

# OCONUS Reassignment Questionnaire

Last name

First name

Rank

SSN (with dashes)

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

PRESCRIBING AUTHORITY: AR 600-8-11

AUTHORITY: Title 10, US Code, Section 3012

PRINCIPLE PURPOSE: To request information required to process reassignment instructions for personnel alerted for movement.

ROUTINE USE: Used by the AG Personnel in processing assignment instructions resulting in permanent change of station (PCS) orders for individuals assigned to CAC & Ft. Leavenworth, KS

DISCLOSURE & EFFECT: Voluntary. If soldier does not provide information required by completion of form, it may result in the individual not receiving orders and other pertinent data regarding PCS instructions in a timely fashion.

**Are you requesting a new report date change, deletion, or deferment? (If so, submit DA4187 through your S1 to the AG/MPD within 30 days of assignment notification by HRC)**

Yes

No

**How many dependents do you have?**

**Are you in a same-sex marriage and spouse is traveling with you?**

**Note: Required as some countries don't recognize same-sex marriages.**

Yes

No

NA

**Do you have family members enrolled in the Exceptional Family Member Program (EFMP)? (If so, ensure they are screened by EFMP for Command Sponsorship)**

Yes

No

**Do you accept your Home Base Advanced Assignment Program (HAAP)?**

**Accept**

**Decline**

**NA**

**Please select one (1) of the Family Travel Options.**

**Family Member(s) will remain at current location.**

**Option 1**

City

State

Zip Code

**Family Member(s) will move to a designated location within CONUS.**

**Option 2**

City

State

Zip Code

**Concurrent Travel of Family Members**

**Option 3**

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**Deferred Travel of Family Members**

**Option 4**

**None of the above. Special circumstances will require coordination with the AG.**

**Option 5**

**Is your spouse in the military?**

Yes      No      NA

Last Name

First Name

Last 4 SSN

Rank

Service Component

**Do you share custody of a child(ren) that you wish to take OCONUS? If so, be aware that you must provide the AG and the Passport Office a notarized statement or court document from the other custodial parent granting their permission for you to take the child(ren) with you OCONUS.**

Yes      No      NA

**Are you pregnant, or is your spouse pregnant and will be in the 8th month of pregnancy during your report month? If so, coordinate with your branch/AG to adjust the report date. If the child(ren) is/are born prior to departure medical (EFMP) screening will be required to be added to the orders for travel.**

Yes      No      NA

**(ENLISTED ONLY) I understand that if I do not have enough time remaining in order to complete my next duty assignment, that I must extend or reenlist to meet that requirement IAW AR 600-8-11, 2-10. I further understand that if I do not meet this requirement within 30 days of my CAP CYCLE notification, a Declination of Continued Service (DA Form 4991) will be initiated. 24 months Time on Station is required for a CONUS PCS assignment.**

Yes, I understand      No, I don't understand

**Are you requesting to Retire in Lieu of PCS? (Retirement must be dated by Soldier (signed) within 30 days of assignment notification by HRC and MUST retire within 6 months)**

I am requesting Retirement in Lieu of PCS

I am NOT requesting Retirement in Lieu of PCS

**Do you have an active Government Travel Charge Card (GTCC) and/or account?**

**Note: If you have applied for/or are renewing a GTCC, please answer yes.**

Yes      No

**Additional Comments**

**To the best of my knowledge, all information contained in this memorandum is correct. I will immediately contact my unit S-1 if any unforeseen situation may require changes to my assignment or if I have any questions.**

**I concur**

**Signature**

**Date**

**Cell Phone #**