

REQUEST FOR RESERVE OR RETIRED MEMBERS ACTIVE DUTY ORDERS ACTIVE DUTY FOR TRAINING (ADT), ACTIVE DUTY FOR SPECIAL WORK (ADSW), PRESIDENTIAL SELECTED RESERVE CALL-UP (PSRC) AND ANNUAL TRAINING (AT) AND RETIRED RECALL FOR MEMBERS OF THE SELECTED MARINE CORPS RESERVE AND INDIVIDUAL READY RESERVE AND RETIREES

NAVMC 11350 (5-98) (EF)

For use of this form, see MCO P1001.59; proponent agency is CMC (RA)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 688, 12301 (d), and 12304

PRINCIPAL PURPOSE: To determine eligibility and request individuals for Active Duty for Special Work, Presidential Selected Reserve Call-up, Retired Recall or active duty for training on requested dates.

ROUTINE USES: To identify the requested individual as a Reserve Component or retired member and to issue Active Duty for Special Work, Presidential Selected Reserve Call-up, Retired Recall or Active Duty for Training. The SSN is used to identify the requested individual.

DISCLOSURE: Completing this form is mandatory for requesting individuals for Active Duty for Special Work, Presidential Selected Reserve Call-up, Retired Recall or Active Duty for Training if not completed, the individual will be ineligible for the requested duty.

PURPOSE OF THE REQUEST

THE PURPOSE OF THE REQUEST IS TO:

INITIATE ORIGINAL ORDERS INITIATE A MODIFICATION TO ORIGINAL ORDERS

PART I - REQUESTED INDIVIDUAL (Read instructions prior to completing this form.)

1. FROM (initiating Command; include address)		2. TO (Approval Authority or Orders Writing Authority)	
3a. POC (Rank and Name)		3b. POC TELEPHONE NUMBER	
4. REQUESTED INDIVIDUAL'S NAME (Last, First, MI)		5. GRADE	6. SSN
7a. PERMANENT HOME ADDRESS		7b. CURRENT ADDRESS	
7c. HOME TELEPHONE NUMBER		7d. WORK TELEPHONE NUMBER	

PART II - ORDERS ELIGIBILITY INFORMATION

8. RUC	9. MCC	10. PLATOON CODE	11. TRAINING GROUP
12. T/O	13. T/O LINE NUMBER	14. BILLET TITLE	15. PMOS
16. RESERVE COMPONENT CODE	17. REENLISTMENT CODE	18. MARITAL STATUS	19. DATE OF BIRTH
20. RESERVE ECC	21. EAS	22. PEBD	23. AFADBD
24. ACDU POINTS	25. ACDU YEARS	26. DATE LAST PHYSICAL	27. HIV TEST DATE
28. SECURITY CLEARANCE	29. BIRTH CITY/STATE	30. RESERVE RECSTAT	

PART II - ORDERS ELIGIBILITY INFORMATION

31. TYPE OF ACDU REQUESTED (Complete 31a if type is ADSW)

<input type="checkbox"/> ADSW	<input type="checkbox"/> ADSW (NON-PAID)	<input type="checkbox"/> RCT	<input type="checkbox"/> ATP
<input type="checkbox"/> APPROPRIATE DUTY	<input type="checkbox"/> ASSOCIATE DUTY	<input type="checkbox"/> AT	<input type="checkbox"/> OFF-SITE DRILLS
<input type="checkbox"/> RETIRED RECALL			

31a. ADSW CATEGORY AC/ADSW <input type="checkbox"/> ADSW-AC (SHORT TOURS/OP TEMPO RELIEF) <input type="checkbox"/> ADSW-ES (EXERCISE SUPPORT) <input type="checkbox"/> ADSW-TCA (TRADITIONAL CINC ACTIVITIES) <input type="checkbox"/> ADSW-CO (CONTINGENCY OPERATION) select one <input type="checkbox"/> INVOLUNTARY (IMA) <input type="checkbox"/> VOLUNTARY (SMCR/IRR) <input type="checkbox"/> ADSW-NC (UNEXPECTED NON-CONTINGENCY) reserved for use by CMC		RC/ADSW <input type="checkbox"/> ADSW-GO (GENERAL OFFICER SHORT TOURS) <input type="checkbox"/> ADSW-RC (SHORT TOURS) <input type="checkbox"/> ADSW-EP (EXERCISE PARTICIPATION) <input type="checkbox"/> ADSW-RR (RECRUITING AND RETENTION) <input type="checkbox"/> ADSW-CD (COUNTERDRUG) <input type="checkbox"/> ADSW-DD (DEMAND DRUG REDUCTION TASK FORCE) <input type="checkbox"/> ADSW-CM (CIVIL MILITARY) <input type="checkbox"/> ADSW (C4I RESERVE INTELLIGENCE PROGRAMS) select one <input type="checkbox"/> ADSW-GDIP <input type="checkbox"/> ADSW-JMIP <input type="checkbox"/> ADSW-TIARA		
32. START DATE	33. REPORT DATE AND TIME	34. END DATE	35. TOTAL DAYS REQUESTED	
36. REPORT TO		37. REPORTING ADDRESS		
38. FOR DUTY WITH		39. RUC (GAINING COMMAND)	40. MCC (GAINING COMMAND)	
41. SECURITY CLEARANCE REQUESTED: <input type="checkbox"/> NONE <input type="checkbox"/> SECRET <input type="checkbox"/> TOP SECRET <input type="checkbox"/> TOP SECRET/SSBI/SCI				
42. REQUESTED ORDERS FORMAT <input type="checkbox"/> LETTERHEAD <input type="checkbox"/> MESSAGE	43. ORDERS DELIVERY TYPE <input type="checkbox"/> PICK-UP IN PERSON <input type="checkbox"/> MAIL <input type="checkbox"/> FEDERAL EXPRESS	44. MODE OF TRAVEL <input type="checkbox"/> COMMERCIAL AIR <input type="checkbox"/> POV <input type="checkbox"/> GOVT TRANS	45. BILLETING AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO DAILY COST: _____	46. MESSING AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO DAILY COST: _____
47. RENTAL CAR AUTHORIZED: <input type="checkbox"/> YES <input type="checkbox"/> NO	48. DUAL LODGING AUTHORIZED: <input type="checkbox"/> YES <input type="checkbox"/> NO	49. VARIATION OF ITINERARY AUTHORIZED: <input type="checkbox"/> YES <input type="checkbox"/> NO	50. EXCESS BAGGAGE AUTHORIZED: <input type="checkbox"/> YES <input type="checkbox"/> NO # OF PIECES: _____	51. CONFERENCE FEE AUTHORIZED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT _____
52. DEPARTING AIRPORT		53. ARRIVAL AIRPORT		
54. DELIVERY ADDRESS PLAD of MSG TYPE ORDERS: ADDRESS/LOCATION FOR ORDER/TICKET DELIVERY/PICK-UP:		55. PCS MOVE (ADSW orders greater than 139 days continuously) <input type="checkbox"/> MARINE DECLINES MOVEMENT OF HOUSEHOLD EFFECTS <input type="checkbox"/> MARINE DESIRES MOVEMENT OF HOUSEHOLD EFFECTS(Checking this block requires the approval of CMC (RAM-7) prior to submission to the orders writing authority.) <input type="checkbox"/> DEPENDENTS TRAVEL (Checking this block requires the approval of CMC (RAM-7) prior to submission to the orders writing authority.)		

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56. APPROPRIATION DATA

ACRN	APPN/SH	OBJ/CL	BCN	S/A	AAA	TT	PAAN	COSTCODE

57. FUNDING SOURCE:	58. STANDARD DOCUMENT NUMBER:	59. TRAVEL ORDER NUMBER:
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60. COST ESTIMATES:

PAY & ALLOWANCES	PER DIEM	GOVT TRAVEL	OTHER	MISC	TOTAL	ADVANCE AUTH

61. SPECIAL INSTRUCTIONS (Orders writing information to be included in the actual orders that is non standard or more detailed including variation in itinerary)

PART IV - ACTIVE DUTY PRVIOUSLY PERFORMED DURING CURRENT FISCAL YEAR

62. LIST ALL PREVIOUS ADSW IN THE CURRENT FISCAL YEAR:

FROM	TO	TOTAL DAYS	SUPPORTED COMMAND	DUTY PERFORMED

63. JUSTIFICATION AND BRIEF DESCRIPTION OF DUTY TO BE PERFORMED THIS PERIOD:

64. NAME, RANK, SIGNATURE AND TITLE (Requesting Authority)	65. Date
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PART V - APPROVING AUTHORITY ENDORSEMENT

APPROVED AS REQUESTED
 APPROVED WITH CHANGES (Listed in Remarks)
 DISAPPROVED

REMARKS

NAME, RANK AND TITLE (Approving Authority)	SIGNATURE	DATE
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Purpose of Request

Select "Initiate request for original orders" if the requested individual is not currently on orders performing the required duties. Select "initiate a modification to original orders" if the requested individual is currently on orders and will be continued on the orders to perform the same duties for which he/she was originally ordered to active duty.

Part I Requested Individual

1. Provide the full requesting organization name and address to include street, city, state, and zip code.
2. Provide the full name of the approving organization or orders writing authority and their address to include street, city, state, and zip code.
- 3a. Provide the Rank and Name of the point of contact for these orders.
- 3b. Provide point of contact Telephone number DSN and Comm (with Area Code).
4. Provide the full name of the individual requested to perform the active duty requirement (Last, First M.).
5. Provide the abbreviated grade e.g. Capt.
6. Provide the requested individual's Social Security Number (SSN). Use the following format: 123456789.
- 7a. Provide the requested individual's permanent home address.
- 7b. Provide the requested individual's current address.
- 7c. Provide the requested individual's home telephone number.
- 7d. Provide the requestee individual's work telephone number.

Part II Orders Eligibility Information

8. Provide the requested individual's Reporting Unit Code (RUC).
9. Provide the requested individual's Monitor Command Code (MCC).
10. Provide the requested individual's Platoon Code.
11. Provide the requested individual's Training Group. SMCR = "A", IMA = "B", IRR = "H".
12. Provide the requested individual's T/O.
13. Provide the requested individual's T/O Line Number.
14. Provide the requested individual's Billet Title.
15. Provide the requested individual's Primary Military Occupational Specialty (PMOS).
16. Provide the requested individual's Reserve Component Code.
17. Provide the requested individual's Reenlistment Code. Not required for officers.
18. Provide the requested individual's Marital Status.
19. Provide the requested individual's Date of Birth (YYYYMMDD).
20. Provide the requested individual's Reserve End of Current Contract (ECC).
21. Provide the requested individual's End Active Service (EAS).
22. Provide the requested individual's Pay Entry Base Date (PEBD).
23. Provide the requested individual's Armed Forces Active Duty Begin Date (AFADBD).
24. Provide the requested individual's Active Duty Points.
25. Provide the requested individual's accumulated Active Years.
26. Provide the requested individual's date of last physical.
27. Provide the requested individual's date of last HIV test.
28. Provide the requested individual's current security clearance eligibility level.
29. Provide the requested individual's birth city and state.
30. Provide the requested individual's Reserve Record Status (RECSTAT).

Part III Orders Writing Information

31. Choose the type of active duty requested. Answer 31a. is type chosen is ADSW.
- 31a. Choose the ADSW category that applies to the request. Requests that support the Active Component fall under AC/ADSW. Requests that support the Reserve Component fall under RC/ADSW.
32. Provide the date orders are requested to start (YYYYMMDD). This date includes any travel days required.
33. Provide the date the individual is requested to report for duty (YYYYMMDD).
34. Provide the date orders are requested to end (YYYYMMDD).
35. Provide the total number of days covered in this request.
36. Provide the full name of the organization the individual will report to.
37. Provide the full address of the reporting organization.
38. Provide the name of the organization the individual will perform duty with.
39. Provide the RUC of the gaining command if the requested duty is 30 days or more.
40. Provide the MCC of the gaining command if the requested duty is 30 days or more.
41. Choose the type of security clearance required to perform the requested orders.
42. Choose the format of orders.
43. Choose the orders delivery type if format requested is Letterhead.
44. Choose the mode of travel requested for the individual. If POV provide the mileage for one way travel.
45. Choose appropriate billeting information.
46. Choose appropriate messing information.
47. Indicate whether rental car is authorized or not.
48. Indicate whether dual Lodging is authorized.
49. Indicate if variation in itinerary is authorized.
50. Indicate if excess baggage is authorized.
51. Indicate if conference fee is authorized. If yes, list the dollar amount.
52. Provide the name of the airport from which the individual will depart.
53. Provide the name of the airport the individual will arrive at.
54. Provide the delivery address. If message type orders are requested, provide the PLAD for the gaining command. If letterhead orders are requested, provide the address where the orders should be delivered.
55. If orders are for 139 days or more, choose the appropriate statement.
56. Provide appropriation data for pay and allowances, travel, and per diem.
57. Provide the name of the funding source i.e. MARFORPAC ADSW-ES.
58. Provide the Standard Document Number if Per Diem and/or Travel appropriation data is provided in block 49.
59. Provide the Travel Order Number Per Diem and/or Travel appropriation data is provided in block 49.
60. Provide the cost estimates for pay and allowances per diem, travel, and any other costs such as conference fees (misc) or rental cars (other).
61. Provide any special instructions to be included in the orders that are nonstandard or more detailed.

Part IV Active Duty Previously Performed During Current Fiscal Year

62. Provide information on past Reserve Active Duty performed during the current fiscal year, i.e., AT, RCT, ADSW.
63. Provide justification and a brief description of the duty that will be performed during this period. If the orders are for IMA Annual Training, provide the T/O and Line Number for the billet.
64. Provide the signature, name, rank, and title of the individual authorizing the request.
65. Provide the date (YYYYMMDD) that the request was signed.

Part V Approving Authority Endorsement

To be filled out by the Approving Authority.