

Army Career Intermission Program (CIP) Individual Counseling

(Mandatory for Active Guard Reserve (AGR) - Officer, Warrant Officer, Enlisted applicants)

____ **1.** (As applicable for officer participants) As an officer participant in the Career Intermission Program, (further referred to as “the program”) I understand and agree to accept an appointment and to serve in the Individual Ready Reserve (IRR) of the Army for the period specified. Any period served as part of this program inactive service and as such is excluded from computation of officer total years of service and shall not count toward eligibility for retirement or computation of retired pay.

____ **2.** (As applicable for enlisted participants) As an enlisted participant in the Career Intermission Program, (further referred to as “the program”) I understand and agree to enlist in the Individual Ready Reserve (IRR) of the Army for the period specified. Any period served as part of this program is excluded from computation of officer total years of service and shall not count toward eligibility for retirement or computation of retired pay.

____ **3.** As a program participant, I will undergo such inactive duty training as required in order by the Army to ensure that I retain military skills proficiency, professional qualifications, and physical readiness standards as required for retention. This period is not creditable to IRR points. I understand that the Service may involuntarily recall/enlist me to AGR duty and recoup the cost of program participation for failure to maintain proficiency and standards as listed above.

____ **4.** As a program participant, I understand that I will incur, and agree to serve, an Active Duty Service Obligation (ADSO – for officer participants) / Service Remaining Requirement (SRR – for enlisted participants) of two months as a member of the AGR on active duty for each month of inactivation from active duty under the program. I will sign a contractual agreement to the necessary ADSO/SRR prior to entry into the program. Failure to comply with agreement or contract provisions will result in default of contract and will subject me to recoupment of program costs.

____ **5.** I understand that the Army may terminate my participation in the program by issuing orders/enlistment back to the AGR program.

____ **6.** I understand that I may voluntarily terminate program participation and return to the AGR program, except that it may not be effective earlier than one year after program entry. I may initiate such termination through the CIP manager.

7. I understand that participating in the program entitles me to the following:

____ **a.** 2/30ths (two thirtieths) of the amount of my monthly basic pay I would receive each month under section 204 of Title 37, U.S.C. as a member of the service on Active Duty in the grade and years of service on the day prior to commencement in the program.

____ **b.** Travel and transportation, from my current residence upon release from active duty to a location in the United States (not requiring overseas travel), designated as my residence during the period of participation in the program and travel and transportation to my residence upon return to active duty at the end of the program. The Army pays this allowance only with respect to travel to and from a single residence.

____ **c.** If I should die while in the program, death benefits for me and my survivors 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.

_____ d. General benefits as provided in part II of title 38 (Veterans' benefits).

_____ 8. 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 effective upon the first day of entry into the IRR. Upon return to AGR duty, the Army will restart any special pay(s) or bonuses which I received prior to program commencement for the period of agreement remaining provided that I am eligible.

_____ 9. I understand, for the purposes of medical and dental care, Tricare will treat me and my dependents (as applicable) as a member of the Armed Forces on active duty for a period of more than 30 days for purposes of entitlement to medical and dental care for myself and my DoD authorized dependents as defined by DEERS. I will receive a DD 2765 ID card upon entry into the program during transition.

10. Promotion Limitations:

_____ a. If an officer, as a program participant I understand that I am excluded from promotion consideration under chapter 36 or 1405 of Title 10, U.S.C. while a program participant effective upon entry into the IRR.

_____ b. If an officer, if I am on a centralized selection list I am not eligible to participate in the CIP program.

_____ c. If an enlisted member, as a program participant I understand that I cannot compete for promotion consideration while a program participant.

_____ 11. I understand that while participating in the CIP neither I, nor my family members, are eligible for Servicemembers Group Life Insurance (SGLI), Family Servicemembers Group Life Insurance (FSGLI), or Traumatic Servicemembers Group Life Insurance (TSGLI). If I desire insurance coverage for myself or family members during this period it is my own responsibility to obtain such coverage. I may complete SGLI and/or FSGLI, forms and a DD93 upon return to active duty as part of the re-accession process.

_____ 12. I understand that I and my DoD approved family members retain Commissary and PX privileges as a CIP participant. I will surrender my Common Access Card (CAC) at transition and receive a DD2765 (Department of Defense / Uniformed Services Identification and Privilege Card). Upon return to the AGR, I will surrender my DD 2765 and will receive a new CAC as part of my re-integration processing to AGR duty.

_____ 13. 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.

_____ 14. I understand that I will return to AGR duty upon conclusion of my pre-defined period of program participation. Further, the absence of orders will not relieve me of my contractual obligation to return to AGR duty upon conclusion of my pre-defined period of program participation. I will contact the CIP program manager NLT 90 days prior to program completion if I have not received orders.

_____ 15. Officer program participants will return to the AGR program in the rank, branch, and career management field held prior to IRR transfer and will be assigned in accordance with the needs of the

AGR program, including PCS if applicable. The Army will complete date of rank (DOR) adjustments and other service record computations per item #17 below as required for this program.

____ **16.** Enlisted program participants will return to the AGR program in the rank and MOS held prior to IRR transfer and will be assigned IAW “needs of the AGR program.” Soldiers may PCS as required by the needs of the Army.

____ **17.** I understand that upon return from the program to the AGR, I will complete a DA Form 1506 (Statement of Service – For Computation of Length of Service for Pay Purposes) and DA Form 7301-R (Officer Service Computation for Retirement), as applicable. As a result, the Army will adjust the following data elements, at minimum, for officer and enlisted participants as applicable: date of rank, basic active service date, basic officer service date, Good Conduct Medal eligibility date (if applicable), date entered active duty current tour, Year–Month of Availability for Assignment , assignment eligibility and availability code termination date, date of last permanent change of station (PCS), date of last evaluation, and other administrative data as required for service personnel management purposes.

____ **18.** For Officer and Noncommissioned Officer evaluations, I understand that time spent in the IRR during the program period are not ratable periods. I will not receive officer evaluation report, noncommissioned officer evaluation report or academic evaluation report (as applicable) for the program period. My participation in the CIP will create a gap in my evaluation reports.

____ **19.** 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 recall/enlistment to AGR duty, and potential recoupment of program participation costs.

____ **20.** I will outprocess completely through my installation and transition center prior to beginning the CIP. I will receive a DD Form 214 with Separation Program Designator (SPD) code of MGS (for enlisted) or FGS (for officers) (Career Intermission Program) with a separation characterization of honorable.

____ **21.** I will contact and process through the applicable Army Human Resources Command AGR program point of contact upon completion of CIP for re-entry to AGR duty and report as indicated on my orders (as applicable).

____ **22.** My voluntary participation in CIP precludes me from application and/or participation in any other program until my return to AGR duty. This includes application for officer or warrant officer commission, ROTC application or membership, and participation in activities which would otherwise result in award of points contributable to retirement.

____ **23.** I am responsible for determining how I use any remaining accrued leave prior to 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 current regulatory provisions and limits of Army Regulation 600-8-10 and the Department of Defense Financial Management Regulation (DoD FMR), Volume 7A. I understand that I will lose any leave remaining not either used, carried forward, or sold. I understand that Army will not restore any lost leave.

24. I am not authorized to use Tuition Assistance while a program member. I may choose to use Montgomery GI Bill or Post 9/11 GI Bill benefits if I have previously elected and am otherwise entitled to use such benefits.

 25. In conjunction with this counseling I will complete a contractual agreement. Failure to complete the contractual agreement voids program selection.

INDIVIDUAL CERTIFICATION OF COUNSELING

This document serves official counseling regarding acceptance of all responsibilities as stated above.

The participant will legibly print and sign in the spaces below:

PRINTED NAME _____

OFFICIAL SIGNATURE _____

RANK _____ BRANCH _____ MOS _____

SERVICING CAREER COUNSELOR CERTIFICATION OF COUNSELING (Enlisted Only)

Each enlisted applicant will be counseled by a Servicing Career Counselor. Career Counselors will complete the signature below:

PRINTED NAME _____

OFFICIAL SIGNATURE _____

RANK _____ BRANCH _____

“My signature attests to having advised and counseled the program participant on in-service

COMMANDER CERTIFICATION OF COUNSELING

Each applicant will be counseled on the provisions above by the first LTC/O5 Commander. Commanders will complete the signature below:

PRINTED NAME _____

OFFICIAL SIGNATURE _____

RANK _____ BRANCH _____

“My signature attests to having advised and counseled the program participant on changes in regards to benefits, compensation, medical care, etc., associated with participation in the CIP.”