



# HHC CRC INDIVIDUAL DEMOB

Administrative documentation instructions



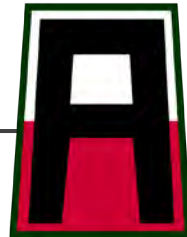


# HHC CRC INDIVIDUAL DEMOB

## AGENDA

1. Identify the different types of individual demobilizations
2. Identify documents needing to be completed for DEMOB
3. Instruct how to complete documents

**Always open documents in ADOBE  
DO NOT SIGN DOCUMENTS**



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Fill out the required information  
on the cover sheet that applies  
to you.

- Regular Individual Demob
- Refrad DD 220 Demob
- Active Reservist Demob

REQUIRED DEMOB DOCUMENTS DD220			
NAME: (RANK LAST NAME, FIRST NAME MI.)		OOO ID#:	
DOB:		DOB:	
BLDG/ROOM#		PHONE#	
TODAY'S DATE:		COMPONENT:	
ITEM#	DOCUMENTS	CADRE INTL	REMARKS
1	LETTER OF RELEASE (LOR) - ISSUED BY THE COMMANDER OF THE UNIT AND MUST BE SIGNED BY THE UNIT COMMANDER TO BE FORWARDED. IF WASHINGTON LOR, MUST BE SIGNED BY THE UNIT COMMANDER AND FORWARDED TO THE COMMANDER OF THE UNIT.		ALL SERVICE MEMBERS ARE REQUIRED TO HAVE A LOR FOR THE CHAIN OF COMMAND.
2	CURRENT MOBILIZATION ORDERS - THREE COPIES OF MOBILIZED ON THE DAY OF DEPARTURE.		FIRST LINE READS "YOU ARE ORDERED TO ACTIVE DUTY"
3	AMENDMENTS TO MOBILIZATION ORDERS		IF APPLICABLE
4	DD FORM 2706		ALL SERVICE MEMBERS REQUIRED TO HAVE A DD FORM 2706 (REGARDLESS OF REFUND STATUS (ADMIN OR MEDICAL))
5	COPY OF ARTICLE 15 (IF APPLICABLE)		ONLY REQUIRED IF ARTICLE 15 WAS CONDUCTED

INDIVIDUAL DEMOBILIZATION OPERATIONS NCO:

CADRE SIGNATURE AND DATE:

**ALL DOCUMENTS NEED TO BE SINGLE SIDED COPIES WITH NO STAPLES AND LISTED IN THIS ORDER. FAILURE TO FOLLOW DIRECTIONS AND/OR PROVIDE ALL REQUIRED DOCUMENTATION WILL RESULT IN THE PACKET GETTING REJECTED AND WILL DELAY YOUR MOBILIZATION PROCESS.**

REQUIRED DEMOB DOCUMENTS AGR10				
NAME (RANK LAST NAME, FIRST NAME MI.)			ODD IOW	DOB:
BLD/ROOM#	PHONE#	TODAY'S DATE:	COMPONENT:	
ITEM	DOCUMENTS	CAUSE R/LTS	REMARKS	
1	LETTER OF RELEASE (LOR) ISSUED BY 2A OR HOSR		SOLDIERS THAT HAVE ON-ORDER 10-15 DAYS DATE OR STATIONED IN HAWAII OR ANY OTHER, ALIEN COUNTRIES MUST BE REQUESTED TO SUBMIT LOR TO THE OFFICE OF THE JUDGE ADVOCATE GENERAL (JAG) FOR REVIEW AND APPROVAL. IF MORE DOCUMENTS DO NOT REFLECT CURRENT AND CORRECT NAME	
2	RED CROSS MESSAGE OR HARDSHIP MEMORANDUM IF APPLICABLE			
3	TEMPORARY/REDUCTION ORDERS THAT WERE EFFECTIVE DURING TOUR		IF MORE DOCUMENTS DO NOT REFLECT CURRENT AND CORRECT NAME	
4	TEMPORARY CHANGE OF STATION (TCS) ORDERS www.dhs.gov/uscis/eas/eas-forms/uscis-forms-2009050101 www.dhs.gov/uscis/eas/eas-forms/uscis-forms-2009050101		FIRST LINE SHOULD HAVE YOU ARE EMPLOYED IN A TEMPORARY CHANGE OF STATION (TCS) ORDER. DO NOT HAVE ORDER ACC. ARMY. PROCEED WITH ORDER. RE-ENTER YOUR ORDER TO THE OFFICE OF THE JUDGE ADVOCATE GENERAL (JAG) FOR REVIEW AND APPROVAL.	
5	AMENDMENT(S) TO TCS ORDERS (IF APPLICABLE)		DO NOT HAVE ORDER ACC. ARMY. PROCEED WITH ORDER. RE-ENTER YOUR ORDER TO THE OFFICE OF THE JUDGE ADVOCATE GENERAL (JAG) FOR REVIEW AND APPROVAL.	
6	NAVY TRAVEL ORDERS OR TRAVEL ORDERS FOR CURRENT TOUR		DO NOT HAVE ORDER ACC. ARMY. PROCEED WITH ORDER. RE-ENTER YOUR ORDER TO THE OFFICE OF THE JUDGE ADVOCATE GENERAL (JAG) FOR REVIEW AND APPROVAL.	
7	FEDERAL AWARDS		RECORDS HAVE BEEN OVERSEEN AND DO NOT HAVE ANY REJECTED PREVIOUS DO FORM 242	
8	DA FORM 1556 OR ANY SCHOOL COURSE CERTIFICATES NATIONALLY COGNITIVE FOR CLASSIFIED OR COMBAT MOBILIZATION		RECORDS HAVE BEEN OVERSEEN AND DO NOT HAVE ANY REJECTED PREVIOUS DO FORM 242	
9	DA FORM 31 (LEAVE FORM) IF ON TOOK UNAVAILABLE LEAVE OR PMS		RECORDS HAVE BEEN OVERSEEN AND DO NOT HAVE ANY REJECTED PREVIOUS DO FORM 242	
10	END OF TOUR (EOT) INFORMATION SHEET		COMPLETE END OF TOUR INFORMATION SHEET BY TOUR END DATE	
11	COMPLETE ONLINE PHA DA FORM 3024 IN MEDPROS	3A	DO NOT HAVE ORDER ACC. ARMY. PROCEED WITH ORDER. RE-ENTER YOUR ORDER TO THE OFFICE OF THE JUDGE ADVOCATE GENERAL (JAG) FOR REVIEW AND APPROVAL.	
12	COMPLETE ONLINE PHA DA FORM 2716 IN MEDPROS	3A	DO NOT HAVE ORDER ACC. ARMY. PROCEED WITH ORDER. RE-ENTER YOUR ORDER TO THE OFFICE OF THE JUDGE ADVOCATE GENERAL (JAG) FOR REVIEW AND APPROVAL.	

INDIVIDUAL DEMOBILIZATION OPERATIONS NCO:

CADRE SIGNATURE AND DATE:

**ALL DOCUMENTS NEED TO BE SINGLE SIDED COPIES WITH N STAPLES AND LISTED IN THIS ORDER. FAILURE TO FOLLOW DIRECTIONS AND/OR PROVIDE ALL REQUIRED DOCUMENTATION WILL RESULT IN THE PACKET GETTING REJECTED AND WILL DELAY YOUR MOBILIZATION PROCESS.**

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## What type of Demob are you?

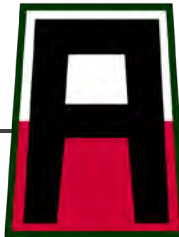
- REFRAD (DD 220) Demob: **Service Members who have been on orders for less than 30 days**
- Active Reservist (AGR 10) Demob: **Service Members who are continuing same title 10 orders after Demob**

If none of the above apply to you, then you will be a regular individual Demob.

CRC DEMOB will only process individual Soldiers deployed to an OCONUS location.



U.S.ARMY



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- Example of where to find important information on MOB Orders

Orders identifying number  
Amendments will have the same order number  
with an (A1) (A2) (A3) (so on) after it

ORDERS: [redacted] 018

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 85TH SUPPORT COMMAND  
1515 WEST CENTRAL ROAD  
ARLINGTON HEIGHTS IL 60005-2475

07 September 2022

TNG SPT (W [redacted])

Mob UIC

You are ordered to active duty as a member of your Reserve Component Unit for the period indicated unless sooner released or unless extended. Proceed from your current location in sufficient time to report by the date specified. You enter active duty upon reporting to unit home station.

Report To Home Station: W [redacted] TNG SPT (W [redacted]), LOGISTICS CENTER USAR CENTER

Report on: 01 May 2023 Report date

Report To Mobilization Station: 1733 PLEASANTON ROAD, B1002 FORT BLISS, TX 79916

Report on: 04 May 2023

Period of active duty: 365 days Period of active duty days

Purpose: Activation in support of [redacted]

FTN: None

Mobilization category code: V

FOR ARMY USE  
AUTHORITY:

<https://mobcop.aoc.army.pentagon.mil> and enter the DAMPS Orders system to retrieve copies of orders/amendments.

SDN:

Sex:

MDC:

PMOS/AOC/ASI/LIC:

HOR:

DOR:

PEBD:

Security Clearance:

Comp: USAR

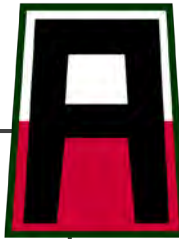
Format: 165

FOR THE COMMANDER:

\* \* \* \* \*  
\* [redacted] \*  
\* \* \* \* \*

DISTRIBUTION: 1- Cdr Ft Bliss

1- Cdr, [redacted]



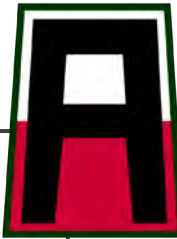
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## C.R.C. Transportation Packet

Fill out the C.R.C. Transportation Packet with your information.  
All information is necessary for booking your flight home.

C.R.C. Transportation Packet - USAR/NG/AGR32 1733 Pleasonton Rd. Bldg. 103 Ft. Bliss, TX 79916			
Privacy Act of 1974			
Authority: Section 3013 Title 10, United States Code Executive Order 9307.		Airport Code: Exchange	
Purpose: Information required for redeployment processing.		CLOSEST TO HOME/UNIT	
Routine Use: Will be used to ascertain redeployment status will provide historical data for after action report/analysis.			
Disclosure: Failure to disclose information requested could result in improper processing.			
CRC CONTACT INFORMATION		COMPONENT	
RANK:	LAST NAME:	BLDG#	CELL PHONE#
	FIRST NAME:	ROOM#	CIV EMAIL:
		USAR AGR(10)	
TODAY'S DATE (MM/DD/YYYY):		COUNTRY YOU DEPLOYED TO: GENDER:	
DATE OF BIRTH (MM/DD/YYYY):		DEPLOYMENT UIC: FULL SSN: MOS:	
DO YOU HAVE MULTIPLE DTS ACCOUNTS? YES <input type="radio"/> NO <input type="radio"/>		TOUR LENGTH: START DATE ON ORDERS (MM/DD/YYYY):	
LETTER AFTER SSN IN DTS (IF ANY)			
HOME OF RECORD OR DUTY STATION LISTED ON YOUR ORDERS:		EMERGENCY CONTACT INFORMATION	
HOME OF RECORD CITY AND STATE		RELATIONSHIP: CITY AND STATE	
DRILLING UNIT		LAST NAME: FIRST NAME:	
		CONTACT #	
EMERGENCY OR HARDSHIP			
DO YOU HAVE A REDCROSS: YES <input type="radio"/> NO <input type="radio"/>		DO YOU HAVE AN EMERGENCY LEAVE FORM? YES <input type="radio"/> NO <input type="radio"/>	
ARE YOU RETURNING FROM EMERGENCY LEAVE? YES <input type="radio"/> NO <input type="radio"/>		DO YOU HAVE A HARDSHIP MEMORANDUM? YES <input type="radio"/> NO <input type="radio"/>	
EQUIPMENT AND WEAPONS			
DO YOU HAVE CIF GEAR TO TURN IN? YES <input type="radio"/> NO <input type="radio"/>		DO YOU HAVE WEAPONS TO TURN IN? YES <input type="radio"/> NO <input type="radio"/>	
INDIVIDUAL DEMOB TRAVEL TERMS			
1. All transient Personnel assigned to DEMOB who are requesting CRC to arrange transportation to redeployment destination must read the statement below and acknowledge.			
2. Turn in all orders and amendments with the Service Member's Transportation Request. Please ensure that all the information required is complete and legible on the Transportation Request Sheet.			
3. CRC Transportation is ONLY AUTHORIZED to send the Service Member to the location that is accordance with their orders as their home of record or duty station. If the Service Member chooses CRC to make their flight arrangement, they have a 24 hour time frame prior to the arrangements being made to make any changes to the Original Transportation Request.			
4. Any and All Military Personnel who deliberately circumvent the CRC Transportation process may be subjected to UCMJ Action as per AR 27-10.			
5. Travel Requests will be processed once the Service Member clears and completes the Reverse Soldier Readiness Process (R-SRP).			
6. Once the Service Member goes to final out at TRANSITIONS, travel day will be arranged for the following day per AR 600-8-10, Paragraph 5-37.			
7. The Service Member will receive the first available Government contracted flight. Adjustments made to destination not stated on the Service Member's Orders will be at the Expense of the Service Member.			
<input type="checkbox"/> I AGREE with the above statement, CRC will make my Travel Arrangements.			
<input type="checkbox"/> I DISAGREE with the above statement, I will make my Travel Arrangements. I understand I must sign a flight refusal with transportation.			
SIGNATURE:		DATE:	
SPECIAL INSTRUCTIONS FOR TRAVEL ONLY			



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## DA 31

Fill out blocks 2 through 6, and block 11 of your DA 31.

Attachments Menu DA Form 31 - Instructions Form issues? Send an Email to: [usaarmy.knox.hrc.mdx.bagel-ask-hrc@army.mil](mailto:usaarmy.knox.hrc.mdx.bagel-ask-hrc@army.mil)

REQUEST AND AUTHORITY FOR LEAVE  
This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-5-10.  
The proper agency is DCS, S-1. (See instructions by clicking on the instructions button.)

1. CONTROL NUMBER

2. NAME (Last, First, Middle Initial) 3. DOD ID 4. RANK 5. DATE (YYYYMMDD)

6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone Number) 7. ORGANIZATION, STATION, POC EMAIL AND PHONE NUMBER  
CONUS REPLACEMENT CENTER  
FT BLISS, TX 79916  
915-568-0021

8. TYPE OF ABSENCE  
☐ CHARGEABLE ☐ NON-CHARGEABLE ☒ COMBINATION

9a. FROM (YYYYMMDD) 9b. TOTAL DAYS REQUESTED 9c. TO (YYYYMMDD)

10a. ACCRUED LEAVE (CR BAL) 10b. CHARGEABLE LEAVE REQUESTED 10c. NON-CHARGEABLE ABSENCE REQUESTED

11. SIGNATURE OF REQUESTOR (Supervisor can sign for requestor when requestor is not available to sign.) DATE

12. SUPERVISOR NAME TITLE RANK/GRADE RECOMMENDATION SIGNATURE DATE  
☐ APPROVAL ☐ DISAPPROVAL

13. APPROVING AUTHORITY NAME TITLE RANK/GRADE ACTION SIGNATURE DATE  
☐ APPROVED ☐ DISAPPROVED

14. DEPARTURE - AUTHORITY SIGNATURE  
a. DATE b. TIME c. NAME DEPARTURE AUTHORITY d. TITLE e. SIGNATURE f. DATE

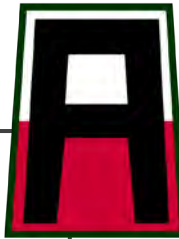
15. EXTENSION - APPROVAL AUTHORITY SIGNATURE  
a. NUMBER DAYS b. DATE APPROVED c. NAME APPROVAL AUTHORITY d. TITLE e. SIGNATURE f. DATE

16. RETURN - AUTHORITY SIGNATURE  
a. DATE b. TIME c. NAME RETURN AUTHORITY d. TITLE e. SIGNATURE f. DATE

17. REMARKS

DA FORM 31, SEP 2022 PERSONNEL/FINANCE ONLY: Chargeable leave is from date (YYYYMMDD) to date (YYYYMMDD). PREVIOUS EDITIONS ARE OBSOLETE.





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## Finance Leave Reconciliation form

Fill in your full name, full social, and active duty start date.  
Do not enter a tour end date.  
Scroll to the bottom of the page.  
Add your Email address (preferably Military email address)  
and then sign the document.

Unit: \_\_\_\_\_



UNITED STATES ARMY  
FINANCIAL MANAGEMENT COMMAND  
ARMY MILITARY PAY OFFICE  
FORT BLISS, TEXAS 79916

AMFM-MPO-MK

MEMORANDUM: ARNG/USAR FOR RELEASE FROM ACTIVE DUTY FOR LEAVE  
RECONCILIATION AND PROCESSING OF ACCRUED LEAVE PAYMENT

Name (Last, First) \_\_\_\_\_ SSN: \_\_\_\_\_

Active Duty Start Date (yyymmdd) \_\_\_\_\_ Tour End Date: \_\_\_\_\_

1. **Leave Reconciliation:** Annotate all chargeable leave with exact dates from Active Duty Start date to Tour End date. Circle (Yes or No) if R&R or Transition leave was taken. Annotate any NCR&R. Exact leave dates are required. Incomplete information can delay processing.

CHARGEABLE LEAVE	# OF DAYS	FROM (YYMMDD)	TO (YYMMDD)
R&R Leave (Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/> Chargeable? (No <input type="checkbox"/> )			
PDMRA			
TRANSITION LEAVE TAKEN (Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/> )			

2. **Final Leave Computation:** By Law, Leave Roll Over into the current tour is limited to 60 days unless CZIE / SLA protected. Rolled Over Leave must be 1.0 day or greater.

PDMRA EARNED _____		Remaining leave balance options are to Roll over leave to a future tour or to sell the remaining balance:
LEAVE EARNED _____		
LEAVE USED _____		Sell: _____ Rollover: _____
LEAVE BALANCE _____		*0.5 balance will be sold

3. I certify that the leave dates recorded above are complete and accurate, and no other leave periods have been reported for the above tour of duty. Accrued leave payment will be processed only after the completion of your tour of active duty (if applicable).

In the event you used more leave than earned a debt collection of pay, allowances, and leave penalties will be posted to your military pay account after the active tour of duty has ended.

SM SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

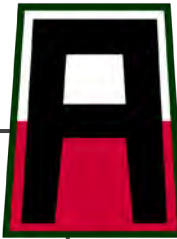
Email Address: MILITARY EMAIL \_\_\_\_\_

COMMANDERS PRINTED NAME \_\_\_\_\_ FOC \_\_\_\_\_

COMMANDERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please provide all DA 31's from the tour to the Demob S-1 Clerk for leave calculations.





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## Finance Demob Checklist

Fill in your full name, full social security number, rank, homes address, and phone number. Fill in your military spouse's full name, full social security number, rank, home address, and phone, *if applicable*.

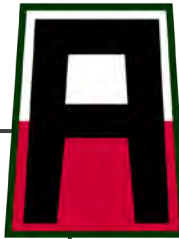
Check your Component. Please note that being on title 10 orders does not change your component. Example; If you are ARNG on title 10 orders, you are still ARNG.

Fill in your Parent unit's information and UIC. Your parent unit is the unit you will be returning home to.

Then put today's date for date completed in box 10.

FINANCE DEMOBILIZATION CHECKLIST  
1 January 2019

1. NAME (Last, First, Middle):	2. SSN:	3. RANK:	4. HOME ADDRESS:	5. HOME PHONE:	Submit to	
1a. (Military Spouse, if applicable)	2a.	3a.	4a.	5a.		
6. COMPONENT: (Select one) AC AGR RC ARNG IRR IMA AGR 10 AGR 32 OTHER					USPO	UPC
7. PARENT UNIT AND UNIT PHONE NUMBER:		8. UIC:	9. DUIC:	10. DATE COMPLETED:		
DEMobilization STOP	REQUIRED DOCUMENTS	ACTION TAKEN	INITIALS	REMARKS	VERIFIED AT	
VERIFIED BY DEMOB STATION (DMS)					DMS HS	
Review/Change (not cancel) Long Tour	Demob Orders	Y N NA		Canceling a tour requires the supervisor's approval		
FSA, except Title 10, AC Soldiers	Demob Orders	Y N NA				
BAS	Demob Orders	Y N NA				
HOPL/HFP/IDP/CZTE	Fit Manifest	Y N NA		Stop, if necessary		
Accrued Leave Days Carried to Next Tour	Demob Orders	Y N NA				
Sold Accrued Leave	DA Form 31	Y N NA		Demob orders, DD Form 214		
Charged all Leave Days Taken	DA Form 31	Y N NA				
Enlisted clothing due for full or prorated?		Y N NA				
Travel Voucher Settlement Briefing, Annex B		Y N NA		Unit forwards vouchers to DFAS-Rome		
SPECIAL, INCENTIVE PAYS:		Y N NA				
Bonus		Y N NA				
FLPP		Y N NA				
Demolition		Y N NA				
Medical		Y N NA				
SDAP		Y N NA				
JUMP		Y N NA				
Medical Board Certification		Y N NA				
11. Print Finance Technician's Name & Grade	Date (DDMMYYYY)					
12. Signature						
Conduct 100% post-REFRAD pay audit	Demob Orders, DD Form 214, DA Form 31, etc.	Y N NA		DMS: Complete between 1 and 30 days after the REFRAD date. HS: Complete between 31 and 60 days after the REFRAD date		
13. Print Finance Technician's Name & Grade	Date (DDMMYYYY)					
Signature						



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## Pre-Transition Worksheet

The next few slides will be going over how to properly fill out the Pre-Transition Worksheet.

This document is crucial for creating your DD 214 and will need to be as accurate as possible.

Be prepared to recall dates of travel while mobilized. You may use as many sources as you need to fill in the required information. For example, you can look at your TCS orders, Nato orders, Memorandums, DTMS, 1610s, 4857s, DA 31s, photos you may have taken, text messages, emails, and so on.

Again,  
It is important for your dates to be as accurate as possible.

**DPTMS S1 CONUS REPLACEMENT CENTER PRE-TRANSITION WORKSHEET**

TODAY'S DATE: \_\_\_\_\_

NAME (LAST, FIRST MI): \_\_\_\_\_

RANK: \_\_\_\_\_

DOB: \_\_\_\_\_

Date Of Rank: \_\_\_\_\_

CIRCLE YOUR COMPONENT: ☐ AGR ☐ USAR ☐ ARNG

UNIT YOU SERVED WITH DURING THIS MOBILIZATION: \_\_\_\_\_

CELL #: ( ) - \_\_\_\_\_

PHONE NUMBER WHERE WE MAY CONTACT YOU: \_\_\_\_\_

DOD ID: \_\_\_\_\_ (10 digits)

OTHER #: \_\_\_\_\_

SSN: \_\_\_\_\_

PMOS/SMOS: \_\_\_\_\_

UNIT YOU BELONG TO: \_\_\_\_\_

HOME ADDRESS AT TIME OF THIS MOBILIZATION: \_\_\_\_\_

NAME AND ADDRESS OF NEAREST RELATIVE: \_\_\_\_\_

HOME ADDRESS AFTER END OF TRANSITIONAL LEAVE: \_\_\_\_\_

DID YOU RECEIVE ANY AWARDS? Y or N (ONLY FEDERAL AWARDS, AND ONLY THOSE THAT YOU HAVE IN HAND RIGHT NOW)

DID YOU HAVE YOUR PREVIOUS DD214? Y or N (ALL DD214'S WHILE IN THE SERVICE)

DID YOU RE-ENLIST UNDER THE LOAN REPAYMENT PROGRAM DURING THIS MOB? Y or N

OFFICER'S: COMMISSIONED THRU: \_\_\_\_\_ SERVICE ACADEMY: \_\_\_\_\_ ROTC SCHOLARSHIP: \_\_\_\_\_ ROTC: \_\_\_\_\_ PRIOR ENLISTED: \_\_\_\_\_ DIRECT COMMISSION: \_\_\_\_\_ OC\$: \_\_\_\_\_ WOC\$: \_\_\_\_\_

List the locations you have been on this mobilization and the dates you were there, starting with your Mobilization Station.

List ONLY the country in Theatre, the installation stateside.

HOME STATION	JACKSON, MS	Date Arrive:	Date Depart:	YYY/MM/DD
MOB LOC:	FT. BLISS, TX	Date Arrive: 2023/01/01	Date Depart: 2023/01/08	
LOC:	GERMANY	Date Arrive: 2023/01/08	Date Depart: 2023/08/01	
LOC:	KUWAIT (AT)	Date Arrive: 2023/01/09	Date Depart: 2023/01/11	
LOC:	KABUL	Date Arrive: 2023/01/11	Date Depart: 2023/06/22	
LOC:	KUWAIT	Date Arrive: 2023/06/22	Date Depart: 2023/07/18	
LOC:	GERMANY	Date Arrive:	Date Depart:	
LOC:	KUWAIT	Date Arrive:	Date Depart:	
LOC:	KABUL	Date Arrive:	Date Depart:	
LOC:	KUWAIT	Date Arrive:	Date Depart:	
LOC:	BALTIMORE, MA	Date Arrive:	Date Depart:	
LOC:	FT. BLISS TX	Date Arrive:	Date Depart:	

DATE ENTERED THEATER: \_\_\_\_\_

DATE LEAVING THEATER: \_\_\_\_\_

DATE ARRIVED STATE SIDE: \_\_\_\_\_

ACTIVE DUTY START DATE: \_\_\_\_\_

Period of active duty days from mob order: \_\_\_\_\_

UPDATED AS OF 16JAN22



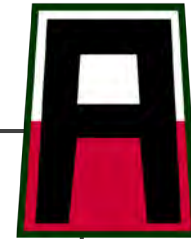
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## Pre-Transition Worksheet

Start by filling in today's date,  
Your full name,  
Your rank  
(not to be confused with your pay grade),  
And your date of birth.

DPTMS S1 CONUS REPLACEMENT CENTER PRE-TRANSITION WORKSHEET	
TODAY'S DATE:	_____
NAME (LAST, FIRST MI):	_____
RANK :	_____
DOB:	_____



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## Pre-Transition Worksheet

Next you will fill in your date of rank. If you do not know your date of rank you can find it at the bottom of your MOB orders.

Check your component.

Fill in the information and UIC for the unit you mobilized with.

Fill in the information and UIC for the unit you belong to/are returning to.

Fill in a working phone number for us to reach you at.

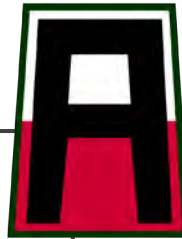
Fill in your DOD ID number, and your full social security number.

Fill in your Primary MOS and Secondary MOS *if applicable*.

The form contains the following fields and sections:

- Date Of Rank:** (Indicated by an arrow from the text 'Next you will fill in your date of rank...')
- CIRCLE YOUR COMPONENT:** AGR, USAR, ARNG (Indicated by an arrow from the text 'Check your component.')
- UNIT YOU SERVED WITH DURING THIS MOBILIZATION:** (Indicated by an arrow from the text 'Fill in the information and UIC for the unit you mobilized with.')
- UIC:** (Indicated by an arrow from the text 'Fill in the information and UIC for the unit you belong to/are returning to.')
- CELL #:** ( ) - ( ) (Indicated by an arrow from the text 'Fill in a working phone number for us to reach you at.')
- PHONE NUMBER WHERE WE MAY CONTACT YOU:** (Indicated by an arrow from the text 'Fill in a working phone number for us to reach you at.')
- OTHER #:** (Indicated by an arrow from the text 'Fill in a working phone number for us to reach you at.')
- DOD ID:** (10 digits) (Indicated by an arrow from the text 'Fill in your DOD ID number...')
- SSN:** (Indicated by an arrow from the text 'Fill in your full social security number.')
- PMOS/SMOS:** (Indicated by an arrow from the text 'Fill in your Primary MOS and Secondary MOS if applicable.')
- HOME ADDRESS AT TIME OF THIS MOBILIZATION**
- NAME AND ADDRESS OF NEAREST RELATIVE**
- HOME ADDRESS AFTER END OF TRANSITIONAL LEAVE**





# HHC CRC INDIVIDUAL DEMOB

Always open documents in ADOBE  
DO NOT SIGN DOCUMENTS

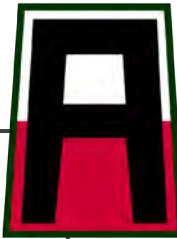
## Pre-Transition Worksheet

Next you will fill in the home address where you were residing at the start of this mobilization (your home of record). If you have moved during this mobilization, or will be staying somewhere different after this mobilization, you will put your new address in the box titled “*Home Address After End of Transitional Leave*”. If you will be returning to the same address, you may type “*Same Address*”. In the box titled “*Name and Address of Nearest Relative*” you will type the name and address of your nearest relative (emergency contact). If your nearest relative happens to live at the same address, you may type “*Same Address*” beside or under their name.

Then answer the following “Yes” or “No” questions.

Officers will need to check how they commissioned.

HOME ADDRESS AT TIME OF THIS MOBILIZATION	NAME AND ADDRESS OF NEAREST RELATIVE	HOME ADDRESS AFTER END OF TRANSITIONAL LEAVE
DID YOU RECEIVE ANY AWARDS? Y or N (ONLY FEDERAL AWARDS, AND ONLY THOSE THAT YOU HAVE IN HAND RIGHT NOW)		
DO YOU HAVE YOUR PREVIOUS DD214? Y or N (ALL DD214'S WHILE IN THE SERVICE)		
DID YOU RE-ENLIST UNDER THE LOAN REPAYMENT PROGRAM DURING THIS MOB? Y or N		
OFFICERS: COMMISSIONED THRU: _____ SERVICE ACADEMY: _____ ROTC SCHOLARSHIP: _____ ROTC _____ PRIOR ENLISTED: _____ DIRECT COMMISSION: _____ OCS: _____ WOCS: _____		



# HHC CRC INDIVIDUAL DEMOB

Always open documents in ADOBE  
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## Pre-Transition Worksheet

The next portion of this sheet is where we will be typing **ALL** of the locations you went to (FOR MORE THAN 24HRS) and the dates you went during your mobilization. ALL DATES FROM HERE ON OUT WILL BE 4 DIGIT YEAR/ 2 DIGIT MONTH/ 2 DIGIT DAY. If your dates are not in this format YYYY/MM/DD, your packet will get kicked back.

Locations state side will be listed as City, State, or Installation, State. Example, “Hinesville, GA” or “FT. Stewart, GA”

Locations over seas will be listed as **Country** only.

List the locations you have been on this mobilization and the dates you were there, starting with your Mobilization Station.			
List ONLY the country in Theatre, the installation stateside.			
HOME STATION	JACKSON, MS	Date Depart:	YYYY/MM/DD
MOB LOC:	FT. BLISS, TX	Date Arrive:	2023/01/01
		Date Depart:	2023/01/08
LOC:	GERMANY	Date Arrive:	2023/01/08
		Date Depart:	2023/08/01
LOC:	KUWAIT (AT)	Date Arrive:	2023/01/09
		Date Depart:	2023/01/11
LOC:	KABUL	Date Arrive:	2023/01/11
		Date Depart:	2023/06/22
LOC:	KUWAIT	Date Arrive:	2023/06/22
		Date Depart:	2023/07/18
LOC:	GERMANY	Date Arrive:	
		Date Depart:	
LOC:	KUWAIT	Date Arrive:	
		Date Depart:	
LOC:	KABUL	Date Arrive:	
		Date Depart:	
LOC:	KUWAIT	Date Arrive:	
		Date Depart:	
LOC:	BALTIMORE, MA	Date Arrive:	
		Date Depart:	
LOC:	FT. BLISS TX	Date Arrive:	
		Date Depart:	

DATE ENTERED THEATER: \_\_\_\_\_

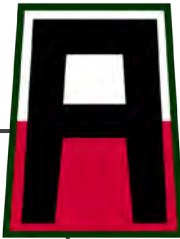
DATE LEAVING THEATER: \_\_\_\_\_

DATE ARRIVED STATE SIDE: \_\_\_\_\_

ACTIVE DUTY START DATE: \_\_\_\_\_

Period of active duty days from mob order: \_\_\_\_\_

UPDATED AS OF 16MAR23



# HHC CRC INDIVIDUAL DEMOB

Always open documents in ADOBE  
DO NOT SIGN DOCUMENTS

## Pre-Transition Worksheet

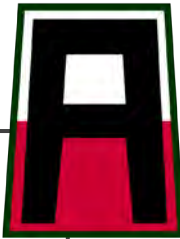
First you will list your “Home Station” this is the location you left from to go to the location you mobilized from.

For example, if you left from your home in Atlanta, Ga to mobilize out of FT Bliss, Tx. Your Home station will be Atlanta, Ga. If you met with your unit at FT. Stewart, Ga first and then you all left from your unit to FT Bliss, Tx to mobilize, then your home station will be FT. Stewart, Ga.

The date you departed from your “home station” will be the start date on your MOB orders.

List the locations you have been on this mobilization and the dates you were there, starting	
List ONLY the country in Theatre, the installation stateside.	
HOME STATION JACKSON, MS	Date Depart: YYYY/MM/DD





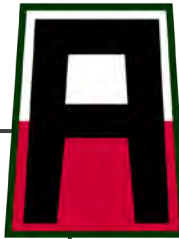
# HHC CRC INDIVIDUAL DEMOB

Always open documents in ADOBE  
DO NOT SIGN DOCUMENTS

## Pre-Transition Worksheet

The next box will be “MOB LOC:” this is the location that you mobilized from. If you mobilized from FT. Bliss, Tx then type FT. Bliss, Tx. Next fill in the date you arrived at your mobilization location. Then the date you departed your mobilization location to go to your theater location.

List the locations you have been on this mobilization and the dates you were there, starting		
List ONLY the country in Theatre, the installation stateside.		
HOME STATION	JACKSON, MS	Date Depart: YYYY/MM/DD
MOB LOC:	FT. BLISS, TX	Date Arrive: 2023/01/01      Date Depart: 2023/01/08



# HHC CRC INDIVIDUAL DEMOB

Always open documents in ADOBE  
DO NOT SIGN DOCUMENTS

## Pre-Transition Worksheet

The next location ("LOC:") will be your theater location **UNLESS** you had a 24hr layover **OR LONGER** in any other country prior to arriving at your theater location. You will fill in the date you arrived at said location(s) and the date you departed. Do not worry if there are any gaps in time between arrival/departure, we do account for travel time and time zone changes.

**ALL LOCATIONS MUST BE IN CHRONOLOGICAL ORDER.**

If you jumped locations while mobilized.

**\*\*LEAVE/PASS** to other countries while mobilized are **not required** to be listed.\*\*

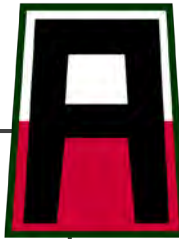
If you trained (AT),(TDY) in other countries while mobilized.

If you were medevac to a different country while mobilized.

**ALL LOCATIONS AND DATES WILL NEED TO BE LISTED.**



List the locations you have been on this mobilization and the dates you were there, starting with your home station.		
List ONLY the country in Theatre, the installation stateside.		
HOME STATION JACKSON, MS		Date Depart: YYYY/MM/DD
MOB LOC: FT. BLISS, TX		Date Arrive: 2023/01/01 Date Depart: 2023/01/08
LOC: GERMANY	→	Date Arrive: 2023/01/08 → Date Depart: 2023/08/01
LOC: KUWAIT (AT)		Date Arrive: 2023/01/09 Date Depart: 2023/01/11
LOC: KABUL		Date Arrive: 2023/01/11 Date Depart: 2023/06/22
LOC: KUWAIT		Date Arrive: 2023/06/22 Date Depart: 2023/07/18
LOC: GERMANY		Date Arrive: Date Depart:
LOC: KUWAIT		Date Arrive: Date Depart:
LOC: KABUL		Date Arrive: Date Depart:
LOC: KUWAIT		Date Arrive: Date Depart:
LOC: BALTIMORE, MA		Date Arrive: Date Depart:
LOC: FT. BLISS TX		Date Arrive: Date Depart:



# HHC CRC INDIVIDUAL DEMOB

Always open documents in ADOBE  
DO NOT SIGN DOCUMENTS

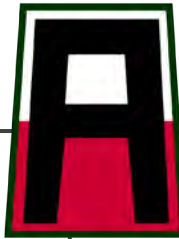
## Pre-Transition Worksheet

If you fill the entire sheet with locations and need another page, utilize the *Pre-Transition Worksheet continuation page*.

As you get to the end of your list of locations, the next location after leaving your theater location (to come home to demobilize) will be the **FIRST** city and state that you landed in state side. In the example to the right, the soldier landed in Baltimore, MA then flew from Baltimore, MA to FT. Bliss, TX to demobilize.

FT. Bliss, TX will be your last location, and will not have a departure date.

List the locations you have been on this mobilization and the dates you were there, starting with your HOME STATION.		
List ONLY the country in Theatre, the installation stateside.		
HOME STATION	JACKSON, MS	Date Depart: YYYY/MM/DD
MOB LOC:	FT. BLISS, TX	Date Arrive: 2023/01/01 Date Depart: 2023/01/08
LOC:	GERMANY	Date Arrive: 2023/01/08 Date Depart: 2023/08/01
LOC:	KUWAIT (AT)	Date Arrive: 2023/01/09 Date Depart: 2023/01/11
LOC:	KABUL	Date Arrive: 2023/01/11 Date Depart: 2023/06/22
LOC:	KUWAIT	Date Arrive: 2023/06/22 Date Depart: 2023/07/18
LOC:	GERMANY	Date Arrive: Date Depart:
LOC:	KUWAIT	Date Arrive: Date Depart:
LOC:	KABUL	Date Arrive: Date Depart:
LOC:	KUWAIT	Date Arrive: Date Depart:
LOC:	BALTIMORE, MA	Date Arrive: Date Depart:
LOC:	FT. BLISS TX	Date Arrive: Date Depart:



# HHC CRC INDIVIDUAL DEMOB

Always open documents in ADOBE  
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## Pre-Transition Worksheet

Next, we will plug in the dates for the box to the right.

The period of active duty days from your MOB order is the number of days your MOB ORDERS gave you. NOT how many days you were actually in Theater.

Report on: 01 May 2023  
Report To Mobilization Station: 1733 PLEASANTON ROAD, B1002 FORT BLISS, TX 79916  
Report on: 04 May 2023  
Period of active duty: 365 days

If you remained stateside for your mobilization (as Rear Detachment or if you are a refrad soldier) you will not have a "Date entered/leaving theater" or "Date arrived stateside".

List the locations you have been on this mobilization and the dates you were there, starting with your Mobilization Station.			
List ONLY the country in Theatre, the installation stateside.			
HOME STATION	JACKSON, MS	Date Depart:	YYYY/MM/DD
MOB LOC:	FT BLISS, TX	Date Arrive:	2023/01/01
LOC:	GERMANY	Date Arrive:	2023/01/08
LOC:	KUWAIT (AT)	Date Arrive:	2023/01/09
LOC:	KABUL	Date Arrive:	2023/01/11
LOC:	KUWAIT	Date Arrive:	2023/06/22
LOC:	GERMANY	Date Arrive:	
LOC:	KUWAIT	Date Arrive:	
LOC:	KABUL	Date Arrive:	
LOC:	KUWAIT	Date Arrive:	
LOC:	BALTIMORE, MA	Date Arrive:	
LOC:	FT. BLISS TX	Date Arrive:	

DATE ENTERED THEATER: \_\_\_\_\_

DATE LEAVING THEATER: \_\_\_\_\_

DATE ARRIVED STATE SIDE: \_\_\_\_\_

ACTIVE DUTY START DATE: \_\_\_\_\_

Period of active duty days from mob order: \_\_\_\_\_

UPDATED AS OF 16MAR23



# HHC CRC INDIVIDUAL DEMOB

## PACKET COMPLETE

Please print your completed packet and bring it with you to CRC DEMOB.

CRC DEMOB does not accept emailed packets.

# REQUIRED DEMOB DOCUMENTS

NAME: (RANK LAST NAME, FIRST NAME MI.)		DOD ID#:		DOB:	
BLDG/ROOM#		PHONE#		COMPONENT: IF YOU'RE A PROVIDER, MOS:	
ITEM#	DOCUMENTS	CADRE INTLS	REMARKS		
1	LETTER OF RELEASE (LOR) SIGNED BY O-6 OR HIGHER IF THE UNIT HAS BEEN DEPLOYED BY THE TIME SM COMES TO CRC FOR REFRAID. IF HARDSHIP LOR		SERVICE MEMBERS THAT WERE ON ORDERS LESS THAN 60 DAYS OR STATIONED IN SELECT COUNTRIES ARE NOT REQUIRED TO HAVE A LOR		
2	RED CROSS MESSAGE OR HARDSHIP MEMORANDUM (IF APPLICABLE)		PROVIDE DOCUMENTATION DURING INPROCESSING AND INFORM OPERATIONS NCO IMMEDIATELY		
3	PROMOTION/REDUCTION ORDERS: THAT WERE EFFECTIVE DURING MOBILIZATION		IF MOB ORDERS DO NOT REFLECT CURRENT AND CORRET RANK		
4	CURRENT MOBILIZATION ORDERS THREE COPIES OF MOBILIZED (ON ACTIVE DUTY) ORDERS		FIRST LINE READS "YOU ARE ORDERED TO ACTIVE DUTY". IF SERVICE MEMBER IS ON CONTINUOUS ORDERS THEIR PREVIOUS ORDERS		
5	AMENDMENTS TO MOBILIZATION ORDERS THREE COPIES		IF APPLICABLE, THREE SINGLE SIDED COPIES ARE NEEDED.		
6	TEMPORARY CHANGE OF STATION (TCS) ORDERS (IF APPLICABLE) SENDING SM TO DEPLOYING/MOBILIZING LOCATIONS (ORDERS CUT BY FT BLISS BEGINNING WITH "BL")		FIRST LINE READS "YOU ARE DEPLOYED IN A TEMPORARY CHANGE OF STATION (TCS) STATUS". GO TO <a href="https://MOBCOP.AOC.ARMY.PENTAGON.MIL/">HTTPS://MOBCOP.AOC.ARMY.PENTAGON.MIL/</a> AND SELECT DAMPS ORDERS		
7	AMENDMENT(S) TO TCS ORDERS (IF APPLICABLE)		IF APPLICABLE, TWO SINGLE SIDED COPIES ARE NEEDED.		
8	NATO TRAVEL ORDERS OR TRAVEL ORDERS FOR CURRENT TOUR: ONLY IF TRAVELED TO ANY OTHER COUNTRIES OUTSIDE ASSIGNED MOBILIZATION		DD FORM 1610 (DTS VOUCHER), COMPLETE AND SIGNED DA FORM 4187 OR AMMENDMENT TO TCS ORDERS ACCEPTED AS		
9	RETIREMENT POINTS (RESERVES: DA 5016) (NATIONAL GUARD: NGB23B)		RESERVES CAN FIND ON HRC WEBSITE NATIONAL GUARD CONTACT YOUR STATE IF NOT IN YOUR CURRENT POSSESSION		
10	ORIGINAL ENLISTMENT CONTRACT 4-1 AND 4-2 ONLY		IF PRIOR ENLISTED PROVIDE ONLY THE FIRST 2-3 PAGES		
11	FIRST OATH OF OFFICE IF CURRENTLY OR PREVIOUSLY COMMISSIONED		DA 71. IF PRIOR ENLISTED, PROVIDE ORIGINAL ENLISTMENT CONTRACT.		
12	ALL PREVIOUS DD 214S, DD 220S, AND/OR DD 215S		IF NO PREVIOUS DD 214S, PROVIDE DA 1059 FOR BASIC OFFICER LEADER COURSE (BOLC)		
13	FEDERAL AWARDS		RECEIVED WHILE DEPLOYED/MOBILIZED OR ANY NOT REFLECTED ON PREVIOUS DD FORMS 214S.		
14	DA FORM 1059 OR ANY SCHOOL COURSE CERTIFICATES (PHYSICALLY CONDUCTED IN CLASSROOM ONLY DURING MOBILIZATION)		40 HOURS OR MORE DURING CURRENT DEPLOYMENT/ MOBILIZATION ONLY		
15	DA FORM 31 (LEAVE FORM) IF SM TOOK CHARGABLE LEAVE OR R&R DURING MOBILIZATION		ENSURE BLOCKS 1, 13 AND 17 ARE COMPLETED		
16	CURRENT LEAVE AND EARNINGS STATEMENT (LES)		CAN BE FOUND ON MYPAY.DFAS.MIL		
17	S-1 DOCUMENTS		DOCUMENTS ARE PROVIDED BY CRC DEMOB TEAM		
18	COMPLETE SFL-TAP NOT REQUIRED TO DEMOB -UNIT RESPONSIBILITY	SM	PORTAL.ARMYTAP.ARMY.MIL		
19	COMPLETE ONLINE PHA DA 3024 AND PDHA DD 2796 IN MEDPROS COMPLETE NO EARLIER THAN 30 DAYS PRIOR	SM	<a href="https://RC.MODS.ARMY.MIL/MHA">HTTPS://RC.MODS.ARMY.MIL/MHA</a> MUST COMPLETE BEFORE MEDICAL APPOINTMENT SRP		
20	COMPLETE ONLINE BOTH SHPE DD 2807-1 AND DD 2808 IN MEDPROS COMPLETE NO EARLIER THAN 30 DAYS PRIOR	SM	<a href="https://RC.MODS.ARMY.MIL/MHA">HTTPS://RC.MODS.ARMY.MIL/MHA</a> PRINT BOTH DD 2807-1 AND DD 2808 TO TAKE TO SHPE APPOINTMENT		
MILITARY EMAIL:					
CADRE SIGNATURE AND DATE:					

ALL DOCUMENTS NEED TO BE SINGLE SIDED COPIES WITH NO STAPLES AND LISTED IN THIS ORDER. FAILURE TO FOLLOW DIRECTIONS AND/OR PROVIDE ALL REQUIRED DOCUMENTATION WILL RESULT IN THE PACKET GETTING REJECTED AND WILL DELAY YOUR **DEMOBILIZATION** PROCESS.



# REQUIRED DEMOB DOCUMENTS DD220

NAME: (RANK LAST NAME, FIRST NAME MI.)		DOD ID#:		DOB:	
BLDG/ROOM#		PHONE#		TODAY'S DATE: COMPONENT:	
ITEM#	DOCUMENTS	CADRE INTLS	REMARKS		
1	LETTER OF RELEASE (LOR) SIGNED BY O-6 OR HIGHER IF THE UNIT HAS BEEN DEPLOYED BY THE TIME SM COMES TO CRC FOR REFRAD. IF HARDSHIP LOR		ALL SERVICE MEMBERS ARE REQUIRED TO HAVE A LOR FROM THEIR CHAIN OF COMMAND		
2	CURRENT MOBILIZATION ORDERS THREE COPIES OF MOBILIZED (ON ACTIVE DUTY) ORDERS		FIRST LINE READS "YOU ARE ORDERED TO ACTIVE DUTY"		
3	AMENDMENTS TO MOBILIZATION ORDERS		IF APPLICABLE		
4	DD FORM 2795		ALL SERVICE MEMBERS REQUIRED TO HAVE A DD FORM 2795 REGARDLESS OF REFRAD STATUS (ADMIN OR MEDICAL)		
5	COPY OF ARTICLE 15 (IF APPLICABLE)		ONLY REQUIRED IF ARTICLE 15 WAS CONDUCTED		
6	S-1 DOCUMENTS		DOCUMENTS ARE PROVIDED BY CRC DEMOB TEAM		
MILITARY EMAIL:					
CADRE SIGNATURE AND DATE:					


ALL DOCUMENTS NEED TO BE SINGLE SIDED COPIES WITH NO STAPLES AND LISTED IN THIS ORDER. FAILURE TO FOLLOW DIRECTIONS AND/OR PROVIDE ALL REQUIRED DOCUMENTATION WILL RESULT IN THE PACKET GETTING REJECTED AND WILL DELAY YOUR **DE**MOBILIZATION PROCESS.



# REQUIRED DEMOB DOCUMENTS AGR10

NAME: (RANK LAST NAME, FIRST NAME MI.)		DOD ID#:		DOB:	
BLDG/ROOM#		PHONE#		TODAY'S DATE:	
ITEM#	DOCUMENTS	CADRE INTLS	REMARKS		
1	LETTER OF RELEASE (LOR) SIGNED BY O-6 OR HIGHER.		SOLDIERS THAT WERE ON ORDERS LESS THAN 60 DAYS OR STATIONED IN GERMANY OR ANY CENTRAL AMERICA COUNTRIES ARE NOT REQUIRES TO HAVE A LOR		
2	RED CROSS MESSAGE OR HARDSHIP MEMORANDUM (IF APPLICABLE)		PROVIDE DOCUMENTATION DURING INPROCESSING AND INFORM OPERATIONS NCO IMMEDIATELY		
3	PROMOTION/REDUCTION ORDERS: THAT WERE EFFECTIVE DURING MOBILIZATION		IF MOB ORDERS DO NOT REFLECT CURRENT AND CORRET RANK		
4	TEMPORARY CHANGE OF STATION (TCS) ORDERS (IF APPLICABLE) SENDING SM TO DEPLOYING/MOBILIZING LOCATIONS (ORDERS CUT BY FT BLISS BEGINNING WITH "BL-") 3 COPIES		FIRST LINE READS "YOU ARE DEPLOYED IN A TEMPORARY CHANGE OF STATION (TCS) STATUS". GO TO <a href="https://MOBCOP.AOC.ARMY.PENTAGON.MIL/">HTTPS://MOBCOP.AOC.ARMY.PENTAGON.MIL/</a> AND SELECT DAMPS ORDERS		
5	AMENDMENT(S) TO TCS ORDERS (IF APPLICABLE)		IF APPLICABLE. NEED TWO SINGLE SIDED COPIES. GO TO <a href="https://MOBCOP.AOC.ARMY.PENTAGON.MIL/">HTTPS://MOBCOP.AOC.ARMY.PENTAGON.MIL/</a>		
6	NATO TRAVEL ORDERS OR TRAVEL ORDERS FOR CURRENT TOUR: ONLY IF TRAVELED TO ANY OTHER COUNTRIES OUTSIDE ASSIGNED MOBILIZATION		DD FORM 1610 (DTS VOUCHER), COMPLETE AND SIGNED DA FORM 4187 OR AMMENDMENT TO TCS ORDERS ACCEPTED AS DOCUMENTATION		
7	FEDERAL AWARDS		RECEIVED WHILE DEPLOYED/MOBILIZED OR ANY NOT REFLECTED ON PREVIOUS DD FORMS 214S.		
8	DA FORM 1059 OR ANY SCHOOL COURSE CERTIFICATES (PHYSICALLY CONDUCTED IN CLASSROOM ONLY DURING MOBILIZATION)		40 HOURS OR MORE DURING CURRENT DEPLOYMENT/ MOBILIZATION ONLY		
9	DA FORM 31 (LEAVE FORM) IF SM TOOK CHARGABLE LEAVE OR R&R DURING MOBILIZATION		ENSURE BLOCKS 1, 13 AND 17 ARE COMPLETED		
10	END OF TOUR (EOT) INFORMATION SHEET		COMPLETE EOT INFORMATION SHEET TO TURN IN TO S-1		
11	S-1 DOCUMENTS		DOCUMENTS ARE PROVIDED BY CRC DEMOB TEAM		
12	COMPLETE ONLINE PHA DA FORM 3024 IN MEDPROS	SM	GO TO <a href="https://RC.MODS.ARMY.MIL/MHA">HTTPS://RC.MODS.ARMY.MIL/MHA</a> AND COMPLETE ONLINE IN MEDPROS PRIOR TO REPORTING TO REVERSE-SRP (R-SRP). PRINT OUT TO BRING TO SHPE APPOINTMENT		
13	COMPLETE ONLINE PDHA DD FORM 2796 IN MEDPROS	SM	GO TO <a href="https://RC.MODS.ARMY.MIL/MHA">HTTPS://RC.MODS.ARMY.MIL/MHA</a> AND COMPLETE ONLINE IN MEDPROS PRIOR TO REPORTING TO REVERSE-SRP (R-SRP). PRINT OUT TO BRING TO SHPE APPOINTMENT		
MILITARY EMAIL:					
CADRE SIGNATURE AND DATE:					

ALL DOCUMENTS NEED TO BE SINGLE SIDED COPIES WITH NO STAPLES AND LISTED IN THIS ORDER. FAILURE TO FOLLOW DIRECTIONS AND/OR PROVIDE ALL REQUIRED DOCUMENTATION WILL RESULT IN THE PACKET GETTING REJECTED AND WILL DELAY YOUR **DE**MOBILIZATION PROCESS.

						DOD #			
<div style="text-align: center;"><b>C.R.C. Transportation Packet - USAR/NG/AGR32</b> <b>1733 Pleasonton Rd. Bldg. 103 Ft. Bliss, TX 79916</b></div>									
Privacy Act of 1974									
<b>Authority:</b> Section 3013 Title 10, United States Code Executive Order 9307. <b>Purpose:</b> Information required for redeployment processing. <b>Routine Use:</b> Will be used to ascertain redeployment status will provide historical data for after action report/review. <b>Disclosure:</b> Failure to disclose information requested could result in improper processing.						<b>Airport Code:</b> CLOSEST TO HOR/UNIT <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		<b>Exchange</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<b>CRC CONTACT INFORMATION</b>						<b>COMPONENT</b>			
RANK:		LAST NAME:		BLDG#		CELL PHONE#		USAR    ARNG  AGR(32) AGR(10)	
		FIRST NAME:		ROOM#		CIV EMAIL:			
TODAY'S DATE (MM/DD/YYYY): _____ COUNTRY YOU DEPLOYED TO: _____ GENDER: _____ DATE OF BIRTH (MM/DD/YYYY): _____ DEPOLYMENT UIC: _____ FULL SSN: _____-_____-_____									
<b>DO YOU HAVE MULTIPLE DTS ACCOUNTS?</b> YES      NO ____ LETTER AFTER SSN IN DTS (IF ANY)				TOUR LENGTH: _____ MOS: _____ START DATE ON ORDERS (MM/DD/YYYY): _____					
<b>HOME OF RECORD OR DUTY STATION LISTED ON YOUR ORDERS:</b>  HOME OF RECORD CITY AND STATE  DRILLING UNIT				<b>EMERGENCY CONTACT INFORMATION</b> RELATIONSHIP: _____ CITY AND STATE: _____ LAST NAME: _____ FIRST NAME: _____ CONTACT # _____					
<b>EMERGENCY OR HARDSHIP</b>									
DO YOU HAVE A REDCROSS:    YES      NO                                  DO YOU HAVE AN EMERGENCY LEAVE FORM?    YES      NO ARE YOU RETURNING FROM EMERGENCY LEAVE?    YES      NO                                  DO YOU HAVE A HARDSHIP MEMORANDUM?    YES      NO									
<b>EQUIPMENT AND WEAPONS</b>									
DO YOU HAVE CIF GEAR TO TURIN IN?    YES      NO                                  DO YOU HAVE WEAPONS TO TURN IN?    YES      NO									
<b>INDIVIDUAL DEMOB TRAVEL TERMS</b>									
<p>1. All transient Personnel assigned to DEMOB who are requesting CRC to arrange transportation to redeployment destination must read the statement below and acknowledge.</p> <p>2. Turn in all orders and amendments with the Service Member's Transportaion Request. Please ensure that all the information required is complete and legible on the Transportation Request Sheet.</p> <p>3. CRC Transportation is ONLY AUTHORIZED to send the Service Member to the location that is accordance with <u>their orders as their home of record or duty station</u>. If the Service Member chooses CRC to make their flight arrangement, they have a 24 hour time frame prior to the arrangemnets being made to make any changes to the Original Transportation Request.</p> <p>4. Any and All Military Personnel who deliberately circumvent the CRC Transportation process may be subjected to UCMJ Action as per AR 27-10.</p> <p>5. Travel Requests will be processed once the Service Member clears and completes the Reverse Soldier Readiness Process (R-SRP).</p> <p>6. Once the Service Member goes to final out at TRANSITIONS, travel day will be arranged for the following day per AR 600-8-10, Paragraph 5-37.</p> <p>7. The Service Member will receive the first available Government contracted flight. Adjustments made to destination not stated on the Service Member's Orders will be at the Expense of the Service Member.</p>									
<div><input type="checkbox"/> I AGREE with the above statement, CRC will make my Travel Arrangements.</div> <div><input type="checkbox"/> I DISAGREE with the above statement, I will make my Travel Arrangements. I understand I must sign a flight refusal with transportation.</div> SIGNATURE: _____ DATE: _____									
<b>SPECIAL INSTRUCTIONS FOR TRAVEL ONLY</b>									





**UNITED STATES ARMY**  
**FINANCIAL MANAGEMENT COMMAND**  
 ARMY MILITARY PAY OFFICE  
 FORT BLISS, TEXAS 79916

AMFM-MPO-MK

**MEMORANDUM: ARNG/USAR FOR RELEASE FROM ACTIVE DUTY FOR LEAVE RECONCILIATION AND PROCESSING OF ACCRUED LEAVE PAYMENT**

Name (Last, First) \_\_\_\_\_ SSN: \_\_\_\_\_

Active Duty Start Date (yyymmdd) \_\_\_\_\_ Tour End Date: \_\_\_\_\_

- 1. Leave Reconciliation:** Annotate all chargeable leave with exact dates from Active Duty Start date to Tour End date. Circle (Yes or No) if R&R or Transition leave was taken. Annotate any NCR&R. **Exact leave dates are required. Incomplete information can delay processing.**

CHARGEABLE LEAVE	# OF DAYS	FROM (YYMMDD)	TO (YYMMDD)
R&R Leave (Yes ) Chargeable? (No )			
PDMRA			
TRANSITION LEAVE TAKEN (Yes / No )			

- 2. Final Leave Computation: By Law, Leave Roll Over into the current tour is limited to 60 days unless CZTE / SLA protected. Rolled Over Leave must be 1.0 day or greater.**

PDMRA EARNED _____		Remaining leave balance options are to Roll over leave to a future tour or to sell the remaining balance:  <b>Sell:</b> _____ <b>Rollover:</b> _____  *0.5 balance will be sold
LEAVE EARNED _____		
LEAVE USED _____		
LEAVE BALANCE _____		

- 3.** I certify that the leave dates recorded above are complete and accurate, and no other leave periods have been reported for the above tour of duty. Accrued leave payment will be processed only after the completion of your tour of active duty (if applicable).

**In the event you used more leave than earned a debt collection of pay, allowances, and leave penalties will be posted to your military pay account after the active tour of duty has ended.**

SM SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

E-mail Address: \_\_\_\_\_

COMMANDERS PRINTED NAME \_\_\_\_\_ POC \_\_\_\_\_

COMMANDERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please provide all DA 31's from the tour to the Demob S-1 Clerk for leave calculations.

FINANCE DEMOBILIZATION CHECKLIST  
UPDATED 20230829

1. <b>NAME</b> (Last, First, Middle):	2. <b>SSN</b> :	3. <b>RANK</b> :	4. <b>HOME ADDRESS</b> :	5. <b>HOME PHONE</b> :	<b>Submit to</b>		
1a.(Military Spouse, if applicable)	2a.	3a.	4a.	5a.			
6. <b>COMPONENT</b> : (Select one) AC    USAR    ARNG    IRR    IMA    AGR 10    AGR 32    OTHER					<b>USPFO</b>	<b>UPC</b>	
7. <b>PARENT UNIT AND UNIT PHONE NUMBER</b> :		8. <b>UIC</b> :	9. <b>DUIC</b> :	10. <b>DATE COMPLETED</b> :			
<b>DEMOBILIZATION STOP</b>	<b>REQUIRED DOCUMENTS</b>	<b>ACTION TAKEN</b>	<b>INITIALS</b>	<b>REMARKS</b>	<b>VERIFIED AT</b>		
<b>VERIFIED BY DEMOB STATION (DMS)</b>					DMS	HS	
Review/Change (not cancel) Long Tour	Demob Orders	<b>Y   N   NA</b>		Canceling a tour requires the supervisor's approval			
FSA, except Title 10, AC Soldiers	Demob Orders	<b>Y   N   NA</b>					
BAS	Demob Orders	<b>Y   N   NA</b>					
HDP-L/HFP/IDP/CZTE	Flt Manifest	<b>Y   N   NA</b>		Stop, if necessary			
Accrued Leave Days Carried to Next Tour	Demob Orders	<b>Y   N   NA</b>					
Sold Accrued Leave	DA Form 31	<b>Y   N   NA</b>		Demob orders, DD Form 214			
Charged all Leave Days Taken	DA Form 31	<b>Y   N   NA</b>					
Enlisted clothing due for full or prorated?		<b>Y   N   NA</b>					
Travel Voucher Settlement Briefing, Annex B		<b>Y   N   NA</b>		Unit forwards vouchers to DFAS-Rome			
<b>SPECIAL, INCENTIVE PAYS:</b>		<b>Y   N   NA</b>					
Bonus		<b>Y   N   NA</b>					
FLPP		<b>Y   N   NA</b>					
Demolition		<b>Y   N   NA</b>					
Medical		<b>Y   N   NA</b>					
SDAP		<b>Y   N   NA</b>					
JUMP		<b>Y   N   NA</b>					
Medical Board Certification		<b>Y   N   NA</b>					
11. Print Finance Technician's Name & Grade	Date (DDMMYYYY)						
12. Signature							
Conduct 100% post-REFRAD pay audit	Demob Orders, DD Form 214, DA Form 31, etc.	<b>Y   N   NA</b>		<b>DMS</b> : Complete between 1 and 30 days after the REFRAD date. <b>HS</b> : Complete between 31 and 60 days after the REFRAD date			
13. Print Finance Technician's Name & Grade	Date (DDMMYYYY)						
Signature							

# DPTMS S1 CONUS REPLACEMENT CENTER PRE-TRANSITION WORKSHEET

TODAY'S DATE: \_\_\_\_\_

NAME (LAST, FIRST MI): \_\_\_\_\_

RANK: \_\_\_\_\_

DOB: \_\_\_\_\_

Date Of Rank: \_\_\_\_\_

COMPONENT: ARNG USAR AGR 10 AGR 32

UNIT YOU SERVED WITH DURING THIS MOBILIZATION UIC: \_\_\_\_\_

CELL #: ( ) -  
PHONE NUMBER WHERE WE MAY CONTACT YOU:

DOD ID: \_\_\_\_\_ (10 digits)

UNIT YOU BELONG TO UIC: \_\_\_\_\_

OTHER #: \_\_\_\_\_

SSN: - -  
PMOS/SMOS: /

HOME ADDRESS AT TIME OF THIS MOBILIZATION

NAME AND ADDRESS OF NEAREST RELATIVE  
EMERGENCY CONTACT

HOME ADDRESS AFTER END OF TRANSITIONAL LEAVE

DID YOU RECEIVE ANY AWARDS?(ONLY FEDERAL AWARDS, AND ONLY THOSE THAT YOU HAVE IN HAND RIGHT NOW) YES NO

DO YOU HAVE YOUR PREVIOUS DD214?(ALL DD214'S WHILE IN THE SERVICE) YES NO

DID YOU RE-ENLIST UNDER THE LOAN REPAYMENT PROGRAM DURING THIS MOB? YES NO

OFFICERS: COMMISSIONED THRU: SERVICE ACADEMY: ROTC SCHOLARSHIP: ROTC PRIOR ENLISTED: DIRECT COMMISSION: OCS: WOCS:

List the locations you have been on this mobilization and the dates you were there, starting with your Mobilization Station.

List ONLY the country in Theatre, the installation stateside.

HOME STATION	Date Depart:	DATE ENTERED THEATER _____  DATE LEAVING THEATER _____  DATE ARRIVED STATE SIDE _____  ACTIVE DUTY START DATE _____  Period of active duty days from mob order: _____
MOB LOC:	Date Arrive: Date Depart:	
LOC:	Date Arrive: Date Depart:	
LOC:	Date Arrive: Date Depart:	
LOC:	Date Arrive: Date Depart:	
LOC:	Date Arrive: Date Depart:	
LOC:	Date Arrive: Date Depart:	
LOC:	Date Arrive: Date Depart:	
LOC:	Date Arrive: Date Depart:	
LOC:	Date Arrive: Date Depart:	

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