

REDEPLOYMENT, POST-DEPLOYMENT AND RECONSTITUTION CHECKLIST

For use of this form, see DA PAM 600-81 and R 600-8-101; This form is subject to the Privacy Act of 1974, IAW PL 53-579, 1974. See 5 USC 552a: The proponent agency is ODCSPER.

AUTHORITY: 10 USC Section 3013, Secretary of the Army; Army Regulation 600-8-101, Personnel Processing (In, Out and Mobilization); 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 applies.

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

OVERALL STATUS OF EACH SECTION

22. Reconstitution Unit		23. Personnel		24. Finance		25. Installation		26. Security	
<input type="checkbox"/>	GO	<input type="checkbox"/>	NOGO	<input type="checkbox"/>	GO	<input type="checkbox"/>	NOGO	<input type="checkbox"/>	GO
<input type="checkbox"/>	NOGO	<input type="checkbox"/>	GO	<input type="checkbox"/>	NOGO	<input type="checkbox"/>	GO	<input type="checkbox"/>	NOGO
27. Medical		28. Dental		29. Vision		30. Legal		31. Supply & Logistics	
<input type="checkbox"/>	GO	<input type="checkbox"/>	NOGO	<input type="checkbox"/>	GO	<input type="checkbox"/>	NOGO	<input type="checkbox"/>	GO
<input type="checkbox"/>	NOGO	<input type="checkbox"/>	GO	<input type="checkbox"/>	NOGO	<input type="checkbox"/>	GO	<input type="checkbox"/>	NOGO

Section I – DEPLOYMENT VALIDATION

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

1. PRINTED NAME OF SOLDIER		2. RANK		3. TITLE	
<p>Part B. Commander's Acknowledgement: <i>(Commanders may approve a non-deployable individual for reconstitution based on the certifying official's recommendation, critically, and mission needs, unless otherwise indicated.)</i> I acknowledge the CHECKLIST findings.</p>					
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 NBR

PART C. Deployment Validation: All readiness requirements are updated and all requirements are completed.

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

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

NAME (Last, First, Middle)	SSN			
"C" INDICATES TO BE COMPLETED BY CIVILIANS	PH	NO GO	GO	DATE (YYYYMMDD)
SECTION II - Personnel				
1. Common Access Card (CAC)/determine eligibility of DEERS status.				
2. Records update and Evaluation Reports completed (OER/NCOER) if required.				
3. SGLV 8286/DD Form 93 review/revise date.				
4. Promotion/Awards during mobilization documented?				
5. Army Education Center.				
6a. Required Training: Changes in Relationships.				
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).				
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 Brief.				
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.				
9. DD Form 214 prepared and hand delivered or mailed (except for Title 10 AGR).				
10. REFRAD orders issued.				
11. Completed DA Form 31 for scheduled post-deployment leave.				
12. Postal change of address updated (DA Form 3944). "C"				
13. Family Care Plan recertified/updated (DA Form 5305-R).				
14. PERSTEMPO days and input into the PERSTEMPO web site for all deployments.				
15. Redeployment information updated in CIV TRACKS. "C"				
16. Received information on reemployment rights.				
17. Contacted your civilian employer. (RC only)				
18. Completed command climate survey. (RC only)				
19. SIDPERS transactions submitted.				
20. Received information on 18 year sanctuary (retirement), if applicable. (RC only)				
21. Individual/Family assistance counseling provided. "C"				
22. Chaplain appointment or visit requested.				
Signature of Certifying Official	Rank	Date (YYYYMMDD)		
Section III - Finance				
1. Received Readiness Finance Brief.				
2. Completed advance pay action to close out DoD charge cards prior to reverting to RC status. (RC Only)				
3. Discontinue (Stop) (Change) allotments. (AC only)				
4. Entitlements verified/direct deposit changes completed.				
5. Settle any travel claims TCS/REFRAD orders.				
6. Number of days accrued leave to be paid on separation.				
Signature of Certifying Official	Rank	Date (YYYYMMDD)		

NAME (Last, First, Middle)		SSN			
"C" INDICATES TO BE COMPLETED BY CIVILIANS		PH	NO GO	GO	DATE (YYYYMMDD)
Section IV - Installation					
1a. DBOS: Transportation Branch: Completed HHG/personnel property arrangement?					
1b. DBOS: Transportation Branch: Requires transportation arrangements?					
2. DBOS: Housing Division: Cleared Quarters, BOQ or BEQ?					
3. DCFA: Army Community Service Division: Family Support GP/ACS information provided?					
4a. G3/DPTM: Security Division: Security File Reviewed?					
4b. G3/DPTM: Security Division: Security Debrief?					
Signature of Certifying Official		Rank		Date (YYYYMMDD)	
Section V - Security					
1. Debriefed by S-2 Reverse SF312 completed if access withdrawn. "C"					
2. Government and personal computers checked for sensitive data. "C"					
3. Government information programs on personal computer purged. "C"					
4. Signal security – terminate log-ons/e-mail/passwords. "C"					
5. DD Form 577 sign cards and DA Form 1686 cancelled. "C"					
6. Badges or devices for secure areas turned-in. "C"					
7. All classified material accessed by individual property accounted for. "C"					
6. Any combination known to the individual changed. "C"					
Signature of Certifying Official		Rank		Date (YYYYMMDD)	
Section VI - Medical					
1. TRICARE Enrollment Appl.					
2. Received medical health records review (if applicable).					
3. Complete DD Form 2796 for in-theater exposures? "C"					
4. Has Medical Surveillance Program had clinical evaluation?					
5. Hospitalized/medical treatment prohibiting demobilization?					
6. Medical Protection System (MEDPROS).					
7. DD 2766 (Adult Pre & Chronic Care Flow sheet) original returned to med record.					
8. Medical Line of Duty (LOD) received (if required). Completion of DD Form 261.					
9. Conduct initial TB Test.					
10. Suspense follow-up 90 day TB test.					
11. Conduct HIV draw for DOD Repository.					
12. Required immunizations.					
13. Received OWCP process for occupational illness & injury reporting. "C"					
14. Received copy of DD 3349 (Medical Profile) prior to release.					
Signature of Certifying Official		Rank		Date (YYYYMMDD)	
Section VII - Dental					
1. Complete dental record/care (while on Active Duty) reviewed?					
2. Verify dental class.					
3. Pantographic x-ray in dental record.					
4. VA Dental Care.					
Signature of Certifying Official		Rank		Date (YYYYMMDD)	
Section VIII - Vision					
1. Vision screening					
2. Vision classification.					
Signature of Certifying Official		Rank		Date (YYYYMMDD)	

NAME (Last, First, Middle)		SSN			
"C" INDICATES TO BE COMPLETED BY CIVILIANS		PH	NO GO	GO	DATE (YYYYMMDD)
Section IX - Legal					
1. Counseled on insurance and civil matters and legal rights?					
2. Briefed on Uniformed Services Employment and Reemployment Rights Act?					
3. Briefed on Soldiers and Sailors Civil Relief Act Rights.					
4. Has soldier/civilian been counseled on claims filing procedure. "C"					
Signature of Certifying Official		Rank		Date (YYYYMMDD)	
Section X – Supply and Logistics					
1. Weapon's issued accounted for/turned in. (Weapons serial numbers): "C"					
2. Theater specific CIF/CDE turn-in? "C"					
3. Chemical Defensive Equipment.					
4. Personal military clothing and basic issue.					
5. Hand receipt updated/cleared. "C"					
Signature of Certifying Official		Rank		Date (YYYYMMDD)	