

**ARMY CIVILIAN VOLUNTEER
REQUEST FOR DEPLOYMENT (RFD) APPLICATION**

Section 1. Employee Information

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| a. Name: (Last, First, MI) | | b. Organization: | |
| c. Current Position: (Title/Series/Grade) | | d. Reservist/Guardsman: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| e. Desired Deployment Date: | | f. Desired Length of Tour: <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other _____ | |
| g. Have you previously deployed? Dates Deployed: <input type="checkbox"/> Yes <input type="checkbox"/> No | | h. Previous Deployment Location(s): | i. Security Clearance |
| j. I understand this application and attached resume are not a guarantee to deploy. I also understand that all personnel deploying must meet certain medical and physical requirements prior to deployment. Generally, indoor work locations have power, water, heating, and air conditioning, although outages should be expected. I will report symptoms of stress and fatigue to the on-site supervisor. Living conditions range from having all basic amenities (e.g., light, power, water, refrigeration) to not having one or more of these amenities. If selected to deploy, I understand I will be required to pass these medical/physical evaluations prior to or during pre-deployment training. I also understand if selected that I will be paid my regular salary/hourly rate of pay based upon my current position. I may be required to work an uncommon tour of duty, to include shift work, for which I will receive the appropriate premium pay. | | | |
| k. Employee's Signature | | l. Date: | |

Section 2. Supervisor Endorsement

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| a. The employee is successfully performing the duties of the permanent position of record, OR I am able to verify the incumbent's past performance in the duties of the position he/she is applying for: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. The employee fully participates as a team member and appears to be willing and capable of performing the job duties in a diverse and possibly hostile environment as an acceptable level of competence. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. I support the employee's request to deploy: <input type="checkbox"/> Yes <input type="checkbox"/> No | d. Is employee currently filling an Army Emergency Essential or current mobility position? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Justification for denial of deployment request: (Attach additional pages to provide more information): | |
| f. I understand the employee's application MUST BE sent to the HQDA/CEW Program representative for deployment consideration in support of Joint efforts. If selected, the employee will be TDY/TCS from his/her current position, and will receive the same level of support he/she would receive for any long-term temporary assignment (e.g., travel orders, time and attendance, performance appraisals, etc.). The first-line supervisor will remain directly involved in administrative supervision for this employee throughout the entire deployment. Home station local fund cite will be added to travel orders as there is no central funding. Deployments for joint external Army deployments is funded through OCO funding, your Local resource management (RM) office can provide the necessary information to capture the OCO (former GWOT) costs. | |
| g. Supervisor's Signature: | h. Date: |

Section 3. Command Approval (If applicable GO/SES designee)

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| a. I approve this employee's request for deployment. | |
| b. IAW ASA (M&RA) guidance, I recognize that ALL approvals OR denials MUST BE forwarded to HQDA/AG1CP CEW Branch for review prior to further deployment consideration. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Justification for denial of deployment request: (Attach additional pages to provide more information) | |
| d. Commander's Signature (or Commander's designee) (Must be GO/SES for denials) | e. Date: |

Section 4. Deployment Endorsement(s) Submission

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| a. I have been notified of this employee's request for deployment and the required approval and/or endorsements have been obtained. This information will be forwarded through AG1CP for proper notification to the COCOM of the applicant's status for deployment consideration. | |
| b. Command/Agency Deployment Coordinator Signature: | c. Date: |
| d. HQDA/AG1CP Coordination: | e. Date: |