active duty (30 days or less) will not have their orders terminated due to incapacitation and will become entitled to LOD benefits at the end of their orders.

3. Orders will only be extended when a member is hospitalized at the time their orders are due to expire. The orders will be modified through the date of discharge from the medical facility. The orders will not be modified to extend the injured reservist beyond 30 days active duty to circumvent LOD.

4. An LOD benefit, if granted, will address an injury, illness, or disease incurred or aggravated between the time the Marine leaves his primary residence, with the intent to travel directly to the designated IDT location and until the Marine returns to the primary residence along the most direct route.

5. Requests for LOD benefits must be submitted within 10 days of the injury being reported to the Marine's chain of command. Requests must include a Privileges & Responsibility Statement, medical notes from the date of injury that demonstrate the method/mode of injury, and verification of a duty period by presenting active duty orders or IDT accountability muster sheets. Requests outside of the normal parameters must contain justification.

6. Marines assigned LOD benefits are required to provide monthly updates which include all treatment notes completed while in receipt of benefits. If the Marine fails to provide monthly updates containing complete treatment notes the CO should counsel the Marine accordingly to ensure compliance with this requirement. Marines who continue to fail in providing medical documentation while in an LOD status may have their LOD benefits terminated due to noncompliance.

REPORT OF MEDICAL EXAMINATION			1. DATE OF EXAMINATION (YYYYMMDD)		2a. SOCIAL SECURITY NUMBER		2b. DoD ID NUMBER (If applicable)		
PRIVACY ACT STATEMENT									
<p>AUTHORITY: 10 U.S.C. 504, Persons not qualified; 10 U.S.C. 505, Regular components: qualifications, term, grade; 10 U.S.C. 507, Extension of enlistment for members needing medical care or hospitalization; 10 U.S.C. 532, Qualifications for original appointment as a commissioned officer; 10 U.S.C. 978, Drug and alcohol abuse and dependency; testing of new entrants; 10 U.S.C. 1201, Regulars and members on active duty for more than 30 days: retirement; 10 U.S.C. 1202, Regulars and members on active duty for more than 30 days: temporary disability retired list; 10 U.S.C. 4346, Cadets: requirements for admission; DoD Directive 1145.2, United States Military Entrance Processing Command; E.O. 9397 (SSN) and 10 U.S.C. 1204, Members on Active Duty for 30 Days or Less or on Inactive Duty Training: Retirement, as amended.</p> <p>PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.</p> <p>ROUTINE USE(S): The Routine Uses are listed in the applicable system of records notice found at: http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/</p> <p>DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.</p>									
3. LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)			4. HOME ADDRESS (Street, Apartment Number, City, State and Zip Code)			5a. HOME TELEPHONE NUMBER (Include Area Code)		5b. E-MAIL ADDRESS	
6. GRADE/RANK	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9a. BIRTH SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	9b. PREFERRED GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	10a. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino		10b. RACIAL CATEGORY (Select one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN		12. AGENCY (Non-Service Members Only)			13. ORGANIZATION UNIT AND UIC/CODE				
14a. RATING OR SPECIALTY (Aviators Only)			14b. TOTAL FLYING TIME			14c. LAST SIX MONTHS			
15a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard		15b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	15c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Retirement <input type="checkbox"/> Commission <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Retention <input type="checkbox"/> ROTC Scholarship Program <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Other _____			16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include Zip Code)			
MEDICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)					43. DENTAL DEFECTS AND DISEASE Acceptable <input type="checkbox"/> (Please explain. Use dental form if completed by dentist. If abnormality noted, explain in item 44.) Not Acceptable <input type="checkbox"/> Class _____				
				Normal	Abnormal	NE			
17. Head, face, neck and scalp				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18. Nose				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19. Sinuses				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20. Mouth and throat				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22. Tympanic Membranes (Perforation)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23. Eyes - General				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24. Ophthalmoscopic				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25. Pupils (Equality and reaction)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26. Ocular motility (Associated parallel movements, nystagmus)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27. Heart (Thrust, size, rhythm, sounds)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28. Lungs and chest (Include breasts)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29. Vascular system (Varicosities, etc.)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31. Abdomen and viscera (Include hernia)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
32. External genitalia (Genitourinary)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
33. Upper extremities				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
34. Lower extremities (Except feet)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
35. Feet (Check category)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
35a. <input type="checkbox"/> Normal Arch		<input type="checkbox"/> Pes Planus		<input type="checkbox"/> Pes Cavus					
35b. <input type="checkbox"/> Mild		<input type="checkbox"/> Moderate		<input type="checkbox"/> Severe					
35c. <input type="checkbox"/> Asymptomatic		<input type="checkbox"/> Symptomatic		<input type="checkbox"/> Rigid					
36. Spine, other musculoskeletal				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
37. Body marks, scars, tattoos				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
38. Skin, lymphatics				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
39. Neurologic				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
40. Psychiatric (Specify any personality disorder)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
41. Pelvic (Females only)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
42. Endocrine				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

44. NOTES: (Mandatory comment for every abnormality identified in items 17 - 43. Enter pertinent item number before each comment. Continue comments or use drawings in item 89 and use additional sheets if necessary.)

LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)	SOCIAL SECURITY NUMBER	DoD ID NUMBER
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LABORATORY FINDINGS

45. URINALYSIS	a. Albumin	b. Sugar	46. URINE HCG	47. H/H	48. BLOOD TYPE
TESTS	RESULTS		HIV SPECIMEN ID LABEL		DRUG TEST SPECIMEN ID LABEL
49. HIV					
50. DRUGS					
51. ALCOHOL					
52. OTHER					
a. PAP SMEAR					
b. EKG					
c. CXR					

MEASUREMENTS AND OTHER FINDINGS

53. HEIGHT (in.)	54. WEIGHT (lbs.)	55a. MIN WGT	55b. MAX WGT	55c. MAX BF %	55d. BMI	56. TEMPERATURE	57. HEART RATE	
58. BLOOD PRESSURE				59. RED/GREEN		60. OTHER VISION TEST		
a. 1ST	b. 2ND	c. 3RD						
SYS.	SYS.	SYS.						
DIAS.	DIAS.	DIAS.						
61. DISTANCE VISION		62. REFRACTION <input type="checkbox"/> AUTO <input type="checkbox"/> MANIFEST <input type="checkbox"/> CYCLO			63. NEAR VISION			
Right Uncorr. 20/	Corr. to 20/	Sph:	Cyl:	Axis:	Right Uncorr. 20/	Corr. to 20/	Add:	
Left Uncorr. 20/	Corr. to 20/	Sph:	Cyl:	Axis:	Left Uncorr. 20/	Corr. to 20/	Add:	
64. HETEROPHORIA								
ES	EX	R.H.	L.H.	Prism div.	Prism Conv CT	NPR	PD	
65. ACCOMMODATION		66. COLOR VISION (Pass/Fail and Score)			67. DEPTH PERCEPTION (Pass/Fail and Score)			
Right	Left	PIP	RED/ GREEN	Color Dx	AFVT	RANDOT/ MCST		
68. FIELD OF VISION			69. NIGHT VISION				70. INTRAOCULAR PRESSURE	
							O.D.	O.S.
71a. AUDIOMETER Unit Serial Number			71b. Unit Serial Number				72a. READING ALOUD TEST:	<input type="checkbox"/> SAT <input type="checkbox"/> UNSAT
Date Calibrated (YYYYMMDD)			Date Calibrated (YYYYMMDD)				72b. VALSALVA:	<input type="checkbox"/> SAT <input type="checkbox"/> UNSAT
HZ	500	1000	2000	3000	4000	6000	72c. OTHER TESTING	
Left								
Right								

73. NOTES AND/OR INTERVAL HISTORY

89. ADDITIONAL REMARKS

PERIODIC HEALTH ASSESSMENT (CIVILIAN PROVIDER)

Authority: 5 U.S.C. 301, Departmental Regulations; 10 U.S.C. 1095, Collection from Third Party Payers Act; 10 U.S.C. 5131 (as amended); 10 U.S.C. 5132; 44 U.S.C. 3101; 10 CFR part 20, Standards for Protection Against Radiation; and, E.O. 9397 (SSN). **Purpose:** This system is used by officials, employees and contractors of the Department of the Navy (and members of the National Red Cross in naval medical treatment facilities) in the performance of their official duties relating to the health and medical treatment of Navy and Marine Corps members; physical and psychological qualifications and suitability of candidates for various programs; personnel assignment; law enforcement; dental readiness; member's physical fitness for continued naval service. **Routine uses:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3); When required by federal statute, by executive order, or by treaty, medical record information will be disclosed to the individual, organization, or government agency, as necessary. The DoD 'Blanket Routine Uses' that appear at the beginning of the Navy's compilation of system of records notices also apply to this system. **Disclosure:** Voluntary. However, failure to provide the requested information may result in failure to receive required treatment and future benefits.

1. SERVICE MEMBER'S NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NUMBER	3. BRANCH OF SERVICE
--	---------------------------	----------------------

4. UNIT OF ASSIGNMENT	5. UNIT ADDRESS
-----------------------	-----------------

6. SUBJECTIVE AGE: _____

ALLERGIES (Medications and other): _____

CHRONIC ILLNESSES with date of onset: _____

MEDICATIONS/Supplements/Food/Rx/OTC (dosage and frequency): _____

SURGERY/HOSPITALIZATIONS (Hx of all): _____

ILLNESSES/INJURIES in last 12 months: _____

FAMILY RISK FACTORS (with date of onset): Heart Disease _____ High Blood Pressure _____ Diabetes _____ Cancer _____

Other- Please Specify _____

TOBACCO USE NO YES List quantity/frequency of current and past use _____

ALCOHOL USE NO YES List quantity and frequency of use _____

7. OBJECTIVE

VITAL SIGNS: Height (inches) _____ Weight (pounds) _____ BMI _____ Temp _____ Blood Pressure _____ / _____ Pulse _____

Respirations _____

DISTANT VISUAL ACUITY: OS _____ OD _____ NEAR VISUAL ACUITY: OS _____ OD _____

BODY SYSTEMS REVIEW	NORMAL	COMMENTS
a. General Appearance	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
b. HEENT	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
c. Lymph Glands	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
d. Cardiovascular (Auscultation)	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
If Murmur present	Standing makes it:	<input type="checkbox"/> Louder <input type="checkbox"/> Softer <input type="checkbox"/> No Change
	Squatting makes it:	<input type="checkbox"/> Louder <input type="checkbox"/> Softer <input type="checkbox"/> No Change
	Valsalva makes it:	<input type="checkbox"/> Louder <input type="checkbox"/> Softer <input type="checkbox"/> No Change
e. Vascular		
Carotid Pulses	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
Femoral Pulses	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
Pedal Pulses	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
f. Lungs: Auscultation/Percussion	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
g. Chest Contour	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
h. Skin	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
i. Abdomen and Viscera	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
j. Genito-urinary	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
k. Extremities	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
l. Spine, other musculoskeletal	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
m. Gross neurological (reflexes)	<input type="checkbox"/> YES / <input type="checkbox"/> NO	

8. ASSESSMENT

GENERAL HEALTH Excellent Good Fair Poor

Examiner's Comments: _____

9. PLAN

a. LABS ORDERED: LIPID PANEL THYROID CBC BMP CMP OTHER _____

b. CLINICAL PREVENTIVE SERVICES RECOMMENDED: Colonoscopy Mammogram Pap Test Prostate Hearing Assessment
 Other _____

c. PREVENTIVE/HEALTHY LIFESTYLE COUNSELING: Smoking Cessation Weight Reduction Stress Management

d. OTHER REFERRALS _____

10. PROVIDER'S NAME (Last, First, Middle Initial)

11. PROVIDER'S ADDRESS (Street, City, State, 9-digit Zip Code)

12. PROVIDER'S TELEPHONE NUMBER (Include Area Code)

13. PROVIDER'S SIGNATURE/STATE LICENSE NUMBER

14. DATE OF EXAMINATION (DD/MM/YYYY)

15. MILITARY USE BELOW THIS LINE

a. Date Fleet and Marine Corps Health Risk Assessment completed (DD/MM/YYYY): _____

b. Date counseling completed (DD/MM/YYYY): _____

c. Immunizations provided this date: _____ Date HIV drawn (<2yrs): _____

d. Medication prescriptions reviewed: YES / NO / NA

e. Corrective lenses prescription reviewed: YES / NO / NA

f. Date dental exam completed (DD/MM/YYYY): _____ Dental Class I II III IV

g. Required medical equipment: Prescription glasses (2 pair) Gas Mask Inserts (1 pair) Contacts
 Hearing Aids Medical Alert Tag (Red Dog Tags)

h. Deployment History: Deployed since the previous PHA? Yes No

Post-Deployment Health Assessment (DD2796) in record? Yes No

Post-Deployment Health Re-Assessment (DD2900) in record? Yes No

Any unresolved deployment-related issues or health concerns? Yes No

Member fit for full duty

Member placed in TNPQ / TNDQ / MRR / LOD status for: _____

MEMBER'S SIGNATURE _____ DATE _____

PROVIDER'S SIGNATURE _____ DATE _____

COUNSELOR/MDR'S SIGNATURE _____ DATE _____

**DEPARTMENT OF DEFENSE ACTIVE DUTY/RESERVE/GUARD/CIVILIAN
FORCES DENTAL EXAMINATION**

OMB No. 0720-0022
OMB approval expires
December 31, 2019

The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directive Division, Information Management Branch, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0720-0022). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 1074f, Medical Tracking System for Members Deployed Overseas; DoDD 1404.10, DoD Civilian Expeditionary Workforce; DoDI 6025.19, Individual Medical Readiness; and E.O. 9397 (SSN), as amended.

PURPOSE: To collect information necessary to determine your readiness to participate in a deployment with the U.S. Armed Forces.

ROUTINE USE(S): Your information may be shared with other Federal and State agencies and civilian health care providers, as necessary, to provide medical care and treatment and to guide possible referrals. The DoD Blanket Routine Uses may apply to this system. The complete list of DoD Blanket Routine Uses can be found online at: <http://dpdd.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. The Military Services individual system of records notices may have additional routine uses. They can be found at the individual links listed below. Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations. The applicable system of records notices and links to the full text are listed below.

Army: A0040-66b DASG, Health Care and Medical Treatment Record System, <http://dpdd.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-view/Article/569974/a0040-66b-dasg/>

Navy: N06150-2, Health Care Record System, <http://dpdd.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-view/Article/570394/n06150-2/>

Air Force: F044 AF SG E, Medical Record System, <http://dpdd.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569877/f044-f-sg-e/>

DISCLOSURE: Voluntary. However, failure to provide the information requested may result in delays in assessing your dental health needs for military service and/or for possible deployment.

1. SERVICE MEMBER'S NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NUMBER	3. BRANCH OF SERVICE
4. UNIT OF ASSIGNMENT	5. UNIT ADDRESS	

6. EXAMINATION RESULTS
Dear Doctor,
The individual you are examining is an Active Duty/Guard/Reserve/Civilian member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. **Please mark (X) the block that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. determine fitness for prolonged duty without ready access to dental care and is not intended to comprehensive dental needs.**

- (1) Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months
- (2) Patient has some oral conditions, but you **do not** expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment).
- (3) Patient has oral conditions that you **do** expect to result in dental emergencies within 12 months if not treated.
Examples of such conditions are: (X the applicable block or specify in the space provided)
 - (a) **Infections:** Acute oral infections, pulpal or periapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report.
 - (b) **Caries/Restorations:** Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months.
 - (c) **Missing Teeth:** Edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.
 - (d) **Periodontal Conditions:** Acute gingivitis or pericoronitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease or hormonal disturbances.
 - (e) **Oral Surgery:** Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.
 - (f) **Other:** Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.

(4) If you selected Block (3) above, please indicate the condition(s) you identified in this patient if they appear above, or briefly describe the condition(s) below:

(5) Were X-rays consulted?	IF YES, DATE X-RAY WAS TAKEN (YYYYMMDD)
7. DENTIST'S NAME (Last, First, Middle Initial)	8. DENTIST'S TELEPHONE NUMBER (Include Area Code)
9. DENTIST'S SIGNATURE'S LICENSE NUMBER	10. DATE OF EXAMINATION (YYYYMMDD)



ADMINISTRATIVE REMARKS (1070)

DATE Articles UCMJ explained to me this date as required by Article 137, UCMJ. <i>(Signature)</i>	DATE Articles UCMJ explained to me this date as required by Article 137, UCMJ. <i>(Signature)</i>	DATE I have been counseled concerning SBP and fully understand the automatic enrollment and future enrollment provisions on the Plan. <i>(Signature)</i>
---	---	--

TEMPORARILY NOT PHYSICALLY QUALIFIED (TNPQ) PLACEMENT

_____: I have been placed in a TNPQ status as of (date) due to (initials) a non-service related medical condition or injury. As a member of the United States Marine Corps Reserve, I am expected to maintain good physical health per DoDDI 6025.19

_____: I understand that while on TNPQ, per Marine Corps Order (initials) 1001R.IL and Force Order 6000.1, I am not authorized to perform Active Duty for Operational Support (ADOS) or Active Duty for Training (ADT) greater than 30 days I am also limited from performing any duties of which have been restricted by my health care provider with the endorsement of the Medical Department Representative. With that endorsement I maybe authorized to perform ADOS or ADT for less than 30 days.

_____: I have been informed and understand that I have 90 days (initials) from the date of TNPQ placement to return to Full Duty. If required, I may request up to two additional 30 day periods not to exceed 150 days from my medical department representative.

_____: I understand that while I am in the TNPQ status, I must (initials) provide medical documentation every 30 days from my health care provider to Medical Department Representative. Medical documentation must contain, my diagnosis, prognosis (anticipated date of return to full duty), and my limitation(s), Failure to provide required documentation could result in administrative separation. (for enlisted personnel).

_____: I understand i am on: (initials) TNPQ or TNPQ NON-DRILL (circle one)

_____: I have health insurance through: (initials)

_____: I do not have health insurance at this time. (initials)

_____: I have chosen to (initials)

PARTICIPATE or NOT PARTICIPATE (circle one)

in the TRICARE Reserve Select medical insurance program (TRS). I understand this program may help to defer the cost of my medical treatment.

Member's Contact Information

Home Address:

Phone Number:

Email Address:

(Member's Printed name) Members Signature Date

CO OIC/ OpSponsor CO OIC/ OpSponsor Date

NAME (last, first, middle)	EDIPI
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CHAPTER 11

PROFESSIONAL MILITARY EDUCATION (PME)

	<u>PARAGRAPH</u>	<u>PAGE</u>
GENERAL	11000	11-1
MARINENET	11002	11-2

CHAPTER 11

PROFESSIONAL MILITARY EDUCATION

11000. GENERAL

1. Professional Military Education (PME) is considered Other Duty Training (ODT). ODT is defined as authorized ADT, other than IADT, or AT, and shall be used to provide all other structured training, to include on-the-job training, for individuals to enhance proficiency. PME shall be used to support members in obtaining the necessary skills and disciplines to achieve required readiness standards.

2. The PME requested must:

a. Prepare the reservist to fill a specific billet vacancy.

b. Provide refresher/proficiency training in an occupational field or MOS in which the individual is already qualified.

c. Contribute to the reservist's career development.

3. Officers wishing to attend resident PME will be guided by MCO 1553.4B and annual Reserve PME MARADMINs which detail the qualification requirements and application procedures.

4. Enlisted Marines will ensure they complete PME appropriate for their grade.

a. Successful completion of an appropriate level nonresident and resident or seminar PME course is required to be considered fully qualified for promotion. Attendance at the appropriate level resident course alone will not fulfill the PME requirement for promotion.

b. Resident Reserve PME course information will be promulgated via MARADMIN and is also available from MARFORRES G-3 Training.

c. Weekend seminars for PME distance education programs are available for reserve enlisted Marines. Information for current fiscal year dates, requirements, and availabilities may be found by referencing the most recent Distance Education Seminar MARADMIN.

d. Reserve Component Marines who are approved for a funded PME seat will be funded by Marine Forces Reserve using MROWS and their DTS Reserve account.

11001. MARINENET

1. MarineNet is the primary professional military educational portal all Marines can use to complete electronic courses for grade/rank level PME, fiscal & annual training requirements, and even Inactive Duty Correspondence Points for anniversary year retirement credit. A Member's access and eligibility information is verified against the Defense Enrollment Eligibility Reporting System (DEERS).

2. Reserve Marines are strongly encouraged to look at the Enhanced and General Scholarly Elective courses offered through Marine University College of Continuing Education (CCE) to achieve Inactive Duty Correspondence Points.

CHAPTER 12

PERFORMANCE EVALUATIONS

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REPORTING OCCASIONS	12002	12-1
RESERVE ANNUAL FITNESS REPORT (AR) SCHEDULE	12003	12-2

CHAPTER 12

PERFORMANCE EVALUATIONS

12000. GENERAL

1. Reserve Component Marines will receive annual Fitness Reports (FitReps) per Ref (1). Performance evaluations are completed the same as AC Marines. FitReps will be prepared per the instructions and timelines contained in Ref (1).
2. Per MCO 1616.1 and MARADMIN 505/20, the Junior Enlisted Performance Evaluation System (JEPES) will be the means by which Marines in the ranks of Private through Corporal are evaluated and recommended for promotion to the next higher grade. This change is applicable to the Total Force.
3. IMA members should be cognizant of required reporting occasions and are responsible for submitting a Marine Reported on Worksheet (MROW) to their Reporting Senior via APES in MOL in a timely manner.
4. OpSponsors and RSs should refer to Ref (1) for further administrative details regarding Reserve FitReps not covered in this SOP. Questions may also be directed to RIS if further clarification or guidance is required.

12001. REPORTING SENIOR/REVIEWING OFFICER

1. When a Marine reports to a new IMA unit, the OpSponsor should work with the operational unit to determine a Marine's Reporting Senior (RS) and Reviewing Officer (RO). The RS should serve in a supervisory role to the IMA member and should be able to observe the Marine during the majority conduct of drills, AT, and possible periods of ADOS.
 - a. RS rank/grade requirements outlined in Ref (1) are still applicable when reporting on RC Marines.
 - b. OpSponsors should maintain a fitness report matrix which details the assigned RS/RO relationships of every member of their detachment.

12002. REPORTING OCCASIONS

1. The two most common fitness report occasions submitted for IMA Marines are Change of Reporting Senior (CH) and Annual (Reserve Component) (AR). Other reports such as Grade Change (GC), Transfer

(TR), To Temporary Duty (TD), From Temporary Duty (FD), End of Service (EN), Change in Status (CS), and Change of Duty (CD) will be addressed as they arise.

2. Annual reports for members of the IMA program must be observed regardless of drills and periods of active duty performed.

3. An IMA member should only expect to receive a Reserve Training (RT) report if they will be conducting their Annual Training away from their regular IMA Detachment duties. Members should consult Ref (1) and RIS in order to determine if they will require an RT report prior to conducting their Annual Training period.

a. An RT report may not be unobserved.

b. Reporting seniors may omit the RT report for reservists performing annual training and active duty periods of 12-30 days if they write the MRO's annual reserve report. When this occurs, the RS must include observations of the MRO's performance during annual Reserve training in the next reporting occasion.

12003. RESERVE ANNUAL FITNESS REPORT (AR) SCHEDULE

RESERVE COMPONENT	
REPORTING PERIOD ENDS	
<u>LAST DAY OF</u>	
PVT	JAN/JUL (JEPES)
LCPL	JAN/JUL (JEPES)
CPL	JAN/JUL (JEPES)
SGT	SEP
SSGT	SEP
GYSGT	SEP
1STSGT/MSGT	SEP
SGTMAJ/MGYSGT	MAY
WO/CWO	OCT
2NDLT	APR
1STLT	OCT
CAPT	SEP
MAJ	SEP
LTCOL	JUN
COL	JUL
BGEN	JUN

CHAPTER 13

HIGH ACTIVE DUTY TIME AND SANCTUARY

	<u>PARAGRAPH</u>	<u>PAGE</u>
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ENCLOSURES

NAVMC 10274 HADT/WAIVER OF SANCTUARY AA FORM	13A
NAVMC 11668 WAIVER OF SANCTUARY WITH CUMULATIVE ACTIVE DUTY SERVICE STATEMENT	13B

CHAPTER 13

HIGH ACTIVE DUTY TIME AND SANCUARY

13000. GENERAL.

1. The Marine Corps has promulgated strict regulations regarding the proper management of Reserve Component Marines entering 16 cumulative years of Active Duty (AD) service. Prudent and effective management of members with high active duty time will help prevent unintended impacts of statutory restrictions and positions the Marine Corps to meet future mission requirements, especially during periods of high operational tempo experienced during contingencies and other conflicts.

2. OpSponsors and IMA Marines seeking further clarification and information regarding these matters other than what is presented in this SOP should reference MCO 1800.11 and MARADMIN 284/18.

13001. DEFINITIONS

1. High Active Duty Time (HADT). A member within four AD years of becoming eligible for AD retired pay is referred to as having "high active duty time." This is when a Marine reaches 16 years cumulative paid AD points. The number of paid AD points corresponding to high active duty time is 5,840.

2. Active Duty Sanctuary. A member within two AD years of becoming eligible for AD retired pay is referred to as entering AD Sanctuary (herein referred to as "Sanctuary"). Sanctuary ends upon the member's completion of 20 years of AD time. The Sanctuary zone begins at 6,575 paid AD points and ends at 7,305 paid AD points. AD Sanctuary should not be confused with Reserve Sanctuary.

3. Reserve Sanctuary. Reserve officers who have completed their military service obligation are required to earn a minimum of 27 retirement credit points per anniversary year to be retained in an active status or they will be transferred to the inactive status list (ISL). Officers within two years of obtaining Reserve retirement eligibility in a Reserve Sanctuary status will not be involuntarily transferred to the ISL for failure to meet minimum participation requirements while that protection remains in place.

4. Any officer having obtained 18 satisfactory years towards retirement however failing to earn 27 Reserve retirement points during their last anniversary year will be granted a three-year suspension from being involuntarily transferred to the ISL.

13002. HIGH ACTIVE DUTY TIME

1. A member who has or will accumulate more than 16 years AD service and desires to voluntarily accept AD orders must submit, via their OpSponsor, a High Active Duty Time Waiver (HADTW).
2. Per MCO 1800.11A and MARADMIN 558/12, HADT does not apply to Annual Training (AT) or Reserve Counterpart Training (RCT) orders as, by law, these orders do not involve sanctuary protections.
3. High Active Duty Time Waivers for members on AD 29 days or less (and not in sanctuary status) are approved by the Director, Reserve Affairs.
4. High Active Duty Time Waivers for periods of AD 30 days or more must be approved by Deputy Commandant, Manpower & Reserve Affairs.
5. Members who are within a year of becoming high active duty Marines must notify their OpSponsor. These members should also request a CRCR audit via MOL EPAR if not already initiated.
6. A HADTW is generated by completing a NAVMC 10274 Administrative Action (AA) Form. An example is given in Encl 13A. All HADTWs will also be submitted with a completed NAVMC 11677 Cumulative Active Duty Service Statement as per Encl 13C. The HADTW request shall contain information outlining unique skills/qualifications possessed which meet critical mission requirements of the Marine Corps. The waiver request shall require endorsement by the first General Officer (GO)/Flag Officer (FO)/Senior Executive Service (SES) within the Marine's chain of command. Waiver requests signed with "by direction" authority will be returned without action.
7. Waiver requests applicable to ADOS-CO orders will be submitted to MMIB-2 for consideration.

13003. SANCTUARY

1. For those members who apply for AD orders or extensions to AD orders that may result in sanctuary, these requests will be reviewed by a Sanctuary Board appointed by the Deputy Commandant, Manpower & Reserve Affairs.
2. Members should be mindful that approval of sanctuary status is rare and should be accompanied by sound justification. Members should also bear in mind that Sanctuary Marines are world-wide assignable.
 - a. Once a member in a sanctuary status reaches 20 years of active duty time, their Sanctuary status terminates. They are released from Active Duty and are eligible for an Active Duty retirement.

b. Those Marines in a sanctuary status who wish to serve beyond 20 Active Duty years will need to be approved by DC M&RA and must meet a specific validated Marine Corps manning requirement.

3. Reservists not approved for sanctuary eligibility may voluntarily waive consideration of this status. Voluntary Waivers of Sanctuary are only applicable to orders that do not exceed 179 days.

4. Sanctuary waiver requests must be accompanied by a HADTW request. RC Marines may initiate their request utilizing an AA form as shown in Encl 13A with endorsement, as well as a signed NAVMC 11668 Statement of Understanding (Waiver of Sanctuary) as shown in Encl 13B and a completed NAVMC 11677 Cumulative Active Duty Service Statement as per Encl 13C. The HADT waiver with voluntary waiver of sanctuary request shall contain full justification of critical skills/qualifications possessed that meet critical mission requirements of the Marine Corps. Only RC Marines who meet these requirements shall be eligible for consideration (DC M&RA approval authority) to voluntarily serve beyond 18 years of AD service. The waiver request shall require endorsement by the first GO/FO/SES within the Marine's chain of command. Waiver requests signed with "by direction" authority will be returned without action.

a. Waiver requests applicable to ADOS-CO orders will be submitted to MMIB-2 for consideration.

b. If the mobilization period requires an extension beyond 179 days, the RC Marine must request a new sanctuary waiver. If the RC Marine does not elect to waive sanctuary, he/she will demobilize and may return to a drilling status or be transferred to the IRR.

13004. INVOLUNTARY SEPARATIONS PAY

1. Per 10 USC 1174 and MCO P1900.16F, a RC Marine is entitled to involuntary separations pay upon release from active duty if all of the following apply:

a. The member performed six or more continuous years of active duty (2,190 ACDCU points, or more).

b. There are no breaks in service greater than 30 consecutive days in duration during the ACDCU period.

c. The Marine submitted a request via NAVMC 10274 AA Form to the appropriate authority for further Active Duty service at least six months prior to EAS and was denied.

d. The final Active Duty period prior to separation was not Active Duty for Training (ADT).

2. To apply for involuntary separations pay, a member will submit a request via an AA form with command endorsement to MMIB/MMSR.

3. If a member is granted involuntary separations pay and subsequently becomes eligible for retirement (regular or reserve), the member will have their retirement reduced by the amount the member received in involuntary separations pay.

ADMINISTRATIVE ACTION (5216)
NAVMC 10274 (REV. 3-93) (EF)
Previous editions will be used

1. ACTION NO.	2. SSIC/FILE NO. 1800
3. DATE 2020 07 01	

4. FROM (Grade, Name, SSN, MOS, or CO, Pers. O., etc.) LtCol Lewis B. Puller EDIPI/0102		5. ORGANIZATION AND STATION (Complete address) Commanding General II MEF PSC Box 20080 Camp Lejeune, NC 28542		
6. VIA (As required) (1) Commanding General, II MEF (2) Commander, MARFORCOM				
7. TO: <table border="1"><tr><td>Commandant of the Marine Corps DC, M&RA (MMIB-2) Headquarters U. S. Marine Corps 3280 Russell Road Quantico, VA 22134</td></tr></table>		Commandant of the Marine Corps DC, M&RA (MMIB-2) Headquarters U. S. Marine Corps 3280 Russell Road Quantico, VA 22134	8. NATURE OF ACTION/SUBJECT 16-YEAR HIGH ACTIVE DUTY TIME WAIVER <u>REQUEST</u>	
Commandant of the Marine Corps DC, M&RA (MMIB-2) Headquarters U. S. Marine Corps 3280 Russell Road Quantico, VA 22134				
9. COPY TO (As required)				
10. REFERENCE OR AUTHORITY (if applicable) (a) MCO 1800.11A (b) MCO 1001.61A		11. ENCLOSURES (if any) (1) Reserve Qualification Summary (RQS) (2) Military Biography (optional)		

12. SUPPLEMENTAL INFORMATION (Reduce to minimum wording - type name of originator and sign 3 lines below text)

1. Per the references, I hereby request a high active duty time waiver. The following information is provided and the enclosures are submitted for consideration:

- a. Desired Billet: 123456 (RTN)/LNO (Billet Description)/Afghanistan (Location). POC for billet is: SgtMaj John Quick at MARCENT, DSN 651-7000.
- b. I certify that I meet the current height and weight standards: Height/Weight; 69"/185 lbs (include body fat % if applicable)
- c. Current PFT and CFT Score with dates: 235/28 Apr 17, 280/17 Nov 16
- d. Security Clearance: Secret/PR 1 Jan 2017
- e. I certify that my last physical exam/physical health assessment (PHA) was 080108 and I have been found physically fit for full duty and worldwide assignment.
- f. If approved, I understand that this waiver is only valid for the duration of the orders requested and/or available fiscal authorities.
- g. Cumulative Active Duty Service Statement: I have reviewed my cumulative active duty service and certify that the amount of my cumulative active duty service is ___ years and ___ months. I understand that if this amount is incorrect, I may be released from active duty at any time.

LEWIS B. PULLER

13. PROCESSING ACTION. (Complete processing action in item 12 or on reverse. Endorse by rubber stamp where practicable.)
--

ENCLOSURE (3A)

FIRST ENDORSEMENT on LtCol Puller's AA Form dtd 20200701

20200702

From: Commanding General, II MEF
To: Commandant of the Marine Corps (MMIB-2)
Via: Commander, Marine Forces Command

Subj: 16-YEAR HIGH ACTIVE DUTY TIME WAIVER REQUEST

1. Forwarded, recommending approval of the waiver request to exceed 16 years of active duty service. (Note: Insert specific language and information that contains the unique skills and qualifications possessed by the Marine to meet critical mission requirements.)
2. LtCol Puller's height and weight has been verified by this command. A Naval medical professional has reviewed the DD Form 2807-1 (Report of Medical History) and SF 600 (Chronological Record of Medical Care) or NAVMED 6120/4 (Periodic Health Assessment) and found that LtCol Puller is fit for full duty and worldwide assignment.

CLIFTON B. CATES
(Note: initial endorser must be first GO/SES)

SECOND ENDORSEMENT on LtCol Puller's AA Form dtd 20200701

20200703

From: Commander, Marine Forces Command
To: Commandant of the Marine Corps (MMIB-2)

Subj: 16-YEAR HIGH ACTIVE DUTY TIME WAIVER REQUEST

1. Forwarded, recommending approval of the waiver request to exceed 16 years of active duty service. (Note: Insert specific language and information that contains the unique skills and qualifications possessed by the Marine to meet critical mission requirements.)
2. LtCol Puller has been mobilized with this command for the last year in the S-1 billet and has performed his duties in an exemplary manner. (Note: Insert specific language and information that contains the unique skills and qualifications possessed by the Marine to meet critical mission requirements.)

SMEDLEY BUTLER

ENCLOSURE (13A)

**Waiver of Active Duty (AD) Sanctuary and
Cumulative Active Duty Service Statement**

1. I understand that under the sanctuary protection provided to me by 10 U.S.C. section 12686(a), if I serve the period(s) of AD that is the subject of this waiver from _____ (date) to _____ (date), I may then be serving on AD 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 AD, without approval by the Secretary of the Navy (SECNAV), before I become eligible for retired pay unless I have voluntarily waived sanctuary protection as set forth in 10 U.S.C. section 12686(b).

2. I understand that in order for me to serve on AD during the period specified above, which would bring me within the sanctuary protection, I must voluntarily waive my right to sanctuary protection, IAW 10 U.S.C. section 12686(b) as a precondition to receiving orders to active duty.

3. This waiver, shown by my signature below, means I will not receive sanctuary protection. Therefore, I will be released from AD without SECNAV approval even though serving on AD within two years of becoming eligible for retired pay on or before the ending date specified above.

4. I also understand neither my waiver nor any order request submitted here requiring me to perform further voluntary AD service is effective until this waiver is acknowledged and orders approved by DC M&RA (MM).

I, _____ voluntarily waive (Grade, Name and MOS) my right to invoke sanctuary protection as provided under Title 10 U.S.C. section 12686(a).

(Marine 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 sanctuary for an AD retirement I am allowed to perform on ADOS orders not to exceed 179 days.

_____ I understand that while performing the approved orders I may not claim sanctuary.

_____ I understand that for each ADOS orders (not to exceed 179 days) a new set of orders must be accomplished in conjunction with a new waiver.

_____ I understand that my AD orders will not begin until I have proper acknowledgement/approval from the DC M&RA.

_____ I understand that this written document will be filed in my OMPF by DC M&RA (MMSB) as evidence that I have voluntarily waived my right to sanctuary protection.

_____ I understand that I will continue to accrue active duty points while performing this tour with a waiver in place.

_____ I understand this sanctuary waiver is irrevocable for the voluntary period of active duty for which the waiver has been requested.

Marine's Signature

Date

NAVMC 11668 (09-09) (EF)

FOUO – Privacy sensitive when filled in

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ENCLOSURE (13B)

Cumulative Active Duty Service Statement

"I have reviewed my cumulative active duty service and certify that my cumulative active duty service is _____ years and _____ months. I understand that if this is less than my actual cumulative active service my active duty orders are subject to termination. I understand the additional active duty time is creditable towards my Reserve retirement."

Signature Date

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE: Information collected by this form will be used to waive your active duty sanctuary protection.

RETENTION AND SAFEGUARDS: The information collected on this form will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice M01070-6: MARINE CORPS OFFICIAL MILITARY PERSONNEL FILES (OMPFs) which can be downloaded at <http://www.defenselink.mil/privacy/notices/usmc/M01070-6.shtml>. OMPF records are maintained in secure, limited access, and/or monitored areas. Physical entry by unauthorized persons is restricted through the use of locks, guards, passwords, and/or other administrative procedures. Access to personal information is limited to those individuals who require the records to perform their official assigned duties.

ROUTINE USES: To various officials outside the Department of Defense specifically identified as a Routine Use in Privacy Act System of Records Notice M01070-6 for the stated specific purpose in addition to those set out in the blanket routine uses established by the Department of Defense Privacy Office and posted at <http://www.defenselink.mil/privacy/notices/blanket-uses.html>.

DISCLOSURE: Providing information on this form is voluntary. Failure to provide the requested information will result in you retaining sanctuary protection as set forth in Title 10 U.S.Code.

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FOUO – Privacy sensitive when filled in

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ENCLOSURE (13D)

CHAPTER 14

REENLISTMENT

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CHAPTER 14

REENLISTMENT

14000. GENERAL

1. Career management is ultimately the responsibility of each Marine. Reserve Marines will be cognizant of the length of their enlistment and ensure they inform their OpSponsor and respective administrative representative of the end date of their contract.

2. It is recommended Marines contact the Henderson Hall H&S Bn Career Planner no later than six months prior to their Reserve End of Current Contract (RECC). Initiating the process six months' prior allows the Marine time to fix any problems (i.e. fitness report date gaps or unacceptable medical readiness) which could delay or prevent their reenlistment from receiving Headquarters Marine Corps approval. The reenlistment process for RC Marines is similar to any AC Marine assigned to the Command.

14001. REENLISTMENT REQUIREMENTS

1. Members seeking to reenlist will ensure:

a. They have a certified Height and Weight memorandum taken within 90 days of the reenlistment request.

b. They have a current passing PFT/CFT which has been entered into MCTFS. Unless pregnant, partial and medical PFT/CFT scores are not considered "passing PFT/CFT" (class 8 and class 5).

c. They have a certified Career Retirement Credit Report (CRCR) within the last year and any necessary corrections have been run in MCTFS.

d. They have a current PHA/Physical and that it has been run in both MRRS and MCTFS.

e. They have no fitness report date gaps.

f. They have updated their Annual Civilian Employment Information (CEI).

g. Security clearance must be adjudicated as prescribed by NAVMC 1200.1F. Members may verify their clearance status with their operational command or the Henderson Hall Security Manager, if applicable.

h. They have their OpSponsor's recommendation.

14002. PROCESS

1. Members may reenlist one year from their RECC; however, Marines are only eligible to reenlist with their FY cohort. Submission window for subsequent FYs are submitted in July (see FY-XX Retention guidelines).

2. Members may initiate the process by contacting the Henderson Hall H&S Bn Career Planner.

3. Members will complete a NAVMC 11537A Reserve Re-enlistment Extension Lateral Move (RELM) Route Sheet as per Figure 7A and coordinate with the H&S Bn Career Planner.

a. This form took the place of the NAVMC 10842A Reserve Re-enlistment Extension Lateral Move (RELM) Request as of Aug 2010 with MARADMIN 441/10.

b. The NAVMC 11537A is to be attached to all Reserve Total Force Retention System (TFRS) requests.

c. Members will:

(1) Complete blocks 1-24 (as applicable), blocks 34-36, and sign block 37. Members should be aware that signatures are only valid up to 90 days.

(2) Ensure they input name, rank, and EDIPI on each page.

(3) Obtain and submit with re-enlistment package DD Form 2813 (AD/Reserve Forces Dental Exam); Height/Weight Verification (only if previously not within standards); Security Screening memo; Page 11 and 12 from OMPF.

d. H&S Bn S-1 Legal Officer will complete block 38e, Legal Certification and note that blocks 39c - 39f are not applicable.

e. For block 39G, "Command Recommendation," the OpSponsor/SNCOIC/OIC will input their recommendation endorsement, comments and their endorsement signature. The OpSponsor will annotate 'OpSponsor' next to rank/title, if applicable.

4. Members will return their completed reenlistment documents to the Unit Career Planner.

14003. ENLISTMENT DROPS

1. Marines who did not execute a reenlistment or extension with enough time prior to their RECC date will be discharged in the Marine Corps Total Forces System (MCTFS) by MFR IPAC. If they are discharged and did not reenlist or extend in time and still desire to be in the Marine Corps, they must seek enlistment as a civilian through a Prior Service Recruiter.

Reserve Reenlistment Extension Lateral Move (RRELM) Request

1. Rank		2. Name (Last, First, MI)					3. EDIPI		4. MOS	5. BMOS	
6. DOR	7. AFADBD	8. PEBD	9. RECC	10. EAS	11. DCTB	12. MDSD	13. CRGR Cert Date	14. RCOMP	15. RUC	16. MCC	
17. Type of Request				18. Length Requested		19. Career Designated (AR Only)			20. SOE Code		
21. Organization (Unit / Section)								22. Work Phone			
23. Conduct / Proficiency Marks AVG CON in Enlistment _____ AVG PRQ in Enlistment _____ <i>(For ALL Cpls and below, to include Sgt's with less than 2 yrs TIG.)</i>						24. Fitness Report Validation FillRep Date Gap(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Date Verified : _____					
25. Test Scores <i>(FTAP / LatMove Only)</i>				26. Duty Station Options <i>(AR / LatMove Only)</i>			27. LATMOVE Choices <i>(List only those MOS's SNM is qualified for.)</i>				
GT	MM	EL	CL	1st	2nd	3rd	1st	2nd	3rd		
28. High School Graduate (MSO Only) <input type="checkbox"/> Yes <input type="checkbox"/> No				29. Previous Requests (Within last 12 months.) <input type="checkbox"/> Yes <input type="checkbox"/> No							
30. Draw Case Codes		1) _____ / _____		2) _____ / _____		3) _____ / _____					
31. UCMJ History <i>(This section will include all Military and Civilian convictions on current contract or within the last 5 years)</i>											
Conviction Type : _____			Articles(s) : _____			Date : _____					
Conviction Type : _____			Articles(s) : _____			Date : _____					
Conviction Type : _____			Articles(s) : _____			Date : _____					
32. Bonus Eligibility						Previous Bonus Payments					
Is SNM currently eligible for EAB/SSB? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, SOU must be completed.)</i>						EAB/SSB _____ Amount Paid : _____					
Is SNM currently eligible for KICKER? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, ensure SNM understands and completes kicker SOU)</i>						EAB/SSB: _____ Amount Paid : _____					
REB: _____ Bonus Amount : _____						EAB/SSB: _____ Amount Paid : _____					
33. Does SNM Require a Tattoo Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(SDA Only)</i>						<i>(If yes, attach Color Photo and descriptions.)</i>					
34. Does SNM Have Broken / Prior Service? <input type="checkbox"/> Yes <input type="checkbox"/> No						<i>(If yes, attach Statement of Service (NAVMC 11501).)</i>					
35. Active Duty Spouse Information											
35a. Name	35b. Rank	35c. MOS	35d. Branch	35e. EAS	35f. MCC	35g. RTD					
36. Remarks											
37. Member Certification. I certify that to the best of my knowledge all information provided above is accurate.											
Marine's Signature : _____						Date : _____					
Career Planner's Signature : _____						Date : _____					

Reserve Reenlistment Extension Lateral Move (RRELM) Request

(Please check the appropriate boxes and make brief comments justifying your recommendations.)


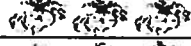
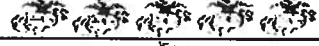

Rank	Name	EDIPI
39. Command Recommendations		
<p>39a. SNCOIC <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended</p> <p>Comments :</p> <p style="text-align: right;">TIER LEVEL: I II III IV (CIRCLE ONE)</p> <p>_____</p> <p style="display: flex; justify-content: space-between;">RankNameSignatureDate</p>		
<p>39b. OIC <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended</p> <p>Comments :</p> <p style="text-align: right;">TIER LEVEL: I II III IV (CIRCLE ONE)</p> <p>_____</p> <p style="display: flex; justify-content: space-between;">RankNameSignatureDate</p>		
<p>39c. SENIOR ENLISTED STAFF SECTION <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended</p> <p>Comments :</p> <p style="text-align: right;">TIER LEVEL: I II III IV (CIRCLE ONE)</p> <p>_____</p> <p style="display: flex; justify-content: space-between;">RankNameSignatureDate</p>		
<p>39d. STAFF SECTION OIC <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended</p> <p>Comments :</p> <p style="text-align: right;">TIER LEVEL: I II III IV (CIRCLE ONE)</p> <p>_____</p> <p style="display: flex; justify-content: space-between;">RankNameSignatureDate</p>		

RETURN TO CAREER PLANNING OFFICE

NAVMC 11537A (Rev. 1-2015) (EF)
PREVIOUS EDITIONS ARE OBSOLETE

FOR OFFICIAL USE ONLY
Privacy sensitive when filled in

Reserve Reenlistment Extension Lateral Move (RRELM) Request

Rank	Name	EDIPI
39g. Commanding Officer / Commander Recommendation <i>Must have Special Courts-Martial convening authority or be properly designated as "Acting", via an Assumption of Command or Appointment Letter</i>		
Does SNM meet all reenlistment prerequisites : <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is SNM recommended for this request: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tier I - Does superior work in all duties. Even extremely difficult or unusual assignments can be given with full confidence that they will be handled in a thoroughly competent manner. Demonstrates positive effect on others by example and persuasion. A Tier I Marine may not have any NJP, court martial, or civilian conviction on his current contract		
Tier II - Does excellent work in all regular duties, but needs assistance in dealing with extremely difficult or unusual assignments. Demonstrates reliability, good influence, sobriety, obedience, and industry. A Tier II Marine may have only one form of jeopardy on contract in the form of NJP or misdemeanor civilian conviction, but may have no courts martial.		
Tier III - Can be depended upon to discharge regular duties thoroughly and competently but usually needs assistance in dealing with problems not of a routine nature. A Tier III Marine may have no more than two incidents of jeopardy in the form of NJP or misdemeanor civilian conviction, but have no courts martial conviction.		
Tier IV - May or may not meet minimum standards. Any Marine with a courts martial conviction will be categorized as Tier IV.		
Commander's Tier Evaluation:	<input type="checkbox"/> I 10%	
	<input type="checkbox"/> II 30%	
	<input type="checkbox"/> III 50%	
	<input type="checkbox"/> IV 10%	
Comments to HQMC (RA-RCT):		
_____ Rank	_____ Name	_____ Signature
		_____ Date

CHAPTER 15

RETIREMENT

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CHAPTER 15

RETIREMENT

15000. GENERAL.

1. A Reserve Marine may request retirement at any time once qualifying service has been met. Marines having 20 satisfactory years are eligible for a regular reserve retirement and must request a date of retirement along with a request to receive retired pay.

2. In accordance with Department of the Navy policy, Marines shall only be retired under one retirement system, either AD with immediate annuity or Reserve with pay at age 60 (or reduced eligibility age if requirements are met). This chapter only refers to Reserve Retirement, herein referred to as 'retirement.'

15001. REQUIREMENTS

1. In order to become eligible for retirement, members must have 20 or more satisfactory years.

a. Retirement is calculated by retirement points and qualifying years.

b. Marines, who have earned at least 20 satisfactory years, must earn at least 50 points each anniversary year to remain in an active status. 50 point waivers (aka "one-time waivers") can only be granted once in a Marine's career. MARADMIN 303/08 further explains this process.

c. In a given anniversary year, retirement point credit resulting in less than a 50 point total is added to a cumulative retirement point total, but that anniversary year is not a qualifying year. Non-qualifying years will count towards Total Service time at retirement.

2. Once a RC Marine reaches the age of 60 (or reaches their reduced eligibility age), the member must request transfer to the Reserve Retired List with pay and shall then be eligible to receive retired pay.

3. If a RC Marine chooses to retire before the age of 60, the member shall be transferred to the retired Reserve awaiting pay at age 60 (or reduced eligibility age). This is the category most IMA members will fall under. This category is referred to as the Retired Reserve Awaiting Pay. A retiree who is recalled to AD is eligible for sanctuary if he/she reaches 18 years of AD.

4. The National Defense Authorization Act (NDAA) for Fiscal year 2008 authorized the reduction of eligibility age for retired pay to be reduced below 60 years of age by three months for each aggregate 90 days the member serves on active duty after 28 January 2008 during a fiscal year. DoD Instruction 1215.07 explains this change in law. HQMC M&RA, Manpower Management Separations and Retirement Branch (MMSR-5) will calculate this date when they process the member's "transfer to the Retired Reserve Awaiting Pay" retirement package, and the date they are eligible for retired pay will be included in their orders.

4. The following minimum satisfactory service in grade applies for Marines requesting transfer to the Retired Reserve Awaiting Pay at Age 60 per paragraph 3012 of the MarCorSepMan:

<u>Grade</u>	<u>Time In Grade</u>
O5, O6	3 years
O1-O4	6 months
W1-W5	30 days
E7-E9	2 years
E6	None

15002. ADMINISTRATIVE CONSIDERATIONS

1. Retirement has to be actively requested by the retiring RC Marine. Retirement is not automatically granted once a Marine reaches 20 satisfactory years.

2. Retirement requests must be submitted within 4-14 months from the requested retirement date per Ref (o). Members must ensure their request has been properly routed through their chain of command in order for their package to be accepted.

a. Requests for retirement outside of the 4-14 month window must be accompanied by a memorandum (naval letter format) detailing the extenuating circumstances. Special requests will be submitted via the OpSponsor (with RIS CC'd) to MMSR-5 via the CSC unit level OMB email at smb.manpower.mmsr5@usmc.mil.

b. Packages which have not been properly routed through the chain of command and/or have not provided any justification as to why the request was not submitted within expected timeline regulations will be denied and returned by MMSR-5.

c. Based on historical incidents, it is strongly recommended IMA Marines submit their retirement request package, at a minimum, 6 months out from their intended retirement date to ensure it has time to process.

3. Retirements dates must be on the first day of the month requested.
4. For Enlisted Marines, requested retirement date must be on or before their Reserve ECC.
5. For Officers, requested retirement date must be on or before their Mandatory Removal Date.
6. IMA Members should plan to NOT drill for at least two weeks prior to their retirement date or be on AD orders 30 days prior to their retirement date. This will allow MCTFS and administrators time to accurately process their transfer to the Retired Reserve Awaiting Pay at Age 60 and process final pay and creditable points.

15003. PROCESS

1. Upon reaching 20 qualifying years of service, CMC (MMSR-5) will send the Marine a letter called a Notice of Eligibility (NOE). If the Marine has not yet reached 20 qualifying years of service, he/she will receive the letter with their retirement package.

a. The NOE package will include:

(1) Letter of Notification

(2) DD Form 2656-5 Reserve Component Survivor Benefit Plan (RCSBP) Election Certificate (Encl 15B)

2. RCSBP is the sole means for Reserve Component Marines with 20 qualifying years of service for retirement to provide a portion of their future retired pay to survivors if they die before they receive retired pay at their Non-Regular Reserve Retirement. By law, all retiring Marines, with or without eligible dependents, are required to make an SBP election via DD Form 2656-5 (Encl 15B). RCSBP costs will be automatically deducted from your retirement check.

a. Retirees have 3 options regarding RCSBP election:

(1) Option A: Decline election until age 60

(2) Option B: Deferred Annuity

(3) Option C: Immediate Annuity

b. Marines have 90 days from receipt of your NOE package to return your election form. If you do not reply:

(1) Married Marines: Will be auto enrolled into Option C

(2) Single, Divorced, Widowed Marines: Will be auto enrolled into Option A

c. Retiring Marines should be aware that RCSBP elections are generally irrevocable once selected and certain elections need concurrence.

d. Marines seeking further education and instruction regarding the Survivor Benefit Plan can access a training course on MarineNet by searching for course name Survivor Benefit Plan (SBP) for Retirees, Code SBPFORRET0. For additional information regarding SBP coverage and election, Marines may also visit the DFAS website at <https://www.dfas.mil/retiredmilitary/provide/sbp/>.

3. To initiate the process for retirement, a member must submit a Retirement Request Form (Encl 15A) to their OpSponsor. OpSponsors/unit OICs will need to endorse the Retirement Request Form. Once reviewed and endorsed, the request will be submitted by the member via MOL EPAR to the MARFORRES CSC who will run a unit diary entry via MCTFS. The member should also submit their request to the MMSR-5 OMB inbox at smb.manpower.mmsr5@usmc.mil.

4. If an IMA Marine is mobilized when they submit their retirement request, the active duty command will endorse the request, but the Marine must still send their request (via EPAR) to MFR CSC to have the entry reported on their Reserve RUC. Additionally, mobilized Marines should ensure their EAS is at least 30 days prior to their desired retirement date.

5. Retiring Marines should also review information regarding the Reserve Component Survivor Benefit Plan (SBP) Election and fill out a DD Form 2656 (Retired Pay Data Form) (Encl 15B) to accompany their retirement package. Currently, the Marine Corps has the highest rate of retirees who do not have a DD Form 2656 on record. The DD Form 2656 should be forwarded to DFAS no later than 30 days prior to the Marine's retirement date. All retirees, to include those Marines being transferred to the Temporary Disability Retired List, the Permanent Disability Retired List, or those Marines who are being medically retired need to have an election form on record. IMA Marines may contact RIS for guidance regarding this form if needed.

6. Upon review, MMSR-5 will report the retirement request as pending and send a confirmation email. If the member does not receive a confirmation email within two weeks of submitting their retirement request, please contact MMSR-5.

7. A Marine may verify their eligibility retirement date in MOL by accessing their BIR and looking under the Retirement Information heading.

8. The member who has requested retirement should expect to receive retirement documents two to three weeks prior to the requested retirement date. If the documents are not received in the expected timeframe, the member should contact HQMC M&RA, Manpower Management Separations and Retirement Branch (MMSR-5).

9. If the member is planning a retirement ceremony, they should inform their operational chain of command and also inform MMSR-5 of their ceremony date. MMSR-5 will ensure the Marine receives a blank certificate in time for their ceremony. The actual certificates will be mailed when the member's orders and final CRCR are complete. The member's unit should assist in conducting a ceremony, but it is ultimately the member's responsibility to coordinate all actions involved in the ceremony.

15004. MISCELLANEOUS.

1. A final physical is only required for an active duty retirement. If a physical exam is desired and the Reserve Marine is currently on active duty orders, they may request a physical prior to their EAS. If the Marine is not on active duty, they will not be brought on orders for the purpose of obtaining a final physical.

2. Marines transferring to the Retired Reserve Awaiting Pay at Age 60 are not authorized retirement preparation PTAD.

3. On a space available basis, local commanders may authorize Reserve Marines who have requested transfer to the Retired Reserve Awaiting Pay at Age 60 to attend local Transition Readiness Seminars (TRS). This is not a requirement.

4. Retiring members may be able to purchase health insurance through a new program called TRICARE Retired Reserve (TRR). Effective 1 October 2010, eligible Reserve retirees who are awaiting pay at age 60 can purchase TRICARE health coverage for themselves and their eligible family members. A retiree may be eligible if he/she is under age 60, and are not eligible for, nor enrolled in, the Federal Employees Health Benefits (FEHB) program. Premiums will be adjusted annually. The comprehensive health care coverage provided by the premium-based TRR is similar to TRICARE Standard. After purchasing TRR, members will receive the TRICARE Retired Reserve Handbook, which includes details about covered services, how to get care and who to contact for assistance. For more information, visit www.tricare.mil/trr.

5. It is important retiring Marines keep MMSR-5 informed of any changes to their mailing address, phone number, or email address. Marines can update their information via the following means:

-
- a. Marine On Line (MOL) (call 816.926.5916 for MOL assistance)
 - b. Email updates to SMB.MANPOWER.MMSR5@usmc.mil
 - c. Telephone at 703.784.9306/7
 - d. Mail updates to CMC (MMSR-5), 3280 Russell Road, Quantico VA
22134

Date:

From: _____
(Grade) (First and Last Name) (SSN)

To: Commandant of the Marine Corps (MMSR-5)

Via: (1) Commander, Marine Forces Reserve

(2) Commanding Officer, (insert your SMCR Unit) *(for SMCR Unit Marines only)*

Subj: REQUEST TRANSFER TO THE RETIRED RESERVE AWAITING PAY AT AGE 60

Ref: (a) MCO P1900.16F

1. Per paragraph 3016 of the reference, I request to be transferred to the Retired Reserve effective the first day of the month of _____(Month/Year).

2. I believe I am eligible for retirement due to the completion of 20 or more qualifying federal years (with at least 50 retirement points per year) of honorable service in the Armed Forces.

3. Per the reference, I elect the following option (select one):

___ a. I do not desire to have a retirement ceremony. Please mail the package directly to my home address as follows: _____.

___ b. I desire to have a retirement ceremony. Details for my retirement ceremony are as follows (if known):

Date of ceremony: _____

Unit mailing address: _____

Grade Rank and full name of POC at unit: _____

Retiring Official (rank and full name): _____

4. I understand the following (please initial each block):

___ a. I must retire on the first day of the month.

___ b. (Enlisted only) I must retire while I am on a valid contract. Therefore my requested retirement date must be prior to my Reserve End of Current Contract (RECC). If I fail to obtain an extension to my current contract, I understand that my retirement request will be denied if I do not currently have sufficient time remaining on my current Reserve contract.

___ c. (Officer only) I must retire on or before my Mandatory Removal Date. I may not be placed on medical hold beyond my MRD unless approved by the Secretary of the Navy prior to my MRD.

___ d. (Enlisted only) My request for retirement will cause my deletion from promotion eligibility. If I have twice failed selection and my RECC is after the adjournment date of the

ENCLOSURE (15A)

Subj: REQUEST TRANSFER TO THE RETIRED RESERVE AWAITING PAY AT AGE 60

board, I may request via message to be considered for promotion while voluntarily processing for retirement. I understand that this request must be submitted to HQMC (MMSR-5 and MMPR-2) at the time I request retirement. I understand that if selected for promotion and my name is on a promotion selection list, my request for retirement will result in the removal of my name from that list.

___ e. (Officer only). (1) If my requested retirement date is approved and occurs within 90 days of the convening date of a promotion board for which I am to be considered, I will no longer be eligible for consideration. This will cause my deletion from the eligibility zone and counts as a failure of selection even if I successfully withdraw my retirement at a later date. (2) If my requested retirement date is more than 90 days after the convening date of a promotion board for which I am to be considered, and if I am selected for promotion after having submitted my request to retire, I may request withdrawal of my retirement.

___ f. I must EAS at least 2 weeks prior to my desired retirement date in order to allow sufficient time for administrative transactions to properly post in MCTFS.

___ g. I may not request cancellation of my application for retirement or modify the effective date except for one of the following reasons: (1) For a fully documented humanitarian or hardship circumstance that has occurred since my application was submitted. (2) In the best interest/needs of the Marine Corps. I understand that this determination will ultimately be made by HQMC and not by my present command.

___ h. I can expect to retire on the date approved by CMC unless I am placed on legal or on medical hold, as authorized only by HQMC, prior to my actual retirement date. I understand that if I am at service limitations or otherwise pending mandatory retirement, a deferment for medical reasons may only be accomplished if I have a complete medical board accepted by the president of the Physical Evaluation Board or I am hospitalized on my actual retirement date as an in-patient.

___ i. A request to modify a retirement date must be submitted with appropriate justification and command endorsements no less than 45 days prior to the approved retirement date.

___ j. I understand that the Defense Finance and Accounting Service, Cleveland (DFAS-CL) computes retired pay under the applicable formula established by law, according to my grade, and total number of retirement points per para 3013 of the reference.

___ k. I fully understand that I may not extend my retirement date, once a date has been requested, solely to increase my retired pay.

___ l. I understand that if I have received separation, severance or readjustment pay under any provision of the law for service in the armed forces, and if I am now qualified for retired pay, DFAS-CL will reduce each payment of retired pay until the total amount deducted equals the amount of Separation, severance or readjustment pay.

ENCLOSURE (15A)

Subj: REQUEST TRANSFER TO THE RETIRED RESERVE AWAITING PAY AT AGE 60

___ m. I may be eligible to receive retired pay prior to Age 60 per DoDI 1215.07 and National Defense Authorization Act of 2008. For each 90 days of qualifying active duty service after 28 January 2008 during a fiscal year, my date first eligible to receive retired pay will be reduced from age 60 by three months. Upon submission of this retirement request, MMSR-5 will calculate my date first eligible which will be included in my "awaiting pay" orders.

5. Whether retirement is a voluntary decision or due to service limitations imposed by law or policy, the transition can be challenging. Ensuring that you understand the laws and policies that affect your retirement and answering any questions you may have regarding the above is an essential part of the process. HQMC is committed to assisting in making your retirement processing and subsequent transition as smooth as possible. Additional information is available on the Separation and Retirement Branch web page.

ACKNOWLEDGMENT OF UNDERSTANDING:

I acknowledge that I have been advised of the effects of my application for transfer to the Reserve Retired List Awaiting Pay at Age 60, the consequences of its official submission, and I am satisfied that all topics in this checklist have been adequately covered.

Signature _____ Date _____

FIRST ENDORSEMENT

Date _____

1. Forwarded recommending (approval / disapproval). I have been advised of this Marine's desire to request to retire and have discussed with this Marine his/her desire for a retirement ceremony.

(Signature of endorsing official)

Endorsing official: SMCR (CO), IMA (OpSponsor), IRR, ISL, ASL (MFR G1)

Copy to:
MMSB-20

ENCLOSURE (154)

RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP) ELECTION CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Chapter 73, subchapters II and III; DoD Instruction 1332.42, Survivor Annuity Program Administration; DoD Financial Management Regulation, Volume 7B, Chapter 54; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): Used by Reserve Component members, during the 90 day period after receiving notification of eligibility to receive Reserve retired pay, to make an election for the Reserve Component Survivor Benefit Plan (RCSBP).

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide requested information may result in an incorrect election and/or delayed payment of survivor benefits in the event of the member's death.

INSTRUCTIONS

The decision you make regarding participation in the Reserve Component Survivor Benefit Plan (RCSBP) is very important. **A decision to participate, that is to select either Option B or C, is permanent and cannot be changed unless authorized by law**, such as the opportunity to terminate your participation during the period that is between your 62nd birthday and the day before you reach age 63 at which time you may elect to discontinue participation. A decision to decline RCSBP coverage means you will not have another opportunity to select SBP coverage until age 60. In the event you decline RCSBP coverage and die prior to your 60th birthday, no survivor benefits will be paid. Please review the program details carefully and consider the effects of your decision before making an election. You must submit this form within the 90-day period after being notified of eligibility for retired pay at age 60. If you do not submit this form as required, your election, if any, will be determined by law.

Complete this form and submit it to your service using the address listed below. A telephone number is provided if you have questions about the program or need assistance completing this form.

IF YOUR SERVICE IS:	MAIL THIS FORM TO:	FOR QUESTIONS CALL:
ARMY RESERVE/ ARMY NATIONAL GUARD	HRC-STL ATTN: ARPC-PAP-T 1 Reserve Way St. Louis, MO 63132-5200	1-800-318-5298 or (314) 592-0553
NAVY RESERVE	Navy Personnel Command (PERS-912) 5720 Integrity Drive Millington, TN 38055-9120	1-877-807-8199 or (901) 874-4304
AIR FORCE RESERVE/ AIR NATIONAL GUARD	HQ ARPC/DPPE 6760 E. Irvington Place Denver, CO 80280-4000	1-800-525-0102 Ask for Entitlements Division
MARINE CORPS RESERVE	Headquarters U.S. Marine Corps Manpower and Reserve Affairs (MMSR-5) 3280 Russell Road Quantico, VA 22134-5103	1-800-336-4649 or (703) 784-9306/9307

SECTION I - MEMBER INFORMATION

1. NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NUMBER	3. RANK
4. DATE OF BIRTH (YYYYMMDD)	5. MAILING ADDRESS (Street, Apartment Number, City, State, and ZIP Code)	
6. TELEPHONE NUMBER (Include area code)	5.a. EMAIL ADDRESS	

SECTION II - MARITAL/DEPENDENCY STATUS

7. ARE YOU MARRIED?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	8. DO YOU HAVE ANY DEPENDENT CHILDREN?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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SECTION III - SPOUSE/DEPENDENT CHILD(REN) INFORMATION (If applicable)

9.a. SPOUSE'S NAME (Last, First, Middle Initial)	b. SOCIAL SECURITY NUMBER	c. DATE OF BIRTH (YYYYMMDD)	10. DATE OF MARRIAGE (YYYYMMDD)
--	---------------------------	-----------------------------	---------------------------------

11. **DEPENDENT CHILDREN.** Complete this section for your unmarried, dependent children who are under age 18, or under age 22 if full time students, or any age if disabled and incapable of self-support before age 18 (or 22 if a full time student).

a. CHILD'S NAME (Last, First, Middle Initial)	b. SOCIAL SECURITY NUMBER	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIONSHIP (Son, daughter, stepson, etc.) (Indicate "FS" if from previous marriage)	e. DISABLED? (Yes/No)

IF YOU HAVE ADDITIONAL DEPENDENT CHILDREN, CONTINUE IN SECTION VII, REMARKS, AND X HERE →

MEMBER NAME (Last, First, Middle Initial)	SSN
---	-----

SECTION IV - COVERAGE

12. OPTIONS (Select one) NOTE: Selecting Option A or Option B requires spouse concurrence in Section IX.

<input type="checkbox"/>	OPTION A. I decline to make an election until age 60. (NOTE: Do not select type of coverage below.)
<input type="checkbox"/>	OPTION B (DEFERRED ANNUITY). I elect to provide an annuity beginning on the 60th anniversary of my birth should I die before that date, or on the day after date of death should I die on or after my 60th birthday. (Select type of coverage below.)
<input type="checkbox"/>	OPTION C (IMMEDIATE ANNUITY). I elect to provide an immediate annuity beginning on the day after date of my death, whether before or after age 60. (Select type of coverage below.)

13. TYPE OF COVERAGE (Select one)

<input type="checkbox"/>	SPOUSE ONLY.
<input type="checkbox"/>	SPOUSE AND CHILD(REN).
<input type="checkbox"/>	CHILD(REN) ONLY.
<input type="checkbox"/>	FORMER SPOUSE (Complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage").
<input type="checkbox"/>	FORMER SPOUSE AND CHILD(REN) (Complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage").
<input type="checkbox"/>	NATURAL PERSON WITH AN INSURABLE INTEREST (Complete Section VI).

SECTION V - LEVEL OF COVERAGE

14. Select the monthly amount of retired pay you wish to have the survivor annuity based on. NOTE: You cannot decrease the level of existing coverage. Your covered spouse beneficiary will receive an annuity that will pay 55 percent of the level of coverage until age 62 and will pay between 45 to 50 percent during the phase-out of the two-tier method (October 2005 - March 2008). Effective April 1, 2008, the annuity regardless of age will be 55 percent of the level of coverage selected. The annuity paid to a child or children totals 55 percent (divided in equal shares). Children annuities are payable to children who are: under age 18; or under age 22 if full time, unmarried students; or any age if disabled and incapable of self-support before 18 (or 22, if while a full-time student). An insurable interest annuity is 55 percent of the difference between retired pay and the premium for coverage. Insurable interest annuities remain at 55 percent regardless of age. Place an X in the appropriate box to indicate your election.

<input type="checkbox"/>	FULL RETIRED PAY.
<input type="checkbox"/>	REDUCED AMOUNT OF RETIRED PAY (Cannot be less than \$300.00) \$ _____ (NOTE: Spouse concurrence required in Section IX.)

SECTION VI - INSURABLE INTEREST COVERAGE

15. INSURABLE INTEREST BENEFICIARY

a. NAME (Last, First, Middle Initial)		b. SOCIAL SECURITY NUMBER	
c. DATE OF BIRTH (YYYYMMDD)		d. MAILING ADDRESS (Street, Apartment Number, City, State, and ZIP Code)	
e. RELATIONSHIP TO MEMBER			

SECTION VII - REMARKS

16. USE THIS SECTION TO CONTINUE AN ITEM OR MAKE ADDITIONAL COMMENTS.

ENCLOSURE (50)

CHAPTER 16

MISCELLANEOUS

	<u>PARAGRAPH</u>	<u>PAGE</u>
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ENCLOSURES

FAMILY CARE PLAN FORM		16A
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CHAPTER 16

MISCELLANEOUS

16000. SECURITY CLEARANCES

1. IMA Marines are required to possess an appropriate clearance for their billet per the TO&E. All SNCOs & officers are required to possess at a minimum Secret security clearance.
2. A member who maintains a security clearance through a federal agency at their civilian employment must still have their clearance adjudicated by DONCAF in order for it to be valid for use with their military duties.
3. It is the member's responsibility to ensure their security clearance does not lapse during the course of their IMA tour. Members should inform their OpSponsor and the security manager with their operational unit within 6-12 months of the expiration of their clearance to initiate a renewal.
4. The Henderson Hall H&S Bn Security Manager can assist IMA members and OpSponsors in the investigation of IMA Det member's security clearance eligibility/access and adjudication.

16001. AWARDS

1. Personal awards for IMA members should be submitted through Improved Awards Processing System (iAPS) website. Awards will be routed through the owning unit's chain of command. Information on awards can be sought from SecNavInst 1650.1H Navy and Marine Corps Awards Manual, and MCO 1650.19J Administrative and Issue Procedures for Decorations, Medals, and Awards.
2. Mobilized IMA Marines who are demobilizing, but remaining with the H&S Bn IMA OpGroup will not be nominated for end of tour awards upon their demobilization. They may, however, be nominated for impact awards, should their performance merit it. Leaders are encouraged to write letters of continuity to pass along to the member's IMA chain of command.
3. Mobilized members who are demobilizing and transferring to another IMA/SMCR unit or the IRR, may be nominated for end of tour awards upon their demobilization.

16002. FAMILY CARE PLANS

1. Per MCO 1740.13A, members who are married to another service member or are single parents are required to have a family care plan (FCP) on file.
2. Members will complete the FCP via the Personal Information tab in MOL. Once complete, the member must submit the update via the FCP portal in MOL.
3. If an IMA Marine needs a paper FCP completed, please fill out the information in Encl 16A and submit to their OpSponsor for review. Once reviewed, the member will submit via MOL EPAR to RIS. RIS has FCP Validators who are authorized to sign IMA Marine's FCP.

16003. TRANSFER OF POST-9/11 GI BILL (PGIB) BENEFITS

1. SELRES Marines who meet stipulated criteria may request to transfer to one or more of their eligible dependents all or a portion of their PGIB education benefit.
2. Eligibility and administration of the PGIB are the responsibility of the Department of Veterans Affairs (VA). Policies and procedures for utilization of the PGIB and transfer of education benefits (TEB) are available at benefits.va.gov/gibill.
3. SELRES Marines seeking to transfer their benefit must be willing and able to complete four (4) additional years of service with no break in service from the TEB request date.
 - a. The ability to complete this additional service obligation should be taken extremely seriously. The VA treats any break in service time (e.g. SELRES member who drops to the IRR for more than 24 hours) as a breach of the TEB Obligation End Date.
 - b. VA systems are alerted to members who fail to complete the required additional obligated service. Any amount of approved transferred entitlement that is used by the dependent(s) of a member who fails to complete the additional obligated service is treated as an overpayment of educational assistance and is subject to collection by the VA.
4. Eligible Marines must use the DMDC TEB Web application at milconnect.dmdc.osd.mil/milconnect to request to transfer, modify, or revoke transferred benefits.
5. Marines must complete the TEB Acknowledgements checklist. All acknowledgements must be selected to complete the application process.

RC Marines completing this checklist agree to complete the prescribed additional period of service and acknowledge their responsibility for any overpayments due to not completing the additional obligated term of service before separating from the SELRES.

6. Further information and instruction regarding transfer of PGIB benefits may be found in MARADMIN 017/20. RC Marines may also seek additional guidance from Reserve Affairs (RAM-1).

16004. LEGAL MATTERS. Commanding Officer, Headquarters and Service Battalion, Headquarters Marine Corps, Henderson Hall has Special Court Martial Convening Authority for all Marines assigned to active duty reporting unit code (RUC) 54008 and Reserve RUCs 88600, 88614, 88654, 88656, 88666, 88669, 88670, 88678, 88681, 88685, and 88732. All orders, directives, and regulations applicable to Marines assigned to RUC 54008 are also applicable to Marines assigned to RUCs 88600, 88614, 88654, 88656, 88666, 88669, 88670, 88678, 88681, 88685, and 88732.

NAVMC 11800 (11-11) (EF)

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**UNITED STATES MARINE CORPS
FAMILY CARE PLAN (FCP)****PRIVACY ACT STATEMENT**

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing this form.

AUTHORITY: 10 U.S.C § 5013; E.O. 9397; Department of Defense Instruction 1342.19; Marine Corps Order (MCO) 1740.13B**PURPOSE:** To provide documentation of a family care plan to facilitate the care and support of dependent family members and enhance unit and family readiness during planned and unplanned contingencies. The information collected on this form will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice M01070-6, which can be downloaded at <http://dpclo.defense.gov/privacy/SORNs/component/usmc/M01070-6.html>.**ROUTINE USES:** To various officials outside the Department of Defense specifically identified as a Routine Use in Privacy Act System of Records Notice M01070-6 for the stated specific purpose in addition to those set out in the blanket routine uses established by the Department of Defense Privacy Office and posted at <http://defenselink.mil/privacy/notices/blanket-uses.html>.**DISCLOSURE:** Mandatory. Failure to provide requested information may result in administrative sanctions or punishment under either Article 92 (general order violation: dereliction of duty) or Article 107 (false official statement), Uniform Code of Military Justice for service members, and administrative sanctions for DoD Civilian Expeditionary Workforce personnel required to complete a Family Care Plan.

Last Name	First Name	Initial	Rank <input type="text"/>
Validated By			Validation Date

PART I. SERVICE MEMBER'S ACKNOWLEDGEMENT

I understand that I am responsible for making, and keeping current plans and arrangements for the care of my dependent family members to permit me to be available for worldwide deployment, extended duty hours, field exercises, unaccompanied tours, Temporary Additional Duty, Permanent Change of Station, and other standard military obligations as determined by my command.

Initials: _____

I understand that I am responsible for making any/all necessary arrangements to ensure a smooth and rapid transfer of care for my dependent(s) and the execution of my family care plan.

Initials: _____

I am confident that my Family Care Plan is reasonable, workable, and to the best of my knowledge, the guardian(s) and escort(s) (as necessary) that I have designated are willing and able to carry out the responsibilities of caring for my dependent(s).

Initials: _____

I have made a reasonable attempt to inform the non-custodial, biological, or adoptive parent(s) of my child(ren) of the reason for this Family Care Plan and to gain their consent for those areas related to the care of our child(ren). (This is especially important when the designated caregiver is a third party.)

N/A Initials: _____

* This document is not a substitute for a will or other legal documents (e.g., custody agreements). It is advised that legal counsel be consulted to ensure that the Family Care Plan is supported by necessary legal documentation, especially in those circumstances that require transport of dependent(s) across state lines. Special attention must be paid if dependent(s) will be outside the Continental United States and/or if transport to/with designated caregivers will require international travel arrangements.

I understand that I must have my Family Care Plan validated when checking in with my command and at least annually thereafter, and that it is subject to additional audits as required.

Initials: _____

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Adobe LiveCycle Designer ES2

ENCLOSURE (6A)

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PART I. SERVICE MEMBER'S ACKNOWLEDGEMENT (Cont.)

I understand that I must notify my command after a change in family status and present a revised Family Care Plan for validation no later than 60 days for Active Duty (AD) / 90 days for Reserve Component (RC). Such changes in family status may include, but are not limited to: marriage; birth of a child; adoption of a child; loss of a spouse or caregiver through death, separation or divorce; changes in custodial rights due to separation, divorce or death; absence of a spouse through career or job commitments; assumption of sole care for an elderly or disabled family member; or any like circumstance that results in responsibility for logistical, medical, or financial support of another person not part of the Family Care Plan on file in my Officer Qualification Record (OQR) / Service Record Book (SRB).

Initials: _____

I understand that, once validated by my command, it is my responsibility to file my original FCP Checklist in my OQR or SRB.

Initials: _____

I understand that my command will keep a copy of my validated FCP Checklist in a secure location per personnel record-keeping protocols.

Initials: _____

I understand that it is my responsibility to keep my Family Care Plan current.

Initials: _____

I understand that my failure to comply may result in disciplinary or administrative action by my command.

Initials: _____

I hereby confirm that documents referenced in this FCP Checklist exist (e.g., Will, Power of Attorney, Custody Agreement) and are in compliance with all requirements necessary to be legal and/or complete for state purposes.

Initials: _____

PART II. DEPENDENT FAMILY MEMBER INFORMATION

Spouse:

- I am married with dependents.
- I am not married, but have dependent(s). (List all dependent(s) and complete required information.)
- I am married and my spouse is my sole dependent, is over the age of 19 and is self-supporting.

List all additional dependents, indicating their relationship (e.g. child, parent, sibling, etc..) and age. (Use additional sheets, if necessary.)

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ENCLOSURE (16A)

PART II. DEPENDENT FAMILY MEMBER INFORMATION (Cont.)

Do any of your dependent(s) require a translator? YES NO

If yes, what language(s)? _____

PART III. CAREGIVERS

My spouse* provides daily care for our child(ren) and/or other dependent(s) and will remain as caregiver during short and long-term absences. If applicable, skip to PART IIIc. EMERGENCY/ALTERNATE CARE. If not applicable, complete PART III for all applicable dependent(s)**.

*If your spouse is not the biological parent of any child identified above, it is highly recommended that legal counsel be consulted on all aspects of this plan.
 **It will be necessary to complete this information for each caregiver if dependent(s) will be staying with different caregivers. Use additional sheets as necessary, one for each named caregiver, with dependent(s) clearly identified.

I have examined all of the requirements for adequate care of my dependent(s) and have deemed identified caregiver(s) responsible for the short/long-term care of my dependent(s) during my absence.

Initials: _____

I have provided designated caregiver(s) with applicable documentation(e.g. Special Power of Attorney, Authorizations for Medical Treatment, Temporary Legal Custody papers, etc.) as recommended by legal counsel or other appropriate subject matter expert.

Initials: _____

PART IIIa. SHORT-TERM CAREGIVERS (STC)
 (Marine's planned absence is for duration of 30 days or less)

I have designated the following individual(s) to provide short-term care for my dependent(s):

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code:

Phone Numbers

Home: _____

Work: _____

Cell: _____

E-mail(s): _____

Does your STC require a translator? YES NO

If yes, what language(s)? _____

If applicable, I have checked on local installation housing policies to ensure my STC will have access to base housing.

I have provided my STC with a document outlining my expectations for care of my dependent(s). (Points to clarify may include, but not be limited to, the following: Daily routine(s), discipline, religious requirements/expectations, medical/dental care, use of internet, television, gaming habits, school expectations, sports, allowances, dating, driving, friends, and other such daily routine matters.)

I have arranged for the financial support of my dependent(s), to include, but not limited to, any costs associated with transportation/relocation, and have provided my STC with all necessary documentation(s)/authorizations and instructions as required by the financial institution(s) or other source(s).

I have discussed with my STC special medical requirements including appointments, treatment regimens, equipment, and medications and provided required documents/authorizations after consulting with appropriate authorities.

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ENCLOSURE (16A)

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PART IIIa. SHORT-TERM CAREGIVERS (Cont.)	
<input type="checkbox"/>	I have provided my STC with a validated copy of my FCP Checklist and/or other required documentation (e.g. an Agent's Letter signed by the Installation Commander) to identify them as authorized users to access installation facilities while caring for my dependent(s).
<input type="checkbox"/>	I have provided my STC with a list of available resources and supporting agencies (to include, but not limited to, Unit, Personal and Family Readiness Program, Marine Corps Community Services, Military OneSource Chaplains Care, Military HOMEFRONT, Joint Family Support Assistance Program, etc.) specializing in readiness and separation/deployment support.
<input type="checkbox"/>	I have discussed with my STC the potential negative impact my absence may have on my dependent(s). I have provided my STC with information on early warning signs (i.e., behavioral changes) as well as specific actions to take in response, to include contact information for counseling resources and support.
<input type="checkbox"/>	I have provided my STC with required documentation to authorize transport of my dependent(s), if applicable.
<input type="checkbox"/>	I have provided my STC with access to car seat(s) for my dependent(s), if applicable.
<input type="checkbox"/>	I have authorized my STC to use my personal property and have provided required documentation/authorization which has been reviewed by legal counsel.

CAREGIVERS' ACKNOWLEDGEMENT	
I have agreed to provide short-term care for dependent(s) named above for the period specified below. I understand that by signing this document, I have not incurred a contractual obligation and that my agreement to care for this dependent can be withdrawn at any time without notice.	
Printed Name _____	Signature of Caregiver _____
Begin Date: _____	End Date: _____
Additional comments/guidance:	

PART IIIb. LONG-TERM CAREGIVER (LTC) <small>(Marine's planned absence is for a duration of 31 days or more)</small>	
I have designated the following individual(s) to provide long-term care for my dependent(s):	
Note: It will be necessary to complete this information for each caregiver if dependent(s) are staying in different locations. Use additional sheets as necessary, one for each named caregiver, and include the name of the applicable dependent(s).	
Name(s): _____	
Address: _____	
City: _____	State: _____ <input type="checkbox"/> Zip Code: _____
Phone Numbers	E-mail(s): _____
Home: _____	_____
Work: _____	_____
Cell: _____	_____

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ENCLOSURE (16A)

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PART II b . LONG-TERM CAREGIVER (LTC) (Cont.)		
Does your LTC require a translator? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, what language(s)? _____		
<input type="checkbox"/> If applicable, I have checked on local installation housing policies to ensure my LTC will have access to base housing.		
<input type="checkbox"/> I have provided my LTC with a document outlining my expectations for care of my dependent(s). (Points to clarify may include, but not be limited to, the following: Daily routine(s), discipline, religious requirements/expectations, medical/dental care, use of internet, television, gaming habits, school expectations, sports, allowances, dating, driving, friends, and other such daily routine matters.)		
<input type="checkbox"/> I have arranged for the financial support of my dependent(s), to include, but not limited to, any costs associated with transportation/relocation, and have provided my LTC with all necessary documentation(s)/authorizations and instructions as required by the financial institution(s) or other source(s).		
<input type="checkbox"/> I have discussed with my LTC special medical requirements including appointments, treatment regimens, equipment, and medications and provided required documents/authorizations after consulting with appropriate authorities.		
<input type="checkbox"/> I have provided my LTC with a validated copy of my FCP Checklist and/or other required documentation (e.g. an Agent's Letter signed by the Installation Commander) to identify them as authorized users to access installation facilities while caring for my dependent(s).		
<input type="checkbox"/> I have provided my LTC with a list of available resources and supporting agencies (to include, but not limited to, Unit, Personal and Family Readiness Program, Marine Corps Community Services, Military OneSource Chaplains Care, Military HOMEFRONT, Joint Family Support Assistance Program, etc.) specializing in readiness and separation/deployment support.		
<input type="checkbox"/> I have discussed with my LTC the potential negative impact my absence may have on my dependent(s). I have provided my LTC with information on early warning signs (i.e., behavioral changes) as well as specific actions to take in response, to include contact information for counseling resources and support.		
<input type="checkbox"/> I have provided my LTC with required documentation to authorize transport of my dependent(s), if applicable.		
<input type="checkbox"/> I have provided my LTC with access to car seat(s) for my dependent(s), if applicable.		
<input type="checkbox"/> I have authorized my LTC to use my personal property and have provided required documentation/authorization which has been reviewed by legal counsel.		
CAREGIVERS' ACKNOWLEDGEMENT		
I have agreed to provide long-term care for dependent(s) named above for the period specified below. I understand that by signing this document, I have not incurred a contractual obligation and that my agreement to care for this dependent can be withdrawn at any time without notice.		
Printed Name _____	Signature of Caregiver _____	Date: _____
Begin Date: _____		End Date: _____
Additional comments/guidance:		

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ENCLOSURE (16A)

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PART IIIc. EMERGENCY/ALTERNATIVE CAREGIVER (EC)		
This designated caregiver would assume temporary responsibility for minor child(ren) and/or other dependent(s) in an emergency contingency (e.g. you are deployed and your spouse, STC, or LTC is in a car accident) until a duly-designated legal guardian assumes responsibility or other custodian is appointed by a court of competent jurisdiction).		
Name(s): _____		
Address: _____		
City: _____	State: _____	<input checked="" type="checkbox"/> Zip Code: _____
Phone Numbers Home: _____ Work: _____ Cell: _____	E-mail(s): _____	
Does your EC require a translator? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, what language(s)? _____		
<input type="checkbox"/> If applicable, I have checked on local installation housing policies to ensure my EC will have access to base housing.		
<input type="checkbox"/> I have provided my EC with a document outlining my expectations for care of my dependent(s). (Points to clarify may include, but not be limited to, the following: Daily routine(s), discipline, religious requirements/expectations, medical/dental care, use of internet, television, gaming habits, school expectations, sports, allowances, dating, driving, friends, and other such daily routine matters.)		
<input type="checkbox"/> I have arranged for the financial support of my dependent(s), to include, but not limited to, any costs associated with transportation/relocation, and have provided my EC with all necessary documentation(s)/authorizations and instructions as required by the financial institution(s) or other source(s).		
<input type="checkbox"/> I have discussed with my EC special medical requirements including appointments, treatment regimens, equipment, and medications and provided required documents/authorizations after consulting with appropriate authorities.		
<input type="checkbox"/> I have provided my EC with a validated copy of my FCP Checklist and/or other required documentation (e.g. an Agent's Letter signed by the Installation Commander) to identify them as authorized users to access installation facilities while caring for my dependent(s).		
<input type="checkbox"/> I have provided my EC with a list of available resources and supporting agencies (to include, but not limited to, Unit, Personal and Family Readiness Program, Marine Corps Community Services, Military OneSource Chaplains Care, Military HOMEFRONT, Joint Family Support Assistance Program, etc.) specializing in readiness and separation/deployment support.		
<input type="checkbox"/> I have discussed with my EC the potential negative impact my absence may have on my dependent(s). I have provided my EC with information on early warning signs (i.e., behavioral changes) as well as specific actions to take in response, to include contact information for counseling resources and support.		
<input type="checkbox"/> I have provided my EC with required documentation to authorize transport of my dependent(s), if applicable.		
<input type="checkbox"/> I have provided my EC with access to car seat(s) for my dependent(s), if applicable.		
<input type="checkbox"/> I have authorized my EC to use my personal property and have provided required documentation/authorization which has been reviewed by legal counsel.		
CAREGIVERS' ACKNOWLEDGEMENT		
I have agreed to provide emergency/alternat care for dependent(s) named above. I understand that by signing this document, I have not incurred a contractual obligation and that my agreement to care for this dependent can be withdrawn at any time without notice.		
Printed Name _____	Signature of Caregiver _____	Date: _____

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PART IIIc. EMERGENCY/ALTERNATIVE CAREGIVER (EC) (Cont.)

Additional comments/guidance:

PART IV. LOGISTICAL ARRANGEMENTS

Check the items that you have completed for your Family Care Plan. If the item does not apply to your situation, mark the box with N/A. Provide necessary contact information, if not provided previously, and location of pertinent documentation (itineraries, custody arrangements, powers of attorney, Agent's Letter(s), etc.). Original documents required for transport should be with the individual(s) who will be providing escort. (Consult with legal counsel for transport across state lines.) Indicate where your copy(ies) are filed.

- N/A Not required for short-term or long-term care (My spouse is the caregiver).
- N/A Method of relocation for short-term care.
- N/A Method of relocation for long-term care.
- N/A Method of relocation for emergency care (provide itinerary source of funding and explanation of key components).
- N/A I have considered requirements for daycare and have contacted all locations to ensure proper notifications/authorizations are in place to facilitate ease of transfer and enrollment, if applicable.
- N/A I have considered requirements for schools (Pre-K, elementary, high school, college) and have contacted all locations to ensure proper notifications/authorizations are in place to facilitate ease of transfer and enrollment, if applicable.
- N/A I have considered medical/health requirements for my dependent(s) and have made necessary arrangements to ensure access to care.
- N/A I have consulted with legal counsel to ensure that all required documents to support relocation have been properly prepared and filed, if applicable.
- N/A If divorced, separated or otherwise estranged from the other natural or adoptive parent of any of my dependent(s), I have notified them of these plans and have obtained their written consent agreeing to these arrangements. (The original should be kept with the other important legal documents; a copy should be given to all caregivers affected by these arrangements.)
- N/A If divorced, separated or otherwise estranged from the other natural or adoptive parent of any of my dependent(s), I have made a reasonable attempt to notify them of these plans and obtain their written consent, but have been unable to do so. I understand this may result in challenges to these arrangements in my absence. I understand that I may seek legal advice, if reasonably available.
- N/A I have provided all pertinent documentation (copies or originals) to those individuals that must have them to ensure they have appropriate and legal authorization(s) to transport/relocate my dependent(s).

PART V. FINANCIAL ARRANGEMENTS

Check the items that you have completed for your Family Care Plan. If the item does not apply to your situation, mark the box with N/A. Provide necessary contact information, if not provided previously, and location of pertinent documentation (itineraries, custody arrangements, powers of attorney, Agent's Letter(s), etc.). Original documents required for transport should be with the individual(s) who will be providing escort. (Consult with legal counsel for transport across state lines.) Indicate where your copy(ies) are filed.

- N/A I have provided for appropriate allotments for designated caregivers to ensure the self-sufficiency and financial security of my dependent(s).
- N/A I have consulted with financial institution(s) and/or other source(s) to ensure my accounts are protected while providing for the self-sufficiency and financial security of my dependent(s).
- N/A I have provided my designated caregiver(s) with clear instructions on financial arrangements to include, but not limited to access, budget and financial institution/source point of contact.
- N/A I have made arrangements for my monthly (e.g., utilities, child support) or annual obligations (e.g., income taxes) to be paid.

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PART VI. LEGAL CONSIDERATIONS

It is highly recommended that legal counsel be consulted, especially in situations involving custody/visitation/support or other such circumstance.

- Special Power of Attorney (POA) or In Loco Parentis (ILP). A copy of all POAs or ILPs should be kept with your personal records. The original should be kept with the designee.
- I have an up-to-date will.
- I have reviewed and updated my insurance policy(ies) and beneficiaries, Record of Emergency Data, and SGLI beneficiaries.
- I have discussed pending court cases for custody/visitation/support/civil/other with legal counsel and took appropriate action.
- I have provided designee(s) contact information for the location of any vehicles that have been placed in storage and provided necessary authorization(s) should transport be necessary.

PART VII. MEDICAL CONSIDERATIONS

- I have provided clear guidance to my caregiver(s) on expectations for medical/dental care of my dependent(s).
- I have provided my caregiver(s) with access to necessary documentation/authorization(s)/identification card(s) are required for care for my dependent(s).
- I have provided my caregiver(s) with the location of medical facilities/providers as well as how to locate facilities.
- I have provided my caregiver(s) with copies of up-to-date immunization records and/or medical/dental records.
- I have provided my caregiver(s) with necessary documentation/authorization/ID card(s) to access medical records for my dependent(s).
- I have provided my caregiver(s) with the name of my Exceptional Family Program Caseworker.
- I have provided my caregiver(s) with a full explanation of allergies and treatments.

VII. MISCELLANEOUS

Any Additional instructions/guidance that may be pertinent to the care and support of dependent(s) (use additional sheets, if necessary):

VIII. ACKNOWLEDGEMENT

BY SIGNING THIS DOCUMENT, I FULLY UNDERSTAND THE FOLLOWING:

Completion of this plan is required per MCO 1740.13B. The purpose of this Family Care Plan is to provide specific guidance for the care and support of my dependent(s) in my absence due to expected short-term or long-term separation/deployment/incapacitation of myself or my designated caregiver(s). This information is considered FOR OFFICIAL USE ONLY and will remain protected per the Privacy Act of 1974. I am required to notify my commander no later than 60 days (Active Duty) / 90 days (Reserve Component) after a change in family circumstances or personal status that generates the requirement for, or update of, my Family Care Plan. It is my responsibility to update my FCP Checklist on file as part of my Officer Qualification Record or Service Record Book and provide my command with an updated copy within this 60 day / 90 day period.

Signature _____

Date _____

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