

## USARPAC REDEPLOYMENT SCHEDULE COVERSHEET

### (Redeployment Tracking Checklist)

<b>PERSONAL APPOINTMENTS</b> Unit Rear Det Coordinate                      Barracks HHG Delivery POV's Available for pick up	<b>DAY 1</b>  <hr/> <b>(Unit POC, SIGN AND DATE)</b>
<b>MANDATORY BRIEFINGS (SGT SMITH THEATER)</b> Suicide Prevention with Interactive DVD (Chap) ASAP/CATEP    VA Benefits 8TSC SJA Legal    125 FIN Travel Voucher MWR Services    EFMP SBHC Services    Warrior Adventure Quest Installation Policies, Standards, PT Routes, Off-Limit Installation Safety    SHARP	<b>DAY 2</b>  <hr/> <b>(USARPAC MSE POC, SIGN AND DATE)</b>
<b>PERSONAL APPOINTMENTS</b> HHG Deliveries    Outbound HHG Arrangements POV pick up    Motorcycle Safety Course RC FIN Travel Vouchers (USAR/ARNG Only) CIF Turn In (USAR/ARNG Only)	<b>DAY 3</b>  <hr/> <b>(Unit POC, SIGN AND DATE)</b>
<b>REDEPLOYMENT ROUND ROBIN HEARING-DENTAL SBHC &amp; SBDC</b> Dental Exams    Hearing Exams BH Screenings    Med Appts as needed	<b>DAY 4</b>  <hr/> <b>(Unit POC, SIGN AND DATE)</b>
<b>CONROY BOWL REDEPLOYMENT SRP (R-SRP)</b> R-SRP In-Processing                      PCS/Separation Orders                      FSBI Legal    Finance    Chaplain ACS    ACAP    Transportation Post-deployment Lab                      TB Screening                                      TB Testing (if needed) Flu Vaccinations                                      Vision Readiness                                      Pharmacy Screen Confirm completion of DD 2796 DEERS Updates                                      TRICARE On Line                                      BH Screening Final Medical Review                      SRP Provider Review/complete DD 2796 Make Medical Consults (if needed) DHR Final R-SRP out-processing (all R-SRP tasks must be validated)	<b>DAY 5</b>  <hr/> <b>(GARRISON SRPM, SIGN AND DATE)</b>
<b>BH MEETING/UNIT TASKS/TRANSITION PREP/MEDICAL APPT (AS NEEDED)</b> BN-led BH Meeting UNIT TASKS    Transition Preparation Medical Appts as needed	<b>DAY 6</b>  <hr/> <b>(Unit POC, SIGN AND DATE)</b>
<b>UNIT TASKS</b> Transition Preparation Outbound HHG Arrangements (see DOL slides) Med Appts as needed	<b>DAY 7</b>  <hr/> <b>(Unit POC, SIGN AND DATE)</b>
<b>UNIT TASKS</b> Transition Preparation Outbound HHG Arrangements (see DOL slides) Med Appts as needed	<b>DAY 8</b>  <hr/> <b>(Unit POC, SIGN AND DATE)</b>
<b>UNIT TASKS/TRANSITION PREP/MED APPTS (AS NEEDED)</b> UNIT TASKS    Transition Prep Med Appts as needed ** Chalk CDR Survey, see Garrison HR POC at Conroy Bowl	<b>DAY 9</b>  <hr/> <b>(Unit POC, SIGN AND DATE)</b>

*Day 1, 4, and 6-9 can be signed and validated by a representative at BN Level.  
 Day 2 must be signed and validated by a USARPAC MSE representative/coordinator.  
 Day 5 must be signed and validated by a Garrison HR Conroy Bowl representative.*

Dated: 20 JULY 2012

**ANNEX C (DCS REINTEGRATION CHECKLIST) TO USARPAC SUPPORT PLAN TO HQDA  
DEPLOYMENT CYCLE SUPPORT CONTINGENCY PLAN (DCS CONPLAN)**

USARPAC INDIVIDUAL REINTEGRATION CHECKLIST					
For use of this form, see USARPAC Deployment Cycle Support Plan Implementing Guidance, 1 APR 04					
<p align="center"><b>Data required by the Privacy Act of 1974.</b></p> <p>Authority: PL 53-579, 1974; 5 US 552a; 10 US Section 3013, Secretary of the Army; Army Regulation 600-8-101, Personnel Processing (In-Out-, Soldier Readiness, Mobilization, and Deployment Processing); and EON 9397 (SON).                  Purpose: To ensure soldiers, civilians, and family members are properly reintegrated.                  Routine uses: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.</p>					
Section I - Reintegration validation					
1. Rank		2. Name (last, first, MI)			
4. Unit of assignment		5. Component			
		Active		DOD	
		Guard		DAC	
		Reserve		Contractor	
		Non-military		Red Cross	
6. Status				7. Travel status	
TPU		IMA		RET	
IRR		AGR		NG10	
				NG32	
8. UIC		9. Deployed in support of (circle one)			10. REFRAD date (yyyy/mm/dd)
		OEF-A      OEF-P			
11. MSC		12. MACOM			
13. Accuracy statement: I hereby certify the information above accurately reflects my status as of this date.					
Signature of soldier				Date	
14. Personnel Services Detachment Review and Certification: I hereby certify the soldier named above has completed reintegration processing in accordance with HQDA DCSCONPLAN 2 MAY 03 and USARPAC Implementing Guidance.					
Printed name of Personnel Services Detachment Team Chief					
15. Signature of Personnel Services Detachment Team Chief				Date	
16. Commander's certification: (must be signed by the unit Commander or First Sergeant.) I hereby certify the soldier named above is properly reintegrated.					
Printed name of Commander or First Sergeant					
17. Signature of Commander or First Sergeant				Date	
<p><b>The Reintegration Checklist is filed in the soldier's personnel packet to complete the action.</b></p>					

Dated: 20 JULY 2012

**USARPAC REDEPLOYMENT CHECKLIST**

<b>Name (last, first, MI)</b>	
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**AP Tasks are USARPAC Specific, "PRE-BL" are tasks completed before block leave**

DCSP#	Section II – DCSP Mandated Tasks Completed In-Theater	PRE-FLIGHT	YES	NO	Date	Initials
1.1.1	Receive Soldier/small unit leader tip card, as applicable.	X				
1.1.2	Reunion briefing.	X				
1.1.3	Suicide Awareness/Prevention training.	X				
1.1.4	Redeployment Medical Threat briefing.	X				
1.1.5	Soldier Life Experience briefing.	X				
1.1.6	Complete post deployment health assessment (DD Form 2796).	X				
1.2.4	DCS command information briefing.	X				
1.4.4	Finance and legal briefing.	X				
AP 1.2.5	Postal change of address.	X				

All Pre-Block Leave Mandated Tasks In-Theater Requirements have been completed.

VERIFYING OFFICIAL: (Name)

Signature:

Date:

DCSP#	Section III – DCSP Family Member/Care Provider /Chaplain Specific Tasks Before Spouses Return	PRE-RETURN	YES	NO	Date	Initials
1.5.1	Receive Military OneSource information.	X				
1.5.13	Family members receive reunion basics training.	X				
1.5.14	Receive Preventive Health Threat brief.	X				
	Receive Behavioral Health brief.	X				
1.5.15	Spouses receive briefing on potential signs and symptoms of distress, if applicable.	X				
1.5.1	Chaplain appointment or visit (if requested)	X				
1.5.17	Spouses take marital enrichment assessment, if applicable.	X				

All Pre-Block Leave DCSP Family Member/Care Provider/Chaplain Specific Requirements have been completed.

VERIFYING OFFICIAL: (Name)

Signature:

Date:

**USARPAC REDEPLOYMENT CHECKLIST**

<b>Name (last, first, MI)</b>						
<b>AP Tasks are USARPAC Specific, "PRE-BL" are tasks completed before block leave</b>						
<b>DCSP#</b>	<b>Section IV-Mandatory Briefings During Home Station Redeployment Schedule</b>	<b>PRE-BL</b>	<b>YES</b>	<b>NO</b>	<b>Date</b>	<b>Initials</b>
1.1.3	Suicide Prevention Interactive Training	X				
	ASAP and CATEP	X				
	VA Benefits	X				
	8TSC SJA Legal.	X				
	Installation Policies, Standards, PT Routes, Off-Limits	X				
	MWR Services	X				
	Post Deployment Battlemind Briefing					
	SHARP	X				
	EFMP	X				
	SBHC Services	X				
	Warrior Adventure Quest (WAQ)	X				
	Installation Safety	X				
	Finance Travel Vouchers					
All Pre-Block Leave Mandatory Briefing Requirements have been completed.						
VERIFYING OFFICIAL: (Name)		Signature:		Date:		
<b>DCSP#</b>	<b>Section V – Installation Tasks</b>	<b>PRE-BL</b>	<b>YES</b>	<b>NO</b>	<b>Date</b>	<b>Initials</b>
2.5.3	Report theft/lost/damage of personal property with HHG contractor upon delivery.	X				
AP 2.5.5	Complete HHG/personal property arrangements.	X				
AP 2.1.14	Viewed the "Making Safety Personal" video.	X				
AP 2.1.15	Received Radiation Safety information	X				
AP 2.1.17	Provide information and referral assistance (Army Community Service).					
AP 2.5.9	Retrieve stored POV.					
AP 2.5.10	Notify military police of any damage to POV if POV is in motor pool or contracted facility.					
AP 2.5.11	Cleared quarters, BOQ, BEQ, if applicable.					
AP 2.5.12	Received family readiness group information.					
All Pre-Block Leave Mandatory Installation Tasks have been completed.						
VERIFYING OFFICIAL: (Name)		Signature:		Date:		

**USARPAC REDEPLOYMENT CHECKLIST**

<b>Name (last, first, MI)</b>						
<b>AP Tasks are USARPAC Specific, "PRE-BL" are tasks completed before block leave</b>						
<b>R-SRP TASKS AT SRP SITE</b>						
<b>DCSP#</b>	<b>Section VI– R-SRP Personnel Tasks</b>	<b>PRE-BL</b>	<b>YES</b>	<b>NO</b>	<b>Date</b>	<b>Initials</b>
1.2.3a	Records update and evaluation reports completed (OER/NCOER) (if required).	X				
1.2.3b	Promotion/awards during deployment documented in ORB/ERB.	X				
1.5.11	Ensure DD Form 214 is prepared and submitted, if applicable.	X				
AP 2.2.17	Review and update emergency data record (DD Form 93) and SGLV (DD Form 8286/8286A)	X				
AP 2.4.10	If assigned TCS to deployed unit, ensure out-processing complete (individual augmentee only).					
AP 2.5.4	Received ACAP career counseling, if applicable (DD Form 2648)					
	Has Soldier received ACAP pre-separation brief, if applicable					
	Was ACAP appointment scheduled, if applicable. Appointment date: _____					
	Update identification card and military identification tags	X				
1.1.2, 1.1.5, 1.5.16, 2.1.10, 2.1.11	Received ACS Redeployment Reunion Info	X				
All Pre-Block Leave Personnel Requirements have been completed. VERIFYING OFFICIAL: (Name) _____ Signature: _____ Date: _____						
<b>DCSP#</b>	<b>Section VII – Redeployment Finance Tasks</b>	<b>PRE-BL</b>	<b>YES</b>	<b>NO</b>	<b>Date</b>	<b>Initials</b>
2.4.6	Change or discontinue allotments.					
AP 2.4.11	Submit final travel voucher (DD Form 1351-2), if required.	X				
AP 2.4.12	Entitlements verified/direct deposit changes completed.					
AP 2.4.13	Discontinue Savings Deposit Program contributions.					
All Pre-Block Leave Installation Requirements have been completed. VERIFYING OFFICIAL: (Name) _____ Signature: _____ Date: _____						
<b>DCSP#</b>	<b>Section VIII – Redeployment Legal Tasks</b>	<b>PRE-BL</b>	<b>YES</b>	<b>NO</b>	<b>Date</b>	<b>Initials</b>
2.5.4	Record damage to stored POV on DD Form 788.	X				
AP 2.4.14	Counseled on claims filling procedure.					
AP 2.4.15	Receive legal services (for example, update wills, powers of attorney), if necessary.					
All Pre-Block Leave Legal Requirements have been completed. VERIFYING OFFICIAL: (Name) _____ Signature: _____ Date: _____						

**USARPAC REDEPLOYMENT CHECKLIST**

<b>Name (last, first, MI)</b>						
<b>AP Tasks are USARPAC Specific, "PRE-BL" are tasks completed before block leave</b>						
<b>R-SRP TASKS AT SRP SITE</b>						
<b>DCSP#</b>	<b>Section IX – R-SRP Medical Tasks</b>	<b>PRE-BL</b>	<b>YES</b>	<b>NO</b>	<b>Date</b>	<b>Initials</b>
2.3.1	Verify Public Health Nurse TB screening has been completed.	X				
2.3.1.1	APHN verify if QFT testing needed due to TB exposure	X				
1.1.4	Received APHN Med Threat Info	X				
2.3.1.2	Lab verify that QFT specimen drawn if needed	X				
2.3.5	Lab verifies post-deployment HIV serum/blood sample is drawn and documented in medical records and in MEDPROS.	X				
	Lab verifies G6PD results are documented in DD 2766 and in MEDPROS.	X				
	Verify Behavioral Health Screening is completed.	X				
	Pharmacy verify terminal Malaria Chemoprophylaxis has been started if needed.	X				
AP 2.3.20	Pharmacy verify 2 medical emergency/warning tags if needed.	X				
AP 2.3.18	Optometry verifies Vision Readiness screening completed. The Soldier is VR Class: _____.	X				
2.4.10	Received TRICARE Info	X				
	SRP Provider verify Soldier has DD 2766 present (Deployment Health Record)	X				
1.16	SRP Provider verify post deployment health assessment (DD Form 2796) is complete and in medical records and MEDPROS.	X				
2.3.4	Consults scheduled if indicated. (Provider write N/A if not indicated)	X				
All Pre-Block Leave Medical Requirements have been completed.						
2.3.1				Verify		X
2.3.1.1				Public X		

<b>DCSP#</b>	<b>Section X – Redeployment Security Tasks</b>	<b>PRE-BL</b>	<b>YES</b>	<b>NO</b>	<b>Date</b>	<b>Initials</b>
AP 2.2.18	Account for all COMSEC equipment.	X				
AP 2.2.19	Account for all classified material accessed during deployment.	X				
AP 2.2.20	Badges or devices for secure areas turned-in, as required.	X				
AP 2.2.21	Receive handling of classified material briefing.	X				

All Pre-Block Leave Security Requirements have been completed.

VERIFYING OFFICIAL: (Name)

Signature:

Date:

**USARPAC REDEPLOYMENT CHECKLIST**

<b>Name (last, first, MI)</b>						
<b>AP Tasks are USARPAC Specific, "PRE-BL" are tasks completed before block leave</b>						
<b>DCSP#</b>	<b>Section XI – Unit Specific Tasks To be completed after returning to Home Station</b>	<b>PRE- BL</b>	<b>YES</b>	<b>NO</b>	<b>Date</b>	<b>Initials</b>
AP 2.1.13	Completed POV risk assessment.	X				
AP 2.1.16	Completed Day 1 unit-specific tasks (for example, meal card, ration card, barracks).	X				
AP 2.1.21	Notify unit mail room/consolidated mail room (UMR/CMR) of your return.	X				
AP 2.2.15	EMILPO release from attachment transactions submitted, if applicable					
AP 2.2.16	Verify individual PERSTEMPO updated.	X				
AP 2.5.6	Re-activate car insurance.					
AP 2.5.7	Obtain/replace expired car registration documents.					
AP 2.5.8	Replace expired driver's license.					
AP 2.1.18	Complete Army Research Institute survey.	X				
AP 2.1.20	Ensure leave form (DA Form 31) is completed block leave.	X				
2.3.7	Verify deployment medical record (DD Form 2766) was turned into medical treatment facility.	X				
2.3.1	Schedule follow-up 90-180 day TB screening	90-180 days				
2.3.4	Schedule Post Deployment Health Re-Assessment (PDHRA)	90-180 days				
	Schedule Well Woman Exam for female Soldiers	pre or post BL				
	Schedule Periodic Health Assessment if needed	pre or post BL				
	Verify Redeployment Dental exam completed	pre or post BL				
	Verify Redeployment Hearing exam completed	pre or post BL				
	Complete R-SRP Consults if scheduled	pre or post BL				
AP 2.3.19	Receive required routine immunizations.	post BL				
AP 2.3.21	Ensure Soldier receives ASAP screening and evaluation if necessary.	X				
2.2.12	Conduct MMRB, MEB, and PEB.					
All Pre-Block Leave Unit Specific Requirements have been completed.						
VERIFYING OFFICIAL: (Name)			Signature:		Date:	

**USARPAC REDEPLOYMENT CHECKLIST**

<b>Name (last, first, MI)</b>						
<b>AP Tasks are USARPAC Specific, "PRE-BL" are tasks completed before block leave</b>						
<b>DCSP#</b>	<b>Section XII – Reserve Component Specific Redeployment Tasks</b>	<b>PRE-REFRAD</b>	<b>YES</b>	<b>NO</b>	<b>Date</b>	<b>Initials</b>
1.5.11	Ensure DD Form 214 is prepared and submitted.	X				
2.4.1	Received information on transition entitlements, legal rights, SSCRA.					
2.4.2	Received information on 18-year sanctuary (retirement), if applicable.					
2.4.9	Identify Government travel card holders and review current status					
2.3.10	Received copy of medical profile (DA Form 3349) prior to separation, if applicable.					
2.3.11	Convert identified Soldiers to MRP status.	X				
2.4.13	Received information on readjustment to the civilian workplace, reemployment rights, SSCRA.					
AP 2.1.18	Contacted civilian employer at home station.					
AP 2.1.19	Turn-in active duty ID card and receive Reserve ID card.	X				
	RC Command Finance Updates completed	X				
2.4.10	Receive Tri-Care Reserve Select Brief	X				
	Complete Tri-Care Reserve Select on-line agreement	X				
	Verify Redeployment Dental exam completed	X				
	Verify Redeployment Hearing exam completed	X				
	REFRAD Physical Completed.	X				
	Verify R-SRP and REFRAD PE Consults completed if scheduled	X				
All Pre-Block Leave Reserve Component Specific Requirements have been completed.						
VERIFYING OFFICIAL: (Name)			Signature:		Date:	
<b>DCSP#</b>	<b>Section XIII – Civilian Employee Specific Redeployment Tasks</b>	<b>PRE-BL</b>	<b>YES</b>	<b>NO</b>	<b>Date</b>	<b>Initials</b>
1.4.3	Update deployment information in CIVTRACKS (Completed in theater).	X				
2.3.12	Extend health care for deployment-connected conditions to DA civilians.	X				
	Complete all medical R-SRP tasks	X				
2.3.3	Received Office of Workers Compensation Program (OWCP) process for occupational illness/injury.					
AP 1.4.3.1	Update emergency database.					
AP 2.2.23	Initiate restoration of annual leave.					
AP 2.2.24	Verify completion of annual personnel appraisal, if needed.					
All Pre-Block Leave Civilian Employee Specific Requirements have been completed.						
VERIFYING OFFICIAL: (Name)			Signature:		Date:	