

## GaARNG Initial AGR Orientation Briefing

Date: \_\_\_\_\_

1. I certify that I have received an Initial AGR Orientation Briefing on the above date covering the following subjects:

- a. Privacy Act
- b. Political Activity
- c. Utilization Of AGR Soldiers
- d. Military Technician Restoration Rights
- ~~e. Physical Requirements (APFT/Weight Control)~~
- ~~f. Military Pay and Allowances~~
- ~~g. Financial Assistance (AER)~~
- h. Legal Assistance
- i. Equal Opportunity
- j. Survivor Benefit Plan
- ~~k. Separations~~
- ~~l. Career Progression (EPS)~~
- ~~m. Tour of Duty~~
- ~~n. Initial Tour Board~~
- ~~o. Non-Renewal of Tour~~
- p. Service Entitlements
- q. Benefits
- r. Home Loans
- s. PCS moves
- t. CHAMPUS/Tricare
- u. Civilian Health Care
- v. Retirement

2. I understand the Military Education requirement as explained to me by the AGR Staff at my In processing. I am aware of the requirements to attend the National Guard Professional Education Center (NGPEC) if applicable and the required Active Component school that is pertinent to my AGR position. I further understand, that failure to attend the prescribed courses within the required time frame means that I will not be considered for promotion and may not be considered for continuation in the GAR program.

3. I understand that I have one year to find a position/slot (NGR 600-200) upon leaving the AGR program, but remaining an active member of the GaARNG and carried in an excess status. Failure to find a position could result in separation from the GaARNG.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last, first, MI.

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

**Certificate of Agreement and Understanding  
Per Reference NGR (AR) 600-5**

**Section I. Applicability**

1. Army National Guard commissioned officers, warrant officers, and enlisted soldiers applying for initial entry into the Active Guard/reserve (AGR) program must sign this certificate of understanding and agreement prior to issuance of AGR orders.
2. This form will be completed only once and will remain in force during the entire period the individual serves on Full-Time National Guard Duty, unless certificate is revised by CNGB. Individuals who incur a break in service of more than 24 hours will be required to complete a new certificate prior to issue of an AGR order.
3. A copy of this certificate will be given to the individual, and a copy will be filed permanently in the AGR Management files.

**Section II. Active Guard Reserve (AGR) Conditions and  
Obligations  
(Soldier will initial on appropriate line)**

\_\_\_\_\_ I am applying for an initial AGR Full-Time National Guard Duty tour under Title 32 USC 503 (f).

\_\_\_\_\_ If ordered to Full-Time National Guard Duty, I will not be reassigned for at least the first 18 months of my initial tour, except as prescribed in (g) below. If my current AGR tour is extended with my consent, or if I enter a subsequent AGR tour, I am aware that I may be reassigned without my consent and without geographical limitations within the boundaries of Georgia to meet the needs of the service at that time, or at any time thereafter. I understand that failure to comply with orders may subject me to appropriate administrative actions and proceedings under Georgia Code of Military Justice.

\_\_\_\_\_ (All soldiers must initial this line). I understand that upon initial entry in the AGR Program:

- a) I will be subject to the Georgia Code of Military Justice.
- b) I will be managed under the regulations and policies that apply to the Army National Guard.
- c) I will be eligible for consideration for retention on Full-Time national Guard Duty by meeting the requirements established for the AGR Program, provided and authorized AGR position is available.

- d) I am aware that prior to completing my initial 3 years in the AGR program, my records will be reviewed and evaluated by an AGR Continuation Board. This board will make recommendations to the State Adjutant General as to my continuation in the AGR program. The decision of the Adjutant General as the approving authority is final. Recommendations will be based upon criteria established by regulations, manner of demonstrated performance, and compliance with AGR Program policies.
- e) I am aware that the AGR Program will require successful completion of resident courses of instruction given by military or civilian institutions. Residency at such institutions may require periods of time away from family and duty station. Failure to satisfactorily complete a course of instruction is grounds for separation from the AGR program.
- f) I am aware that continuation in the AGR Program beyond my initial orders or any subsequent orders is neither mandatory nor automatic.
- g) I am aware that during my first 18 months of my initial period of duty in the AGR Program, I will be subject to the following:
- 1) If the ARNG seeks to utilize my services elsewhere as a result of my demonstrated ability, but not as a result of job elimination or promotion selection, and if such a transfer would require a Permanent Change of Station (PCS), I have the option to accept or decline the reassignment order.
  - 2) I am also aware that I may be subject to or may be offered the opportunity to relocate to another assignment and/or PCS to another AGR position for which qualified if my present FTS position is abolished or downgraded as a result of changes to force structure or manpower authorizations.
  - 3) I may be reassigned to another unit, location, or duty assignment when directed by the needs of the service. When possible, the reassignment will be to a position commensurate with the military grade established for the full-time support position and MOS. Reassignment beyond a reasonable commuting distance, requiring PCS according to the Joint Federal Travel Regulations, is not authorized during my stabilized time of duty, except as provided as paragraph g(1) or (2) of this certificate.
- h) I am aware that when I enter on Full-Time National Guard Duty I must enroll in the Army Standard Pay Method (SURE-PAY)

program and that I will be paid via the Direct Deposit/Electronic funds Transfer system to financial institution of my choice for credit in my personal account.

- i) I understand that entry of Full-Time National Guard Duty as an AGR soldier does not make me eligible for Active Duty Veteran's Administration educational benefits.
- ii) I am aware that my voluntary entry into the AGR Program does not guarantee that I will attain 20 years of Active Federal Service for retirement.

### Section III

I have been counseled on and understand all of the conditions and service requirements in this certificate. No other conditions or promises were made to me as a condition of my service on Full-Time national Guard duty in the AGR Program.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or printed Name/Rank of Soldier

\_\_\_\_\_  
Signature of Soldier

\_\_\_\_\_  
Type or printed Name/Rank of Counselor

\_\_\_\_\_  
Signature of Counselor

**U.S. Office of Personnel Management  
 APPLICANT RACE AND NATIONAL ORIGIN QUESTIONNAIRE**

- For use when applying to agencies based on scholastic achievement
- Please complete items 1 through 7

Form approved:  
 O.M.B. 3206-0095

1) Name (Last, First, Middle Initial)	2) Date (Month, Day, Year)	3) Social Security Number (SSN)
4) Title of Position to Which Applying	5) Grade of Position	6) Location of Position

**IMPORTANT INFORMATION**

The United States District Court for the District of Columbia, in a Decree approved in a lawsuit entitled Luevano v. Newman, Civil Action No. 79-0271, has ordered that Federal Government agencies provide data on the race and national origin of applicants for certain Federal occupations. The position for which you are applying is one of those occupations.

Your Social Security Number (SSN) is requested under the authority of Executive Order 9397 (November 22, 1943) for the orderly administration of personnel records. Submission of your SSN is voluntary and failure to furnish your SSN on this form will have no effect on your application.

You are requested to complete this form. The data you supply will be used for statistical analysis pursuant to the requirements of the lawsuit. Submission of this information is voluntary. Your failure to do so will have no effect on the processing of your application for Federal employment.

Public burden reporting for this collection of information is estimated to take approximately 8 minutes per response, including time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room 6410, Washington, D.C. 20415; and to the Office of Management and Budget, Paperwork Reduction Project (3206-0095), Washington, D.C. 20503.

This form is authorized for use by the Office of Personnel Management ONLY for the purposes of complying with the requirements of the Luevano v. Newman Decree.

**RACE AND/OR NATIONAL ORIGIN**

7) The categories below provide descriptions of race and national origins. Read the Definition of Category descriptions and check the box next to the category with which you identify yourself. If you are of mixed race and/or national origin, select the category with which you most closely identify yourself. **NOTE: Please mark only one box!**

Name of Category	Definition of Category
<input type="checkbox"/> A. American Indian or Alaska Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.
<input type="checkbox"/> B. Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. For example, this area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.
<input type="checkbox"/> C. Black, not of Hispanic Origin	A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.
<input type="checkbox"/> D. Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin.
<input type="checkbox"/> E. White, not of Hispanic Origin	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.
<input type="checkbox"/> F. Other	A person included in another category.

**FOR AGENCY USE ONLY**

Series	OPM Zone (see reverse)	Category	Comments
_ _ _ _	_	_	

SAMPLE

Circle the appropriate copy designator

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) THE ADJUTANT GENERAL ATTN: HRO/AGR P.O. BOX 17965 ATLANTA, GA 30316
2. TO (Include ZIP Code) USPFO FOR GEORGIA ATTN: AGR-PAY P.O. BOX 17882 ATLANTA, GA 30316
3. FROM (Include ZIP Code)

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) 5. GRADE OR RANK/PMOS/AOC 6. SOCIAL SECURITY NUMBER

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from ADOS/MDAY/Technician (select one) to AGR effective 000 1 hours, date of in-processing

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)
Service School (Enl only) Special Forces Training/Assignment Identification Card
ROTC or Reserve Component Duty On-the-Job Training (Enl only) Identification Tags
Volunteering For Oversea Service Retesting in Army Personnel Tests Separate Rations
Ranger Training Reassignment Married Army Couples Leave - Excess/Advance/Outside CONUS
Reassignment Extreme Family Problems Reclassification Change of Name/SSN/DOB
Exchange Reassignment (Enl only) Officer Candidate School Other (Specify)
Airborne Training Asgmt of Pers with Exceptional Family Members AGR In-Processing

9. SIGNATURE OF SOLDIER (When required) 10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

IN PROCESSING ENCL: ORDER# DTD TL# DTD

- CIRCLE YES OR NO
YES OR NO INITIAL AGR ORIENTATION BRIEFING
YES OR NO CERTIFICATE OF AGREEMENT AND UNDERSTANDING
YES OR NO RACE AND NATIONAL ORIGIN IDENTIFICATION
YES OR NO DA FORM 5960 (BAH) START CLOTHING ALLOWANCE EFFECTIVE:
YES OR NO FORM W4 (EMPLOYEE WITHHOLDING CERTIFICATE)
YES OR NO FORM G4 (STATE WITHHOLDING CERTIFICATE)
YES OR NO SF1199 (DIRECT DEPOSIT SIGN-UP FORM)
YES OR NO DA FORM 3685 (JUMPS PAY ELECTION)
YES OR NO DA FORM 2058 (STATE LEGAL RESIDENCE CEERTIFICATE)
YES OR NO SGLV 8286E (SERVICE MEMBER GROUP LIFE INSURANCE)
YES OR NO RENTAL OR MORTGAGE AGREEMENT
YES OR NO MARRIAGE/DIVORCE DECREE/CHILDREN BIRTH CERTIFICATE
YES OR NO NON-MOSQ LETTER
YES OR NO PCS MOVE (COMPUTATION SHEET)
YES OR NO ENLISTMENT CONTRACT EXTENSION (DA 4836)

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -
HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE 13. SIGNATURE 14. DATE (YYYYMMDD)