REQUEST FOR DEPLOYMENT

SECTION1. Employee Information

a. Name (Last, First, MI)	**b. Organization**
c. Current Position (Title/Series/Grade)	
d. Desired Deployment Date	**e. Desired Length of Tour** ☐ 9 months ☐ 12 months ☐ Short Term TDY
f. Desired Duty Location (Please list in order of preference)	**g. Have you previously deployed?** ☐ YES ☐ NO
h. Previous Deployment Location(s)	**i. Previous Deployment Date(s)**

j. How did you apply for deployment?

☐ Deployment Coordinator ☐ CPOL/USAjobs - Vacancy # _____ ☐ Other _____

k. I understand that work may entail extended work shift of 12-16 hours a day. Generally, indoor work location has power, water, heating and air conditioning, although outages should be expected. Lack of sleep may occur due to long work hours and uncomfortable living conditions. Employee will report symptoms of stress and fatigue to the on-site supervisor. Living conditions range from having all basic amenities; light, power, water, refrigeration, to not having one or more of these amenities. Employees who need to store refrigerated medication shall prior to departure from the primary duty station, inform the local EOC so availability of refrigeration at the work site can be determined. Environmental conditions at work locations may range from excessive heat and humidity to extreme cold and rainy. Some locations require that the employee be able to maintain stable mobility in sandy and unstable terrain. Although some work is sedentary, there may be some lifting involved in the work.

l. Employee's Signature:

SECTION 2. Supervisor Endorsement
(Only required if applying through the Deployment Coordinator)

a. The employee is successfully performing the duties of the permanent position of record, OR I am able to verify the incumbent's past performance in the duties of the position he/she is applying for.

☐ YES ☐ NO

b. The employee fully participates as a team member and appears to be willing and capable of performing the job duties in a diverse and possible hostile environment at an acceptable level of competence.

☐ YES ☐ NO

c. Supervisor's Signature	**d. Date**

SECTION 3. Command Approval

a. I approve this employee's request for deployment:

☐ YES ☐ NO

b. Justification for denial of deployment request:

c. Commander's Signature (or Commander's Designee)	**d. Date**

SECTION 4. Notification of Request for Deployment

I have been notified of this employee's request for deployment and have received the required endorsement/approval.

a. Deployment Coordination Administrator's Signature	**b. Date**