

**DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON BAVARIA
UNIT 28130
APO AE 09114-8130**

CLEAR FORM

ASSIGNMENT QUESTIONNAIRE

1. You have been placed on assignment by HRC, please initial by one of the following:

_____A. I will comply with the assignment instructions.

_____B. I wish to resign my commission in lieu of PCS, sign a Declination of Continued Service, sign a statement indicating I do not want to extend or reenlist to comply with the assignment instructions, or I have hit my Retention Control Point (RCP) and cannot comply with the assignment.

2. My initials next to the following item indicates my understanding:

_____A. I understand that I must keep my chain of command and the MPD Reassignment's Section aware of any situations that could prevent me from complying with these assignment instructions. Failure to keep the above parties informed may result in delay or disapproval of any subsequent requests initiated by me.

3. Currently ☐ **I DO** ☐ **DO NOT** have any situations that could prevent me from complying with the assignment instructions.

4. Initial by one of the following:

_____A. I have a Government travel card, it is activated/it works

_____B. I do not have a Government travel card OR I have a card, but it is not activated/it doesn't work. I understand that I must provide a Memorandum For Record, signed by and O5 or higher, indicating why I do not have a activated Government Travel Card prior to orders being issued.

5. Initial by one of the following:

_____A. I am a single Soldier _____B. I am dual-military

_____C. I have dependents. I understand that if I have children/dependents from a previous marriage/relationship, I need to supply custody documents to MPD Reassignments. Furthermore, I understand that if I don't have primary or sole custody, those children/dependents will not be included on my orders.

6. If you have dependents, please provide their name(s) **EXACTLY** as they appear on his/her **PASSPORT**.

If your dependents are Command Sponsored, please check the box at the end of the row.

Name (First M. Last)	Relationship	Date of Birth (DD Month YYYY)	Current Physical Address	Command Sponsored
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

PRINTED NAME: _____ TELEPHONE NUMBER: _____

SIGNATURE: _____ DATE: _____

EFFECTIVE 24 MAY 2023