

**PROCEDURES
AND
APPLICATION
FOR
COMPASSIONATE
REASSIGNMENT'S**

COMPASSIONATE ASSIGNMENT
(AR 614-200, Sec III, para 5-14)

WHAT ARE COMPASSIONATE ACTIONS

1. Compassionate actions are requests from individual Soldiers when personal problems exist.
2. Soldiers may be reassigned, deleted or deferred from AIs or attached as a result of an approved Compassionate request.
3. Soldiers requesting reassignment may be assigned to an area other than their requested geographical preference based on availability of medical services and the needs of the Army.

*Compassionate Reassignment may be:

OCONUS to OCONUS
OCONUS to CONUS
CONUS to OCONUS
CONUS to CONUS

*Two types of personal problems:

Temporary (resolvable within a year)

Not expected to be resolved within a year

HOW ARE COMPASSIONATE ACTIONS SUBMITTED

Compassionate requests must be initiated by the individual Soldier concerned through their Battalion S1.

REQUIREMENTS

The following documentation will be included in addition to (as appropriate) the DA Form 3739.

MEDICAL PROBLEMS require a signed statement from the attending physician giving the specific medical diagnosis and prognosis of illness. (The statement will include date of onset past and anticipated periods of hospitalization; period of convalescence; anticipated life expectancy for terminal cases; and any other factors which establish the Soldier's presence as having a bearing on the medical conditions)

*For cases involving reassignment from an OCONUS location where medical care for family members is not available, include justification to that fact from appropriate medical authorities. (HSSA Europe, 18th MEDCOM or MACOM Surgeon General).

LEGAL PROBLEMS require a signed statement from a licensed attorney stating the problem and the reasons why alternative solutions other than reassignment of the Soldier are unacceptable. *If applicable, a copy of court order, divorce decree, or other necessary legal documents*.

RAPE/CHILD ABUSE require statement from police; social service agencies and/or examining physicians.

MARITAL and **DEPENDENT** problems alone are not a basis for a Compassionate action request. **HOWEVER**, when cases involve reassignment of Soldiers to dependent restricted tours (Soldiers not authorized transportation of dependents, JFTR para U5222D), a statement by the Soldier, witnessed by a an officer will specify that the Soldier has been advised the travel for dependents at Government expense is not authorized.

ESTABLISHED CRITERIA FOR SUBMITTAL OF COMPASSIONATE ACTION REQUEST

**Commanders having approval authority will review each application to determine that established standards have been met.

1. The problem cannot be resolved through the use of leave, correspondence, power of attorney, or the help of family members or other parties.

2. If the problem involves a family member, the Soldier must be related. A family member includes spouse, child, parent, minor sibling, loco parentis, or the only living blood relative of the Soldier.

**Other reasons, such as in-laws may be considered; provided they are documented as authorized family members (AR 600-8-14). If the problem is based on conditions of the "other persons." There must be no other family members of the family to help solve the problem.

3. There must be a valid MOS and grade authorization at the requested installation or activity. Soldiers AIs may be deferred (AR 600-8-11) pending the results of their Compassionate Reassignment request. Soldier in basic training will not be deferred from AIT pending the results.

**REASONS COMPASSIONATE ACTIONS ARE NOT NORMALLY
CONSIDERED GROUNDS FOR SUMITTANCE**

1. Soldier's desire to be in a new area.
2. Divorce or separation that is the result of family separation due to military requirements.
3. Legal actions and court appearances for matters relating to divorce and/or custody issues.
4. Recent awarding of custody of dependent child(ren) to the Soldier under the terms of a divorce or legal separation by temporary or permanent court order.
5. Sole parenthood.
6. Pregnancies involving threatened miscarriage, breech birth, cesarean section, or RH incompatibility of spouse.
7. The problem can be expected to be resolved by family members joining the Soldier at their duty station.
8. Minor allergies suffered by the members of the family due to climatic conditions.
9. Problems relating to home ownership or housing shortages.
10. Financial problems alone or as the result of mismanagement of financial affairs by the Soldier or the Soldier's family. Also, problems related to an off-duty job, spouse's job, or private business activities.
11. Chronic problems relating to parents or parents-in-law.

*****All Compassionate action requests will be returned without action if not considered grounds for approval unless requested as an exception to policy.**

WHO IS THE APPROVING AUTHORITY OF ALL COMPASSIONATE ACTION REQUEST

All request is email to
knox.hrc.epmdcompassionatesection@conus.army.mil.

Compassionate actions are time sensitive. Once action are email, the status is monitored until it is approved or disapproved. The status of a compassionate action is recognized by codes in EDAS.

***Separate additional instructions are provided on monitoring the approval/disapproval status on EDAS.

IF APPROVED...

a. The compassionate action is endorsed with instruction for the Soldier concerned.

IF DISAPPROVED

b. The compassionate action is endorsed to the Soldier concerned with reason for disapproval.

***Soldiers are not authorized to submit more than one request for reconsideration for the same similar extreme family problem.

RESPONSIBILITY OF SOLDIERS' ACTIONS CONCERNING REASSIGNMENT/ATTACHMENT ORDERS.

1. Soldiers reassigned are referred to and serviced by MPD Reassignments Section Bldg 750.

2. Soldiers on leave from another installation may request Compassionate Reassignment to Hawaii through the Soldier' Action Branch.

**In the event of requesting Compassionate Reassignment to Hawaii while on leave from another installation the Soldier can in the meanwhile request an attachment (approved by HQDA) to Hawaii to terminate their leave status.

**Compassionate Reassignment
Reference
AR 614-200**

1. Chapter 5-14 Overview
2. Chapter 5-15 Criteria
3. Chapter 5-16 Supporting Documents
4. Chapter 5-16a Medical Problems
5. Chapter 5-16b Legal Problems
6. Chapter 5-16c Rape/Child Abuse
7. Chapter 5-16d Marital/Dependence
8. Chapter 5-16e Other Problems
9. Chapter 5-17 Temporary Request
10. Chapter 5-18 Long Term Request
(Not expected to be resolved within one year)
11. Chapter 5-19 Compassionate Reassignment
(Under emergency conditions)

PERSONNEL ACTION

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

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL 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 a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) CDR YOUR UNIT	2. TO (Include ZIP Code) CDR, DHR ATTN: (Bldg 750) SCHOFIELD BARRACKS, HI 96857	3. FROM (Include ZIP Code) CDR YOUR UNIT
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
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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) COMPASSIONATE REASSIGNMENT
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

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

1. IAW AR 614.2.00, I REQUEST A COMPASSIONATE REASSIGNMENT BECAUSE, MY MOTHER IS CURRENTLY ENROLLED IN REHAB FOR DEPENDENCE OF ALCOHOL. SHE HAS NO HOME, NO EMPLOYEMENT, AND NO OTHER FAMILY MEMBERS THAT CAN HELP HER OR SUPPORT HER AT THIS TIME.

2. I REQUEST AN ASSIGNMENT TO FT. DRUM, NY SO THAT I CAN BE CLOSE TO MY MOTHER AND BE ABLE TO PROVIDE HER WITH THE SUPPORT THAT SHE NEEDS TO GET HER THROUGH THIS DIFFICULT PERIOD OF HER LIFE. MY PRIMARY MOS IS 11B10.

3. THE FOLLOWING INFORMATION IS PROVIDED:
DEROS: 121025
ETS: 130613

4. ENCLS: ERB/ORB
DA FORM 3739
SOLDIER STATEMENT
SISTER STATEMENT
CHAPLAIN STATEMENT
MISC. STATEMENTS
DOCTOR STATEMENT
OTHER STATEMENT

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the 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)

DOE, JOHN, CPT, FA, COMMANDING

APPLICATION FOR COMPASSIONATE ACTIONS

For use of this form, see AR 614-200; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, USC, Section 301.
PRINCIPAL PURPOSE: To determine eligibility for compassionate action.
ROUTINE USES: Information may be referred to appropriate authorities to determine if compassionate action can be approved.
DISCLOSURE: Disclosure is voluntary. Failure to furnish information requested may result in denial of request for compassionate action.

FORWARD APPLICATION TO HQDA (TAPC-EPC-S). SUBMIT ONE COPY ONLY. The soldier is advised that if this request for compassionate action is approved, he/she may be assigned to duties in other than PMOS; further, a waiver of any enlistment/reenlistment commitment must be accomplished (AR 601-210, chapter 8 and AR 601-280, chapter 4). If submitted by soldier on leave, DDALV or in attached status, a copy of DA Form 31 or orders must be included with this request.

1. I REQUEST:

- a. REASSIGNMENT TO _____
- b. DEFERMENT OF _____ DAYS FROM ORDERS TO _____
- c. DELETION FROM ORDERS TO _____
- d. PERMISSIVE ATTACHMENT OF _____ DAYS AT _____ EFFECTIVE _____

2. NAME (Last, First, MI)		3. SSN	4. RANK	5. PRO-PAY CATEGORY
6. ENL COMMITMENT	7. PMOS		8. SMOS	9. LATEST PCS
10. CURRENT STATUS		11a. ASG/ATCH UNIT		11b. PHONE NO.
ORDINARY LEAVE		DUTY		
EMERGENCY LEAVE		ATCH		
		DDALV		
12. DEROS	13. DROS		14. MARITAL STATUS	15. DATE OF MARRIAGE
16a. NAME OF SPOUSE		16b. AGE	16c. PRESENT ADDRESS OF SPOUSE	
17. BASD	18. PEBD		19. ETS	20. HOME PHONE NO. (Include area code)

21. AUTHORIZED FAMILY MEMBERS, CHILDREN OR OTHERS AUTHORIZED AS FAMILY MEMBERS IAW AR 640-3.

NAME	AGE	RELATIONSHIP	ADDRESS

22a. PARENTS (To be completed by all soldiers. Indicate if parents are deceased.)

NAME	AGE	ADDRESS	MONTHLY INCOME	HEALTH
FATHER:				
MOTHER:				
FATHER-IN-LAW:				
MOTHER-IN-LAW:				

22b. THIS REQUEST IS BASED ON LOCO PARENTIS. I RESIDED WITH THE FOLLOWING PERSONS FROM _____ (Month/Year) TO: _____ (Month/Year)

NAME	AGE	ADDRESS	MONTHLY INCOME	HEALTH

23. SOLDIER'S BROTHERS AND SISTERS WHETHER LIVING AT HOME OR ELSEWHERE AND OTHER MEMBERS OF FAMILY. (Include brothers/sisters-in-law, if request is based on in-law problems.)

NAME	AGE	RELATIONSHIP	ADDRESS	OCCUPATION	MONTHLY INCOME

24. HAS SOLDIER SUBMITTED ANY PREVIOUS REQUESTS FOR COMPASSIONATE ACTION?
 YES NO IF YES, INCLUDE DATE SUBMITTED, CIRCUMSTANCES PROMPTING THE REQUEST, AND FINAL DECISION.

25. GIVE REASONS FOR REQUESTING COMPASSIONATE ACTION (If illness or injury is involved, attach statement from attending physician, IAW AR 614-200, chapter 5.)

26. WHAT ATTEMPTS HAVE BEEN MADE BY SOLDIER TO REMEDY THE CONDITIONS OTHER THAN APPLYING FOR A COMPASSIONATE ACTION?

27. REMARKS

28a. I have been interviewed by a commissioned officer and have been advised that false statements on this application will constitute a violation of the UCMJ 1951 (as amended) and may subject me to a trial by court-martial.

b. SIGNATURE OF APPLICANT	c. DATE
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29a. I certify that the information on the request for compassionate action contained herein
 HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL

b. TYPED OR PRINTED NAME OF COMMANDER/AUTHORIZED REPRESENTATIVE	c. SIGNATURE	d. DATE
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