

REDEPLOYMENT, POST-DEPLOYMENT AND RECONSTITUTION CHECKLIST 1/3/2006 12:00AM1170X

For use of this form, see DA PAM 600-8-101; the proponent agency is DCS, 6-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC Section 3013, Secretary of the Army; Army Regulation 600-8-101, Personnel Processing (In, Out, and Mobilization) Processing; and EO 9397 (SSN).
PURPOSE: To provide a standardized means to evaluate readiness posture and validate military and non-military personnel for deployment.
ROUTINE USES: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.
DISCLOSURE: Voluntary, However, failure to update and confirm information is correct may impede processing time and deployability status.

**The ReDeployment, Post-Deployment and Reconstitution Checklist is filed in the packet to complete the action.
 A copy remains at the gaining organization.**

1. DATE(YYYYMMDD)		2. NAME (Last, First Middle)		3. SSN	
4. SERVICE AFFILIATION		5. COMPONENT		6. STATUS	
<input checked="" type="checkbox"/> USA	<input type="checkbox"/> USCG	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> TPU	<input type="checkbox"/> RET	7. PLAN PAY/GRADE
<input type="checkbox"/> USN	<input type="checkbox"/> PHS	<input type="checkbox"/> GUARD	<input type="checkbox"/> IRR	<input type="checkbox"/> NG10	
<input type="checkbox"/> USAF	<input type="checkbox"/> NOAA	<input type="checkbox"/> RESERVE	<input type="checkbox"/> IMA	<input type="checkbox"/> NG32	
<input type="checkbox"/> USMC		<input type="checkbox"/> NON-MILITARY	<input type="checkbox"/> AGR		
9. NON-MILITARY STATUS			10. TRAVEL STATUS		8a. MAILING ADDRESS
<input type="checkbox"/> DOD	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> AAFES	<input type="checkbox"/> a. UNIT ORDER		8b. E-MAIL ADDRESS
<input type="checkbox"/> DAC	<input type="checkbox"/> RED CROSS	<input type="checkbox"/> OTHER(Specify)	<input type="checkbox"/> b. INDIVIDUAL		
12. JOB TITLE/MOS			13. ASI		11. DATE OF BIRTH (YYYYMMDD)
15. LANGUAGE SPECIALTIES			16. DATE LANGUAGE CERTIFIED (YYYYMMDD)		14. CITIZENSHIP COUNTRY
18. PARENT UNIT			19. DUIC		17. DEPLOYMENT COUNTRY
20. UNIT PHONE NUMBER			21. DATE OF ARRIVAL IN THEATER		

OVERALL STATUS OF EACH SECTION

22. Reconstitution Unit		23. Personnel		24. Finance		25. Installation		26. Security	
<input type="checkbox"/> GO	<input type="checkbox"/> NO GO	<input type="checkbox"/> GO	<input type="checkbox"/> NO GO	<input type="checkbox"/> GO	<input type="checkbox"/> NO GO	<input type="checkbox"/> GO	<input type="checkbox"/> NO GO	<input type="checkbox"/> GO	<input type="checkbox"/> NO GO
27. Medical		28. Dental		29. Vision		30. Legal		31. Supply & Logistics	
<input type="checkbox"/> GO	<input type="checkbox"/> NO GO	<input type="checkbox"/> GO	<input type="checkbox"/> NO GO	<input type="checkbox"/> GO	<input type="checkbox"/> NO GO	<input type="checkbox"/> GO	<input type="checkbox"/> NO GO	<input type="checkbox"/> GO	<input type="checkbox"/> NO GO

SECTION I - DEPLOYMENT VALIDATION

Part A. Accuracy Statement: I understand I am certified for deployment and to the best of my knowledge, all information contained in this document is correct and current.

1. SIGNATURE OF DEPLOYEE		2. RANK		3. TITLE	
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Part B. Commanders Acknowledgement: (Commanders may approve a non-deployable individual for deployment based on the certifying official's recommendation, criticality, and mission needs, unless otherwise indicated.) I Acknowledge the SRP Site's findings.

1. PRINTED NAME (CDR OR AG)		2. RANK		3. TITLE	
4. SIGNATURE			5. ADDRESS		
6. PHONE NUMBER		7. E-MAIL ADDRESS		8. DSN	
			9. FAX PHONE NUMBER		

Part C. Deployment Validation: ALL READINESS requirements are updated and all DEPLOYMENT (theater specific) requirements are completed.

1. PRINTED NAME OF VALIDATING DEPLOYMENT OFFICIAL		2. RANK		3. TITLE	
4. SIGNATURE OF VALIDATING DEPLOYMENT OFFICIAL			5. ADDRESS		
6. PHONE NUMBER		7. E-MAIL ADDRESS		8. FAX PHONE NUMBER	
			9. DATE (YYYYMMDD)		

NAME (Last, First, Middle)	SSN				
	PH	NA	GO	NO GO	DATE(YYYYMMDD)
Section II - Personnel					
1. Common Access Card (CAC)/determine eligibility of DEERS status.	2,3				
2. Records update & Evaluation Reports completed (OER/NCOER) if required.	1,2				
3. SGLV 8286/DD Form 93 review/revised date.	2,3				
4. Promotion/Awards during mobilization documented?	1,2,3				
5. Army Education Center.	2,3				
6a. Required Training: Changes in Relationships.	1,2,3				
6b. Required Training: Communication with Spouse.					
6c. Required Training: Suicide Awareness & Prevention.					
6d. Required Training: Communication with Children.					
6e. Required Training: Marital Assessment Instrument.					
6f. Required Training: Reunion Workshop.					
7a. Mandatory Briefing: Safety (Alcohol, POV, Water).	1,2				
7b. Mandatory Briefing: Normalization of Experiences.					
7c. Mandatory Briefing: EAP Counseling Support.					
7d. Mandatory Briefing: Health Threat Brief.					
7e. Mandatory Briefing: Transition Entitlements.					
7f. Mandatory Briefing: Impact of Personnel Policies (Stop Loss/Move, if applicable).					
7g. Mandatory Briefing: Reemployment Rights.					
7h. Mandatory Briefing: TRICARE Benefits.					
7i. Mandatory Briefing: Soldier/Small Unit Leader Reintegration Tips.					
7j. Mandatory Briefing: Post-Deployment Stress.					
7k. Mandatory Briefing: Readjustment to the Workplace.					
7l. Mandatory Briefing: Medical Benefits (REFRAD Physical, ADME, VA Access).					
7m. Mandatory Briefing: Sexually Transmitted Disease (STD) brief.					
8. Received ACAP individualized career counseling DD Form 2648.	2,3				
9. DD Form 214 prepared & hand delivered or mailed (Except for Title 10 AGR).	2,3				
10. REFRAD orders issued.	1,2,3				
11. Completed DA Form 31 for scheduled post-deployment leave.	2,3				
12. Postal change of address updated (DA Form 3944). "C"	2,3				
13. Family Care Plan recertified/updated (DA Form 5305-R)	2,3				
14. PERSTEMPO days & input into the PERSTEMPO web-site for all deployments.	2,3				
15. Redeployment information updated in CIV TRACKS. "C"	1,2,3				
16. Received information on reemployment rights.	1,2,3				
17. Contacted your civilian employer. (RC Only)	2,3				
18. Completed command climate survey. (RC Only)	1,2				
19. SIDPERS transactions submitted.	1,2,3				
20. Received information on 18 year sanctuary (retirement). if applicable (RC Only)	2,3				
21. Individual/Family assistance counseling provided. "C"	2,3				
22. Chaplain appointment or visit requested.	1,2,3				
Section III - Finance					
1. Received Readiness Finance Brief.	1,2				

NAME (Last, First, Middle)	SSN				
	PH	NA	GO	NO GO	DATE(YYYYMMDD)
2. Completed advance pay action to close out DoD charge cards prior to reverting to RC status.(RC Only)	1,2,3				
3. Discontinue (Stop) (Change) allotment's. (AC Only)	2,3				
4. Entitlements verified/Direct deposit changes completed.	2,3				
5. Settle any travel claim's TCS/REFRAD Orders.	2,3				
6. Number of days Accrued Leave to be paid upon separation.	2,3				
Section IV - Installation					
1a. DBOS: Transportation Branch: Completed HHG/personnel property arrangements?	2,3				
1b. DBOS: Transportation Branch: Requires transportation arrangements?	2,3				
2a. DBOS: Housing Division: Cleared Quarters, BOQ, or BEQ?	2,3				
3a. DCFA: Army Community Service Division: Family Support GP/ACS information provided?	2,3				
4a. G3/DPTM: Security Division: Security File Reviewed?	2,3				
4b. G3/DPTM: Security Division: Security Debrief?	2,3				
Section V - Security					
1. Debriefed by S-2 Reverse SF 312 completed if access withdrawn. "C"	1,2,3				
2. Government & personnel computers checked for sensitive data. "C"	1,2,3				
3. Government information programs on personal computer purged. "C"	1,2,3				
4. Signal security - Terminate log-ons/e-mail/passwords. "C"	1,2,3				
5. DD Form 577 sign cards & DA Form 1686 canceled. "C"	1,2,3				
6. Badges or devices for secure areas turn-in. "C"	1,2,3				
7. All classified material accessed by individual properly accounted for. "C"	1,2,3				
8. Any combination known to the individual changed. "C"	1,2,3				
Section VI - Medical					
1. TRICARE Enrollment Appl.	3				
2. Received Medical health records review. (if applicable)	3				
3. Complete DD Form 2796 for in-Theater exposures? "C"	1				
4. Has Medical Surveillance Program had clinical evaluation?	2				
5. Hospitalized/medical treatment prohibiting demobilization?	2,3				
6. Medical Protection System (MEDPROS).	2				
7. DD 2766 (Adult Pre & Chronic Care Flow sheet) original returned to med record.	3				
8. Medical Line of Duty (LOD) received (if required) Completion of DD Form 261.	1,2,3				
9. Conduct initial TB Test.	3				
10. Suspense follow-up 90 Day TB Test.	3				
11. Conduct HIV draw for DOD Repository.	3				
12. Required Immunizations.	2,3				
13. Received OWCP process for occupational illness & injury reporting. "C"	2,3				
14. Received copy of DD3349 (Medical Profile) prior to release.	2,3				
Section VII - Dental					
1. Complete dental record/care (while on Active Duty) reviewed?	1,2,3				
2. Verify dental class.	1,2,3				
3. Pantographic X-Ray in dental record.	1,2,3				
4. VA Dental Care.	1,2,3				
Section VIII - Vision					

NAME (Last, First, Middle)	SSN				
ITEM	PH	NA	GO	NO GO	DATE(YYYYMMDD)
1. Vision screening.					
2. Vision classification.					
Section IX - Legal					
1. Counseled on insurance & civil matters & legal rights?	1,2,3				
2. Briefed on Uniformed Services Employment & Reemployment Rights Act?	1,2,3				
3. Briefed on Soldiers & Sailors Civil Relief Act Rights.	1,2,3				
4. Has soldier/civilian been counseled on claims filing procedure. "C"	1,2,3				
Section X - Supply And Logistics					
1. Weapon's issued accounted for/Turned in. (Weapons serial number's): "C"	2,3				
2. Theater specific CIF/CDE turn-in? "C"	1,2,3				
3. Chemical Defensive Equipment.	2,3				
4. Personal military clothing & basic issue.	1,2,3				
5. Hand receipt updated/cleared. "C"	1,2,3				