

CONUS Reassignment Questionnaire

Privacy Act Statement

AUTHORITY: Title 10 U.S.C. 3013, Secretary of the Army; 42 U.S.C. 10606; DoD Instruction 1030.1, Victim and Witness Assistance; Army Regulation 600-8-104, Military Personnel Information Management/Records; Army Regulation 600-8-105; Army Regulation 600-8-11; and E.O. 9397 (SSN).

PURPOSE: To obtain information necessary to make assignment decisions for personnel alerted for movement.

ROUTINE USE: General disclosures permitted by the Privacy Act and the Army's Systems of Records Notices Apply.

DISCLOSURE : Voluntary. If the information is not provided, it will result in the delay of or inability to process orders.

Rank

Last Name

First Name

MI

How many dependents do you have? (Do not count military spouse.)

Are you currently a geographical bachelor / bachelorette?

YES - complete the required information below.

NO

Service Member Address (City, State & Zip):

City

State

Zip Code

Dependents Address (City, State & Zip):

City

State

Zip Code

Is your spouse in the military?

YES - complete your military spouse's required information below.

NO

Last Name

First Name

Service Component

Rank

I understand that if my assignment is to a Brigade Combat Team (BCT), I must complete DA Form 4036 (Medical and Dental Preparation for Overseas Movement) within 21 days of completing my Levy Briefing, but no earlier than 6 months prior to my scheduled report date.

YES, I understand.

NO, I do not understand.

Do you have an active Government Travel Charge Card (GTCC) and / or account?

(If you have applied for, or are renewing, a GTCC, answer YES.)

YES

NO

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ENLISTED ONLY - You must have enough time in service remaining in order to complete your next duty assignment. You must extend or reenlist to meet that requirement IAW AR 600-8-11, 2-10. If you do not meet this requirement within 30 calendar days of your CAP CYCLE notification, a Declination of Continued Service (DA Form 4991) will be initiated. Time on Station requirement for a CONUS PCS assignment is 24 months.

YES, I understand.

NO, I do not understand.

Add additional comments if needed:

I certify that I have read the Fort Leavenworth CONUS Levy Briefing. To the best of my knowledge, all information contained in this questionnaire is correct. I will immediately contact my Unit S-1 if any unforeseen circumstances arise that require changes to my assignment or if I have any questions.

Signature

Date

Primary Phone Number

Alternate Phone Number