



DEPARTMENT OF THE ARMY  
US ARMY INSTALLATION MANAGEMENT COMMAND  
HEADQUARTERS, UNITED STATES ARMY GARRISON JAPAN  
UNIT 45006  
APO AREA PACIFIC 96343-5006



## CONUS REASSIGNMENT QUESTIONNAIRE

NAME:	EMLOYEE ID:	RANK:	UNIT:
DEROS:	PCS ABSENCE REQUEST START DATE:		
CELL PHONE NUMBER:	E-MAIL NIPR:	WORK DSN:	

**GENERAL:** *Circle one that applies. If not applicable for you circle N/A.*

1. Did you previously request an **Early Return of Dependents (ERD)**? \_\_\_YES \_\_\_NO

\*(if YES) Where did you relocate your dependents? \_\_\_\_\_.

2. Are you married to a Service Member? \_\_\_YES \_\_\_NO.

3. Have you **Acquired a Dependent** after you arrived at your current duty station? \_\_\_YES \_\_\_NO \_\_\_N/A

4. Do your dependents possess a **Valid Passport**? \_\_\_YES \_\_\_NO \_\_\_N/A

### LIST OF FAMILY MEMBERS: (PCSing with you).

LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP	Date of Birth YYYYMMDD	LOCATION
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					



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REMARKS/COMMENTS:

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*I understand that I must comply with the required documents prior generating my official PCS Travel orders in IPPSA, that I'm giving the right and true information and I must have all reassignment actions requests to Reassignment Section no later than 45 days from my DEROS or I must call to provide status of my actions.*

Soldier Signature: \_\_\_\_\_ Date: \_\_\_\_\_ YYYY/MM/DD

Note: *This Questionnaire must be fill-out and submitted to Reassignment Section before generating the Official PCS orders.*