

**FTNGD-OS/CD ORDERS >29 DAYS
COVER LETTER (APPROVAL CHECKLIST)**

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| <p>-Service member (SM) reviews and completes items 1-15.</p> <p>-Employing organization S1 validates and submits complete packet as a single PDF document to CJTF distro via Website. Alternate Methods: Email c-apeffley@pa.gov, c-sesulliv@pa.gov, c-jomull@pa.gov</p> <p>-CDO representative will validate submitted packets, set up interviews, and send selected applications to CDC for approve/disapprove.</p> | |
| 1. SM Rank and First & Last Name: _____ | |
| 2. Position Title: _____ and Tour Request for FY _____ | |
| 3. ETS/MRD: _____ Cannot be within 6 months of FTNGD-OS start date, unless waived by TAG. | |
| 4. Flagged: ___ YES or ___ NO SM cannot be under a suspension of favorable personnel actions. | |
| 5. Full-time Federal Employee (T5/T32): ___ YES or ___ NO If yes, attach a copy of FTNGD-OS Request Form. FTNGD-OS Request Form must be completely filled out and signed prior to approval. | |
| 6. Information Brief. SM reviews & signs, SM's MSC AO/alternate representative signs authorizing SM to perform orders >29 days, and employing organization representative signs validating packet, tour dates, and funding. | |
| 7. (ARMY only) DA Form 1058, Application for Operational Support. SM and unit complete (retained in OMPF). Accurate completion of block 19a. is required. -SM signs block 20. -Commander signs block 32b. -Records Custodian (Unit Administrator) signs block 33b verifying SM is medically fit, all admin data is correct, and the commander signed the form. | |
| 7a. (ARMY only) ARNG Form 1058-1, Approval Authority Determination. Only required for NGB Waivers (OS required for >18 years AFS/sanctuary or Separation Pay/31-day break). | |
| 8. NGB 23B, RPAS or Cedit Points Summary. SM verifies all service time is accurate. Confirming total active service (AS). | |
| 9. Orders Query (w/entire history). Last 31 day break: _____ (last day of break w/no orders to include, AT, MOB, Schools, etc.). Attach memo w/planned 31 day break if over 4 continuous years of AS. Required break prior to 5 years AS. | |
| 10. Individual Medical Record (IMR). SM meets retention standards of Chapter 3, AR 40-501: <ul style="list-style-type: none"> a. PHA within 12 months of order start date _____ (date of last PHA) b. HIV within 2 years of order start date _____ (date of last HIV) c. Medical Readiness Code (MRC) _____ (1-4) d. Permanent profiles with a 3 or 4 in PULHES must be adjudicated by either the MAR2 process or PDE the _____ (PULHES). Attach current permanent 3/4 DA 3349s, Physical Profiles, if applicable. SMs on temporary profile are not eligible for orders >29 days. e. SM will inform his/her employing organization S1 immediately if a medical condition arises and contact the MSC Case Management team to address/document medical issues. | |
| 11. DA form 705 w/ HT & WT. SM has passing record ACFT or PFT and HT/WT within 6 months of order start date. _____ ACFT/PFT Date. _____ HT/WT Date (ARMY ONLY). | |
| 12. Security Clearance Verification. _____ Date verified. | |
| 13. DD 369, Police Record Check. | |
| 14. DA 1506, Statement of Service. Only if applicable to determine active duty history, if no Orders Query and NGB 23B. | |
| 15. DA 5960 or AF 594 Authorization for BAH. Submitted by the unit/HRF/RRB/RTI/CD w/first pay | |
| Application Reviewed: _____ Complete: ___ Incomplete: ___ | |
| CDC APPROVAL ONLY: ___ Approved ___ Not Approved | |
| Name, Signature, & Date: _____ | |