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.

Last Name First Name MI Rank 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.) O YES \bigcirc NO YES - complete your military spouse's required information below. \bigcirc NO Is your spouse in the military? Rank Last Name First Name Service Component YES - complete the required information below. \bigcirc NO Are you currently a geographical bachelor / bachelorette? Service Member Address (City, State & Zip): Dependents Address (City, State & Zip): City City Zip Code Zip Code State State 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) Zip Code City State 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	
	is to a Brigade Combat Team (BCT), I must complete DA Form 4036 (Medical and Dentant) within 21 days of completing my Levy Briefing, but no earlier than 6 months prior to n	
YES, I understand.	○ NO, I do not understand.	
extend or reenlist to meet that req	e enough time in service remaining in order to complete your next duty assignment. You irement IAW AR 600-8-11, 2-10. If you do not meet this requirement within 30 calendar declination of Continued Service (DA Form 4991) will be initiated.	
YES, I understand.	○ NO, I do not understand.	
	Anti-Terrorism / Force Protection (AT/FP) training specific to my OCONUS assignment. ttend the AT/FP briefing at DPTMS (Garrison HQ, Bldg-77) within 90 days of travel.	. I
○ YES	○ NO	
	pregnant and will be in the 8th month of pregnancy during your report month? If so, coort date. If the child is born prior to departure, medical (EFMP) screening will be required ravel.	
○ YES	○ NO	
Do you have an active Governmen (If you have applied for or are renew	Travel Charge Card (GTCC) and / or account? ing a GTCC, answer YES.)	
O YES	○ NO	
Add additional comments if needed		
	eavenworth OCONUS Levy Briefing. To the best of my knowledge, all information contain immediately contact my Unit S-1 if any unforeseen circumstances arise that require changes.	
Signature	Date	
Primary Phone Number		
Alternate Phone Number	Page 2 of 2 IMLV-DHR Form 3 (DEC 2	2018)

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