

REASSIGNMENT STATUS AND 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 and E.O. 9397 (SSN).
- Principal Purpose:** (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*).
- Routine Uses:** The "Blanket Routine uses" set forth at the beginning of the Army's Compilation of Systems of Records Notices also applies to this system.
- 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.

PART I - MILITARY PERSONNEL DIVISION/PERSONNEL SERVICE COMPANY

INSTRUCTIONS: The Military Personnel Division/Personnel Service Company will answer all the questions in Part I (*Sections A, B, and C*) after comparing the EDAS Cycle with the Personnel Qualification Record (*DA Form 2-1*) of the Soldier. 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. This form pertains to enlisted Soldiers only.

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 A - Special Management Command Status

	YES	NO	N/A
16. Is the Soldier being assigned to a special management command (<i>table 2-5</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B - General Eligibility Status

	YES	NO	N/A
17. Is the Soldier currently assigned to another installation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the Soldier already received assignment instructions from which he/she has not been officially deleted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Does the Soldier have less than 120 days notice to prepare for this assignment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Will the Soldier be reassigned during the same fiscal year of his/her last "cost" PCS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Will the Soldier be reassigned before completing at least 12 months at his/her current duty station?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Will the Soldier's stabilization period terminate after the assignment arrival date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Does the Soldier's PULHES contain a "3" or "4"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Does the Soldier's PMOS differ from the assignment MOS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the special qualifications required for this assignment different from those currently possessed by the Soldier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are the prerequisites for TDY schooling or training required for this assignment different from those currently possessed by the Soldier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are the PRP requirements for this assignment different from those currently possessed by the Soldier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C - Time in Service Requirements Status

	YES	NO	N/A
28. Will the Soldier who is being reassigned from CONUS to CONUS have less than 24 months service remaining (<i>as of the last day of the arrival month</i>) until his/her ETS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Will the initial term Soldier have insufficient service remaining (<i>as of the last day of the arrival month</i>) to complete at least the "all others" tour prior to ETS upon arrival in the gaining overseas area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Will the career Soldier have sufficient service remaining (<i>as of the last day of the arrival month</i>) until his/her ETS to serve the "all others tour" for the overseas area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Will the Soldier who is being reassigned from OCONUS (<i>long tour area</i>) to CONUS have less than 13 months service remaining from his/her DEROs until his/her ETS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Will the Soldier who is being reassigned from OCONUS (<i>short tour area</i>) to CONUS have less than 7 months service remaining from his/her DEROs until his/her ETS (<i>less Johnston Island and Enewetak</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Will the Soldier be reassigned prior to the completion of his/her Foreign Service Tour Extension (<i>FSTE</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Is the Soldier's DEROs after the assignment arrival date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. REMARKS (*Annotate any additional information or discrepancies*)

36a. REASSIGNMENT CLERK'S SIGNATURE

36b. DATE (YYYYMMDD)

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.

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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)

57. REMARKS (Annotate any additional information or discrepancies):

58a. BATTALION COMMANDER'S SIGNATURE

58b. DATE (YYYYMMDD)

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.

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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 overseas 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.

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9. GAINING UNIT			10. EDAS CYCLE NO.	11. TODAY'S DATE (YYYYMMDD)	
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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)