Unit Cover Memo: RCMC-M/RCMC-T Program

OFFICE SYMBOL DATE

MEMORANDUM THRU JFHQ-Georgia Army National Guard, Medical Actions Branch, 1000 Halsey Ave, Bldg 408, Marietta GA 30060

FOR National Guard Bureau, Attn: ARNG-HRP-P (Medical Admin), 111 South George Mason Drive, Arlington, VA 22204-1382

SUBJECT: Request for (circle one) RCMC-M / RCMC-T Status for: Soldiers Name, Rank, and SSN

I have counseled the Soldier about the relevant RCMC-M/T program and the
Incapacitation Pay (INCAP) program, and the Soldier desires to return to Active Duty under
the provisions of (circle one) RCMC-M / RCMC-T.
I have reviewed the packet for completeness and submit it for further review and
approval.
I have verified this Soldier is currently not undergoing any UCMJ or adverse
administrative actions.
I recommend the Soldier enter on Active Duty under provisions of the (circle one)
RCMC-M / RCMC-T program.
I have notified the Soldier's parent command of the Soldier's recommended change in
status.
I verify the Soldier was mobilized on contingency operation orders/participating in
training (IET,IADT,IDT,AT, RC-ADOS) and the medical condition(s) is/are a result of the
mobilization tour/training participation and were sustained or aggravated in the line of duty.
The Soldier will not attend civilian education classes/training during normal duty hours while
on RCMC <mark>-M/T</mark> orders. The Soldier will not be placed on Convalescence Leave while on RCMC-M/T Orders.
I understand the Soldier must use any accrued leave during the dates of this approved Title 10 12301(h) Active Duty period.
As an ARNG unit commander, I have received consent from the State Governor or
other appropriate authority of the State concerned through JFHQ, Medical Actions Branch
for this Soldier to be considered for the (circle one) RCMC-M / RCMC-T program.
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Point of contact (POC) for this action is: Name, phone number, and email address

Encl RCMC-M/RCMC-T FIRST I. LAST RANK, BR Commanding