

FTNGDOS/FTE CHECKLIST
FULL TIME NATIONAL GUARD DUTY FOR OPERATIONAL SUPPORT (FTNGDOS
FULL TIME NATIONAL GUARD DUTY MOBILIZATION AUGMENTEE (FTNGDMA)/
FTE 32 USC §502(f)(2) IAW NGB POLICY MEMORANDUM #13-020 (FTNGDOS)

Name: _____ Last 4 SSN: _____ Orders Type: _____
Email: _____ Duty Location: _____
Unit: _____

Information below verified by SM current Unit

Permanent Technician ☐ yes
☐ no

Title 5 ☐ yes
☐ no

- ☐ The Soldier will not qualify for sanctuary as a result of the operational support order unless a waiver is applied for through ARNG-HRH and approved by DARNG prior to the issuance of the order.
- ☐ Is not currently serving on other ADOS/FTNGDOS orders that may cause the member to exceed 1,095 cumulative days (3 years) as a result of this duty within the preceding 4 year window. - *AGR end strength cap (as described by NGB Policy)*
NOTE: Requires NGB waiver to exceed 1,095 days (3 years) of cumulative duty within a 1,460 day (4 year) window; days will not be exceeded unless approval is gained by end date of current duty (Use DA Form 1058-1R for waiver requests). Exceeding 1,095 days will require a General Officer letter of acknowledgment (see ARH #09-009).
- ☐ **AGR may not apply.** Permanent Technician or Title 5 must attain concurrence from FT Supervisor and waiver approved by the Adjutant General. (If Selected)
- ☐ Is not currently serving on other FTNGDOS orders that will cause the member to exceed 2190 days (6yrs) as a result of this duty that would qualify for separation pay.
- ☐ Is not within 6 months of MRD/ETS on the report day of the tour, unless waived.
- ☐ Must meet the medical retention standards IAW Chapter 3, AR 40-501. Including Human immune-deficiency virus (HIV) showing "green"
- ☐ Meets height and weight requirements in accordance with AR 600-9.
- ☐ Is within commuting distance of the assigned duty station. – *No paid PCS allowed.*
- ☐ If female, NEGATIVE pregnancy test within 15 days of order start date. *Per AR 40-501 pregnancy is a disqualifying factor for entry on any duty greater than 30 days and for tour renewals.*

Is not under a suspension of favorable personnel actions per AR 600-8-2, Suspension of Favorable Actions (flagged).

APPLICATION FORMS (*The following documents must be returned with this checklist unless noted where applicable*)

- ☐ TAGMA Form 102-10R, Signed by Requesting SM and Major Sub Command
- ☐ FTNGDOS/FTE Checklist (dated 1MAR18) signed by the Applicant, Supervisor, Battalion, Brigade POC
- ☐ DA Form 1058-R
- ☐ NGB Form 1058-1R (and GO Letter of Acknowledgement if over 1,095 rule)
- ☐ Retirement Points Accounting Statement NGB 23A (RPAS)
- ☐ MEDPROS IMR with current PHA date, PULHES, and HIV (current within 2 years)
- ☐ Applicant Personal Qualification Record (PQR) showing current home of record
- ☐ DA Form 705 dated within 6-months of effective date of orders (attach DA FORM 3349 if applicable)
- ☐ ATTRS Screen (ONLY submitted for military schooling in excess of 15 days) / AFCOS Orders Query (for determining separation pay)
- ☐ Commanders Memo - height/weight, FLAG status, DMD/MOB status (attach 5500/5501 if applicable)
- ☐ Commanders memorandum of understanding and concurrence
- ☐ SF 181 Ethnicity and Race Identification
- ☐ Statement identifying family members receiving BAH. Per 37 USC §421. Only one Service member may receive BAH at the dependent rate. Refer to Joint Travel Regulation Chapter 10 part B. for exceptions.
- ☐ Security Clearance memorandum from CDR found at: <http://www.thenationsfirst.org/assets/security-clearance-memo.pdf>

"I understand that the position to which I am applying is temporary in nature and that it is against policy for anyone to offer or promise full-time employment as a result of this temporary tour. Furthermore, I understand that funding is not available for PCS or TDY travel, that I must reside within commuting distance of my assigned duty station, that I must exhaust any accrued leave (use or lose), and that temporary employment can be terminated or may not be renewed due to funding."

Applicant Name / Signature / Date: _____

Supervisor Name / Signature / Date: _____

BN AO (POC Name) Signature / Date: _____

BDE AO (POC Name) Signature / Date: _____

AGR BR Name / Signature / Date: _____

G8 Verification Name / Signature / Date: _____ (form dated 1MAR18)