

AMEDD PROCESS AND REQUIREMENTS FOR SOLDIERS REQUESTING EXTENSION OF CURRENT MOBILIZATION ORDERS

MOB/TTAD extension packet for _____

Date received _____

For duty at: _____

Requested Start date: _____

Reviewed by: _____

It is critical that extension requests be received at the Reserve Augmentation Mobilization Cell at MEDCOM at least **45 days** prior to the requested start date of the mobilizing soldier. If not, we cannot guarantee that the action can be processed in time.

Below are the requirements for submitting a request for extension of current Mobilization orders.

NOTE: Soldiers cannot exceed 730-day (2-year) cumulative mobilization. A 179-day COTTAD may be performed before or after the 2-year mobilization. Soldiers exhausting a 2-year mobilization and 179-day COTTAD may apply for Co-EAD.

The key to DA Mobilization approval is to clearly articulate the need for the soldier to be extended, to include shortages in personnel, and mission requirements.

1. JUSTIFICATION ADDRESS ON LETTER HEAD:

_____ MEMORANDUM THRU MEDCOM MOB CELL, MCOP-P
THRU CHIEF, RESERVE AUGMENTATION & MOBILIZATION
FOR Deputy Chief of Staff G-3, ATTN: DAMO-ODOM

2. JUSTIFICATION LETTER (REQUIREMENTS)

- a. _____ Clearly identified the UIC, Specific duty assignment and location where the soldier will be working.
- b. _____ Provide the Position, Paragraph and Line number the soldier will be slotted against. Clearly articulate the reason for the filling the position. Provide a job description of the soldier's duties.
- c. _____ Provide the required start date that you would like the soldier to report and the tour end date. Indicate the total number of required days (includes start and end date).
- d. _____ Provide the name, rank, SSN, and AOC/MOS of the soldier.
- e. _____ Specify the contingency, OEF/ OIF/ ONE/ SFOR/ KFOR.
- f. _____ If the request is for a position that does not have a Paragraph and Line number, you must provide strong justification/documentation supporting the requirement.
- g. _____ The justification letter must be signed by an O6 or higher.
- h. _____ Provide a point of contact, phone number and email address of the requester.
- i. _____ All documentation must be current, and must not be over 30 days old. Any packet with dated documentation will be returned without action.

3. LETTER FROM SOLDIER:

_____ A letter signed and dated by the soldier, stating that the soldier volunteers to be extended, and that the extension will not be a financial burden to the soldier and family members.

_____ **PROMOTABLE STATEMENT: (O6 – Colonel ONLY)**

The following statement will be included in item 3 for **all O6**. **“I am not in a promotable status”**.

4. APPLICATION FOR ACTIVE DUTY FOR TRAINING, ADSW, TTAD, AT - DA FORM 1058-R:

a. _____ Both pages need to be completely filled out.

b. _____ Blocks 15, 16, 18, 28, 31, 32, 33 are complete. In addition (blocks 35 & 36) document must be signed and dated by the Unit Commander and the Records Custodian. Years of Active Federal Service (page 1, item #18) **must** be correct. **(Cannot be signed “for” the commander)**

5. COMMANDER’S RELEASE (TPU & IMA):

a. _____ If the soldier is assigned to a TPU, the unit must provide a letter signed by the commander stating the soldier can be extended to serve the tour of duty. **(Cannot be signed “for” the commander)**

b. _____ If the soldier is assigned to an IMA position, and is being assigned to a different unit, the soldier needs to get a written release from the command where the soldier is currently assigned. **(Cannot be signed “for” the commander)**

6. RMC VALIDATION (ALL):

_____ The RMC (Regional Medical Command) associated with the gaining position needs to validate the request.

7. COPY OF CURRENT ORDERS

_____ Copy of soldier’s original MOB/TTAD orders as well as any amendments to that order.

8. _____ HP&S validation (For internal use only).

9. _____ Concurrence by Deputy Chief, Plans Division, MEDCOM (For internal use only).

PROCESSING INSTRUCTIONS:

It is recommended you review the RAMC website to insure you have the most recent version of the checklist. The web address is <http://www.cs.amedd.army.mil/medcomplans/>. Click on the Reserve Augmentation & Mobilization Cell (RAMC) link, then, click on the following links-- Information and Procedures to access the most current **AMEDD RESERVE AND NATIONAL GUARD MOBILIZATION AND COTTAD PACKET REQUIREMENTS CHECKLIST**.

Many of the forms may be accessed through <https://2xcitizen.usar.army.mil>. Once accessing the site go to Library, then Forms. Once completed, the packet must be verified and approved by your higher headquarters, then mailed, scanned or faxed to Quality Assurance, Reserve Augmentation & Mobilization Cell.

MAILING ADDRESS:

United States Army Medical Command
Quality Assurance- Reserve Augmentation & Mobilization Cell
ATTN: MCOP-P
2050 Worth Road
Fort Sam Houston, TX 78234-6000
FAX: (210) 221-6648 DSN: 471-6648

QUESTIONS:

Questions may be addressed to Quality Assurance- Reserve Augmentation & Mobilization Cell by commercial phone: (210)-221-6425, or DSN: 471-6425. Failure to follow the above outlined procedures will seriously jeopardize approval of the application. If you have a question, CALL!!