CONDITION OF EMPLOYMENT-RESERVE MEMBERSHIP

DIRECTIONS: All individuals selected for positions in the United States Army Reserve Military Technician (USAR MT) Program ,initially hired after 1 Oct 97, who are required to maintain membership in the Selected Reserve (Troop Program Unit or Individual Mobilization Augmentee) must complete this form.

RESERVE MEMBERSHIP REQUIREMENTS: This requirement is governed by Public Law 104-61 (FY 96 DOD Appropriations Act), National Defense Authorization Act for FY 96, 10 USC 10216, DOD Directive 1205.18, and Army Regulation 140-315.

[X] You are employed in a Troop Program Unit (TPU).

[X] You must establish and maintain membership in this TPU. Loss of membership in this TPU for any reason is considered failure to maintain the Condition of Employment and is grounds for removal.

[X] In both your military and civilian positions you must have compatible skills requirements. Any change of military or civilian position which is determined by the Civilian Personnel Office to be incompatible may be grounds for removal.

[ ] You are employed in a support activity (e.g. Area Maintenance Support Activity (AMSA), Aviation Support Facility (ASF), or Equipment Concentration Site (ECS)., etc.).

[ ] You must establish and maintain membership in a TPU or Individual Mobilization Augmentation (IMA) position. Loss of membership for any reason is considered failure to maintain the Condition of Employment and is grounds for removal.

[ ] In both your military and civilian positions you must have compatible skill requirements. Any change of military or civilian position which is determined by the Civilian Personnel Office to be incompatible may be grounds for removal.

[X] EMPLOYEE CERTIFICATION: I HEREBY UNDERSTAND THE CONDITION OF EMPLOYMENT.

SIGNATURE: _____ DATE: _____
NAME: _____
(PRINT OR TYPE)

[X] RESERVE MEMBERSHIP CERTIFICATION:

COMMAND: _____ UNIT: _____

UIC: _____ DATE MEMBERSHIP ESTABLISHED: _____

MTOE paragraph & line #: _____

Mil Duty MOS: _____Mil Position Title: _____

I certify the above information is true. Employee was advised of the above conditions of employment on _____ (date). I will ensure the selectee continues to maintain Selected Reserve Membership as stated above and the failure to do so will be reported to the Civilian Personnel Office within 30 calendar days of notice of loss of reserve membership. I will ensure the technician's civilian supervisor is aware of his/her loss of membership.

SIGNATURE (CERTIFYING OFFICIAL): _____
NAME: _____
(PRINT OR TYPE)
DATE: _____