

Joint Force Headquarters
Michigan Army National Guard
3411 N. Martin Luther King Jr. Blvd
Lansing, MI 48906-2934
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*Joint Force Headquarters
Policy Memo #11-001

Full-Time National Guard Duty

Guidance for Title 32

Applicability. This policy applies to the following Michigan Army National Guard Full-Time National Guard Duty (FTNGD) categories: Full-Time National Guard Duty for Operational Support (FTNGDOS) which encompasses Full-Time Equivalency (FTE); Full-Time National Guard Duty Mobilization Augmentee (FTNGDMA); and Full-Time National Guard Duty Counter-Drug (FTNGDCD). This policy is guidance for Soldiers applying for and serving on a FTNGD tour and the leaders responsible for those Soldiers. The term FTNGD as referenced throughout this memorandum will be used to describe all statuses of FTNGD, unless otherwise specified.

Proponent and exception authority. The proponent of this policy is the Human Resources Office, Joint Force Headquarters. This policy outlines state guidance and does not supersede NGB policies.

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1. Subject

Guidance for Title 32 FTNGDOS, FTE, FTNGDMA, and FTNGDCD Programs.

2. References

The references listed below may be found on the MING Intranet: <https://mi-guard.mi.ng.ds.army.mil/Pages/Home.aspx>. Select Joint Directorates, J-1 Human Resources Office, AGR Branch, Fulltime National Guard Duty.

a. Guidance for Full-Time National Guard Duty Mobilization Augmentee (FTNGDMA), NGB-ARH Policy Memo #09-009, 1 June 2009.

b. Guidance for Full-Time National Guard Duty Counter-Drug (FTNGDCD), NGB-ARH Policy Memo #09-011, 10 March 2009.

c. Guidance for Full-Time National Guard Duty for Operational Support (FTNGDOS) other than AGR Duty/Counterdrug, NGB-ARH Policy Memo #09-014, 26 March 2009.

d. Guidance for Members Performing Duty under the Authority of 32 USC §502(f), All States Log Number P10-001626, 26 October 2010.

e. AR 600-8-2 Enlisted Promotions and Reductions, 30 April 2010.

f. AR 600-9 The Army Weight Control Program, 27 November 2006.

- g. AR 635-5 Separation Documents, 15 September 2000.
- h. AR 40-501 Standards of Medical Fitness, 23 Aug 2010.
- i. AR 135-381 Incapacitation of Reserve Component Soldiers, 27 December 2006.
- j. DA PAM 135-381 Incapacitation of Reserve Component Soldiers Processing Procedures, 22 May 2008.
- k. AR 600-8-10 Leaves and Passes, 15 February 2006.
- l. Warriors in Transition Consolidated Guidance: Active Duty Medical Extension and Medical Retention Processing Programs, Chapter 5 (page 203), 7 September 2007.

3. Definitions

The following definitions are to be used as guidelines only. A more in-depth explanation of each term may be found in the references listed in paragraph 2 above.

a. FTNGDOS provides manpower to support existing or emerging requirements, such as the Yellow Ribbon Program, Funeral Honors and the Pre-mobilization Training Assistance Element (PTAE). Normal full-time staff duties and responsibilities are not included in FTNGDOS projects and missions. There are various Program Managers (PM) for FTNGDOS funds.

b. FTNGDMA provides manpower to perform full-time unit support due to mobilization. Orders for FTNGDMA should be requested in advance of a unit deployment however, orders will not begin until the mobilization date. Personnel on FTNGDMA orders will Return from Active Duty (REFRAD) on unit demobilization date. The Human Resource Office (HRO) is the PM for FTNGDMA.

c. FTNGDCD duty is performed for the purpose of carrying out drug interdiction and counterdrug activities. Counter Drug is the PM for FTNGDCD.

d. Full-Time Equivalency (FTE) is performed prior to unit mobilization. Soldiers selected to perform FTE are expected to mobilize with their unit. HRO is the PM.

4. Responsibilities

a. The Human Resource Office-AGR Management (HRO-AM) is the final approval authority for the administration of the FTNGD program, will post vacancy announcements and will maintain internal control measures for the FTNGD program. HRO-AM will also store FTNGD vacancy announcements, copies of applications and board notes for the current and two previous years.

b. Program Managers (PM) having oversight of funding are the approval authority for tours funded from their budgets. Requests to advertise must be routed through appropriate PMs to HRO-AM. PMs will maintain personnel files on their FTNGD Soldiers.

c. The MIARNG State Surgeon's Office provides guidance to PMs, FTNGD supervisors and the FTNGD Soldier's traditional unit when medical issues arise with FTNGD personnel. The MIARNG State Surgeon's Office is the final approval authority for medical issues.

d. The FTNGD Soldier's traditional unit is responsible:

1) For ensuring the Soldier's orders are processed for pay and input into iPerms

2) To keep the PM and HRO-AM informed of any medical issues, administrative or flagging actions, and/or promotion/demotion of a Soldier.

3) To initiate and complete a Line of Duty investigation (when applicable).

5. Eligibility Requirements

To apply for FTNGD tours, the Soldier must:

a. Be a member of the MIARNG.

b. Meet Army medical retention standards in accordance with AR 40-501, Chapter 3, and as outlined in this policy.

c. Not be within 6 months of Mandatory Removal Date (MRD) or Expiration of Term of Service (ETS) on the report date of the tour, unless waived by the State Adjutant General.

d. Not have served greater than 17 years of active service (AS) as a result of the duty (exception: FTNGDCD applicants). No order should result in qualification for sanctuary (18 years AS) unless a waiver is approved by the Director, Army National Guard (DARNG) prior to the issuance of the order. The PM should initiate a waiver request and route it thru HRO-AM, CoS and ATAG to TAG. HRO-AM will then seek DARNG approval. Waiver request must be submitted to HRO-AM NLT 55 days in advance of the tour start date. See Figure 10 for a sample waiver.

e. Not be placed on orders that will qualify them for separation pay (exception: FTNGDCD orders) as a result of the duty unless a waiver is approved by the DARNG prior to the issuance of the order. The PM should initiate a waiver request and route it thru HRO-AM, CoS and ATAG to TAG. HRO-AM will then seek DARNG approval. Waiver request must be submitted to HRO-AM NLT 55 days in advance of the tour start date. See Figure 10 for a sample waiver.

f. Not be under a suspension of favorable personnel actions per AR 600-8-2.

g. Have a current, passing APFT within 6 months prior to the start date of (or application date for) the FTNGD tour.

h. Meet height/weight requirements in accordance with AR 600-9. If Soldier is not in compliance with the Army Weight Control Program, a DA Form 5500/5501 (Body Fat Worksheet) must be submitted showing he/she passed taping.

i. Be duty MOS qualified/branch qualified in their traditional unit of assignment. The PM funding the Soldier will verify the Soldier is DMOSQ. If the Soldier is not DMOSQ, a waiver may be requested to the DCSOPS. Waivers must be approved in advance and included with the FTNGD application.

j. Meet the security requirements of the grade, projected assignment, and systems the selectee may use while on FTNDG orders.

k. Not have cumulative periods of ADOS, FTNGDOS and FTNGDMA service exceeding 1,095 days (3 years) out of the preceding 1,460 days (4 years) without a General Officer letter of acknowledgement. This is a "sliding four year window" which looks back at the most recent 1,460 days from the end of the new tour order. Military service performed in other components is not counted. A waiver request will be submitted by HRO-AM for a

General Officer signature NLT 30 days in advance of the tour start date.

6. Vacancy Announcements

a. Vacancy announcements will be submitted through the appropriate PM to HRO-AM for posting. See Figure 3 for a FTNGD Vacancy Fill Request Form.

b. Vacancy announcements are not required, but may be requested, for assignments less than 90 days.

7. Application Packet

The following documents are required for all FTNGD applications and must be signed within 30 days of application, unless otherwise specified below. If selected for the FTNGD tour (and approved by HRO-AM), this packet will be maintained by the appropriate PM. See Figure 1, FTNGD Application Checklist.

a. **DA Form 4187 Personnel Action.** See Figure 9 for an example of this form; a fillable form may be found on the MING Intranet at <https://mi-guard.mi.ng.ds.army.mil/Pages/Home.aspx>. Select Joint Directorates, J-1 Human Resources Office, then AGR Branch.

b. **DA Form 1058-R Application for Active Duty for Training, Active Duty for Special Work, Temporary Tour of Active Duty, and Annual Training for Soldiers of the Army National Guard and U.S. Army Reserve.** This application must be signed by the unit commander, records custodian/Readiness NCO, and applicant. This form may be found on the MING Intranet.

c. **Statement from Commander** (traditional unit of assignment) of no suspense/flagging actions.

d. **NGB Form 23B Retirement Point Accounting Statement.**

e. **Orders Query.** This document is used to determine the last 31-day break in orders for purposes of determining separation pay. This document is produced from the Automated Fund Control Order System (AFCOS). The report is the Manday History, Print by Individual.

f. **Medical Protection System (MEDPROS) Individual Medical Readiness (IMR) Record.** This printout must show the PULHES, date of last Physical Health Assessment (PHA), HIV test date and results. Prior to the start of orders, PHA must be current

within 1 year and the HIV test must be current within 2 years. Soldiers outside of the required timelines for the PHA and HIV may apply for a FTNGD position but must complete the requirements prior to the start date of FTNGD orders. Soldiers must meet the medical retention standards IAW AR 40-501, ch 3.

g. **MOS Administrative Retention Review (MAR2)**. The Soldier must provide the MAR2 document if he/she has a "3" or "4" in their PULHES. The MAR2 is formerly known as the Military Occupational Specialty Medical Retention Board (MMRB).

h. **Copy of Profiles**. Soldiers with a permanent profile must include a copy of the profile with their application. Soldiers with a temporary profile are not eligible to start a FTNGD tour.

i. **DA Form 7349 Annual Medical Certificate**. This document is used to disclose pre-existing conditions that the Soldier may have incurred or aggravated since the last PHA. The Soldier is to complete page 1; his/her unit, battalion, or brigade medical personnel completes page 2. If applying for a vacancy announcement, Soldier may provide upon selection.

j. **Pregnancy Test**. Fifteen days prior to the start date of the orders, a female Soldier must take a pregnancy test and provide the negative results with her application. For female Soldiers applying for a posted advertisement, she may submit the pregnancy test results if/when selected but before the start date of her orders.

k. **DA Form 705 Army Physical Fitness Test Score Card**. This form must show a record, passing APFT within six months of application. The Height/Weight information must also be annotated on this form. If a Soldier requires a Body Fat Worksheet (DA Form 5500/5501), it must be included.

l. **Security Clearance**. Verification of security clearance is required if applicable to assignment, equipment to be utilized or Soldier's grade. This may come in the form of a Joint Personnel Adjudication System (JPAS) Statement or a memorandum from the State Security Office.

m. **Memorandum of Understanding**. An MOU must be signed by the Soldier, his/her commander and the PM. The Soldier's traditional unit commander must sign this document, not a representative of the commander. This document will assist in providing an understanding of what is expected of the Soldier regarding IDT, AT, APFT and NCOER/OER. This document can be

found in Figure 6 of this policy and on the MING Intranet. (Also see paragraph 9.e. and 9.f. for additional AT/IDT information and see paragraph 14 for information about OER/NCOERS.)

8. Selection Process

a. Positions less than 90 days, no advertisement.

1) Applications will be forwarded to the appropriate PM for initial review and funding validation.

2) PMs will forward the application of selected individual(s) to HRO-AM for review and administrative approval.

3) Upon validation from HRO-AM, PMs will follow the procedures identified in paragraph 8.c. below.

4) Consecutive 30-89 day orders not authorized.

b. Positions 90 days or greater in duration will be advertised.

1) All applications will be sent directly to HRO-AM for administrative review.

2) After the packets are approved, they will be sent to the PM with selection board guidance.

3) The PM will conduct a selection board according to the selection board guidance provided by HRO-AM.

c. Upon validation of selectee by HRO-AM:

1) HRO-AM will return the validated packet to the PM. The PM is responsible for maintaining this personnel file as long as the Soldier works under their funding.

2) PM will notify and coordinate the start date with selected individual and his/her traditional unit of assignment.

3) PM will commit orders in AFCOS to level 5.

4) PM will in-process the selected individual IAW the FTNGD In-Processing Checklist provided in Figure 4 and available on the MING Internet.

d. HRO-AM will maintain the results of FTNGD Selection Boards for the current and two previous years.

9. Orders

a. Members performing FTNGD duty will not perform duties that are not specific requirements of the mission during scheduled duty days.

b. The following statements will be added to all FTNGD orders:

1) "This order is subject to the availability of funds."

2) "Movement of household goods is not authorized." (If the State Adjutant General has approved a PCS move for an FTNGDCD Soldier, a waiver must accompany request for orders.)

3) "Soldier resides within commuting distance of duty location" or "Soldier is choosing to commute from HOR to duty station daily. No quarters are required. Reimbursement for daily mileage is not authorized."

c. Commanders will not amend an order or divide multiple periods for any 32 USC 502(f) order for the purpose of avoiding pay for typical non-duty days.

d. Regardless of the length of the tour, orders will not extend beyond appropriated funds. Long term FTNGD may be approved to cross fiscal years. Orders will be produced for the duration of the mission that has been validated by the PM and will be extended contingent upon funding and continuation of the mission.

e. There is no authority to order an individual on a FTNGD mission to attend Annual Training or Inactive Duty for Training. A Soldier on a FTNGD tour may attend AT and IDT training provided the following conditions met:

1) The member **volunteers** to participate. Voluntary attendance will occur during regularly scheduled days off.

2) The attendance will not interfere with the FTNGD mission the Soldier is on orders for.

(In most cases a Soldier could attend an IDT weekend with their traditional unit, however a traditional two week AT may not be possible. A Soldier could possibly attend a year-round AT with a unit, two days at a time, on the Soldier's regularly scheduled days off. Such situations will be predetermined through the Memorandum of Understanding prior to starting the Soldier on FTNGD orders. See Figure 6, paragraph 2.)

3) The IDT/AT location is within the commuting distance per USPFO directive and the Joint Federal Travel Regulation.

4) The member will not receive additional military pay compensation for attending AT or IDT while performing duty under FTNGD orders.

f. Orders will not be issued for extended periods if it is known that the member will need to have their orders curtailed during the tour. For example, if the Soldier will attend AT with his/her traditional unit, the dates of the FTNGD orders must start and stop around the AT dates. The FTNGD orders may continue after the AT dates.

g. Commanders must amend an order if circumstances require a change of duty. For example, a Soldier attending an NCOES or MOS course not related to the FTNGD mission is considered a change of duty. If an order is amended and the PM's intention is to return the Soldier back to the same FTNGD mission, a new FTNGD order is required.

h. Requests for extension of orders:

1) An extension packet is submitted through the appropriate PM for budget approval, and then forwarded to HRO-AM for review and administrative approval. See Figure 2, FTNG Extension Request Checklist for the required documents.

2) A waiver request for sanctuary (performance of duty beyond 17 years) or separation pay (six years of continuous active service) must be submitted to HRO-AM 55 days prior to the extended tour start date. See Figure 10 for sample waiver.

3) A waiver request for 1095 Rule must be submitted to HRO-AM 30 days prior to the extended tour start date. HRO-AM will produce this waiver request.

i. General Travel Funding. Soldiers may only travel in FTNGD status if the travel is directly related to the FTNGD mission. Defense Travel System (DTS) will be used and authorizations will be routed to and funded by the appropriate PM.

10. In-Processing/Out-Processing

a. It is the PM or authorized representative's responsibility to in-process (see Figure 4) and out-process (see Figure 5) the FTNGD Soldier. These checklists will be retained by the appropriate PM.

b. Separation Documents.

1) PMs with TRANSPROC, DD Form 220 or DD Form 214 preparation authority may initiate or complete the separation documents for their respective program.

2) If a PM does not have the authority/capability to complete the separation documents for their FTNGD personnel, the request for the DD Form 220 or DD Form 214 should be forwarded to HRO-AM NLT 15 days prior to the end of the Soldier's orders.

3) A DD Form 220 will be prepared for continuous service of 89 days or less, when requested by the Soldier.

4) A DD Form 214 will be prepared when the Soldier completes 90 days or more of continuous FTNGD.

11. Medical

a. **TRICARE Coverage.** Soldiers on FTNGD orders for 30 days or more are eligible for health insurance through TRICARE Prime Remote. It is the PM's responsibility to brief the Soldier on TRICARE. It is the Soldier's responsibility to enroll him/herself and their family into the program. It is also the Soldier's responsibility to ensure they are maintained by TRICARE throughout their tour. Anytime a Soldier's orders are adjusted they need to contact TRICARE (and DEERS) to ensure their eligibility status has been maintained.

b. Injury, Illness or Disease.

1) If a Soldier incurs or aggravates an injury, illness, or disease (IID) while on FTNGD orders, the Soldier's traditional unit of assignment must immediately initiate a Line of Duty investigation (LDI).

2) The LDI will determine if the IID occurred in the line of duty or if the IID is a preexisting condition received while in a civilian capacity. If the LDI determines the IID did not occur in the line of duty, the Soldier may be liable for any government incurred costs associated with the incident.

3) A Soldier may appeal an adverse LDI determination to the appropriate appellate authority under AR 600-8-4.

4) **Once it has been determined** that a Soldier has been incapacitated by incurring or aggravating an IID (the FTNGD) orders will not be revoked, amended, or extended while on AD (FTNGD) for the sole purpose of processing the IID. (AR 135-381, 2-1.b.(3)(d))

5) Once it has been determined that a Soldier has been incapacitated by incurring or aggravating an IID the Soldier may apply for one of the following courses of actions:

a) Active Duty Medical Extension Program (ADME), 10 USC 12301(h). Upon acceptance into the ADME Program, the Soldier's FTNGD orders will be terminated. See Reference 2.k. listed in this policy for information about the ADME Program. Also consult the MIARNG State Surgeon's Office.

b) Incapacitation Pay. Once INCAP pay starts, the Soldier's FTNGD orders will be terminated. See AR 135-381 Incapacitation of RC Soldiers for information about INCAP pay and consult the MIARNG State Surgeon's Office.

c) Stay on FTNGD orders until the orders expire and receive medical treatment through TRICARE. Once FTNGD orders expire, the Soldier will have to transfer from TRICARE Prime Remote to TRICARE Reserve Select and pay a monthly premium and co-pays. Once FTNGD orders end, the Soldier could also apply for INCAP.

6) When a determination on the LDI, ADME or INCAP has yet to be reached and a Soldier is reaching the expiration date of their FTNGD orders, the FTNGD supervisor/PM should bring this to the attention of the Chief of Staff thru HRO-AM and the MIARNG State Surgeon's Office to determine the appropriate next steps.

7) Soldiers who fail to meet medical retention standards will be referred to a Medical Evaluation Board (MEB)

for a Fit For Duty Evaluation (FFDE) per AR 40-501 Standards of Medical Fitness.

8) See Figure 8 for a Medical Flow Chart for FTNGD Soldiers who incur or aggravate an IID.

12. Leave

a. Soldiers on FTNGD orders accrue 2.5 days of annual leave per month.

b. PM or authorized representative will ensure Soldiers use their accumulated leave prior to ending their tour or changing PMs. PM must pay for any unused leave.

c. Leave must be requested using the ARNG Leave Tracking System (Leave Log). However, unlike AGR Soldiers, FTNGD Soldiers must take the additional step of printing and manually signing the DA 31 produced by Leave Log. The DA 31 should then be forwarded to the FTNGD supervisor who should send the signed DA 31 to Military Pay on a Transmittal Log (TL).

d. PMs and FTNGD Soldiers should routinely check leave balances as sometimes the system does not automatically adjust the balances. If this occurs, contact the Military Pay Office at the USPFO.

e. FTNGD Soldiers are afforded the same leave and passes as AGR Soldiers. Guidance may be found in AR 600-8-10 Leaves and Passes.

13. Military Technicians

a. Military Technicians are not eligible for FTNGDMA tours.

b. Military Technicians may serve on FTNGDOS tours over 30 days with a waiver from the ATAG. The waiver must be requested through HRO-AM to ATAG prior to placement.

14. OERs/NCOERs

FTNGD Soldiers who perform IDT/AT with their assigned unit will receive an OER/NCOER from them. If an FTNGD Soldier does not drill or attend AT with their assigned unit, the PM or authorized representative will complete the OER/NCOER.

15. Early Release (Voluntary or Involuntary)

All requests must be forwarded to HRO-AM for TAG approval.

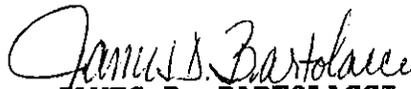
a. Soldiers will be released from FTNGD duty if any of the following occur: Initiation of flagging and/or adverse action, APFT and/or weight control failure, lack of funding. Additional reasons may be addressed on a case by case basis.

b. Voluntary release includes the Soldier voluntarily ending his/her orders with one PM or FTNGD mission to start orders with a new PM or FTNGD mission.

16. Questions

Questions regarding this publication should be emailed to HRO-AM at ngmihroagr@ng.army.mil.

By Order of the Adjutant General of Michigan:


JAMES D. BARTOLACCI
COL, GS, MIARNG
Chief of Staff

Distribution: This publication is available in electronic media only and is intended for command levels A, B, and D.

Figure 1 - FTNGD Application Checklist

FTNGD APPLICATION CHECKLIST

Type of FTNGD (OS, CD, MA, FTE): _____
 Applicant's Name/Rank: _____
 BDE or PM: _____ Phone: _____
 FTNGD Supervisor/POC: _____ Phone: _____
 Reviewer's Name: _____ Date Reviewed: _____

1. The following items are to be completed by the unit or the application will be returned without action (All required documents must be completed/printed within 30 days of application.):

_____ DA 4187 for all FTNGD requests.

_____ Application, DA Form 1058-R dated Jul 10.

_____ Item 23 signed by Applicant.

_____ Item 34 & 35 signed by Commander and Readiness NCO.

_____ SM provided a copy of MEDPROS Individual Medical Readiness (IMR) screen.

_____ IMR shows current Physical Health Assessment (PHA), within 12 months of start date. If not, SM must complete a PHA prior to starting FTNGD orders. Date of PHA: _____

_____ MEDPROS IMR shows a negative HIV test w/in 24 months of start of FTNGD orders. If not, SM must obtain negative HIV results prior to starting tour. Date of HIV Test: _____

_____ Provided MAR2 results if PULHES scores = "3" or "4" (NOTE: MAR2 was formerly known as a MMRB)

_____ Provided copy of any profiles - DA Form 3349. (Temporary profiles can't apply.)

_____ Annual Medical Certificate (DA Form 7349) completed within 30 days of start date. Soldier completes Pg. 1; unit, battalion or brigade's medical personnel complete Pg. 2. (If applying for vacancy announcement, may provide upon selection.)

Figure 1 - FTNG Application Checklist (Continued)

_____ Females must present a negative pregnancy test, reviewed by a doctor, 15 days prior to approved start date. Results must be added to application packet unless applying for a vacancy announcement, in which they may provide upon selection.

_____ Provided copy of DA 705. (HT/WT completed and, if needed, DA Form 5500 or DA Form 5501 attached)

_____ Passed APFT within six months prior to application.

_____ Passed HT/WT within six months prior to application.

_____ Statement from CDR of no suspense/flagging actions.

_____ NGB Form 23B.

_____ Memorandum of Understanding signed by SM, CDR and PM.

_____ SM is DMOSQ in M-Day unit.

_____ SM is not a federal technician. If SM is a federal technician, must provide pre-approved waiver. FTNGDMA cannot be a federal technician.

The signature below verifies the information submitted meets the requirements as stated above:

Unit Commander/Representative's Printed Name: _____

Unit Commander/Representative's Signature: _____

2. The signature below verifies that the appropriate Program Manager has reviewed, has the funding for, and approves the information submitted:

Program Manager (G3, RRC, G1, etc.): _____

PM Printed Name: _____

PM Signature: _____

PM Approved Dates From: _____ **To:** _____

Figure 1 - FTNG Application Checklist (Continued)

3. To be reviewed by HRO:

_____ SM will not obtain 17+ years AS by performing this duty. If so, SM must obtain an approved waiver from DARNG.

_____ This period of service will not qualify applicant for separation pay; SM must have a break of 31 days or more to negate separation pay. If so, SM must obtain an approved waiver from DARNG.

_____ SM will not have performed FTNGD-OS/MA for more than 1095 days out of 1460 days preceding the end of this tour. If so, SM must obtain an approved waiver from a general officer.

_____ All required documents have been submitted by the unit.

SM is (check one): Qualified Not Qualified

Reason for non-qualification:

HRO Approved / Disapproved (Circle one)

Administratively Approved Dates From: _____ **To:** _____

HRO Representative's Printed Name: _____

HRO Representative's Signature: _____

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Figure 2 - FTNGD Extension Request Checklist

FTNGD EXTENSION REQUEST CHECKLIST

Applicant's Name/Rank: _____
 Type of FTNGD (OS, CD, MA, FTE): _____

1. The following items are required to request an extension of FTNGD orders with the same PM. All required documents, with the exception of the DA 705, must be completed/printed within 30 days of request. Incomplete applications will be returned without action to the previous level (HRO to PM, PM to FTNGD Supervisor, FTNGD Supervisor to Unit).

_____ DA 4187 for all FTNGD requests.

_____ Annual Medical Certificate (DA Form 7349) completed within 30 days of start date. Soldier completes Pg. 1; unit, battalion or brigade's medical personnel complete blocks 14 - 17 on Pg. 2.

_____ Provided copy of DA 705. (HT/WT completed and, if needed, DA Form 5500 or DA Form 5501 attached)

_____ Passed APFT within six months.

_____ Passed HT/WT within six months.

_____ Statement from CDR of no suspense/flagging actions.

_____ NGB Form 23B.

_____ Memorandum of Understanding signed by SM, CDR and PM.

_____ Any waivers that may be required for the Soldier (i.e. Separation Pay, Sanctuary, or 1095). See the MIARNG JFHQ FTNGD Policy for guidance on waivers. The MING Intranet will have example memorandums.

Figure 2 - FTNG Extension Request Checklist (Continued)

2. The signature below verifies that the unit commander has reviewed and approves the information submitted:

Unit: _____ POC Phone: _____
 Commander's Printed Name: _____
 Commander's Signature: _____
 Approved Dates From: _____ To: _____

3. FTNGD POC Name: _____ Phone: _____
 Requests Dates From: _____ To: _____

4. The PM signature below verifies that the appropriate PM has reviewed, has the funding for, and approves the information submitted:

PM Approve / Disapprove Extension (Circle one)
 Program Manager (G3, RRC, G1, etc.): _____
 PM Printed Name: _____
 PM Signature: _____
 PM Approved Funding Dates From: _____ To: _____

5. To be reviewed by HRO:

_____ SM will not obtain 17+ years AS by performing this duty. If so, SM must obtain an approved waiver from DARNG.

_____ This period of service will not qualify applicant for separation pay; SM must have a break of 31 days or more to negate separation pay. If so, SM must obtain an approved waiver from DARNG.

_____ SM will not have performed FTNGD-OS/MA for more than 1095 days out of 1460 days preceding the end of this tour. If so, SM must obtain an approved waiver from a general officer.

_____ All required documents have been submitted.

SM is (check one): Qualified Not Qualified
 Reason for non-qualification: _____

HRO Approved / Disapproved (Circle one)
 Administratively Approved Dates From: _____ To: _____
 HRO Representative's Printed Name: _____
 HRO Representative's Signature: _____

Figure 3 - FTNGD Vacancy Fill Request Form.

FTNGD VACANCY FILL REQUEST FORM

Program Manager's Name: _____
Office (G1, G3, etc) and Phone Number: _____

POC for packet pick-up (Name and Number): _____

Number of Positions Available: _____

Length of Time for Advertisement: _____ (no less than 5 days)

Position Title: _____

Duty Location(s) (Unit/Office and City): _____

MOS required or Immaterial: _____

Position Grade Range. (i.e. E-3 through E-5): _____

Length of Tour or Dates of Tour: _____

If orders are to end on 30 Sep (due to funding), will the SM be eligible for an extension of his/her orders without competition? (Check one) YES NO

If NO, Orders will end on: _____

Security Clearance Required (circle one):
None / Secret / Top Secret

ASVAB Scores Required? (circle one): Yes No

If required, what category (enter score required):
GT: ___ GM: ___ EL: ___ CL: ___ MM: ___ SC: ___ CO: ___
FA: ___ OF: ___ ST: ___

Duty Description: _____

Additional Requirements of Position: _____

Requesting OIC's Typed Name: _____
Requesting OIC's Signature and Date: _____

Program Manager's Typed Name: _____
Program Manager's Signature and Date: _____

Please E-mail signed form to HRO-AM @ NGMIHROAGR@ng.army.mil

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Figure 4 - FTNGD In-Processing Checklist

FTNGD IN-PROCESSING CHECKLIST

Name: _____ Rank: _____
Phone Home/Cell: _____ Phone Work: _____
Email: _____

Position Title: _____
FTNGD Duty Location (Unit/City/Zip): _____
Supervisor's Name: _____ Phone: _____
Program Manager's Name: _____ Phone: _____
Start Date of Orders: _____ End Orders: _____

1. Prior to the Soldier starting on orders, ensure the following is completed:

____ Negative (w/in 24 months) HIV test results prior to start date of orders.

____ Current (w/in 12 months) PHA prior to start date of orders.

____ Current (w/in 30 days) DA 7349 signed by SM and Med Personnel.

____ Negative pregnancy test w/in 15 days of start date of orders. (if applicable)

____ Orders have been iPermed and sent to SIB/PAY for action.

2. Ensure the Soldier has been briefed/received the following information once the above items are completed:

____ Received a copy of orders.

____ Briefed on TRICARE/health insurance benefits and Soldier's responsibility to enroll/maintain. (if applicable)

____ Enrolled family in DEERS. (if applicable)

____ DTS will be utilized for travel related to FTNGD mission. DTS authorizations will be routed to appropriate PM for authorization/funding.

____ Leave accrual for current orders = 2.5 days / month. (Must use leave prior to end of tour.)

Figure 4 - FTNGD In-Processing Checklist (continued)

_____ ARNG Leave Tracking System will be utilized to track all leave. Soldier must sign DA Form 31, print the form and provide it to the appropriate PM/authorized representative for processing.

_____ Passing APFT and HT/WT requirement every six months.

_____ Daily work schedule.

By signing below, FTNGD Supervisor has counseled the Soldier and completed all of the required processes.

FTNGD Supervisor's Signature: _____ Date: _____

Soldier's Signature: _____ Date: _____

Figure 5 - FTNGD Out-Processing Checklist

FTNGD OUT-PROCESSING CHECKLIST

Name: _____ Rank: _____
 Phone Home/Cell: _____ Phone Work: _____
 Email: _____
 Position Title: _____
 FTNGD Duty Location (Unit/City/Zip): _____
 Supervisor's Name: _____ Phone: _____
 Program Manager's Name: _____ Phone: _____
 Tour Start Date: _____ End Date: _____

Ensure the Soldier has completed the following steps prior to ending orders:

- ___ Utilized all leave accrued while on current orders.
- ___ SM has been briefed on health insurance/benefit change.
- ___ Has reviewed NGB 23B (RPAM Statement) for accuracy.
- ___ Request for separation document (select one)
 - ___ DD Form 214 (consecutive orders 90 days or more)
 - ___ DD Form 220 (consecutive orders 89 days or less)

For either a DD Form 214 or DD Form 220, the following information must be provided to HRO-AM NLT 15 days prior to end date of orders.

- ___ NGB 23B (RPAM Statement)
- ___ DA Form 2-1
- ___ Copy of awards and/or schools SM received/completed while on current orders
- ___ Name, relationship and address of closest relative:
 - Name: _____ Relationship: _____
 - Address: _____

By signing below, FTNGD Supervisor has counseled the Soldier and completed all of the required processes.

FTNGD Supervisor's Signature: _____ Date: _____
 Soldier's Signature: _____ Date: _____

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Figure 6 - FTNGD Memorandum of Understanding

Fulltime National Guard Duty Memorandum of Understanding
FTNGD Operational Support (FTNGDOS)
FTNGD Mobilization Augmentee (FTNGDMA)
FTNGD Counter Drug (FTNGDCD)

1. By initialing below the Soldier, Unit Commander and Program Manager (PM) agree to the following guidelines:

____ For FTNGDOS positions with Recruiting and Retention Command: I understand I will be attached to the RRC for the duration of my tour. The RRC is responsible for rating me.

____ I will be placed on FTNGD orders for the entire period of the mission approved by both my Unit Commander and the PM.

____ I cannot enter onto FTNGDOS or FTNGDMA orders if I am entitled to separation pay, sanctuary or retirement benefits. Waiver requests must be approved through appropriate entity prior to application for position. This program is not designed to be a career program.

____ I am not eligible for a PCS move. (FTNGDCD is an exception with an approved waiver.)

____ If my orders are greater than 30 days, I will be entitled to all pay and benefits due to me on a "long tour" to include health and dental. This may require my dependents to update or be issued an ID card. It is my responsibility to ensure my family and I are enrolled and maintain enrollment.

____ I understand that I will accrue 2.5 days of leave per month. I further understand that I will use all accrued leave prior to the end of my FTNGD tour.

____ I am currently a member in good standing with the MIARNG. I am not under suspension of favorable actions.

____ I am not a military technician on LWOP or military leave (Counter Drug is an exception).

____ I am not within 6 months of my ETS. If so, I must extend or obtain a waiver from the TAG prior to the start of my orders.

Figure 6 - FTNGD Memorandum of Understanding (Continued)

_____ If I do not already have a current Periodic Health Assessment (PHA) on file within 12 months of beginning a tour, I understand that I will be required to obtain one prior to the orders start date.

_____ I do not have any medical conditions that would require me to have a fitness for duty evaluation.

_____ I am not currently undergoing physical disability processing.

_____ If selected, I will complete an Annual Medical Certificate (DA Form 7349) within 30 days of starting a tour.

_____ If I do not already have a negative HIV test on file within 24 months of beginning a tour, I understand that I will be required to obtain one prior to the orders start date.

_____ Females must have a negative pregnancy test within 15 days of starting a tour of 30 or more days.

_____ If I am injured during my duty on FTNGD orders, I will immediately complete an LOD through my unit with assistance from my FTNGD supervisor.

_____ I will keep my chain of command informed of any changes in my personnel, medical and/or military status.

_____ I understand that if I am collecting VA disability, I will comply with the VA regulations governing the collection of that disability money.

_____ I will be issued appropriate separation documents by my PM (if they have TRANSPOC capability) or HRO-AM, upon completion or release of duty. It is my responsibility to request these documents. A DD Form 214 will be issued for duty 90 days or more; a DD Form 220 will be issued for duty or 89 days or less.

_____ If I chose voluntary early release from FTNGD orders, I must do so in writing stating my reasons for the request. The request will be forwarded through my Supervisor/PM to HRO-AM. The Adjutant General or his designated representative is the final approval authority.

Figure 6 - FTNGD Memorandum of Understanding (Continued)

_____ I understand that I may be involuntarily released from FTNGD orders for reasons such as:

1. Improper conduct, poor efficiency, or poor job performance.
2. FTNGD funds are no longer available.
3. If I am promoted or appointed to a higher grade based on my traditional National Guard unit of assignment and no longer compatible with the duties performed in my FTNGD duty position or cause grade inversion.
4. If there is a change in mission requirements that result in no further need of the Soldier's skill/pay grade.
5. If I incur a flagging and/or adverse action for any reason.
6. APFT or Weight Control failure.

_____ I am subject to all disciplinary actions within established state regulations and guidelines to include NGRs 600-100, 600-101 and 600-200.

2. Select all that apply below.

Note: Three initials (commander, PM and Soldier) are required in each area below, as applicable. Also, the Soldier's traditional unit commander must initial and sign below -- a representative for the commander is not authorized to sign.

Note: There is no authority to order a Soldier on FTNGD orders to attend drill (IDT) or an Annual Training period. See JFHQ Policy Memo #11-001, paragraph 9.e. for additional information.

Figure 6 - FTNGD Memorandum of Understanding (Continued)

I will voluntarily attend IDT with my traditional unit.
I will attend on regularly scheduled FTNGD days off.

Yes ___ No ___

FTNGD Orders will be FROM: _____ TO: _____

___ CDR initials ___ PM initials ___ SM initials

I will voluntarily attend AT with my traditional unit.

Yes ___ No ___

If yes:

FTNGD orders will be FROM: _____ TO: _____

AT orders will be FROM: _____ TO: _____

FTNGD orders will resume FROM: _____ TO: _____

___ CDR initials ___ PM initials ___ SM initials

My NCOER/OER rating will be completed by my:

FTNGD Unit _____ Traditional Unit _____

___ CDR initials ___ PM initials ___ SM initial

Figure 6 - FTNGD Memorandum of Understanding (Continued)

My APFT must be conducted every six months and will be conducted by my:

FTNGD Unit _____

Traditional Unit _____

Once a year by my FTNGD unit and once per year by my traditional unit _____

_____ CDR initials _____ PM initials _____ SM initial

3. By signing this document I understand that if I have withheld or falsified any information that would make me ineligible for a tour at the time of application and that I will have my orders terminated immediately. I also understand that I am in agreement with the above direction as provided by my commander and the FTNGD PM.

Printed Name of Applicant: _____ Date: _____

Signature of Applicant: _____

I certify that I have counseled the above Soldier, a member of my unit, on the above requirements (must be signed by the Soldier's Traditional Unit Commander).

Printed Name of Commander: _____ Date: _____

Signature of Commander: _____

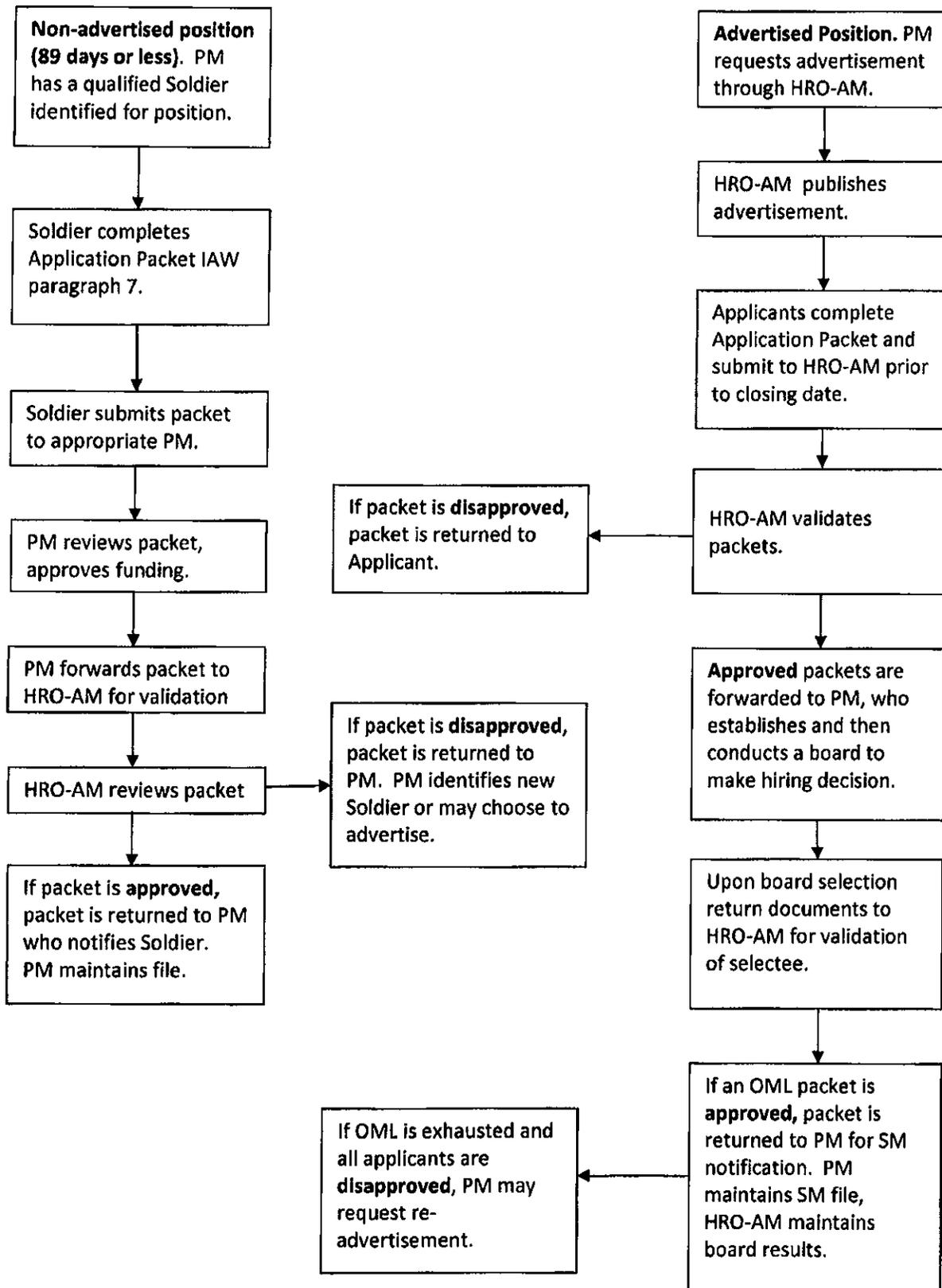
I certify that I am in agreement with the Soldier and Soldier's Commander:

Printed Name of Program Manager: _____ Date: _____

Signature of Program Manager: _____

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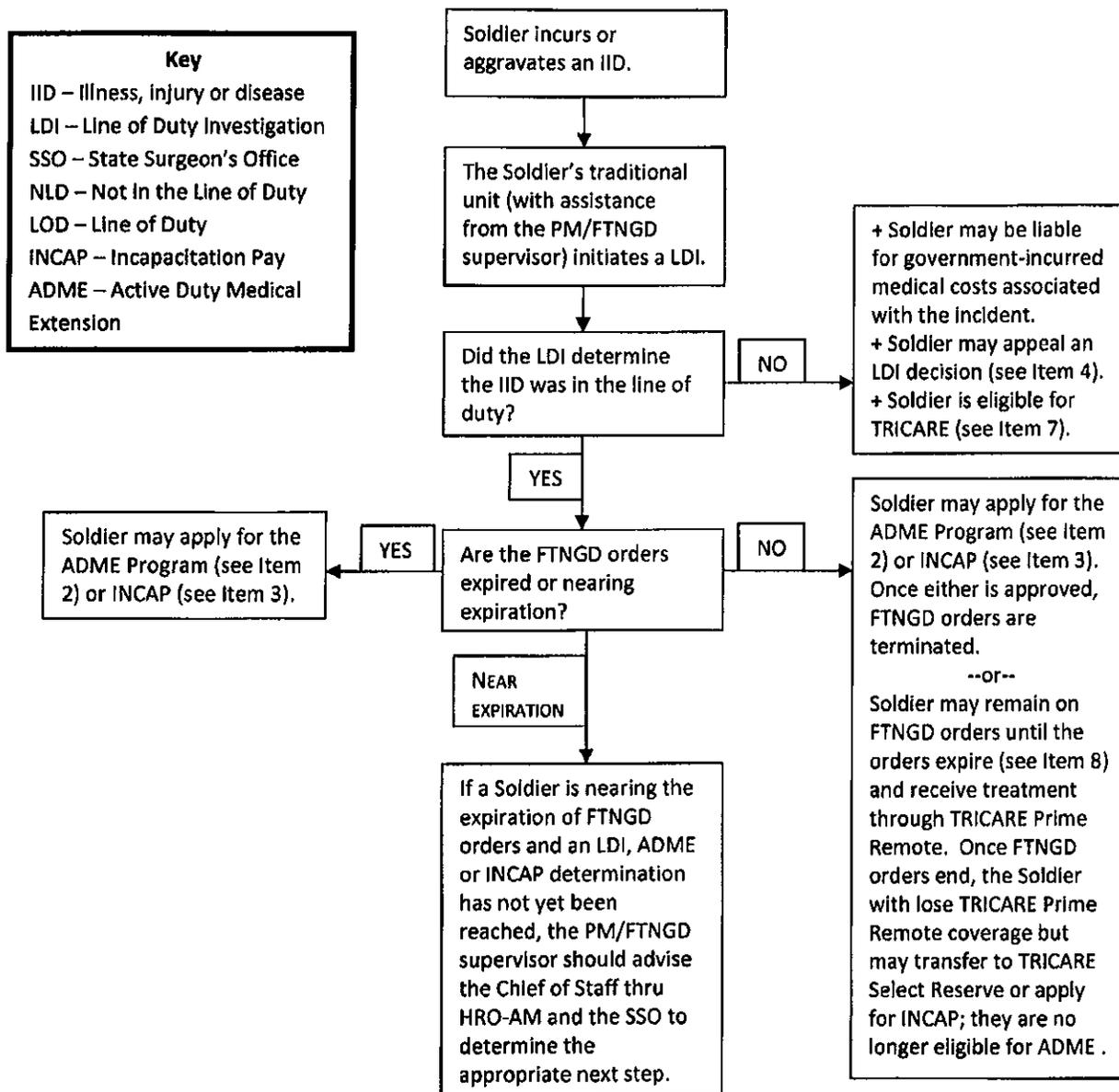
Figure 7 - FTNGD Application Process Flow Chart



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Figure 8 - Medical Care Flow Chart for FTNGD Soldiers who incur or aggravate an injury, illness or disease

This Flow Chart is intended to provide FTNGD Soldiers and their leaders a general course of action to follow when a FTNGD Soldier incurs or aggravates an IID however, individuals should always consult with the MIARNG State Surgeon's Office/Health Services for the most current procedures and guidance.



Notes

Item 1. Once it has been determined that a Soldier has been incapacitated by incurring or aggravating an IID, (FTNGD) orders will not be revoked, amended, or extended while on AD for the sole purpose of processing the IID. (AR 135-381, Chapter 2-1b.(3)(d))

Item 2. Active Duty Medical Extension Program (ADME). This program is used to evaluate, treat and provide pay and allowances to Soldiers with a documented LOD for a service connected IID and whose medical care will extend beyond 30 days. To qualify for this program the Soldier must be found by a military medical authority to be unable to perform his/her military duties within the confines of a Medical Profile. Qualifying Soldiers are placed on 10 USC 12301(h) orders while in the ADME Program.

(Continued next page)

Figure 8 - Medical Care Flow Chart for FTNGD Soldiers who incur or aggravate an injury, illness or disease continued**Notes (continued)****Item 2. (continued)**

The Title 10 orders may be extended, with the Soldier's concurrence, until the Army determines that the Soldier is able to resume military duties or the condition cannot be further improved. See Reference 2.k. listed in this policy for more information about ADME. Also consult the MIARNG State Surgeon's Office/Health Services.

Item 3. Incapacitation Pay. INCAP is designed to compensate members of the RC who are unable to perform military duties as a result of an IID incurred or aggravated in the line of duty and to provide the required medical care associated with the incapacitation. (AR 135-381, Chapter 1-5.)

Item 4. LDI Appeal. A Soldier may appeal an adverse LDI determination to the appropriate appellate authority under AR 600-8-4.

Item 5. If a Soldier's FTNGD orders are nearing their expiration date while an LOD, ADME or INCAP is being processed, this situation should be brought to the attention of the Chief of Staff through HRO-AM and/or SSO immediately.

Item 6. Soldiers who fail to meet medical retention standards will be referred to a Medical Evaluation Board (MEB) for a Fit For Duty Evaluation (FFDE) per AR 40-501 Standards of Medical Fitness.

Item 7. Soldiers on FTNGD are eligible for TRICARE Prime Remote. Once that Soldier is no longer on FTNGD orders, he/she is eligible for TRICARE Select Reserve (like any traditional Guardsman) for a monthly premium and the cost of co-pays.

Item 8. Soldiers undergoing treatment for an IID should discuss the option of remaining on FTNGD orders with the PM and leadership. The Soldier may be required to take convalescent leave (which requires approval from Ft. Knox if it exceeds 30 days) or they may be required to work a modified work schedule.

Figure 9 - SAMPLE DA Form 4187

Copy 1

Circle the appropriate copy designator

Copy 2

Copy 3

Copy 4

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODSPER.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397
PRICIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) BDE: BDE Address:	2. TO (Include ZIP Code) PM Information:	3. FROM (Include ZIP Code) UNIT: UIC:
--	--	---

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
---------------------------	---------------------------	---------------------------

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
 _____ effective _____ hours,

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers w/ Exceptional Family Mbr	<input type="checkbox"/> Request for FTNGD funding

9. SIGNATURE OF MEMBER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

Type (CIRCLE ONE): FTNGDCD FTNGDOS FTNGDMA FTE
 Duty Location (Unit/UIC/City/State/Zip):
 New Application or Extension of orders (Delete one)
 Mobilization Alert order is received (if applicable): YES / NO (Delete one)
 Start Date of FTNGD tour: _____ End Date of FTNGD tour: _____
 Last break in Service of 31 days or more:
 PM Code/TDC (to be filled in by Program Manager):
 FTNGD Supervisor and Contact Number:
 Mission of Soldier:
 Justification for funding Soldier:

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that duty status change (Section II) or that the request for personnel action (Section III) contained herein -
 HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER AUTHORIZED REPRESENTATIVE | 13. SIGNATURE | 14. DATE (YYYYMMDD)

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Figure 10 - SAMPLE Waiver Request for Performance of Duty beyond 17 years / Service Entitling Soldier to Separation Pay

UNIT LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM THRU

Director, Human Resource Office, ATTN: NGMI-HRO-AM, 3423 N. Martin Luther King Blvd., Lansing MI 48906
Army Chief of Staff, Joint Force Headquarters, 3411 N. Martin Luther King Blvd., Lansing MI 48906
Assistant Adjutant General-Army, Joint Force Headquarters, 3411 N. Martin Luther King Blvd., Lansing MI 48906

FOR Adjutant General, Michigan National Guard, Joint Force Headquarters, 3411 N. Martin Luther King Blvd., Lansing MI 48906

SUBJECT: (Select one)

SUBJECT: FTNGD Waiver Request for Performance of Duty beyond 17 Years

SUBJECT: FTNGD Waiver Request for Service Entitling Soldier to Separation Pay

1. This memorandum is to request a waiver for duty within the FTNGD Program pursuant to 32 USC 502(f)(2), other than AGR or Counter Drug duty.

2. If approved, the individual below will be placed on orders from _____ through _____ (# of days), subject to availability of funds.

- a. Name/Grade/SSN:
- b. Mission: Administration and student support (example)
- c. Last break in service of 31 days or more: 15Oct09 - 15Nov09, (32 days) (example)
- d. Type Duty Code: 261 (example)
- e. M-day duty position/MOS:
- f. M-day unit of assignment:
- g. Justification: Rank, Name will provide administrative and clerical support for the (unit/section name). Duties will include _____ . (example)

3. The point of contact for this request is the undersigned at (phone) and (email).

Encls.

PM's signature block

- 1. ARNG Form 1058-R
- 2. ARNG Form 1058-1R
- 3. NGB Form 23B, RPAS
- 4. Orders Query