CIVILIAN READINESS AND DEPLOYMENT CHECKLIST

For use of this form, see AR 690-11; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 1580, Emergency-Essential (E-E) Employees; and AR 690-11, Department of the Army Expeditionary Civilians.

PRINCIPAL PURPOSE: To provide a standardized means to evaluate E-E employee and non-combat essential (NCE) employee readiness and to validate civilian personnel for deployment.

ROUTINE USES: This form is intended for use by the Headquarters, Department of the Army Deputy Chief of Staff, G-1, Army Expeditionary Civilian Workforce (AECW) Directorate to document expeditionary civilian validation and deployment readiness. It is also for use by deployable military units to document validation and deployment readiness of their embedded expeditionary civilians.

DISCLOSURE: Disclosure of this information is voluntary; however, failure to complete, update, and confirm the information is correct may impede a civilian employee's ability to remain in an expeditionary civilian-coded position or to deploy.

CIVILIAN INFORMATION

1. NAME *(Last, First, Middle)*	2. DOD ID NO.	3. PAY PLAN	4. OCCUPATIONAL SERIES	5. GRADE

6. ORGANIZATION NAME	7. PHONE NUMBER	8. WORK EMAIL ADDRESS	9. SUPPORTED CCMD

10. VALIDATION TYPE	11. COURSE NUMBER	12. COURSE DATE *(YYYYMMDD)*
☐ E-E Validation ☐ NCE Validation ☐ PRE-MOB ☐ Medical Only Validation		

ADMINISTRATIVE	**STATUS**	**CERTIFIED BY** *(Initials)*	**DATE** *(YYYYMMDD)*
	DEPLOYMENT VALIDATION		
1. DD Form 2365, completed.			
2. DD Form 93, completed.			
3. Identification tags on hand.			
4. Medical warning tags on hand, as required.			
5. Common access card on hand.			
6. Passport on hand, if required. ☐ Official passport. Expiration date: _____ *(YYYYMMDD)* ☐ Tourist passport. Expiration date: _____ *(YYYYMMDD)*			
7. Visa on hand, if required.			
8. DD Form 2760, for deployment positions requiring arming.			
9. DD Form 1833, ISOPREP completed, if required.			
10. Deployment Order. Deployment only.			
11. Family Care Plan.			

ORGANIZATIONAL CLOTHING AND INDIVIDUAL EQUIPMENT	**DEPLOYMENT VALIDATION**		
1. Theater specific equipment/clothing issued.			
2. Utilization and accountability briefing received.			
3. Exception to policy requested.			
4. Weapon issued, if required. Weapon type: _____ Serial number: _____			

TRAINING	**DEPLOYMENT VALIDATION**		
1. TSIRT completed.			
2. Weapons familiarization completed, if applicable.			
3. Weapons validation/qualification completed, if applicable.			
4. Arming packet provided, if applicable.			
5. First aid training completed.			
6. Civilians in a deployed environment briefing received.			
7. Threat assessment briefing received.			
8. Legal briefing received (LOAC, UCMJ, and MEJA).			
9. SHARP training completed.			
10. Self-care: health awareness and managing stress briefing received.			
11. CBRN training completed.			

LEGAL	**DEPLOYMENT VALIDATION**		
1. Power of attorney.			

CIVILIAN READINESS AND DEPLOYMENT CHECKLIST *(continued)*

NAME *(Last, First, Middle)*	GRADE	ORGANIZATION NAME	PHONE NUMBER

COURSE NUMBER _____

SECURITY

Security clearance level meets requirement for assigned expeditionary civilian position or deployed position: ☐ YES ☐ NO

	POSITION	EMPLOYEE		POSITION	EMPLOYEE
Top Secret / SCI-Tier 5 *(Fully Adjudicated)*	☐	☐	Secret-Tier 3 *(Fully Adjudicated)*	☐	☐
Top Secret / SCI-Tier 5 *(Interim)*	☐	☐	Secret-Tier 3 *(Interim)*	☐	☐
Top Secret-Tier 5 *(Fully Adjudicated)*	☐	☐	Background Check-Tier 1 / NACI	☐	☐
Top Secret-Tier 5 *(Interim)*	☐	☐			

PERSONNEL AND FINANCE	**STATUS**	**CERTIFIED BY** *(Initials)*	**DATE** *(YYYYMMDD)*
	DEPLOYMENT VALIDATION		
1. Personnel pay briefing received.			
2. Beneficiaries updated, as needed.			
MEDICAL – EXAMINATIONS AND TESTING	**DEPLOYMENT VALIDATION**		
1. DD Form 2808, completed.			
2. DD Form 2807-1, completed.			
3. MEDCOM Form 829, completed.			
4. Required immunizations complete.			
5. HIV antibody test current.			
6. DNA sample on file.			
7. G6PD Test, completed.			
8. NCA screening ANAM, completed.			
9. Pregnancy test completed, if required. Deployment only.			
MEDICAL – DENTAL	**DEPLOYMENT VALIDATION**		
1. DD Form 2813, completed. Dental classification 1 or 2 = Ready.			
MEDICAL – VISION	**DEPLOYMENT VALIDATION**		
1. DD Form 771, completed.			
2. Eyeglasses / protective mask inserts on hand, as required.			
MEDICAL – HEARING	**DEPLOYMENT VALIDATION**		
1. DD Form 2215 or DD Form 2216, completed. HRC status: H1 or H2 = Ready.			
MEDICAL – MISCELLANEOUS	**DEPLOYMENT VALIDATION**		
1. DD Form 2795, completed. Deployment only.			
2. Prescriptions in sufficient supply. Deployment only.			

MEDICAL – VALIDATION

Medically Validated: ☐ YES ☐ NO Medical Validation Date *(YYYYMMDD)*: _____ Medical Validation Expiration Date *(YYYYMMDD)*: _____

VALIDATION STATUS *(see instructions on last page)*

COMPLETE ☐ Validation Date: _____ *(YYYYMMDD)* Validation Expiration Date: _____ *(YYYYMMDD)*

CCMD Validation *(check all that apply)*:

☐ USAFRICOM ☐ USCENTCOM ☐ USEUCOM
☐ USINDOPACOM ☐ USNORTHCOM ☐ USSOUTHCOM ☐ N/A

INCOMPLETE ☐ *(check all that apply)*:

☐ ADMINISTRATIVE ☐ OCIE ☐ TRAINING
☐ SECURITY ☐ MEDICAL ☐ DENTAL
☐ VISION ☐ HEARING ☐ OTHER: _____

ACCURACY STATEMENT: To the best of my knowledge all information contained on this form is correct and current.

EMPLOYEE'S NAME *(Last, First, Middle)*	SIGNATURE	DATE *(YYYYMMDD)*

AECW DIRECTORATE VALIDATION

NAME *(Last, First, Middle)*	TITLE	PHONE NUMBER
EMAIL	SIGNATURE	DATE *(YYYYMMDD)*

COMPLETED VALIDATION INSTRUCTIONS

Validation confirms completion of all training, processing, equipping, and medical clearance requirements for deployment and for meeting the applicable conditions of employment for assignment to an expeditionary civilian-coded position.

The AECW Directorate staff provide the civilian employee's deployment coordinator and supervisor a copy of this form for their records. The civilian employee is responsible for providing a copy to the servicing personnel center, with a request to upload this form to the civilian employee's electronic official personnel folder (eOPF), along with the completed and signed DD Form 2365, DoD Expeditionary Civilian Agreement: Emergency-Essential Positions and Non-Combat Essential Positions.

All E-E and NCE employees must validate at least every two years (except for medical validation which must be completed annually) to ensure continued readiness for deployment. Medical validation is required annually to decrease the chance of medical-related impairments impacting timely deployment. Medical validation will be executed remotely during non-training course attendance years in coordination with the AECW Directorate medical staff.

To ensure a continued state of deployment readiness, civilian employees assigned to an expeditionary civilian-coded position should schedule their next validation no less than 90 days prior to their validation expiration date, as indicated in the VALIDATION STATUS section on the form. Begin scheduling required medical examinations for Medical Only Validation no less than 90 days prior to the medical validation expiration date specified in the MEDICAL – VALIDATION section.

INCOMPLETE VALIDATION INSTRUCTIONS

Incomplete validation results from failure to complete all training, processing, equipping, and medical clearance requirements to certify for deployment or to maintain compliance with conditions of employment for assignment to an expeditionary civilian-coded position. Civilian employees assigned to an expeditionary civilian-coded position must take immediate action to complete the requirements for validation within 60 days of receipt of this form.

Failure to complete the remaining tasks and/or resolve any medical conditions that impact readiness for deployment may affect the civilian employee's ability to remain in an expeditionary civilian-coded position.

The AECW Directorate staff provide the civilian employee's deployment coordinator and supervisor a copy of this form for their records. Civilian employees are responsible for notifying their servicing personnel center of their E-E or NCE validation status.