

# Army Career Intermission Program (CIP) AGR ENLISTED CONTRACT

**Authority:** Title 10, U. S. Code (U.S.C.); Chapter 5 of Title 37, U.S.C.; Joint Travel Regulations for Uniformed Service Members and DoD Civilian Employees; Chapter 30 of Title 38 U.S.C.

**Principal Purpose(s):** To specify and record the contractual agreements and obligations for participation in the Army Career Intermission Program (CIP) contract.

**Routine Use(s):** This form will be maintained in the Soldier's Official Army Military Human Resources Record file in IPERMS and become a permanent part of the Soldier's file as confirmation of contracting, obligation, and agreements. All uses of this form are internal to the U.S. Army.

**Disclosure:** Disclosure of personal information is voluntary. However, failure to provide the required information may result in denial of participation in the Army CIP.

1. **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

2. **GR:** \_\_\_\_\_ **DOD ID NUMBER:** \_\_\_\_\_

3. **Current Email Address:** \_\_\_\_\_@us.army.mil

4. **Requested CIP participation period from** \_\_\_\_\_ (dd/mm/yyyy) **to** \_\_\_\_\_ (dd/mm/yyyy) **to be served in the Individual Ready Reserve (IRR).**

5. **Existing Service Remaining Requirement (SRR):** \_\_\_\_\_

6. **Start Date of the CIP SRR:** \_\_\_\_\_

7. **End Date of the CIP SRR:** \_\_\_\_\_

## 8. Acknowledgement/Statement of Understanding:

a. To participate in the CIP program, I understand that I must vacate my current position in the Active Guard Reserve (AGR) and, upon completion of the program, I will be subject to permanent change of station (PCS). Upon completion of the CIP, the Army will order me to active duty in an assignment and position in accordance with the needs of the AGR to serve my SRR.

b. I understand that participation in the program constitutes agreement to enlist in the Ready Reserve of the Army and transfer to the IRR for the period specified.

c. I understand that any period served in this program is inactive service and as such is excluded from computation of total years of service. Further, such period will not count toward eligibility for retirement or computation of retired/retainer pay.

d. I understand that, as a program participant, I will perform inactive duty training as required by the Army to ensure that I retain military skills proficiency, professional qualifications, and physical readiness standards as required for retention. This is not creditable for IRR points.

e. I understand I am required to maintain service retention, height, weight, fitness standards as well as personal security and clearance eligibility requirements while in the CIP, and that I remain subject to substance abuse testing and provisions of AR 600-85.

f. I understand that I will incur an SRR of 2 months for each month of participation in the CIP. The SRR for my participation will be served upon my return to the AGR Program concurrently with any other SRR, except that my CIP SRR will be served consecutively to any SRR for special or incentive

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pay or bonus that was in force when I began participation in the CIP. In the case of consecutive SRRs, the CIP SRR will be added to the remaining portion of the existing SRR. In the case of concurrent SRRs, the obligated period will be equal to the length of the longest remaining SRR taking final precedence.

g. I understand that I will enlist to AGR upon conclusion of my predefined period of program participation. Further, the absence of orders will not relieve me of my contractual obligation to enlist to the AGR. I will contact the CIP program manager no later than 180 days before completion of CIP to initiate the return to active duty process.

h. I understand that each month I am entitled to receive 2/30ths (two-thirtieths) of the amount of monthly basic pay I would otherwise be entitled to receive under section 204 of Title 37, U.S.C. as a member of the Service on AGR duty in the grade and years of service on the day before I began in the program.

i. I understand that I am prohibited from receipt of and will not be paid special or incentive pays or bonuses while a program participant. If I am currently in receipt of special, incentive, or bonus pay(s), I will forfeit such pay(s) effective on the first day of entry into the IRR. Upon return to the AGR, the Army will restart any special pay or bonus I was entitled to before I began the program for the period of agreement remaining, if I am eligible.

j. I understand that I cannot compete for promotion consideration while a program participant effective upon entry into the IRR. Upon reenlistment to the AGR, I understand that I may compete for promotion as announced by subsequent MILPER messages.

k. I understand that I am ineligible to participate in the CIP if I am on a centralized selection list.

l. I understand that neither I nor my family members are covered by Servicemembers Group Life Insurance (SGLI), Family Servicemembers Group Life Insurance (FSGLI), or Traumatic Servicemembers Group Life Insurance (TSGLI). If I want insurance coverage for myself or family members during this period, it is my responsibility to obtain such coverage. I will complete SGLI, FSGLI, TSGLI, and DD93 elections upon return to the AGR as part of the reaccession process.

m. I understand that, in the event of my death while in the IRR for CIP, I and my survivors continue to be entitled to all death benefits under the provisions of chapter 75 of title 10; and that my survivors remain eligible for all travel and transportation allowances under section 481f of title 37 to attend burial ceremonies.

n. I understand that my eligibility for general benefits as provided in part II of title 38 (Veterans' benefits) continues while participating in the CIP.

o. I understand I must maintain monthly contact with my designated CIP manager while a program participant. The CIP manager will provide liaison support between myself and HRC while I am in the program. Failure to maintain contact could result in default of contract, immediate enlistment, orders to the AGR, and recoupment of costs associated with program participation.

p. I understand my voluntary participation in CIP prevents application and/or participation in any other program until my return to the AGR. This includes application for officer or warrant officer commission, ROTC membership, or participation in activities that would otherwise result in award of points contributable to retirement or retired pay.

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q. I am responsible for determining how I use any remaining accrued leave before my first day of entry into the IRR. I understand that I may take several actions on remaining leave, which are to use, sell, carry forward, or any combination thereof. If I carry forward leave, the number of days carried forward will not exceed 60 days. I may sell back leave in accordance with (IAW) current regulatory provisions and limits of Army Regulation 600-8-10 and the Department of Defense Financial Management Regulation, Volume 7A. I understand that I will lose any remaining leave not used, carried forward, or sold. I understand the Army will not restore any lost leave.

r. I understand that I am not authorized Army Tuition Assistance while enrolled in the program.

s. I understand that the Secretary of the Army, or designee, may terminate this agreement at any time based on the needs of the Army, which will result in immediate enlistment, orders to the AGR, and PCS assignment IAW the needs of the Army Reserve.

t. I understand that I may voluntarily terminate participation by written request, except that it may not be effective earlier than one year after program entry. This will result result in immediate enlistment, orders to the AGR, and PCS assignment IAW the needs of the Army Reserve.

u. In the event that participation in the program is not available based on circumstances not under my control or due to lack of availability to the Army, this contract will become void.

v. I understand that acceptance of the terms herein constitutes a voluntary and legally binding action. I understand that I will be in default if I fail to comply with the provisions set forth in this contact and that I will be subject to immediate enlistment, orders to the AGR, and PCS assignment IAW the needs of the Army Reserve. I understand the Army may potentially recoup the costs associated with my participation in the program if I default.

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9. I have read and understand the statements above and understand these statements constitute all the promises and guarantees concerning my participation in the Army CIP. I understand that no other promise (verbal or otherwise) or representation not in this agreement is valid. I hereby state that no agent of the Army has promised anything other than what is written in this agreement, and I hereby waive any claim based on any promise or representation not in this agreement.

Soldier will **INITIAL** next to either "I accept" or "I decline" below and date/sign:

\_\_\_\_\_ I accept (initial)          \_\_\_\_\_ I decline (initial)          **Date:** \_\_\_\_\_

**Soldier's Signature** \_\_\_\_\_ **MOS** \_\_\_\_\_ **RANK** \_\_\_\_\_

**Soldier's Typed/Printed Name:** \_\_\_\_\_

10. I certify that this Soldier meets Army height and weight standards IAW Army Regulation 600-9, has not received an Article 15 under the Uniform Code of Military Justice, has not received a General Officer Memorandum Letter of Reprimand, is not pending any adverse action, and is otherwise eligible to participate in the Army CIP. Soldier has completed the required counseling for CIP participation.

First Lieutenant Colonel(or higher) in the requesting Soldier's chain of command: **Date:** \_\_\_\_\_

**Certifying Officer's Signature:** \_\_\_\_\_

**Certifying Officer's Typed/Printed Name, Rank:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ @ \_\_\_\_\_

11. **Submit completed contract and counseling to:**  
USARMY.KNOX.HRC.MBX.EPMD-CIP@MAIL.MIL

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

13. **Agreement of the Department of the Army (Completed by HRC, EPMD CIP Manager).**

Approved:           Disapproved (VOID):

\_\_\_\_\_  
Signature of EPMD CIP Manager          (date)