REASSIGNMENT PROCESSING

For use of this form, see AR 600-8-11; the proponent agency is DCS, G-1

PRIVACY ACT STATEMENT

Authority: Title 10, USC, Sections 3010, 8012, and 5031; Title 5, USC, Section 301; and EO 9397 (SSN).

Principal Purpose: To make assignment decisions, evaluate family member travel to overseas commands and assign family housing.

Routine Uses: General disclosures permitted by the Privacy Act and the Army's systems of records notices apply.

Disclosure: Disclosure of information is voluntary. If the information is not provided, commanders will not be aware of family member travel and housing requests, and will result in no government travel and housing for family members.

PART A - PERSONNEL AND ASSIGNMENT MANAGEMENT DATA *(To be Completed by Losing MPD/PSC)*

1. TO		2. FROM	
3. NAME *(Last, Middle, First)*	4. SSN	5. GRADE	6. PMOS
6A. CURRENT UNIT/STATION		7A. REASSIGNED TO *(Unit/UIC/APO/Country)*	
6B. TELEPHONE NO. *(Include Area Code)*		7B. RSG AUTH	7C. PERS CON NO. / 7D. REPORT DATE *(YYYYMMDD)*
6C. AKO EMAIL ADDRESS			

8. TDY Enroute *(Complete only if applicable)*

A. MOS/SSI/SQI/ASI.	B. PURPOSE OF TDY	C. GRAD/TERM. DATE *(YYYYMMDD)*

9. Married Army Couples Program ***(Complete only if joint domicile will be requested)***

9A. NAME OF MILITARY SPOUSE	9B. SSN	9C. GRADE	9D. PMOS
9E. CURRENT UNIT/STATION		9F. TELEPHONE NO. *(Include Area Code)*	

PART B - HOUSING AND FAMILY TRAVEL DATA

10. I do ☐ do not ☐ have family members with physical, emotional, developmental or intellectual problems.

11. ☐ I am a sole parent. *(Check only if applicable)*

12. Application for Family Member Travel to Overseas Command ***(Check only one)***

a. ☐ I desire concurrent travel and will accept economy quarters if government quarters are not available.

b. ☐ I desire concurrent travel but will not accept economy quarters.

13. Family Members Who Will Travel to Next Permanent Duty Station ***(If more space is needed, continue on a separate sheet.)***

A. NAME *(Last, First, MI)*	B. RELATIONSHIP	C. SEX	D. DATE OF BIRTH *(YYYYMMDD)*	E. CITIZENSHIP

14. ANY RELATIVE IN GAINING OVERSEAS AREA WHERE FAMILY MEMBERS MAY RESIDE PENDING AVAILABILITY OF HOUSING AT OR NEAR DUTY STATION *(Include name, relationship, address and phone number).*

15A. ADDRESS WHERE MY FAMILY IS CURRENTLY LOCATED	16A. ADDRESS WHERE MY FAMILY MAY BE CONTACTED WHILE ON LEAVE
15B. TELEPHONE NO. *(Include Area Code)*	16B. TELEPHONE NO. *(Include Area Code)*

17. The soldier is administratively qualified and available for assignment. Control sheets/forms prescribed by the regulation *(or their equivalents)* have been completed. A request for deletion or deferment is ☐ anticipated ☐ not anticipated.

17A. SOLDIER'S SIGNATURE	17B. MPD/PSC OFFICIAL'S SIGNATURE	17C. REASSIGNMENT WORK CENTER EMAIL ADDRESS *(Agency Specific)*	17D. DATE *(YYYYMMDD)*