

UNIT NAME (4 LINES MAX)  
HAWAII ARMY NATIONAL GUARD  
UNIT STREET ADDRESS  
CITY, HAWAII ZIPCODE+4

UNIT SYMBOL

XX Month 20XX

MEMORANDUM THRU Health Services Specialist, Joint Force Headquarters (NGHI-PER-SPT), 91-1227 Enterprise Avenue, Kapolei, HI 96707-2150  
UNIT, Unit Address

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

SUBJECT: Request for (select one) RCMC-M / RCMC-T Status for **RANK LASTNAME, FIRSTNAME M.I., (XXX-XX-LAST4SSN)**

1.  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 (select one) RCMC-M / RCMC-T.
2.  I have reviewed the packet for completeness and submit it for further review and approval.
3.  I have verified this Soldier is currently not undergoing any UCMJ or adverse administrative actions.
4.  I recommend the Soldier enter on Active Duty under provisions of the (select one) RCMC-M / RCMC-T program.
5.  I have notified the Soldier's parent command of the Soldier's recommended change in status.
6.  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-M/T orders. The Soldier will not be placed on Convalescence Leave while on RCMC-M/T Orders.
7.  I understand the Soldier must use any accrued leave during the dates of this approved Title 10 12301(h) Active Duty period.
8.  As an ARNG unit commander, I have received consent from the State Governor or other appropriate authority of the State concerned through JFHQ, Health Services Specialist for this Soldier to be considered for the (circle one) RCMC-M / RCMC-T program.

**UNIT SYMBOL**

SUBJECT: Request for (circle one) RCMC-M / RCMC-T Status for **RANK LASTNAME, FIRSTNAME M.I., (XXX-XX-LAST4SSN)**

9. The point of contact (POC) for this action is **POC's name, phone number or email address.**

SIGNATURE BLOCK  
RANK, BRANCH  
Commanding