

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 - ADSW			
3. DA Form 1058-R (Jul 93), APPLICATION FOR ADSW TOUR <i>SM Fills out; Blocks 02 – 24, Sign and Date BLK 22 & 24, BN S1 completes BLK 25-36d Unit Commander must sign & date BLK 35e.</i> A. AFCOS Orders Query attached to DA Form 1058-R ILO completing BLK 35 manually <i>No more than 1,095 cumulative days AS over the previous 4 yr period including requested period as stated on the RCMS calculator.</i>			
4. MEDPROS IMR Record <i>(Obtain from AKO Account/ My Medical/ My Medical Readiness/ View Detailed Information/ IMR Record) (Ensure MED DET updates your MEDPROS) 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</i> A. Chapter 2 or 3 physical on MEDPROS print out <i>Physical not more than 5 years old or PHA within 12 months of start date.</i> B. DA 7349-R, ANNUAL MEDICAL CERTIFICATE (AMC) within 60 days of start date. <i>Not more than 60 days old at the start of your ADSW tour. Part 1 completed by soldier. Part 2 must be filled out by the MED DET. (DO NOT INCLUDE AMC IN PACKET)</i> C. Deployment Limitations (Must be all green) D. HIV results on MEDPROS print out (with in 2 yrs of start date)			
5. PREGNANCY TEST (HCG SCREEN WITH-IN 15-DAYS of START DATE) (IF APPLICABLE)			
6. DA FORM 5500 (IF APPLICABLE) OR Certified Height/Weight if With-in Screening Table Weight AR 600-9 Table 1			
7. PQR-B (CURRENT) <i>All information must be updated OR supporting Docs attached to packet</i> 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) <i>Not more than 30 days old.</i> A. 1405 - Time Worksheet <i>Can not serve over 17 years of AS as a result of this duty</i>			
9. Counseling Form 4856 <i>Part 1 Filled out by soldier. Part 2 must be signed and dated by soldier and supervisor.</i>			
10. UNIT COMMANDER'S RECOMMENDATION (Not older than 30 days) <i>Unit Commanders Recommendation formatted in accordance with IDARNG 600-8-105, Pg.14, Fig 2-3</i>			

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, 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. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Code	18. Grade or Level	19. Step or Rate	20. Total Salary	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	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part-Time Hours Per Biweekly Pay Period

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	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location)		

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	51. Supervisory Status

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 (<i>Number, Street, City, State, ZIP Code</i>)
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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(d) 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. SEX <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 (<i>Enlisted</i>)	31. MANDATORY REMOVAL DATE (<i>Officers</i>)	32. UIC
33. HIV TEST DATE	34. PANOGRAPHIC DENTAL X-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 (<i>AD, TTAD, etc.</i>)	c. LOCATION/INSTALLATION	d. DUTY PERFORMED
FROM	TO	NO. DAYS			

e. SIGNATURE OF UNIT COMMANDER	f. DATE
36a. NAME OF RECORDS CUSTODIAN (<i>First, Last, MI</i>)	b. GRADE
c. SIGNATURE	d. DATE

INITIAL MEDICAL REVIEW - ANNUAL MEDICAL CERTIFICATE

For use of this form, see AR 40-501; the proponent agency is OTSG

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority Section 133, Title 10, United States Code (10 USC 133).

Purpose The primary use of this information is to provide medical information of sufficient detail to ensure uniformity in medical evaluation.

Routine Uses Used to evaluate soldiers in terms of medical conditions and physical defects which may require medical care or which may require a determination of medical fitness for duty.

Disclosure The requested information is mandatory because of the need to document all medical incidents in view of future rights and benefits. If the requested information is not furnished, comprehensive health care may not be possible, but **CARE WILL NOT BE DENIED.**

PART I -- COMPLETED BY SOLDIER

Please check the appropriate response column for each question below.

YES

NO

1. Do you currently have any medical/dental problems?

2. Have you had any medical or dental problems since your last periodic physical examination?

3. Have you been seen by or been treated by a dentist, physician, or other health care provider since your last periodic physical examination?

4. Have you been hospitalized or had surgery since your last periodic physical examination?

5. Are you currently taking medication, or have you taken prescription medication since your last examination?

6. Are you currently or have you in the past received a VA Disability, Workmen's Compensation, or other type of compensation for health or physical reason?

7. LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING

8. EXPLAIN ANY POSITIVE ANSWERS GIVEN ABOVE

I certify that the above information is true and correct to the best of my knowledge. I further understand that false statements made on this form may be cause for reassignment, discharge, or other disciplinary action.

9. SSN

10. RANK/GRADE

11. MOS

12. DATE

13a. PRINTED/TYPED NAME

13b. SIGNATURE

PART II -- COMPLETED BY INITIAL REVIEWER

14. INITIAL REVIEWER'S NOTES

15. FULLY FIT REQUIRES FURTHER EVALUATION

16. SIGNATURE

17. DATE

PART III -- COMPLETED BY PHYSICIAN

18. PHYSICIAN'S REVIEW NOTES

19. FIT UNFIT (USAR refer to para 9-13 & 9-14 AR 40-501)

UNFIT (Army National Guard refer to MDRB)

20. Complete "PULHES" using the Physical Profile Functional Capacity Guide in Table 7-1, AR 40-501.

P	U	L	H	E	S

21. DA FORM 3349 IS ATTACHED
 YES NO

22. SIGNATURE

23. DATE

PART IV -- COMPLETED BY APPROVING AUTHORITY

24. MISCELLANEOUS RECOMMENDATIONS

25. SIGNATURE

26. DATE

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; 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 and E.O. 9397 (SSN)
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name <i>(Last, First, MI)</i>	Rank/Grade	Social Security No.	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 growth 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 SPECIAL WORK (FTNGD-SW) position. The below listed 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:

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

Print name

Signature

2. I must maintain and update my DA 481 to track my leave through my unit of assignment. I will ensure that my DA 481 is sent through HRO to MILPAY by my unit at the end of my tour. My DA 481 and all processed leave slips represent my leave balance and not my LES.

3. It is my responsibility to obtain all leave control numbers from my unit of assignment prior to leave being taken, and to keep personal copies of all my leave slips for future reference.

4. Orders must be published prior to reporting for FTNGD-SW duty.

5. It is my responsibility to ensure that my packet is completed 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 AGR Branch.

6. Failure to comply with the above requirements and those stated in IDARNG Policy Memo #12 may lead to ineligibility for continuation of current FTNGD-SW position and start of future positions.

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-SW 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. BN S1 completes blocks 25-36d.
 - b. Obtain your unit commander's signature in block 35e on DA 1058-R.
 - c. Request his 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. Complete Part 1 of DA 7349.
 - b. Coordinate with Health Services for HIV and Pregnancy test as appropriate, and for completion of Part 2 of DA 7349. (Ensure you have the Medical Detachment update your MEDPROs)
 - c. Print your MEDPROs IMR Record. This can be obtained by accessing your AKO account / My Medical / My Medical Readiness / View Detailed Information / IMR Record.
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 instructions 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:

Signature of Individual Counseled: _____ Date: _____

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

1. Forward FTNGD-SW 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-SW orders are published prior to start date of tour.
5. Ensure adequate physical fitness time is provided (3-5 hrs per week).

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



DCGAR

8 February 2008

MEMORANDUM FOR ALL IDAHO ARMY NATIONAL GUARD PERSONNEL

SUBJECT: Full Time National Guard Duty (FTNGD) in the IDARNG (PM-12)

1. This policy memorandum implements guidance for Full Time National Guard Duty (FTNGD) in the IDARNG.
2. The IDARNG is periodically able to authorize and fund short and long-term military duty for traditional soldiers called Full Time National Guard Duty or FTNGD. FTNGD is separate from the AGR (Active Guard or Reserve) program and different rules apply. FTNGD is not a career program. Soldiers should understand that FTNGD is a status change and not an entitlement. All commanders should treat FTNGD as a privilege offered to certain soldiers in order to advance the military mission.
3. Soldiers requesting and accepting FTNGD must be Military Occupational Specialty Qualified (MOSQ). Soldiers must also meet APFT and Height-Weight requirements.
4. Soldiers selected to perform FTNGD must live within normal commuting distance from the assigned duty location. Commuting distance is defined by IDARNG 37-106. Permanent Change of Station (PCS) allowance for FTNGD is unauthorized.
5. By submitting an application and by accepting a FTNGD position, IDARNG soldiers knowingly and willingly volunteer to attend IDT ("Drill") assemblies and Annual Training (AT) with their unit of assignment. FTNGD 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 IAW All States Policy P06-023, para 13.
6. Normally, FTNGD 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. All FTNGD is contingent on budget. If an IDARNG program manager determines that there are insufficient funds to continue funding a FTNGD tour, that manager may terminate FTNGD orders under his/her control. Termination of FTNGD represents a basic status change that returns the Guard member to traditional status and does not involve due process considerations.

DCGAR

SUBJECT: Full Time National Guard Duty (FTNGD) in the IDARNG (PM-12)

There is no requirement to provide prior written notice to the soldier when FTNGD orders are terminated early because of funding.

8. FTNGD supervisors will manage leave to ensure full execution. Soldiers performing FTNGD for a period of more than 29 days accrue personal leave at the rate of 2.5 days per month. All soldiers on FTNGD 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 481 in order to track accrued personal leave balances in relation to the soldier's FTNGD tour. The unit of assignment will forward the DA 481 through the HRO (AGR Branch) to USPFO (Military Pay) at the end of each FTNGD tour.

9. A mandatory one-day break is required before the program manager may authorize a subsequent FTNGD tour on orders on less than 30 days.

10. Soldiers on FTNGD orders must comply with a semi-annual (every 6 months) APFT (per AR 350-41) and 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 supervisor to HRO (AGR Branch). Failure to comply with these requirements may result in termination of FTNGD orders IAW All States Policy P06-023, para 9b.

11. FTNGD soldiers who are injured will notify the FTNGD supervisor and parent unit commander as soon as practical. 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. If a soldier for any reason is unable to perform assigned FTNGD, the command will place the soldier on personal leave until all accrued leave is exhausted. FTNGD orders will be terminated in this situation, and the soldier will transition to an appropriate military medical duty status or program.

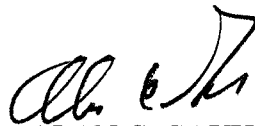
13. Soldiers on FTNGD are entitled to TRICARE Standard (CHAMPUS) and dental coverage through the MMSO. Except those residing within 50 miles of Mountain Home AFB, FTNGD soldiers may also select TRICARE Prime Remote for medical coverage. Soldiers additionally may request TRICARE Prime Remote (Medical Care) and United Concordia (Dental Care) for their dependents. Regardless of the selected program, soldiers are often required to obtain pre-authorization for medical or dental care for themselves or dependents, and they may be personally responsible for such care costs if they do not obtain required pre-authorizations. Given duty location and coverage choices, soldiers applying for FTNGD should carefully educate themselves on the medical and dental options available for themselves and their dependents.

DCGAR

SUBJECT: Full Time National Guard Duty (FTNGD) in the IDARNG (PM-12)

14. FTNGD is a duty status change and not an entitlement, and it is therefore distinctly different from the soldier's military membership. The command may therefore terminate FTNGD orders without notice or a hearing for FTNGD soldiers accused of misconduct.

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 DCG, Army.



ALAN C. GAYHART

Brigadier General

Deputy Commanding General, Army

