

Army Career Intermission Program (CIP) RA COMMISSIONED OFFICER/WARRANT OFFICER 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 officer's Official Army Military Human Resources Record file in IPERMS and become a permanent part of the officer'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 Active Duty Service Obligation (ADSO):** _____

6. **Start Date of the CIP ADSO:** _____

7. **End Date of the CIP ADSO:** _____

8. Acknowledgement/Statement of Understanding:

a. I understand that participation in the program constitutes acceptance of an appointment in the Ready Reserve of the Army and transfer to the IRR for the period specified.

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

c. 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.

d. 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.

e. I understand that I will incur an ADSO of 2 months for each month of participation in the CIP. The ADSO for my participation will be served upon my return to active duty concurrently with any other ADSO, except that my CIP ADSO will be served consecutively to any ADSO for special or incentive pay or bonus that was in force when I began participation in the CIP. In the case of consecutive ADSOs, the CIP ADSO will be added to the remaining portion of the existing ADSO. In the case of concurrent ADSOs, the obligated period will be equal to the length of the longest remaining ADSO.

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f. I understand that I will return to active duty upon conclusion of my predefined period of program participation. Further, the absence of orders will not relieve me of my contractual obligation to return to active duty. I will contact the CIP program manager no later than 90 days before completion of the CIP if I have not received orders.

g. 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 active duty in the grade and years of service on the day before I begin the program.

h. I understand that I am prohibited from receipt of and will not be paid special or incentive pays or bonuses while participating in the CIP. 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 active duty, 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.

i. I understand that I cannot compete for promotion consideration under chapters 33A, 36, 1207, or 1405 of Title 10, U.S.C. while a program participant effective upon entry into the IRR. Further, upon return to active duty, I understand that I must serve at least 12 months on active duty before promotion consideration unless I request and received an approved waiver to AR 600-8-29, paragraph 1-10e(5) from HRC Officer Promotions.

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

k. 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 active duty as part of the reaccession process.

l. 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.

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

n. 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 involuntary call to active duty, and recoument of costs associated with program participation.

o. I understand my voluntary participation in the CIP prevents application and/or participation in any other program until my return to active duty. This includes application for or participation in activities that would otherwise result in award of points contributable to retirement or retired pay.

p. 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,

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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, Volume 7A. I understand that I will lose any remaining leave not used, carried forward, or sold. I understand that the Army will not restore any lost leave.

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

r. 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 would result in my immediate recall to active duty in the Regular Army.

s. 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 in my immediate recall to active duty in the Regular Army.

t. 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.

u. 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 contract and that I will be subject to immediate recall to active duty. I understand the Army may 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.

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

_____ I accept (initial) _____ I decline (initial) **Date:** _____

Officer's Signature _____ **Branch** _____ **CMF** _____

Officer's Typed/Printed Name, Rank: _____

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

First Lieutenant Colonel (or higher) in the requesting officer'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.OPMD-RETENTION@MAIL.MIL.

12. Agreement of the Department of the Army (Completed by HRC, Officer Retention Branch).

Approved: Disapproved (VOID):

Signature of Chief, Officer Retention Branch (date)