

Full-time National Guard Duty (FTNGD) CHECKLIST

NAME:				SSN:				
UNIT Name:				UIC:				
UNIT POC:			POC PHONE:		POC EMAIL:			
INCLUSIVE DATES OF ORDERS	START DATE		END DATE		Number of Days			
					REQUIREMENT	YES	NO	DATE
1. FTNGD CHECKLIST - (This checklist)								
2. SF 52 Completed In Accordance with Tab P FTNG - ADOS								
3. DA Form 1058-R (Jul 93), APPLICATION FOR ADOS TOUR SM fills out blocks 2 to 24, sign and date blocks 22 & 24. S1 completes blocks 25 to 36d. Unit Commander must sign & date BLK 35e								
4. MEDPROS IMR Record <i>(Obtained from Unit Readiness NCO)</i> <i>(Ensure MED DET updates your MEDPROS and signs MEDPROS printout)</i> All info MUST be updated, if not UNIT needs to get info to Med Det to update DA form 3349 required for soldiers w/ permanent profiles A. Chapter 2 or 3 physical on MEDPROS IMR PHA within 12 months of start date or Physical not more than 12 months old B. Deployment Limitations No Temporary Profiles C. HIV results on MEDPROS print-out (within 2 yrs of start date)								
5. PREGNANCY TEST (HCG Screen within 15 days of start date) (if applicable)								
6. DA FORM 5500 (IF APPLICABLE) OR Certified Height/Weight if Within Screening Table Weight AR 600-9 Table 1 (Must be weighed within 30 days prior to start date)								
7. PQR-B (CURRENT) All information must be updated OR supporting Docs attached to packet A. DA 705 - APFT Scorecard (PT Test must not be more than 12 mos old) B. MRD/ETS - (Must not be within 6 mos of tour end date)								
8. RPAM (RETIREMENT POINT ACCOUNTING STATEMENT) Not more than 30 days old. Cannot serve over 17 years of AS as a result of this duty								
9. Counseling Form 4856 Part 1 Filled out by soldier. Part 3 must be signed and dated by soldier and supervisor								
10. UNIT COMMANDER'S RECOMMENDATION (Not older than 30 days) Unit Commander's Recommendation formatted IAW IDARNG 600-8-105, Pg.14, Fig 2-3								

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested	2. Request Number
3. For Additional Information Call (Name and Telephone Number)	4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date)	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date
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FIRST ACTION

SECOND ACTION

5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number	15. TO: Position Title and Number										
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay				
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization					

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) <input type="checkbox"/>		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
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PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, IP Code)
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PART F - Remarks for SF 50

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

For use of this form, see AR 135-200 the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 672 and USC 275.

PRINCIPAL PURPOSE: To determine eligibility and schedule individuals for active duty for special work or active duty for training on requested dates.

ROUTINE USES: To identify the applicant as a Reserve Component member and to issue active duty for special work or active duty for training orders. The SSN is used to identify the applicant.

DISCLOSURE: Completing this form is mandatory for individuals applying for active duty for special work and active duty for training. If not completed, you will be ineligible for the requested tour.

PART I - APPLICANT [Read instructions in AR 135-200 before completing this form.]

1. TO [Include ZIP Code]			
2. NAME [Last, First, MI]		3. SSN	
4a. PERMANENT HOME ADDRESS [Include ZIP Code]		5a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY [If different from permanent home address] [Include ZIP Code]	
4b. HOME TELEPHONE NUMBER [Include area code]		5b. HOME TELEPHONE NUMBER [Include area code]	
4c. BUSINESS TELEPHONE NUMBER [Include area code]		5c. BUSINESS TELEPHONE NUMBER [Include area code]	
6. UNIT OF ASSIGNMENT OR ATTACHMENT		7. GRADE	8. BRANCH
9. SE <input type="checkbox"/> Male <input type="checkbox"/> Female	10. DOB	11. MARITAL STATUS	12. NO. OF DEPENDENTS
13. PRIMARY SSI [AOC]MOS	14. DUTY SSI [AOC]MOS	15. HEIGHT	16. WEIGHT
17. <input type="checkbox"/> I am <input type="checkbox"/> I am not drawing a pension, disability compensation, or retired pay from the U.S. Government.		18. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE [AFS]	
19. FOR INDIVIDUAL MOBILIZATION AUGMENTEES ONLY: THIS APPLICATION IS FOR [Check one] <input type="checkbox"/> IMA AT <input type="checkbox"/> ADT in lieu of IMA AT <input type="checkbox"/> Additional ADT			
20. DATES OF ADSW [TTAD] ADT [AT] REQUESTED			
a. FIRST CHOICE		b. SECOND CHOICE	
NUMBER OF DAYS	BEGINNING DATE [TIME]	NUMBER OF DAYS	BEGINNING DATE [TIME]
LOCATION		LOCATION	
DUTY [TRAINING] AGENCY		DUTY [TRAINING] AGENCY	
21. To the best of my knowledge and belief, I am physically qualified for active military duty. I was			
a. LAST EXAMINED ON		b. AT	
22. SIGNATURE		23. DATE	

24. REMARKS

I understand that although at the completion of my tour I may be within 2 years of qualifying for an active duty retirement under 10 USC 1293, 3911, or 3914, it is current Army policy that I will be released from active duty at the completion of my tour unless continued retention on active duty is considered in the best interest of the Army by the Assistant Secretary of the Army [Manpower and Reserve Affairs]. I hereby consent to my release from active duty at the completion of this tour.

[Signature of applicant]

PART II - RECORDS CUSTODIAN

25. PAY ENTRY BASIC DATE	26. SECURITY CLEARANCE	27. PROMOTION CONSIDERATION CODE	28. DATE OF RANK
29. RYE DATE	30. ETS [Enlisted]	31. MANDATORY REMOVAL DATE [Officers]	32. UIC
33. HIV TEST DATE	34. PANOGRAPHIC DENTAL [] -RAY ON FILE <input type="checkbox"/> YES <input type="checkbox"/> NO		

35. List all previous AD, TTAD, AT, ADT, IADT, and ADSW in the previous and current fiscal year showing inclusive dates, purpose of tours, and HQ or agency to which attached.

a. PERIOD OF TRAINING/DUTY			b. TYPE TRAINING/DUTY [AD, TTAD, etc.]	c. LOCATION/INSTALLATION	d. DUTY PERFORMED
FROM	TO	NO. DAYS			

e. SIGNATURE OF UNIT COMMANDER	f. DATE
36a. NAME OF RECORDS CUSTODIAN [First, Last, MI]	b. GRADE
c. SIGNATURE	d. DATE

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; the proponent agency is TRADOC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name <i>(Last, First, MI)</i>	Rank/Grade	Date of Counseling
Organization	Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: *(Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)*

Initial counseling prior to selection for a Full-Time National Guard Duty (FTNGD) position. Listed below are conditions of employment and must be acknowledged prior to starting the application process.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

Key Points of Discussion:

1. By printing and signing my name in the spaces provided below, I acknowledge that I have read and understand all the requirements and responsibilities stated in IDARNG Policy Memos #12 and #32.

Print Name

Signature

2. I must maintain and update my DA 481 in coordination with my supervisor to track my leave. I will ensure that my DA 481 is sent through HRO to USPFO by my unit at the end of my tour. I acknowledge that I will use all of the leave that I earn during this tour and that I am not authorized to carry-over or sell back any leave.

3. It is my responsibility to properly complete a DA 31 for periods of leave that I take, and ensure that a printed DA 31 is submitted through HRO to USPFO upon completion of each leave period that I take. I will also maintain a personal copy of all my DA 31's for future reference.

4. Orders must be published prior to me reporting for duty.

5. It is my responsibility to ensure that my packet is complete to the best of my knowledge in accordance with the FTNGD checklist and the reverse side of this counseling form prior to turn-in to the HRO.

6. I acknowledge that if I am involuntarily released from this tour early due to misconduct, inefficiency, or deficiency on my part, I will be notified by my supervisor in writing and will be given a minimum of 15-days prior to release. I further acknowledge that I have 5 working days after notification to rebut the termination and that my rebuttal will accompany my notification of release through my chain of command to the AG. I understand that I must use all of my leave before my last day of duty.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment *(other than rehabilitative transfers)*, separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)

FTNGD APPLICATION CHECKLIST:

1. Complete all required entries on DA Form 1058-R JUL 93, by completing blocks 2-24, certify all information by signing and dating blocks 22 and 24.
 - a. S1 completes blocks 25-36d.
 - b. Obtain your unit commander's signature in block 35e on DA 1058-R.
 - c. Request commander's letter of recommendation. (Use the format contained in IDARNG 600-8-105, Page 14, Figure 2-3)
2. From your unit of assignment:
 - a. Certified height/weight or DA 5500R (males) or DA 5501R (females). (Not more than 30 days as of start date)
 - b. DA 705 (APFT score card), and DA 3349 if applicable. (Record test with-in 12 months of start date)
3. After obtaining unit commander approval and recommendation:
 - a. Print your MEDPROs IMR Record. This can be obtained by accessing your AKO account / My Medical / My Medical Readiness / View Detailed Information / IMR Record.
(Ensure you have the Medical Detachment update your MEDPROS and sign your MEDPROS printout)
 - b. Coordinate with Health Services for HIV and Pregnancy test as appropriate.
4. Turn in the aforementioned documentation to the agency you intend on working for.
5. The agency you are working for will review the application for content; finalize the required SF 52 justification memo. They will then turn your packet into the AGR Branch.
6. Failure to follow the above instruction will slow down your application process.

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: I agree disagree with the information above.

Individual counseled remarks:

1. Forward FTNGD application through approval authorities to HRO.
2. Assist soldier in the management of accrued leave by maintaining DA 481.
3. Ensure the soldier obtains an Active Duty card and applies for TriCare Prime Remote for self and family.
4. Ensure that FTNGD orders are published prior to start date of tour.
5. Ensure adequate physical fitness time is provided (3-5 hrs per week).

Signature of Individual Counseled: _____ Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.



IDAHO ARMY NATIONAL GUARD
4040 WEST GUARD STREET, BLDG. 600
BOISE, IDAHO 83705-5004



NGID-AAG-AR

15 April 2011

MEMORANDUM FOR ALL IDAHO ARMY NATIONAL GUARD PERSONNEL

SUBJECT: Full-Time National Guard Duty (FTNGD) and Active Duty Operational Support (ADOS) (PM-12)

1. This policy memorandum implements guidance for FTNGD and ADOS tours in the Idaho Army National Guard (IDARNG) and supersedes all previous versions of this policy.
2. The IDARNG is periodically able to authorize and fund short-term and long-term military duty for traditional Soldiers in FTNGD and ADOS. FTNGD and ADOS are separate from the Active Guard or Reserve (AGR) programs, and different rules apply. FTNGD and ADOS are not normally career programs. Soldiers should understand that FTNGD and ADOS are status changes and not entitlements. All commanders should treat FTNGD and ADOS as privileges offered to certain Soldiers in order to advance the military mission.
3. Soldiers requesting and accepting FTNGD or ADOS must be Military Occupational Specialty Qualified (MOSQ). Soldiers must also meet Army physical fitness standards, weight for height standards, and medical requirements. A complete application packet checklist and sample forms are maintained on the HRO website at <http://inghro.state.id.us/hr/forms/forms.htm>.
4. Soldiers selected to perform FTNGD or ADOS must live within 50 miles of their assigned duty location per USPFO Pam 37-106. Permanent Change of Station (PCS) allowance for FTNGD and ADOS is not authorized.
5. By submitting an application and accepting a FTNGD or an ADOS position, IDARNG Soldiers knowingly and willingly volunteer to attend individual duty training (IDT) assemblies and Annual Training (AT) with their unit of assignment. FTNGD and ADOS Soldiers are ineligible for government-paid travel and per diem costs associated with their attendance at unit IDT and AT. Soldiers cannot be required to take accrued personal leave to attend unit assemblies.
6. Normally, FTNGD and ADOS orders will not be amended if a Soldier is required to attend other duty, either voluntarily or involuntarily, relating to their unit of assignment. A unit or program requiring other duty is responsible to provide funding for travel and per diem costs related to that duty.
7. FTNGD and ADOS supervisors will manage leave to ensure full execution of the ordinary leave balance. Soldiers performing FTNGD or ADOS for a period of more than 29 days accrue personal leave at the rate of 2.5 days per month. All Soldiers on FTNGD or ADOS orders exceeding 29 days are required to use all personal leave prior to the last day of their orders, or by 29 September of each calendar year, whichever occurs first. Both the Soldier and unit of assignment are responsible for maintaining the DA Form 481 in order to track accrued personal leave balances in relation to the Soldier's FTNGD or ADOS tour. The unit of assignment will forward the DA Form 481 through the HRO (AGR Branch) to USPFO (Military Pay) at the end of each FTNGD or ADOS tour. Tour orders will not be extended, amended, nor new orders issued solely for the purpose of executing leave days.

NGID-AAG-AR

SUBJECT: Full-Time National Guard Duty (FTNGD) and Active Duty Operational Support (ADOS) (PM-12)

8. Soldiers on FTNGD or ADOS orders must comply with a semiannual (every six months) Army Physical Fitness Test (APFT) (per AR 350-41) and with weigh-in (per AR 600-9) requirements with their unit of assignment. Soldiers will ensure the submission of APFT and weigh-in documents through their FTNGD or ADOS supervisor to HRO (AGR Branch). Failure to comply with these requirements may result in termination of FTNGD or ADOS orders, IAW NGB-ARH Policy Memos 09-009 (FTNGD-MA) and 09-014 (FTNGD-OS).
9. A mandatory one-day break is required before a program manager may authorize subsequent FTNGD or ADOS tour orders. If the tour is over 29 days, a new FTNGD or ADOS packet must be accomplished and submitted through channels to HRO (AGR branch).
10. If a Soldier for any reason is unable to perform assigned FTNGD or ADOS duties, the command will place the Soldier on personal leave until all accrued leave is exhausted. Orders will be amended in this situation, and the Soldier will transition to an appropriate military medical duty status or program. A Soldier who becomes pregnant while on FTNGD or ADOS orders may volunteer to continue, but the needs of the IDARNG determine continued service and may terminate orders early. Under no circumstances will orders be continued solely for the purpose of employing a pregnant Soldier to carry them through delivery and maternity leave.
11. Soldiers who are injured will notify the FTNGD or ADOS supervisor and parent unit commander as soon as possible. Soldiers will provide all medical records relating to the injury to the unit. The unit commander will conduct a Line of Duty investigation, inform Case Management about the injury, and provide all related documentation to Case Management.
12. Soldiers on FTNGD or ADOS tours over 30 days are eligible for TRICARE benefits. For those residing within 50 miles of an active duty medical treatment facility (MTF) (Mountain Home AFB or Fairchild AFB), they must enroll in TRICARE Prime and seek care at the nearest MTF. Those who live over 50 miles from a MTF must enroll in TRICARE, and then they may elect Prime Remote for medical coverage. Soldiers with eligible dependents must enroll in TRICARE for medical coverage and may elect TRICARE Dental for dental care. Regardless of the selected program, Soldiers are required to select a primary health care provider for all initial medical care and must obtain preauthorization for dental care for themselves. Additionally, they are personally responsible for such care costs if they do not enroll or obtain required preauthorizations. Given duty location and coverage choices, Soldiers applying for FTNGD or ADOS should carefully educate themselves on the medical and dental options available for themselves and their eligible dependents.
13. All FTNGD and ADOS tours are contingent on budget. If a program manager determines that there are insufficient funds to continue funding a FTNGD or ADOS tour, that manager may amend orders under his/her control. Termination of FTNGD or ADOS represents a basic status change that returns the Guard member to traditional status and does not involve due process considerations. Whenever possible, a Soldier will receive a minimum of 15 calendar days' notification prior to his release; however, the program manager cannot go into an act of anti-deficiency simply to fund a Soldier for full due process.
14. IAW NGB-ARH Policy Memos 09-009 (FTNGD-MA) and 09-014 (FTNGD-OS), supervisors will release a Soldier involuntarily when a Soldier's conduct, degree of efficiency, or manner of performance

NGID-AAG-AR

SUBJECT: Full-Time National Guard Duty (FTNGD) and Active Duty Operational Support (ADOS)
(PM-12)

is seriously deficient. The supervisor will notify the Soldier in writing of the release date. A Soldier will receive a minimum of 15 calendar days' notification prior to his release or will be released upon the termination date of his tour if that occurs first. The Soldier will be allowed five working days for rebuttal or comment. The supervisor will forward the recommendation with the Soldier's rebuttal or comments through the chain-of-command to The Adjutant General for final action. The command will place the Soldier on personal leave until all accrued leave is exhausted. This leave can run concurrent with the 15 days' notification period.

15. Requests for exception or waiver to any provision of this policy must be in writing and forwarded through the Soldier's chain-of-command to the Assistant Adjutant General-Army.



ALAN C. GAYHART
Brigadier General
Assistant Adjutant General/
Commander, Idaho Army National Guard