

CONUS 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?

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

Are you currently a geographical bachelor/bachelorette? (If so, complete the required addresses below)

Yes

No

NA

Soldier's current address and location

City

State

Zip Code

Family's current address and location

City

State

Zip Code

Is your spouse in the military?

Yes

No

NA

Last Name

First Name

Last 4 SSN

Rank

Service Component

I understand that if my assignment is to a Brigade Combat Team (BCT), I must complete DA Form 4036-R (Medical and Dental Preparation for Overseas Movement) within 21 days of completing my Levy Briefing, but no earlier than 6 months prior to my scheduled report date.

Yes, I understand

No, I don't understand

(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 #