

GUIDANCE FOR REQUESTING DELAY OR EXEMPTION FROM INVOLUNTARY MOBILIZATION

1. **REFERENCES:**

a. Army Regulation 601-25, Delay in Reporting for and Exemption from Active Duty, Initial Active Duty, and Reserve Forces Duty
(http://www.army.mil/usapa/epubs/pdf/r601_25.pdf).

b. Department of the Army Personnel Policy Guidance (PPG) for Overseas Contingency Operations, Chapter 2-7 (<http://www.armyg1.army.mil/militarypersonnel/ppg.asp>).

2. **PURPOSE:** Provide guidance to Individual Ready Reserve (IRR) Soldiers requesting a one-time delay or exemption from involuntary mobilization.

3. **FACTS:**

a. AR 601-25, Chapter 4 Section III, sets forth the Army's policies and procedures on applications for delays in reporting and exemptions from active duty [during partial mobilization]. Delays and exemptions may be approved for extreme personal hardship, extreme community hardship, or temporary medical disqualification.

b. IRR Soldiers with an extreme hardship may submit a one-time delay or exemption application (with documentary evidence) to the Human Resources Command – St Louis (HRC-STL), Delay & Exemption (D&E) Team. **Applications must be submitted within 14-days of the publication date on the Soldier's mobilization order.** Soldiers can submit cases via fax (preferred method) or mail:

**FAX: (314) 592-0532 or 0533
Commander, HRC-STL
ATTN: AHRC-PLM-D (D&E)
1 Reserve Way
St. Louis, MO 63132-5200**

c. D&E applications are administratively processed and boarded (as applicable) by HRC-STL. Board recommendations are provided to the Commander, HRC-STL for final approval/disapproval. Soldiers will be notified in writing of the Commander's decision to include instructions regarding adjusted report dates, separation actions, and appeals.

d. **Soldiers whose application has not been approved or disapproved by the movement date and have not received an administrative delay will be required to report to active duty per their mobilization order.**

e. Soldiers approved for an exemption will be removed from their current status; Soldiers will be transferred to the Retired Reserve (if eligible), Standby Reserve, or discharged.

f. Soldiers approved for a delay will have their report date for mobilization adjusted and amended orders published per the Commander's decision.

NOTE: *If there is an error in your personnel record (i.e. wrong rank/MOS/AOC); you are currently a member of another branch of service; or you transferred into another Reserve category (prior to mobilization orders being published) contact the D&E Team at 1-800-325-4361 (Option #2) and provide supporting documentation (i.e. orders or contract) so that your Mobilization Orders can be amended or administratively revoked.*

4. D&E CRITERIA: IRR Soldiers may apply for a delay or exemption from mobilization only under the following conditions:

a. Extreme Personal Hardship (delay or exemption) – A situation that, because of the Soldier's mobilization, will have a substantial adverse impact on the Soldier or the Soldier's immediate family. Every request for delay or exemption is unique, as such, substantiating documentation varies greatly. Examples of documentary evidence to include are:

- (1) Copies of SSN Cards
- (2) Marriage/Birth/Death Certificates
- (3) Pay stubs, tax returns, or monthly bills
- (4) Letters from family members and disinterested third parties with firsthand knowledge of your hardship who can explain the situation and impacts.
- (5) College transcript/schedule and registrar statement (request based on current enrollment in college or professional schooling must include verification of enrollment from The Office of the Registrar, enrollment statement must include: ending date of quarter, trimester, or semester; approximate graduation date; and declared major, if applicable.)

NOTE: *changed income or separation from the family are normal occurrences in military service are not considered a hardship.*

b. Extreme Community Hardship (delay or exemption) – A situation that, because of the Soldier's mobilization, will have a substantially adverse effect on the health, safety or welfare of the Soldier's community. Documentary evidence must show that the service performed by the Soldier is essential to the maintenance of health, safety, or welfare of the Soldiers' community or nation and that the service cannot be performed by another person in the community. Request under this criterion must be motivated by community need and are not to be for the personal benefit of the Soldier.

c. Temporary Medical Disqualification (delay only) - Soldier is pregnant or; is under treatment for an illness or injury, or is temporarily incapacitated due to a medical condition that requires hospitalization or medical supervision. Requests for this reason must include a completed DD Form 2870, Authorization for Disclosure of Medical/Dental Information (see ANNEX B, complete items 1-6 and 9-13). Include documentary evidence (provide copy of VA Disability Rating Letter if applicable) to support alleged medical disabilities prepared by a health care specialist or a Report of Medical Examination (SF 88) completed by a military treatment facility. When evidence is submitted by a civilian physician, the statement will include at least the information listed below. (Statements from civilian physicians are subject to review by an AMEDD officer)

- (1) Medical diagnosis.
- (2) Date of illness or injury.
- (3) Prognosis.
- (4) Statement as to whether the Soldier is hospitalized and anticipated date of release.
- (5) The name and telephone number of the physician

NOTE: *Key or Emergency Essential Employee- is an **Employer (not Soldier) initiated request** and is adjudicated between the employer and the Office of the Assistant Secretary of Defense for Reserve Affairs. Please contact at 703-693-2241 for further instructions.*

5. APPLICATION INSTRUCTIONS: If you meet one of the “*criteria*” listed above complete the following steps:

STEP 1: Complete an application memo requesting delay or exemption (see ANNEX A). **DO NOT ALTER THE LETTER, except to provide required information.** Also prepare a detailed explanatory letter to the Commander, HRC-STL outlining your extreme personal hardship. The letter needs to specify whether it is a request for delay or exemption.

STEP 2: Provide supporting documents or evidence that support your hardship. Your case will be adjudicated based upon documentary evidence.

STEP 3: Fax the signed memo, explanatory letter, and supporting documents to (314) 592-0532 or 0533. If you do not have access to a fax, please expeditiously mail all documents to HRC-STL.

6. APPEALS: Soldier may appeal an unfavorable decision on a request for exemption or delay.

a. The application will give the reason for appeal and will include additional evidence on which the appeal is based. An application will not be processed as an appeal unless the reason given on both the initial request (which was denied) and the appeal request are the same.

b. If the Soldier elects to appeal the decision of the Commander, HRC-STL, and the Commander does not favorably reconsider the original decision, then the appeal and original application will be forwarded to the Commanding General (CG), HRC for a final decision. Written notice is provided to the Soldier of the CG’s decision.

7. DEFINITIONS:

a. Delay – a situation which requires modifying a Soldier’s initial report date/orders, but does not warrant or require an exemption.

b. Exemption – a situation which necessitates revocation of a Soldier’s mobilization orders, and possible transfer or discharge from current military status.

c. Publication date – the date the mobilization order was published (see top right corner or order).

d. Ready Reserve – military members organized in units or as individuals; consists of three subcategories: the Selected Reserve (SELRES), the Individual Ready Reserve (IRR), and the Inactive National Guard (ING).

e. Individual Ready Reserve (IRR) - consists mainly of individuals who have had training and who have served previously in the Active Component or Selected Reserve.

f. Standby Reserve – consists of personnel who maintain their military affiliation without being in the Ready Reserve, who have been designated as key civilian employees, or who

have a temporary hardship or disability. Soldiers in this category are not authorized to participate in reserve training, earn retirement points, or receive pay from Federal funds.

g. Retired Reserve – consists of all officers and enlisted personnel who receive retired pay on the basis of their active duty and/or Reserve service; Reserve officers and enlisted members who are otherwise eligible for retired pay but have not reached age 60 and who have not elected discharge and are not voluntary members of the Ready or Standby Reserve.

h. Immediate Family – Service member’s spouse or unmarried child (to include legally adopted, step or foster); or family member (parent, sibling) who is dependent on the support of the service member.

i. Discharge – complete separation from all military status.

8. FREQUENTLY ASKED QUESTIONS (FAQ):

Q: How long do I have to file a D&E request for consideration by the Commander?

A: You have 14 days from publication of your Mobilization Order to submit your request. Late requests will not be processed, so it is imperative that you immediately submit your documentation.

Q: How can I check on the status of my application?

A: You can view the status of your application by logging into www.hrc.army.mil/portal and going to “Reserve Record.” You must have an Army Knowledge Online (AKO) account to access this information. Visit www.us.army.mil for instructions to establish your AKO account.

Q: The Mobilization Memorandum in my packet contains a “Hotline Number” of 1-800-325-4361; who is this for, and what assistance can I receive by talking to someone at this number?

A: The “Hotline Number” reaches HRC-St. Louis. By calling this number, you can speak to a Delay & Exemption (D&E) Call Center Representative, and obtain further guidance on requesting a Delay or Exemption (based on listed references).

Q: Whether or not I file for a delay or exemption, I have many other questions regarding my mobilization. Who can I reach to obtain answers for these concerns and questions?

A: For other mobilization concerns, please refer to your Mobilization Packet, as many questions are specifically addressed and answered therein (to include helpful websites). In addition you can call HRC-St. Louis at 1-800-318-5298 and speak to your career manager.

ANNEX A: REQUEST FOR DELAY

DATE: _____

FROM: _____
(Enter, Last Name, First Name, Middle Initial, Social Security Number, Rank/Grade, and MOS/AOC)

TO: Commander, U.S. Army Human Resources Command, ATTN: AHRC-PLM-D
(Delay and Exemption Team), 1 Reserve Way, St. Louis, MO 63132-5200

SUBJECT: Request for **Delay** in reporting for Involuntary Active Duty

1. Enclosed are the required letters, statements, and documents to support my request for delay in reporting for involuntary active duty. My reason for requesting a delay is extreme personal hardship/extreme community hardship/temporary medical (circle one).

2. My scheduled report date for mobilization is _____ (MM/DD/YYYY).
Request to report not earlier than _____ (MM/DD/YYYY).

NOTE: Report date must be a Sunday and cannot exceed 30 days the report date.

3. I agree and consent to the following conditions if my request for delay is approved:

a. When my delay terminates, I will be required to report for active duty.

b. Department of The Army may cancel my delay at anytime if there is an overriding military requirement.

4. My current mailing address is _____
_____.

5. I can be reached at (_____) _____ or _____ @ _____.
(Enter telephone number and email information).

X _____
(Sign your legal signature here)

ANNEX A: REQUEST FOR EXEMPTION

DATE: _____

FROM: _____
(Enter, Last Name, First Name, Middle Initial, Social Security Number, Rank/Grade, and MOS/AOC)

TO: Commander, U.S. Army Human Resources Command, ATTN: AHRC-PLM-D
(Delay and Exemption Team), 1 Reserve Way, St. Louis, MO 63132-5200

SUBJECT: Request for **Exemption** from Involuntary Active Duty and Request for Discharge

1. Enclosed are the required letters, statements, and documents to support my request for exemption from entry on involuntary active duty. My reason for requesting a delay is extreme personal hardship/extreme community hardship/temporary medical.

2. I understand that the Department of the Army determines whether I am granted and exemption and that based on my status and the merits of my case, I may be—

a. Discharged from the USAR.

b. Transferred to the USAR Control Group (Standby – Inactive) until such time as the reason for exemption no longer exists. A member of the USAR Control Group (Standby – Inactive) is not authorized or permitted to participate in Reserve training, earn retirement points, or received Federal pay unless active military service is performed after transfer.

c. Granted a delay in lieu of exemption from entry on involuntary active duty.

3. I understand that if I received VSI benefits and I am discharged pursuant to my request, my VSI benefits will be terminated.

4. I agree and consent to the above conditions if my request for exemption is approved. If I am eligible, I request transfer to the Retired Reserve in lieu of discharge.

5. My current mailing address is _____
_____.

6. I can be reached at (_____) _____ or _____ @ _____.
(Enter telephone number and email information).

X _____
(Sign your legal signature here)

ANNEX B: DD Form 2870, Authorization for Disclosure of Medical or Dental Information

AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION		
PRIVACY ACT STATEMENT		
<p>In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.</p> <p>AUTHORITY: Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.</p> <p>PRINCIPAL PURPOSE(S): This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.</p> <p>ROUTINE USE(S): To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.</p> <p>DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.</p> <p>This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.</p>		
SECTION I - PATIENT DATA		
1. NAME (Last, First, Middle Initial)	2. DATE OF BIRTH (YYYYMMDD)	3. SOCIAL SECURITY NUMBER
4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD)	5. TYPE OF TREATMENT (X one) <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input type="checkbox"/> BOTH	
SECTION II - DISCLOSURE		
6. I AUTHORIZE _____ TO RELEASE MY PATIENT INFORMATION TO: <div style="text-align: center; font-size: small;">(Name of Facility/TRICARE Health Plan)</div>		
a. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN Office of the Command Surgeon (Military Care Providers) Human Resources Command - St. Louis, MO	b. ADDRESS (Street, City, State and ZIP Code) AHRC-SG, ATTN: Delay and Exemption Team 1 Reserve Way, St. Louis, MO 63132-5200	
c. TELEPHONE (Include Area Code) (800) 325-4361	d. FAX (Include Area Code) (314) 592-0532	
7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable)		
<input type="checkbox"/> PERSONAL USE	<input type="checkbox"/> CONTINUED MEDICAL CARE	<input type="checkbox"/> SCHOOL
<input type="checkbox"/> INSURANCE	<input type="checkbox"/> RETIREMENT/SEPARATION	<input checked="" type="checkbox"/> OTHER (Specify) Delay or Exemption Case
8. INFORMATION TO BE RELEASED Doctor's notes, consult notes and reports, lab reports, radiologist's reports, and any other specific medical information that may be requested by the Office of the Command Surgeon, Human Resources Command - St. Louis, MO		
9. AUTHORIZATION START DATE (YYYYMMDD)	10. AUTHORIZATION EXPIRATION <input type="checkbox"/> DATE (YYYYMMDD) <input type="checkbox"/> ACTION COMPLETED	
SECTION III - RELEASE AUTHORIZATION		
<p>I understand that:</p> <p>a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.</p> <p>b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.</p> <p>c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR §164.524.</p> <p>d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.</p> <p>I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.</p>		
11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE	12. RELATIONSHIP TO PATIENT (If applicable)	13. DATE (YYYYMMDD)
SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)		
14. X IF APPLICABLE: <input type="checkbox"/> AUTHORIZATION REVOKED	15. REVOCATION COMPLETED BY	16. DATE (YYYYMMDD)
17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE	SPONSOR NAME: SPONSOR RANK: FMP/SPONSOR SSN: BRANCH OF SERVICE: PHONE NUMBER:	