

**ARMY EXPEDITIONARY CIVILIAN WORKFORCE
REQUEST FOR DEPLOYMENT (RFD)
[See page 2 for Instructions.]**

Section 1: Employee Information

a. Name: (Last, First, MI):	b. Organization: If a subordinate organization, provide parent organization
c. Current Position: (Title/Series/Grade)	d. Reservist/National Guardsmen: Yes No If yes, provide additional documentation.
e. Desired Length of Tour: 6 Months 9 Months 12 Months	f. Security Clearance (Active SECRET or higher):
g. Have you previously deployed? Yes No If yes, provide dates and location(s):	h. If previously deployed enter date of Post Deployment Health Assessment (PDHA) and Post Deployment Health Re-assessment (PDHRA):
i. I understand this form 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 and during pre-deployment training. I also understand if selected that I will deploy in my current grade.	
j. Are you currently on an overseas tour? Yes No If yes, provide your date estimated return from overseas (DEROS)? Are you currently registered in the DoD Priority Placement Program (PPP)? Yes No	

Employee Signature & Date:

Section 2. Supervisor Endorsement

Supervisor Endorsement:	Yes	No
By responding yes above, the supervisor endorses this request and confirms that:		
a. The employee is successfully performing the duties of his/her permanent position of record.		
b. The employee successfully participates as a team member in his/her current position of record and appears to be willing and capable of performing duties in a diverse and stressful environment.		
c. The employee is self-motivated and successful at working independently with limited supervision.		
d. The employee is not subject to any current or pending disciplinary, conduct, or performance based actions.		
Note: If you are unable to respond affirmatively to any of the above questions, DO NOT sign or return this form to the employee. Please promptly contact your organization's deployment coordinator.		
I understand the employee's form MUST BE sent to HQDA/ECW Program representative for deployment consideration in support of Joint efforts. If selected, the employee will be TDY or TCS from his/her organization, and the first-line supervisor must provide 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 supervisors 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 line of accounting. If selected, the deployment is funded through OCO funding, your local resource management (RM) office can provide the necessary information to capture the OCO (former GWOT) costs.		
Supervisor Signature & Date:		

Section 3. Command Approval (O6 or equivalent)

a. I approve disapprove this employee's request for deployment.
b. If the organization intends to deny this request for deployment, an official memorandum with solid justification must accompany this form. The justification must explain the negative impact to the organization's mission, if the employee were permitted to deploy.
Approving Official Signature & Date:

Section 4. Deployment Coordinator Endorsement

a. I have been notified of the employee's request for deployment
b. I have verified that the information in this form is correct and proper approval and/or endorsements have been obtained. This information will be forwarded to AG-1 CP for further processing.
Command/Organization Deployment Coordinator Signature & Date:
AG-1 CP Benefits, Compensation & Deployments Division Specialist Signature & Date:

20 September 2018, previous versions are obsolete

INSTRUCTIONS FOR COMPLETION

The Request for Deployment (RFD) form is used to apply for a deployment opportunity within the Department of the Army Expeditionary Civilian Workforce (ECW) Program.

How do I fill out the RFD Form?

Section 1. Employee Information

- a. Enter Last Name, First Name, and Middle Initial.
- b. Enter your current organization. If you belong to a sub-organization, provide parent organization name.
- c. Enter your current Title, Series, Grade.
- d. Indicate if you are Reservist or National Guard member. Individual Ready Reserve will be considered, and MUST provide official letter from their unit that they are inactive.
- e. Indicate desired tour length.
- f. Enter current active security clearance. INTERIM clearances are NOT accepted.
- g. If previously deployed, enter dates and location of last deployment.
- h. If previously deployed, PDHRA should have been completed in the Medical Protection System (MEDPROS) no later than 180 days after return from deployment. Enter PDHRA completion date.
- i. Read and acknowledge by signing employee signature block.
- j. Indicate if you are currently in an overseas assignment. If yes, provide your DEROS. Indicate if you are registered in PPP.

Employee sign with digital signature (CAC enabled).

Section 2: Supervisor Endorsement

Read Section 2 and indicate endorsement or non-endorsement of employee's request.

Supervisor sign with digital signature (CAC enabled).

Section 3. Command Approval

Read Section 3 and indicate approval or disapproval of employee's request.

Approving Official sign with digital signature (CAC enabled).

Note: O6 or equivalent Staff Principals is someone who has the authority to make decisions, provide oversight and knowledge of the effects that the employee deploying will have on their organization.

Section 4: Deployment Coordinator

Read Section 4 and sign below to acknowledge.

Deployment Coordinator sign with digital signature (CAC enabled).

AG-1 CP Benefits, Compensation & Deployments Division Specialist sign with digital signature (CAC enabled).

The below documents must also be provided at the time of submission:

- Current Resume.
- Copy of most recent SF-50
- Copy of DD-214 if applicant was a Military Service Member.

HELPFUL LINK:

HQDA ECW Branch Webpage - <https://passport.apan.org/>

APAN account creation is required for access to the AG1-CP Benefits, Compensation & Deployments Group.