

## Levy Briefing Information Sheet Overseas Only

### TAKING NO DEPENDENTS or HAVE NO DEPENDENTS (OCONUS)

\_\_\_\_\_ was given a levy briefing for his/her PCS move and briefed on the following documents below.

\_\_\_\_\_ **DA Form 5118**

\_\_\_\_\_ **DA Form 5121** Overseas Tour Election statement (“All Others” or “With Dependents” tours)

\_\_\_\_\_ **DA Form 4787** Reassignment Processing

\_\_\_\_\_ **DA Form 4036** Medical and Dental Preparation for Overseas Movement. This form is required for all soldiers going OCONUS.

\_\_\_\_\_ **TDY Options for Schooling in Conjunction with PCS – (TDY Enroute or TDY and Return) (IF APPLICABLE)**

\_\_\_\_\_ **KOREAN CERTIFICATE – (KOREA ONLY)**

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**TDY FUNDING:** Any Soldier traveling Temporary Duty (TDY) enroute or returning, Soldiers must obtain a Defense Travel System Order (DTS) or a DD Form 1610, prior to departing losing Command.

**\*\*\*ONCE LEVY BRIEFING AND FAMILY MEMBER OVERSCREENING PACKET IS COMPLETED, TAKE ALL FORMS TO YOUR S1 AND YOUR S1 WILL FORWARD TO THE MPD FOR PROCESSING. IF YOU HAVE ANY QUESTIONS CONTACT YOUR S1.**

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Soldier's Signature

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Date of Levy Briefing

**LEVY BRIEF INFORMATION SHEET  
(CONUS/OCONUS)**

**NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WORK PHONE#** \_\_\_\_\_ **HOME PHONE#** \_\_\_\_\_ - \_\_\_\_\_  
**CELL#** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**FAMILY MEMBER(S): YES/NO (circle one)**

List full (including middle) names of **AUTHORIZED dependents** below who will or will not be accompanying you at your gaining PCS location. Please print clearly.

First Name	Middle Name	Last Name	Date of Birth (mm/dd/yyyy)	Relationship (Son or Daughter)
1.				
2.				
3.				
4.				
5.				
6.				

A. **UNACCOMPANIED TOUR:** List **CITY, STATE** and **ZIP** where family member(s) will (circle one) **RESIDE** in or **RELOCATE** to:  
\_\_\_\_\_

B. If you currently have a HAAP - (Circle one): I will **ACCEPT/DECLINE** my current HAAP of:  
\_\_\_\_\_

submit a DA FORM 4187 to your Branch Manager.

C. Are you a first term soldier: **YES/NO**

D. **ALL DELETIONS/DEFERMENTS MUST BE SUBMITTED THROUGH YOUR S1 NLT 30 DAYS FROM TODAY'S LEVY BRIEF**

**SERVICE MEMBER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**S1 NAME:** Ms. Jennifer M. Chance / HR Specialist (Mil)

**UNIT NAME, WMAIL ADDRESS AND PHONE #:**

Office of Special Trial Counsel / jennifer.m.chance.civ@army.mil / (703) 545-6034

**PART II - BATTALION STATUS**

INSTRUCTIONS: The Battalion S1 will answer all the questions in Part II (*Sections D and E*). A checkmark in any of the "Yes" blocks will require a comment in the "Remarks" block indicating the reason for further action, review, or possible removal from this assignment. If a question does not apply, check the "N/A" block. The Battalion S1 must sign the completed statement and return it to the MPD/Personnel Service Company with the completed *Soldier Status and Election Statement* attached.

1. NAME	2. SSN	3. GRADE	4. PMOS	5. ASI
6. CONTROL LANGUAGE	7. CURRENT UNIT			8. CURRENT UPC
9. GAINING UNIT		10. EDAS CYCLE NO.		11. TODAY'S DATE (YYYYMMDD)
12. ARRIVAL DATE (YYYYMMDD)	13. AI MOS	14. AI ASI		15. AI LANGUAGE

**Section D - Duty Status**

	YES	NO	N/A
37. Is the Soldier currently attached to another installation for the purpose of processing a personnel action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Is the Soldier currently assigned to another unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Is the Soldier currently assigned to a unit scheduled for permanent overseas deployment ( <i>other than unit TDY movement such as a REFORGER</i> )?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is the Soldier in an AWOL status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is the Soldier presently confined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is the Soldier currently TDY from his/her home station and not scheduled to return at least 60 days prior to the first day of the arrival month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Is the Soldier presently undergoing any medical or dental treatment that would prevent this reassignment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Is the Soldier awaiting court or trial appearance as a defendant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section E - Pending Action Status**

45. Is the Soldier pending an early release from active duty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Is the Soldier pending a Medical Evaluation Board ( <i>MMRB/PEB</i> )?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Is the Soldier pending a PMOS reclassification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the Soldier under suspension of favorable personnel actions ( <i>FLAGGED</i> )?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Is the Soldier enrolled in phase III of the Alcohol and Drug Abuse Prevention and Control Program ( <i>ADAPCP</i> )?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Is the Soldier scheduled for any schooling not in conjunction with this assignment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Has the Soldier applied for specialized training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Is the Soldier being delayed from complying with these assignment instructions due to administrative processing errors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Are there any circumstances not listed above that would preclude the Soldier from complying with these assignment instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. Medical Readiness Code (MRC): \_\_\_\_\_

55a. I am  I am not  aware of any medical conditions that would prevent me from worldwide deployability.  
 Initials: \_\_\_\_\_ 55b. Date (YYYYMMDD): \_\_\_\_\_

56a. DEPLOYABILITY CERTIFICATION: I certify that this Soldier's deployable status is:  Ready  Not Ready

56b. Physician's Name and title or position: \_\_\_\_\_

56c. Physician's Signature: _____	56d. DATE (YYYYMMDD) _____
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57. REMARKS (Annotate any additional information or discrepancies): \_\_\_\_\_

58a. BATTALION COMMANDER'S SIGNATURE _____	58b. DATE (YYYYMMDD) _____
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**PART III - SOLDIER STATUS AND ELECTION STATEMENT**

INSTRUCTIONS: You will answer all the questions in Part III (Sections F and G). A checkmark in any of the "Yes" blocks will require a comment in the "Remarks" block indicating the reason for further action, review, or possible removal from this assignment. If a question does not apply, check the "N/A" block. You must sign the completed statement and return it to the Battalion S1.

1. NAME	2. SSN	3. GRADE	4. PMOS	5. ASI
6. CONTROL LANGUAGE	7. CURRENT UNIT			8. CURRENT UPC
9. GAINING UNIT		10. EDAS CYCLE NO.		11. TODAY'S DATE (YYYYMMDD)
12. ARRIVAL DATE (YYYYMMDD)	13. AI MOS	14. AI ASI		15. AI LANGUAGE

**Section F - Personal Status**

	YES	NO	N/A
59. Do you have an approved retirement date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. If you are being assigned to an airborne position, do you wish to terminate your airborne status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Are you being assigned to a duty or an area for which you have a reassignment restriction for the reason of prior sensitive duty assignment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Do you have an enlistment or reenlistment commitment for other than the areas of this assignment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Are you a pregnant Soldier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Are you a sole parent or married to an Army Soldier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Is your spouse pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Do you have an extreme Family situation that meets the requirements outlined in table 2-1, AR 600-8-11?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section G - To and From OCONUS Status**

67. Do you have any Family members with a physical, emotional, developmental or intellectual disorder who are not enrolled in the Exceptional Family Member Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Have you failed to complete initial entry training (12 weeks military training or its equivalent) required before your overseas movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. If you have received assignment instructions to Turkey, are you or your spouse a Turkish or dual U.S.-Turkish national?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Are you being assigned overseas to a country where you committed a crime that resulted in civil or military imprisonment or conviction by a foreign tribunal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Are you being involuntarily reassigned to an unaccompanied short tour area following 12 cumulative months TDY during a 24-month period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Do you desire to report in early to the gaining oversea command?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. If you have received assignment instructions to a dependent restricted area (short tour area), do you want to participate in the Homebase Assignment Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. If you have received assignment instructions to a dependent restricted area (short tour area), do you want to participate in the Advanced Assignment Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. REMARKS (Annotate any additional information or discrepancies.)			

76a. SOLDIER'S SIGNATURE

76b. DATE (YYYYMMDD)

**PART IV - WARTIME STATUS**

INSTRUCTIONS: You will answer all the questions in Part IV (Section H). A checkmark in any of the "Yes" blocks will require a comment in the "Remarks" block indicating the reason for further action, review, or possible removal from this assignment. If a question does not apply, check the "N/A" block. You must sign the completed statement and return it to the Battalion S1.

1. NAME	2. SSN	3. GRADE	4. PMOS	5. ASI
6. CONTROL LANGUAGE	7. CURRENT UNIT			8. CURRENT UPC
9. GAINING UNIT		10. EDAS CYCLE NO.		11. TODAY'S DATE (YYYYMMDD)
12. ARRIVAL DATE (YYYYMMDD)	13. AI MOS	14. AI ASI		15. AI LANGUAGE

**Section H - Personal Status**

	YES	NO	N/A
77. Have you applied for Conscientious Objector status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Are you a sole surviving son or daughter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Are you being reassigned to a hostile fire area and have immediate Family members whose service in that area resulted in death, disability, missing in action, or prisoner of war status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Are you a former Peace Corps member being reassigned to the country in which you have served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Are you a former Prisoner of War or Hostage being reassigned to the country where you were held captive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Have you been hospitalized at least 30 days outside a hostile fire area due to a wound received in that area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. REMARKS (Annotate any additional information or discrepancies.)			

84a. SOLDIER'S SIGNATURE

84b. DATE (YYYYMMDD)

# OVERSEAS TOUR ELECTION STATEMENT

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

## PRIVACY ACT STATEMENT

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

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

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

Having been advised that I am scheduled for a permanent change of station assignment to \_\_\_\_\_, I understand that I must elect to serve either an "all others" or a "with dependents" tour.

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

AND

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

### 5. FOR INVOLUNTARY EXTENSION

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

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

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

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

I have been briefed and understand the joint domicile requirements.

### 7. FOR USAR OBV OFFICERS

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

### 8. FOR ALL SOLDIERS

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

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

9. SIGNATURE OF SOLDIER	10A. SIGNATURE OF WITNESS <i>Cheryl S. Barrett</i>	B. DATE (YYYYMMDD)
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# REASSIGNMENT PROCESSING

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

## PRIVACY ACT STATEMENT

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

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

1. TO Military Personnel Division Fort Belvoir, VA 22060	2. FROM Office of Special Trial Counsel Fort Belvoir, VA 22060	3. NAME (Last, Middle, First)	4. SSN	5. GRADE	6. PMOS
6A. CURRENT UNIT/STATION	7A. REASSIGNED TO (Unit/UIC/APO/Country)				
6B. TELEPHONE NO. (Include Area Code)	7B. RSG AUTH	7C. PERS CON NO.	7D. REPORT DATE (YYYYMMDD)		
6C. AKO EMAIL ADDRESS					

## 8. TDY Enroute (Complete only if applicable)

A. MOS/SSI/SQI/ASI.	B. PURPOSE OF TDY	C. GRAD/TERM. DATE (YYYYMMDD)
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## 9. Married Army Couples Program (Complete only if joint domicile will be requested)

9A. NAME OF MILITARY SPOUSE	9B. SSN	9C. GRADE	9D. PMOS
9E. CURRENT UNIT/STATION	9F. TELEPHONE NO. (Include Area Code)		

## PART B - HOUSING AND FAMILY TRAVEL DATA

10. I do  do not  have family members with physical, emotional, developmental or intellectual problems.

11.  I am a sole parent. (Check only if applicable)

12. Application for Family Member Travel to Overseas Command (Check only one)

a.  I desire concurrent travel and will accept economy quarters if government quarters are not available.

b.  I desire concurrent travel but will not accept economy quarters.

## 13. Family Members Who Will Travel to Next Permanent Duty Station (If more space is needed, continue on a separate sheet.)

A. NAME (Last, First, MI)	B. RELATIONSHIP	C. SEX	D. DATE OF BIRTH (YYYYMMDD)	E. CITIZENSHIP

14. ANY RELATIVE IN GAINING OVERSEAS AREA WHERE FAMILY MEMBERS MAY RESIDE PENDING AVAILABILITY OF HOUSING AT OR NEAR DUTY STATION (Include name, relationship, address and phone number).

15A. ADDRESS WHERE MY FAMILY IS CURRENTLY LOCATED	16A. ADDRESS WHERE MY FAMILY MAY BE CONTACTED WHILE ON LEAVE
15B. TELEPHONE NO. (Include Area Code)	16B. TELEPHONE NO. (Include Area Code)

17. The soldier is administratively qualified and available for assignment. Control sheets/forms prescribed by the regulation (or their equivalents) have been completed. A request for deletion or deferment is  anticipated  not anticipated.

17A. SOLDIER'S SIGNATURE	17B. MPD/PSC OFFICIAL'S SIGNATURE <i>Cheryl S. Garrett</i>	17C. REASSIGNMENT WORK CENTER EMAIL ADDRESS (Agency Specific) cheryl.s.garret.civ@army.mil	17D. DATE (YYYYMMDD)
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**FOR MEDICAL READINESS APPOINTMENTS:**

RIVER PAVILLION, 1<sup>ST</sup> FLOOR, RECEPTION 2

PHONE NUMBER: (571) 231-1018/1021

HOURS: 0700-1100

\*MEDICAL and Dental PREPARATION FOR  
OVERSEAS MOVEMENT  
DA 4036



# MEDICAL AND DENTAL PREPARATION FOR OVERSEAS MOVEMENT

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

## PRIVACY ACT STATEMENT

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

1. TO Military Personnel Division Fort Belvoir, VA 22060		2. FROM Office of Special Trial Counsel Fort Belvoir, VA 22060		
3. NAME (Last, Middle, First)	4. SSN	5A. GRADE OR RANK	5B. PMOS OR AOC	
6. PRESENT UNIT OF ASSIGNMENT		7. PROJECTED UNIT OF ASSIGNMENT (Include location/country)		
8. PROJECTED DUTY MOS OR AOC (9 Position Code)		9. ANTICIPATED DATE OF LOSS	10. IS MEMBER BEING ASSIGNED TO AN ISOLATED AREA AS DEFINED BY AR 40-501, PARA 5-13C? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

NAME	NAME

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

13A. NAME OF MPD/PSC REPRESENTATIVE CHERYL S. GARRETT & CHERRON MCDANIEL		B. TITLE HUMAN RESOURCE SPECIALIST (MILITARY)		
C. SIGNATURE <i>Cheryl S. Garrett</i>	D. GRADE GS-09	E. DATE (YYYYMMDD)		

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

**MEDICAL STATUS**

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

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

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

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

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

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

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

## Fort Wainwright PTDY/TLA/In-processing RULES

If you are PCS'ing to Fort Wainwright, AK please read and follow the information below:

Soldiers are being misinformed when PCS'ing to Fort Wainwright, Alaska in reference to being on PTDY and receiving TLA.

1. When a Married Soldier with concurrent travel, a Single Parent with concurrent travel, or SSG and above arrives to Alaska; they MUST immediately sign into the installation MPD to be authorized TLA to pay for the hotel. If they talk with the Housing Partner, North Haven; they MUST see a Housing Services Representative to be authorized TLA (907-353-1696/1661).

2. Housing sends out letters to individuals when they are notified they are bringing Family to Alaska. Here is a short example of information provided to the Soldier:

"Congratulations on your assignment to Fort Wainwright, Alaska! I have enclosed information concerning the Fairbanks/North Pole housing market. Please contact me and I will be more than happy to assist you and your Family in making this move to our wonderful state! Housing on Fort Wainwright is managed by North Haven Communities, our privatized partner. Should you have any questions concerning their properties; please contact their office at 888-348-2985 ext 544 or visit their website at [www.nhcalaska.com](http://www.nhcalaska.com).

3. Be advised that temporary lodging allowance (TLA) is not authorized until you sign into post. TLA is not authorized while on LEAVE OR ON PERMISSIVE TDY for house hunting.

**BE ADVISED DO NOT SET UP YOUR HOTEL RESERVATIONS THROUGH A THIRD PARTY WEBSITE. CALL THE HOTEL DIRECTLY OR USE THE WEBSITE FOR THAT HOTEL."**

3. Either Soldiers are not reading the email, not receiving it in time or not understanding "SIGNING IN TO THE INSTALLATION" means you must complete the 5 days of in-processing immediately. The unit may put the Soldier on PTDY after the completion of in-processing.

## TDY Options for Schooling in Conjunction with PCS

If you are instructed to attend a TDY school in conjunction with your new assignment, there are options open for you and your family.

**OPTION 1:** Your family may remain at your present duty station in government quarters until you complete the TDY. At that time you may return to your old duty station to move your family. (TDY and Return)

**OPTION 2:** You may take your family to the new permanent duty station and be authorized up to 10 days to get them settled prior to going to school. (TDY En-route)

**OPTION 3:** Your family may remain at your present duty station in economy housing until you complete the TDY. At that time you may return to your old duty station to move your family. (TDY and Return)

**OPTION 4:** You may move your family to the TDY location or a designated location at personal expense. This can be a very costly option since there is no reimbursement of travel or lodging expenses involved in getting your family to the TDY location. (TDY En-route)

Soldier elects TDY option: \_\_\_\_\_

Soldiers Signature: \_\_\_\_\_ Last 4 of  
Social: \_\_\_\_\_

Date: \_\_\_\_\_

# KOREA CERTIFICATE

## KOREAN ASSIGNMENTS ONLY

Department of Defense (DoD) - Joint Knowledge Online (JKO)

JKO provides joint training resources including training courses, seminars, video library, and communities of interest. Training is tracked and reported so that you can manage your unique training requirements.

- ✓ Soldiers must complete mandatory JKO 350-2 training requirements prior to arrival to theater.
- ✓ To start training, visit the Joint Knowledge Online home page at <http://jko.jten.mil>.
- ✓ Click on DoD Common Access Card (CAC).
- ✓ Click on I've been directed to take required training on JKO
- ✓ Click on USFK. I am going to the U.S. Forces Korea and I need to take required training (PDF file 495 KB)
- ✓ You are now directed to the JKO Tip Sheet - U.S. Forces Korea Required Training on JKO – follow important directions on the Tip Sheet

\*\*A copy of the Korean certificate is **REQUIRED** and **MANDATORY** prior to receiving PCS orders. Provide a copy to your S1 along with your completed Levy Packet.