



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT HOOD
FORT HOOD, TEXAS 76544-5002

REPLY TO
ATTENTION OF

AMIM-CAG-ZA (690-200)c

MEMORANDUM OF AGREEMENT USAG Fort Hood, Transition Assistance Program

SUBJECT: Command Authorization to Transition Assistance Program to place **Soldier's name** within the _____.

1. As the commander of **Soldier name**, I authorize USAG, Fort Hood, Texas, Transition Assistance Program (TAP) to place my Soldier into the Career Skills Program (CSP) designated below for internship/training. I authorize my Soldier's participation under the conditions of the program's operational MOU with USAG Fort Hood, and the parameters of this memorandum of agreement.
2. Allowing my Soldier to participate in this CSP is a privilege not a right. The TAP leadership are my designated representatives. My Soldier participates under their accountability and oversight as outlined in DODI 1322.29, AR 600-81 and the III Corps Commander's Policy Letter of 4 Jun 2025.
3. In return for my authorization allowing my Soldier to participate in your on-duty CSP, it is my expectation that this Soldier will receive extensive training related to your specific agency/industry; will be exposed to the senior managers who make the hiring decisions; and that the probability of you hiring this specific Soldier is high.
4. I understand this training is my Soldier's place-of-duty during specified duty days; and it is my greatest desire to work with you and see this Soldier's transition directly to full time employment with your agency/industry. I also have a duty to see to the overall welfare of this Soldier, and their family when applicable.
5. My Soldier is in transition from the Armed Forces of our country. This is a life-altering event, and not a simple task. There are many personal needs and Army requirements during this 180-day window. There are unit actions I yet require; as well as personal, family, and mandatory appointments. I will coordinate to the extent I can with you, via TAP internal procedures.
6. To reduce the impact of competing events on you, as well as my Soldier, it is my preference that their duty with you be restricted to Tuesday - Friday, for up to 10 hours a day. I may support adjustments to that, but only by exception, and only with the advice and consent of the TAP leadership for a very specific purpose.
7. My Soldier will wear civilian attire appropriate to your workplace. They must purchase their clothing at their own expense. But I do expect you to outfit them with your industry-required OSHA safety equipment. My Soldier is still a Soldier. They will maintain grooming standards outlined in AR 670-1 at all times. For female Soldiers however, I do make exception for the

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wearing of their hair down and adjusting makeup and jewelry as appropriate to complement their professional outfit.

8. I request that you work directly with TAP for any issues you have with my Soldier. I will designate a leader within my unit to maintain contact with them for accountability, health, and welfare, and to resolve any issues that arise.

9. The Conditions under which I allow my Soldier this privilege are:

- They complete all VOW/CRS prior to participation.
- They report to work 10 minutes prior with right resources and a positive attitude.
- They adhere to III Corps CG and TAP Policies.
- They maintain contact with their unit leadership and TAP as directed.
- They work to resolve military issues within the unit first and TAP second.
- They obey the instructions of all designated TAP, class, and partner leadership.
- They keep you informed of their appointments during the duty day.

10. The Conditions under which I allow you access to my Soldier during the duty-day are:

- You provide a structured program to instill/evaluate the specific knowledge, skills and abilities required to hire my Soldier within our agency/industry upon transition.
- You support my Soldier's appointments and military duties as requested by TAP.
- You allow TAP Leadership unrestricted access to monitor/observe your CSP (safety, security and non-disclosures requirements to be coordinated in advance).
- You report any issues to TAP directly; you do not intervene in Unit-Soldier issues; and you never encourage my Soldier to go outside their Chain of Command/NCO Channels
- You make no changes to your program or my Soldier's place of duty location, without prior coordination with TAP and their notification to/endorsement by me.

11. I acknowledge Course Details are as follows:

CSP Authorized: _____

Location: _____

Class Dates: _____

12. Under the conditions stated above I support my Soldier's participation and attendance in this CSP; and if on meal card, I will place them on separate rations for the duration of the course.

13. I understand the Battalion Commander will receive an acknowledgement email for command support; and provide their contact information as follows:

Rank	Last Name	First Name	Email Address	Bn Name	Phone Number

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14. The POC for this MOA is the TAP Career Skills Program Manager at (254) 553-9921/9925.

Encl 1-3

JOHN DOE
CPT, Branch
Commanding

15. Conditions or participation acknowledged and agreed to by the undersigned:

LAST NAME, First
RANK, USA
CSP Participating Soldier

DATE