

MAARNG FTNGD APPLICATION CHECKLIST (dtd 11 February 2021v2)

Applicable to applications for FTNGD orders greater than 29 consecutive days, other than AGR

Applicant Name: _____ Bulletin # : _____
Applicant Email: _____ Unit of military assignment: _____
Applicant phone number: _____ Duty Location: _____
Is Service Member a Permanent Technician or Title 5 employee:

Soldier's unit of military assignment must **verify** the below criteria and **initial** if accurate. If the Soldier does not meet any of the below, **explain** the circumstances on a continuation page.

- Will not attain or exceed 17 years of Active Federal Service as a result of this FTNGD tour.
- Will not exceed 1,095 cumulative days (3 years) on orders within the preceding 4 year window.
- Is not currently serving on FTNGD with a waiver to exceed 1,095 days or serving on AGR.
- Is not within 6 months of MRD/ETS on the report day of the tour, unless waived.

The following documents must be submitted with the FTNGDOS bulletin:

- This **FTNGD Checklist**, complete, accurate, and signed.
- DA Form 1058**, completed by the Soldier and verified/signed by unit commander or AO.
- NGB Form 1058-1R**. Enclose GO Letter of Acknowledgment, if applicable, for service beyond 1,095 days.
- NGB Form 23B**, Retirement Points Accounting Statement (RPAS).
- MEDPROS IMR** with current PHA date, PULHES, and HIV (current within 2 years).
- Individual Training Record** from DTMS for APFT and Height / Weight history (current within 12 months of start date with gender data redacted).
- AFCOS Orders Query** to confirm cumulative service on FTNGD.
- Commander's FTNG approval memorandum**.
- TAG Waiver form** (required for all Permanent Technician and Title 5 employees). Complete the Soldier and Supervisor sections and leave the TAG decision blank. AGR Branch will process the request if selected.
- ERB/ORB Selection Board Version dated within the last 12 months**.
- BAH Statement** identifying any Family members receiving BAH. Per 37 USC §421, only one Service Member may receive BAH at the with dependents rate. Refer to Joint Travel Regulation for exceptions.
- Completed CORI request form with front/back copy of driver's license**.
- Completed reference sheet (emails for each mandatory)**.

By signing below, the applicant acknowledges the following:

I understand that the position for which I am applying is **temporary in nature** and that it is against policy for anyone to offer or promise an extension to my orders or 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** before the end of my orders ("use or lose"), and that **orders can be terminated IAW applicable guidance and policy**.

Applicant: _____
(Name) (Signature and Date)

Reviewed by:

Unit Representative: _____