

OCONUS 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 of your authorized dependents are going OCONUS with you? (Do not count military spouse.)

Are you in a same-sex marriage and spouse is traveling with you?

(Information is required as some countries do not recognize same-sex marriages.)

YES

NO

Is your spouse in the military?

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

NO

Last Name

First Name

Service Component

Rank

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

Family Travel Options - Select only ONE (1) option below:

Option # 1 - Dependent(s) will remain at current location. (City, State, Zip)

City

State

Zip Code

Option # 2 - Dependent(s) will move to a designated location within CONUS. (City, State, Zip)

City

State

Zip Code

Option # 3 - Concurrent Travel of Dependents. (Traveling with or within 60 days of Service Member) (30 days for Europe)

Option # 4 - Deferred Travel of Dependents. (Traveling within 61-140 days of Service Member) (31-140 days for Europe)

Option # 5 - None of the above. Use the COMMENTS BOX to explain special circumstances.

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Do you share custody of a child / children that you wish to take OCONUS? If so, you must provide the AG and the Passport Office a notarized statement or court document from the other custodial parent granting their permission for you to take the child / children with you OCONUS.

YES

NO

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.

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.

YES, I understand.

NO, I do not understand.

I am aware of and will complete all Anti-Terrorism / Force Protection (AT/FP) training specific to my OCONUS assignment. I understand I am also required to attend the AT/FP briefing at DPTMS (Garrison HQ, Bldg-77) within 90 days of travel.

YES

NO

Are you pregnant or is your spouse pregnant **and will be in the 8th month of pregnancy** during your report month? If so, coordinate with your S1/AG to adjust the report date. If the child is born prior to departure, medical (EFMP) screening will be required in order to be added to the PCS orders for travel.

YES

NO

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

Add additional comments if needed:

I certify that I have read the Fort Leavenworth OCONUS 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