



**Health Care Personnel
Delivery System Manual**

DRAFT

JULY 2009

**NATIONAL HEADQUARTERS
ARLINGTON, VA**

DRAFT HEALTH CARE PERSONNEL DELIVERY SYSTEM MANUAL

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CHAPTER 1 GENERAL

SECTION A THE HEALTH CARE PERSONNEL DELIVERY SYSTEM

1. PURPOSE, SCOPE AND AUTHORITY

- a. Section 1(b) of the MSSA, 50 U.S.C., App. 451(b), states: "The Congress hereby declares that an adequate armed strength must be achieved and maintained to ensure the security of this Nation." Section 1 (c) states: "The Congress further declares that in a free society the obligations and privileges of serving in the armed forces and the reserve components thereof should be shared generally, in accordance with a system of selection which is fair and just, and which is consistent with the maintenance of an effective national economy."
- b. Further, Congress has mandated that a viable system be maintained for registering, classifying, and processing health care personnel for induction into the Armed Forces. Section 460 10(h) of the MSSA states in part: "The SSS shall maintain a complete registration and classification structure, including a structure for registration and classification of persons qualified for practice or employment in a health care occupation essential to the maintenance of the Armed Forces."
- c. The SSS is established by the MSSA, which empowers the President to appoint the Director, by and with the advice and consent of the Senate. The MSSA authorizes the Director to create and establish Local Boards, Appeal Boards, Civilian Review Boards, Health Care Personnel Advisory Committees, and other entities necessary to carry out the functions of the law. The President is further authorized to prescribe the necessary rules and regulations to implement the provisions of the MSSA. In consonance with the above statutory authority, Chapter XVI, Title 32 of the Code of Federal Regulations contains the regulatory authority upon which Selective Service registrant processing relies.
- d. The Health Care Personnel Delivery System (HCPDS) policies and procedures contained in this manual pertain to registrant processing under the One-Step, Combined Examination and Induction process. It outlines registration, inductions, examinations, claims, appeals, late registrations (during periods of induction), processing suspected violators of the MSSA, and alternative service for conscientious objectors. These policies and procedures become effective only after Selective Service receives the authority to begin induction processing.
- e. For the purpose of this manual, unless otherwise specified, all mention of the word "registrant" will refer to health care registrants.

2. ORGANIZATION AND FUNCTIONS OF THE SSS

a. GENERAL

The SSS is an independent agency within the Executive Branch of the United States Government. Specific information concerning the qualifications, duties and appointment procedures of the various officials of the SSS is set forth in the Personnel Policies and Procedures Manual (PPPM), in certain Headquarters Orders, and in the various Readiness Plans for each level of the System.

b. NATIONAL ADMINISTRATION

The Director of Selective Service is appointed by the President with the advice and consent of the Senate. He (refers to both male and female registrants) is authorized to prescribe the rules and regulations necessary for the administration of the System, to delegate any of his (refers to both male and female registrants) authority to such persons as he may designate, and to provide for the sub-delegation of any such authority.

The SSS National Appeal Board is authorized to review and affirm or change any District Appeal Board decision appealed to the President under the provisions of Chapter 5, Section D. Members of the board are appointed by the President.

c. REGION ADMINISTRATION

The Region Director, subject to the direction and control of the SSS Director, shall be in immediate charge of the Region Headquarters and shall be responsible for carrying out the functions of the System in the various states assigned to the Region.

d. MEPS LIAISON

The MEPS Liaison (ML) shall represent the State Director(s) of the State(s) serviced by the Military Entrance Processing Stations (MEPS) for which he is responsible and will serve as the primary SSS representative for the MEPS.

The ML is a compensated employee of the Selective Service office in the city where the MEPS is located.

e. STATE ADMINISTRATION

The Governor or comparable executive official of each of the several states of the United States, the District of Columbia, Puerto Rico, Guam, the Virgin Islands and the Northern Mariana Islands is authorized to recommend a person to be appointed as State Director of Selective Service for his jurisdiction. The State Director shall be responsible for carrying out the functions of the SSS within his jurisdiction of appointment, subject to the direction and control of the SSS Director.

The Governor of the State of New York is additionally authorized to recommend a person to be appointed by the President as State Director for New York City, who shall be in charge of his jurisdiction of appointment, the same as any other State Director. The State Director for the State of New York shall have no jurisdiction within the City of New York.

f. **DISTRICT APPEAL BOARDS**

The SSS Director shall establish one or more District Appeal Boards in each of the Federal Judicial Districts and shall appoint the members thereof in the name of the President. The District Appeal Board is authorized to review and affirm or change any Local Board decision appealed to it under the provisions of Chapter 4, Section D. The DABs also review those cases appealed to it in which an Alternative Service Worker has requested a job reassignment based on reasons of conscience and his request has been denied by the Alternative Service Office (ASO).

g. **LOCAL BOARDS**

The SSS Director shall divide each state into Local Board areas and establish one or more Local Boards in each county or corresponding political subdivision. Local Board members shall be recommended by the Governor or comparable executive official and appointed by the Director in the name of the President.

The SSS Director may, with the approval of the Governor of the state, establish inter county Local Boards for an area not to exceed five counties or corresponding political subdivisions, with at least one member from each county or subdivision within the board's jurisdiction.

The Director shall also establish Local Boards, to be located at points he designates, which shall serve as boards of jurisdiction for registrants whose current address is neither within the United States nor within Canada or Mexico.

The MSSA requests the President to appoint the membership of each Local Board so that, to the maximum extent practicable, it is proportionately representative of the race and national origin of those registrants within its jurisdiction. However, action by a Local Board shall not be declared invalid on the grounds that the board membership failed to conform to any particular race or national origin quota.

h. **AREA OFFICES**

The Director shall establish Area Offices (AO) to provide all administrative and operational support to the one or more Local Boards and to assist registrants in filing claims. The Director shall determine the number of Local Boards within the jurisdiction of each AO.

The Area Office Supervisor is in immediate charge of the AO and is responsible for carrying out the functions of that office, subject to the direction and control of the State Director.

i. **ALTERNATIVE SERVICE OFFICES**

The Director shall establish Alternative Service Offices (ASOs) within a prescribed area to administer the Alternative Service Program and provide administrative support to the Civilian Review Board in that area.

The ASO Manager is in immediate charge of the ASO and is subject to the direction and control of the State Director. The ASO Supervisor's responsibilities include managing each registrant assigned to perform alternative service in lieu of military service. The

ASO Supervisor shall assign each registrant an appropriate work assignment for the duration of the registrant's term of service in accordance with the Alternative Service Chapter in this manual (to be developed).

j. NATIONAL HEALTH CARE PERSONNEL ADVISORY COMMITTEE

The Director shall establish a National Health Care Personnel Advisory Committee (HCPAC) to advise the Director of Selective Service on the administration of existing or proposed MSSA provisions concerning the registration, classification, and selection for induction of health care personnel. The members of the National Health Care Personnel Advisory Committee will be appointed by the Director of Selective Service in the name of the President. State Directors of Selective Service may recommend National HCPAC candidates to the SSS Director. Since the committee charter and purpose is to provide advice, the Director is under no obligation to accept or act upon recommendations put forth by the committee.

k. UNCOMPENSATED PERSONNEL

- (1) Members of Local Boards, District Appeal Boards (DABs) the National Appeal Board (NAB), HCPAC, and other persons volunteering their services with the approval of the Director to assist in the administration of Selective Service law shall be uncompensated. Persons serving without compensation shall not accept remuneration from any source for service rendered in connection with Selective Service affairs.
- (2) Every person who undertakes voluntary uncompensated service in the administration of Selective Service law shall execute an Oath of Office and Waiver of Pay in accordance with the Personnel Policies and Procedures Manual (PPPM) before he enters into duty.
- (3) The Director may suspend any uncompensated person engaged in the administration of the Selective Service Law while the final decision on removal is still pending.

3. MEETING OF BOARDS, COMMITTEES, AND PANELS

A board shall meet often enough to ensure timely processing of all registrants, but in all instances at least once a month after the boards have been activated.

4. THE HEALTH CARE PERSONNEL DELIVERY SYSTEM (HCPDS) MANUAL

- a. The Health Care Personnel Delivery System (HCPDS) Manual contains the One-Step, Combined Examination and Induction policies and procedures used by Selective Service personnel to process health care registrants eligible for service under the MSSA.
- b. Within each chapter of the manual, policy information contained in the text is supported by procedural information contained in the appendixes. The appendixes contain checklists to assist Selective Service personnel in carrying out specific registrant processing actions. Sample Letters, designed for production on personal computers, are also provided. This arrangement is designed to facilitate the rapid location of material required by staff of the Agency.

- c. This manual is in loose-leaf format to allow easy substitution of revised pages or the replacement of an entire chapter. All pages will show the effective date of the edition or revision in the lower right corner of each page. A summary page of changes to the manual will be updated and published periodically.
- d. All chapters and revisions will show the effective edition date in the lower right corner of each page.
- e. Revisions to the Manual will be transmitted by Change Notice or other appropriate means. Users of the Manual are urged to note changes immediately upon receipt.
- f. As may be necessary, temporary Instructions shall be used to indicate revisions of a short-term or emergency nature and will be filed at the front of the chapter to which each applies. Each temporary instruction will specify the method for disposal upon termination.

SECTION B
GENERAL OFFICE PROCEDURES

1. OFFICE SAFETY AND SECURITY

- a. It is the policy of the SSS to administer its programs in such a way that each employee works in a safe and healthful environment, free from hazard. Each Selective Service office supervisor/manager shall develop a safety and security plan suitable to the individual office and shall conduct an inspection of the office at least once a month in order to minimize the likelihood of accidents, unsafe working conditions, or damage to office equipment or records.
- b. Potential emergency situations which the plan should address include, but are not limited to, fire, break-ins, bomb threats, theft or vandalism, evacuations, demonstrations, sit-ins or attempted unauthorized occupation of the office, and any unusual behavior on the part of office visitors which might threaten the safety or security of the office and its staff. All employees shall be instructed to be alert to possible emergencies and what to do if such emergencies occur.
- c. A list of emergency telephone numbers shall be placed on or near each office telephone. The list should include the office supervisor's home, the person in charge of building security (guard, manager, owner as appropriate), local police and fire departments, rescue squad or ambulance service, Federal Bureau of Investigation, adjacent offices, State, Region and National Headquarters, and any other persons or offices as may be appropriate.
- d. Accountability shall be maintained for all office keys. The office address shall not be attached to the office key. If keys are lost, unaccounted for or cannot be retrieved when a key-holder's employment is terminated, the lock shall be replaced immediately. Worn or broken locks on doors and windows shall be immediately repaired or replaced.
- e. Passwords allowing access to personal computer software shall be safeguarded at all times. The office manager will ensure that each employee undergoes computer security and safeguard training, and understands the Selective Service policy regarding the use of computer system for official business only. Upon termination of the employment of a staff member with access to the software, the password shall be changed immediately.
- f. The employee in charge of the office at the time a breach of security occurs shall notify the State Director and the appropriate law enforcement agency immediately by telephone. A written report, following the outline at Appendix E, shall be submitted to National Headquarters within 48 hours after the incident with information copies to State and Region Headquarters.

2. PROCESSING MAIL

- a. All obviously personal mail addressed to a Selective Service employee by name will be delivered, unopened, to that person immediately upon receipt.
- b. All other incoming mail will be opened and date stamped to identify the receiving office and the date of receipt. If no date stamp is available, the mail will be marked "received" with the office identification and date of receipt in ink. Such identification will be placed on the front of the document unless it would obscure information, in which case it will be

placed on the back. The envelope will be retained if it contains information not in the correspondence or if a record of the postmark is necessary to establish the timely filing of a claim.

- c. Mail must be processed promptly each day. Any mail that must be directed to another Selective Service office for appropriate action will be forwarded immediately. Mail received from any source requesting information must be responded to within ten working days from the date of receipt.
- d. The contents and envelope of all mail returned to a Selective Service office as undeliverable shall be date stamped immediately upon receipt. All reasonable efforts will be made to locate the addressee and re-mail the correspondence. Such efforts will be recorded on a Report of Information (SSS Form 119). The SSS Form 119 and the returned envelope and correspondence shall be placed in the registrant's file (SSS Form 101 or 101A as appropriate) or in the appropriate section of File 100 of the Uniform Filing System. If the addressee is located and the correspondence re-mailed, that action shall be recorded on SSS Form 119 and, for registrants, on page 2 of the file folder.
- e. Outgoing mail will be reviewed and signed by the office supervisor or the person he designates. A copy of all correspondence prepared at any Selective Service office shall be retained in the office files, with additional copies prepared and distributed when required by Selective Service policy or specified by the office supervisor.
- f. Mail will be sent First Class unless otherwise specified by the office manager/supervisor. To the maximum extent possible, mail going to the same location will be batched and mailed in one large envelope. The office manager/supervisor will establish a schedule for the delivery of outgoing mail to the U.S. Postal Service.

3. TRANSFER OF MATERIAL

- a. Whenever a Registrant File Folder (SSS Form 101) or an Alternative Service File Folder (SSS Form 101A) is to be transferred from the custody of one Selective Service office to another, a duplicate file folder listing the contents of the file in chronological order shall be prepared and retained by the office of jurisdiction.
- b. Document Transmittal and Receipt (SSS Form 123) shall be used to record the transfer of all SSS Forms 101 and 101A. The SSS Form 123 shall also be used when forwarding Freedom of Information Act or Privacy Act inquiries, congressional correspondence, individual documents relating to a registrant's status, and any other document when the office supervisor determines a record of the transfer is necessary. The receiving office will immediately acknowledge receipt of the document on the SSS Form 123 and return the last copy to the sending office. A new entry will be made on the SSS Form 123 each time the document is transferred to the custody of another office.

4. RELEASE OF INFORMATION FROM A REGISTRANT'S RECORD

- a. The information in a registrant's computer file or in his file folder (SSS Form 101 or 101A) is confidential and shall not be furnished to anyone other than the registrant unless authorized by the provisions of this section.

- b. All requests for information must be responded to within ten working days from the date of receipt. An interim response (see Sample Letter 1-B-5) shall be used if the office is unable to complete action on the request within the prescribed ten-day period.
- c. The confidential nature of a Selective Service record shall be waived when a registrant, or another person on behalf of the registrant, takes court action against the Government or an individual which involves actions taken in the performance of duties in which all or a part of the registrant's Selective Service record was compiled or actions taken affecting the registrant's selection, classification or induction.
- d. Confidential information in a registrant's Selective Service records may be furnished to the following persons:
 - (1) A legal representative duly appointed by a court because of the registrant's death or incompetence.
 - (2) Anyone who presents proof of death of the registrant, such as a funeral notice, obituary or death certificate.
 - (3) Personnel of the SSS while engaged in the performance of their assigned duties.
 - (4) Personnel of the National Archives and Records Administration (NARA) while engaged in the performance of their duties relating to Selective Service records stored at NARA.
 - (5) A United States Attorney or his duly authorized representative, including agents of the Federal Bureau of Investigation, whenever a registrant has been reported to the United States Attorney for prosecution as a suspected violator of the Military or the rules, regulations or directives made pursuant to that Act.
 - (6) Any person who has the registrant's written, signed and dated authorization on an Authorization for Release of Information (SSS Form 725) or in a comparable written form dated within the last 90 days. The person identified in the authorization must provide verification of his identity.
- e. Information shall not be furnished until the requester has been properly identified as one authorized to receive the information. Verification of identity shall normally be accomplished by the presentation of two forms of identification. A comparison of signatures may be used when the request is made by mail.
- f. When a registrant wishes to be accompanied by another person while he examines his record, the registrant, after he has been properly identified, will be required to submit his signed authorization before the other person shall have access to the record.
- g. Whenever information contained in a registrant's record is disclosed to any person other than the registrant himself, an entry of the record disclosure shall be made on the Disclosure Accounting Record (Appendix F).
- h. Pertinent portions of the Registrant Inquiries Manual and the Administrative Services Manual govern the release of information not covered by this section.

5. THE UNIFORM FILING SYSTEM

- a. Each office of the SSS will arrange its files in accordance with the outline at Appendix G. Files 000 through 600 are common to all System elements and each office will maintain one set of these files. Files 700 and 800 vary according to the System element; file 900 is reserved for special projects as necessary.
- b. When an AO supports more than one Local Board, separate files in Files 700 and 800 will be maintained for each Local Board and the file drawers and file folders or labels will be color coded to identify each board.
- c. File drawers will be labeled with the file numbers only; file folders or dividers will be clearly labeled with both file title and number. The contents of each file will be arranged in chronological order, the most recent information in front, unless otherwise directed.

APPENDIX A
CHECKLISTS

CHECKLIST 1-A-1 - PROCESSING INCOMING MAIL

1. Sort mail into 3 groups:
 - a. Obviously personal mail.
 - b. Mail returned as undeliverable.
 - c. All other mail.
2. Deliver obviously personal mail, unopened, to addressee.
3. Open and date stamp all other mail.
 - a. Retain envelopes for mail returned as undeliverable.
 - b. Retain envelopes for other mail in the following instances only:
 - (1) The envelope contains information not in the correspondence.
 - (2) A record of the postmark is necessary to establish the timely filing of a claim.
4. Sort and process regular incoming mail as follows:
 - a. Mail concerning the status of registrants - see Checklist 4-A-1.
 - b. Mail that must be redirected to another Selective Service office - forward immediately.
 - c. Freedom of Information Act/Privacy Act requests - see Checklist 1-A-5.
 - d. Other requests for information - see Checklist 1-A-5.
 - e. Mail critical of Selective Service operations - deliver to the office manager.
 - f. Other mail - in accordance with office manager's instructions.
5. Process undeliverable mail as follows:
 - a. Sort into 3 groups in order of priority:
 - (1) Returned orders for examination, induction, alternative service.
 - (2) Correspondence relating to a registrant's claim (claim documentation, personal appearance, etc.).

CHECKLIST 1-A-1 - PROCESSING INCOMING MAIL (cont)

- (3) Other.
- b. Attempt to locate addressees, recording efforts on Report of Information (SSS Form 119).
 - (1) If addressee cannot be located, file SSS Form 119 with envelope and correspondence.
 - (a) In the Registrant File Folder (SSS Form 101) or Alternative Service File Folder (SSS Form 101A) as appropriate, if one exists.
 - (b) In appropriate section of File 100 if no file folder exists.
 - (2) If addressee can be located, re-mail correspondence (record re-mailing and date on page 2 of the SSS Form 101 or 101A if one exists).

CHECKLIST 1-A-2 - PROCESSING OUTGOING MAIL

1. All correspondence shall be prepared on Selective Service letterhead, with the office identification and address clearly shown.
2. Correspondence to a registrant will include his/her Selective Service number as part of the inside address.
3. The signature block will contain the name and title of the person authorized to sign the correspondence.
4. All correspondence will be delivered to the office manager or his/her designee for review and signature. The signature and date shall be reflected on all copies, either by use of "signed" and date stamps or by photocopying the original after signature.
5. Office copies will be delivered to the person responsible for filing.
6. Outgoing mail will be delivered to the mail processing area.

CHECKLIST 1-A-3 - PREPARATION OF DUPLICATE FILE FOLDER

1. Arrange the contents of the file in chronological order, the most recent on top.
2. If the file is being forwarded to the General Counsel in connection with a suspected violation of the MSSA:
 - a. Check the contents for completeness and accuracy, recording any omissions or errors on a Report of Information (SSS Form 119).
 - b. Number each document on the front, and on the back when information appears on both sides, in the lower right corner starting with the bottom document.

(Omit this step for all other file transfers)
3. Prepare, in duplicate, a chronological list of the contents of the file, identifying each item with the following information:
 - a. Date of the document.
 - b. Type of document (letter, form, etc.).
 - c. Date the document was received, if different from the date of the document.
 - d. Any other identifying information, such as author, subject, form number.

Draw a horizontal line below the last entry.
4. Place the original list on top of all other documents in the file. Retain the copy for step 8.
5. Record on page 2 of the file folder the date of its transfer, the office to which it is being sent, and the reason.
6. Photocopy the front of the file folder. If no photocopying equipment is available, hand copy the information from the front of the file folder on a blank SSS Form 101 or 101A, as appropriate. Write the word "DUPLICATE" across the front of the copy.
7. Staple the top and sides of the file folder closed to secure all documents.
8. Staple the copy of the chronological list of documents to the duplicate file folder.
9. File the duplicate file folder at File 800.

CHECKLIST 1-A-4 -TRANSFER OF MATERIAL

1. Prepare a duplicate file folder if required (see Checklist 1-A-3).
2. Prepare a Document Transmittal and Receipt (SSS Form 123). State the reason for the transfer in the "Remarks" section.
 - a. Retain the last copy and file at File 003 (SSS Forms 123).
 - b. Attach other copies to the material being transferred.
3. Record the release of information on the Disclosure Accounting Record if required.
4. The recipient will immediately acknowledge receipt of the material on the SSS Form 123 and return the last copy to the sending office, which will replace the unsigned copy in File 003 with the signed copy.

CHECKLIST 1-A-5 - RELEASE OF INFORMATION

Release of information may be accomplished by photocopying the material or providing a written summary.

1. Does the request contain enough information to locate the material being requested?
 - a. If "no," use Sample Letter 1-B-1 to ask for more information.
 - b. If "yes," go to step 2.
2. Is the information being requested in the custody of this office?
 - a. If "no," forward the request to the appropriate office. Use Document Transmittal and Receipt (SSS Form 123) and Sample Letter 1-B-2 for all Freedom of Information/Privacy Act requests and for any other requests where the office manager determines their use is warranted.
 - b. If "yes," go to step 3.
3. Is the information being requested of a confidential nature (i.e., is it contained in a registrant's file folder (SSS Form 101 or 101A))?
 - a. If "no," provide the information.
 - b. If "yes," go to step 4.
4. Is the request from the registrant?
 - a. If "yes," go to step 5.
 - b. If "no," go to step 6.
5. Can the registrant's identity be verified from the request?
 - a. If "yes," provide the information, record its release on page 2 of the file folder, and file the request in the file folder.
 - b. If "no," use Sample Letter 1-B-3 to request identity verification.
6. Is the requester entitled to receive the information?

CHECKLIST 1-A-5 - RELEASE OF INFORMATION (cont)

- a. If "yes," provide the information, record its release on page 2 of the file folder and on the Disclosure Accounting Record, and file the request in the file folder.
- b. If "no," use Sample Letter 1-B-4 to inform the requester why the information will not be provided.

All requests for information must be responded to within ten working days from the date of receipt. An interim response (see Sample Letter 1-B-5) shall be used if the office is unable to complete action on the request within the prescribed ten-day period.

All requests for information pertaining to a particular registrant will be filed in the SSS Form 101 or 101A in addition to any other prescribed file.

All requests which cite the Freedom of Information Act or the Privacy Act will be filed at File 107 (FOIA/PA requests) in addition to any other file such as the SSS Form 101 or 101A.

APPENDIX B
SAMPLE LETTERS

SAMPLE LETTER 1-B-1 – LOCATION OF INFORMATION

Dear _____:

This is with reference to your recent request for information from the SSS.

Please assist us in locating the material you want by providing the information requested below:

(Specify the information needed)

We will be able to take action on your request as soon as we receive this information from you. Please return a copy of this letter with your response.

Sincerely,

(Signature)
(Typed Name and Title)

SAMPLE LETTER 1-B-2 - FORWARDING OF REQUEST

Dear _____:

This is in reference to your recent request for information from the SSS.

The information you requested is not in the custody of this office. We have sent your request to **(specify office identification)** in **(city and state)** for direct response to you.

Sincerely,

(Signature)
(Typed Name and Title)

SAMPLE LETTER 1-B-3 – IDENTITY VERIFICATION

Dear _____:

This is in reference to your recent request for information from your Selective Service records.

To make sure we do not release confidential information to anyone who is not authorized to receive it, we must be able to compare the signature on your request with the signature in your file. Please sign your name at the bottom of this letter the same way you signed other forms or letters to Selective Service, and return this letter to us.

Sincerely,

(Signature)
(Typed Name and Title)

SAMPLE LETTER 1-B-4 – AUTHORIZATION REQUEST

Dear _____:

This is with reference to your recent request for information from the Selective Service records of **(state registrant's full name)**.

Provisions of the Privacy Act and Selective Service Regulations allow the release of information from a registrant's file to the registrant himself, to someone he designates by a written authorization, or to his court-appointed legal representative if he has been declared incompetent. A copy of a deceased registrant's funeral notice, obituary, or death certificate is sufficient proof to allow release of the information.

We will be able to comply with your request as soon as you provide the documentation which will allow us to release this information to you.

Sincerely,

(Signature)
(Typed Name and Title)

SAMPLE LETTER 1-B-5 – INTERIM RESPONSE

Dear _____:

This will acknowledge receipt of your recent request for information from the SSS.

There will be a slight delay in providing the information you requested but we will comply with your request as soon as possible.

Please contact us again if you have not heard from this office within one month from the date of this letter.

Sincerely,

(Signature)
(Typed Name and Title)

SAMPLE LETTER 1-B-6 – FORWARDING REQUESTED INFORMATION

Dear _____:

This will acknowledge receipt of your recent request for information from the SSS.

Enclosed is the information you requested.

Sincerely,

(Signature)
(Typed Name and Title)

APPENDIX C
DEFINITIONS

APPENDIX C DEFINITIONS

ACCEPTABILITY UNDETERMINED. A temporary status given to a registrant when a MEPS is unable to make a final determination as to his acceptability for military service.

ADMINISTRATIVE CLASSIFICATIONS. Classes 1-A, 1-C, 1-D-D, 1-D-E, 1-H, 1-O-S, 1-W, 3-A-S, 4-A, 4-A-A, 4-B, 4-C, 4-F, 4-G, 4-T and 4-W. The initial determination on claims for administrative classifications is made by the AO.

ADVISOR. Any person who appears with a registrant before a board to furnish guidance during the presentation of his claim.

AFFIDAVIT. A written statement of fact, voluntarily made and sworn to before an officer who has authority to administer an oath.

AGE SELECTION GROUP. A category based on a registrant's year of birth which is used to determine the order in which he is processed for induction.

ALIEN. Any person who is not a citizen or national of the United States.

ALTERNATIVE SERVICE (ASW). Civilian work which contributes to the maintenance of the national health, safety or interest, performed by conscientious objectors.

ALTERNATIVE SERVICE OFFICE (ASO). An office designated by the Director to administer the alternative service program in a specified geographic area, or the compensated employees of that office, depending on the context in which the term is used.

ALTERNATIVE SERVICE PROGRAM SYSTEM (ASPS) (Subsystem of Central Registrant Processing Portal (CRPP)). The automated system used to maintain the records of registrants performing alternative service.

APPEAL BOARD CLERK. The compensated employee of the SSS who performs the administrative and operational functions for a District Appeal Board or the National Appeal Board.

AREA OFFICE (AO). The Selective Service office responsible for all administrative and operational support for the one or more Local Boards within its jurisdiction.

ARMED FORCES. The Army, Navy, Air Force, Marine Corps and Coast Guard.

BOARD. A Local Board, District Appeal Board, or the National Appeal Board, depending on the context in which the term is used.

BOARD OF TRANSFER. The board to which a registrant's case is temporarily transferred for student postponement or reclassification action.

CLAIM. A request by a registrant for postponement or reclassification.

CLASSIFICATION. Exercise of the authority to determine claims for exemption or deferment from training and service under the Selective Service law, or the specific category claimed, depending on the context in which the term is used.

CENTRAL REGISTRANT PROCESSING PORTAL (CRPP). A single central Web-based application that supports and consolidates all mobilization registrant processes.

CLASSIFYING AUTHORITY. Any compensated official or a board which is authorized to grant or deny a registrant's claim for deferment or exemption.

CONSCIENTIOUS OBJECTOR. A registrant who, because of religious, moral or ethical beliefs, is opposed to participation in war in any form.

COUNTY. An administrative division within a State, including counties, independent cities and similar political subdivisions, such as the independent cities of Virginia and the parishes of Louisiana.

DATA MANAGEMENT CENTER (DMC). The SSS facility which is responsible for operating all computer automated production systems; and which provides programming support of the registration system; provides data entry, verification, research and error corrections of registrant records; provide mail processing services for all centralized applications; and, provide Agency responses to inquiries concerning registrants.

DEFERMENT. The delay of induction as a result of reclassification into a class that is not subject to induction and which extends a registrant's liability for induction.

DIRECTOR. The Director of Selective Service unless used with a modifier.

DISQUALIFIED. A determination by the MEPS that a registrant is unacceptable for military service under the standards prescribed by the Secretary of Defense.

DISTRICT APPEAL BOARD (DAB). A group of not less than three civilian members appointed by the President to classify registrants whose cases have been appealed to it from a Local Board decision and review alternative service workers' cases in which a request for job reassignment based on reasons of conscience has been denied.

ELOPEMENT. The unauthorized departure of a registrant from MEPS prior to the completion of his processing.

ENTERPRISE DATA CENTER (EDC). The automated data processing center shared by the U.S. Military Entrance Processing Command (USMEPCOM) and Selective Service to process records of SSS registrants and armed forces enlistees, and to receive and transmit MEPS processing dispositions. (The EDC was formerly known as the Joint Computer Center – JCC).

ESSENTIALITY OF OCCUPATIONAL DEFERMENT – Class 2 AM is a classification available to health care registrants who are determined to be providing health care services which must be continued (1) due to their criticality to the maintenance of the national health safety, and interest, and (2) because the services cannot reasonably be provided by others. Such services may be at a national, regional, or community level.

EXEMPTION. The result of a registrant's reclassification into a class that is not subject to induction and which does not extend liability.

FAILURE TO REPORT (FTR). Lack of compliance by those registrants who do not report to a MEPS for examination or induction as ordered.

GOVERNOR. The chief executive officer of each of the States of the United States, the Mayor of the District of Columbia, the Governor of the Mariana Islands.

HEALTH CARE OCCUPATION. An activity or vocation which requires licensing, certification, registration, credentials, or special education and training of those who provide health care services directly to human beings or animals.

HEALTH CARE PERSONNEL. All persons qualified for practice or employment in a health care occupation designated by Presidential Proclamation.

HEALTH CARE PERSONNEL DELIVERY SYSTEM (HCPDS). SSS program to register, select for induction, classify, and deliver health care personnel to the Department of Defense for induction into the Armed Forces.

HEALTH CARE REGISTRANT. A person registered in a health care specialty that's subject to a health care draft under the Military Selective Service Act.

HEALTH CARE REGISTRANT DATABASE. The computer database containing information concerning all health care registrants.

INTERPRETER. A bilingual person acting as translator for a non-English-speaking registrant or witness appearing before a board.

ISSUE. The preparation and distribution/mailing of a document.

JUDGMENTAL CLASSIFICATIONS. Classes 1-A-O, 1-O, 2-AM, 2-D, 3-A and 4-D. Initial determination on claims for judgmental classifications is made by the Local Board.

LOCAL BOARD. A group of not less than three civilian members appointed by the President to act on all registrants' claims presented to it.

LOCAL BOARD ASSIGNMENT. The process by which the Director of Selective Service identifies the board having classification authority for a registrant.

LOCAL BOARD OF JURISDICTION. The Local Board to which a registrant is assigned and which has authority to determine his claim.

LOTTERY. A random drawing of each date of birth to determine the sequence in which registrants are to be selected for processing during periods of induction.

MILITARY ENTRANCE PROCESSING STATION (MEPS). The military installation to which ordered registrants report for determination of their acceptability for military service or alternative service and for induction processing into the Armed Forces.

MILITARY SELECTIVE SERVICE ACT (MSSA). The Act which established the SSS (50 U.S.C. App 451 et seq).

MILITARY SERVICE. Active duty and Reserve Forces service in the Army, the Navy, the Air Force, the Marine Corps and the Coast Guard.

MULTIPLE CLAIMS. Information submitted in support of more than one classification, each of which must be considered separately in prescribed order.

NATIONAL APPEAL BOARD (NAB). A group of not less than three civilian members appointed by the President to act on cases appealed to it after a District Appeal Board decision.

NATIONAL HEALTH CARE PERSONNEL ADVISORY COMMITTEE (NHCPAC). A group of at least seven, but not more than eleven, uncompensated SSS personnel composed of one layperson and other individuals who are qualified or knowledgeable in standards for practice or employment in one or more of the health care occupations. The committee is appointed by the Director to advise him (refers to both male and female) on health care issues.

NATIONAL OF THE UNITED STATES. A citizen of the United States or a person who, though not a citizen of the United States, owes allegiance to the United States.

NONCOMBATANT SERVICE. Service performed in any unit of the armed forces that is without arms or weapons of war at all times.

OVERSEAS REGISTRANT. A registrant whose bona fide current address most recently provided by him to the SSS is outside the United States, Canada and Mexico.

"PAPERS ONLY" EVALUATION. The process by which a registrant's acceptability for military service is evaluated by a MEPS based on written evidence of his condition rather than an examination.

PERSONAL APPEARANCE. A registrant's meeting with a board at the time it considers his claim.

POSTPONEMENT. A delay of a registrant's examination, induction or alternative service reporting date.

PRIORITY SELECTION GROUP (PSG). The period from January 1 in which the registrant attains the age of 20 until the 26th anniversary of his date of birth. Such assignment shall be based upon the registrant's year of birth.

PRIORITY SELECTION GROUP – MEDICAL (PSG-M). A series of time periods, each being 365 consecutive days (366 during leap year), which begins on an individual's registration date. The first 365 days being the period in which the registrant would be most vulnerable to induction. Each succeeding period places the registrant in state of lesser vulnerability.

QUORUM. A simple majority of the members currently prescribed for membership of a board.

RANDOM SEQUENCE NUMBER (RSN). A number established by lottery for each date of birth to determine the order in which registrants within an age selection group are processed.

RECLASSIFICATION. A change of a registrant's status regarding his liability for military service by administrative or judgmental classification action.

REEVALUATION BELIEVED JUSTIFIED (RBJ). A determination by MEPS that a registrant's acceptability for service should be reevaluated by a certain date.

REFUSED TO SUBMIT (RTS). The term used to describe a registrant's noncompliance with examination or induction processing after reporting to the MEPS.

REGION. A geographic area comprising specified states, territories or possessions designated by the Director for the oversight of Selective Service business.

REGION HEADQUARTERS. A Selective Service office responsible to the Director for the administrative and operational support of the State Headquarters, DABs, ASOs, AOs and Local Boards within its jurisdiction.

REGISTRANT. A person registered as required by Selective Service law.

REGISTRANT INFORMATION AND MANAGEMENT SYSTEM (RIMS) (Subsystem of CRPP). The policies, procedures and automated data systems for processing registrants for induction or alternative service under a one-step, emergency scenario.

REGISTRANT INTEGRATED PROCESSING SYSTEM (RIPS) (Subsystem of CRPP). The policies, and procedures necessary to process registrants for Armed Forces examination, induction or alternative service under a two-step, time phased response scenario.

REGISTRANT INFORMATION BANK (RIB). The file of all registrations established in the computer database.

SELECTIVE SERVICE LAW. The MSSA, the Selective Service Regulations, the Proclamations of the President pertaining to registration under the MSSA, and all rules prescribed there under pertaining to processing of registrants.

STATE. For the purpose of this manual, the several States of the United States, the City of New York, the District of Columbia, Puerto Rico, the Virgin Islands, Guam and the Northern Mariana Islands.

STATE HEALTH CARE PERSONNEL ADVISORY COMMITTEE/PANEL (HCPAC). A group of at least seven, but not more than eleven, civilian uncompensated SSS personnel composed of one layperson and other individuals who are qualified or knowledgeable in standards for practice or employment in one or more of the health care occupations. The committee is appointed by the Director to advise Local and Appeal Boards concerning the state of the civilian health care system within a state, including its subordinate jurisdictions, communities, and institutions.

STATE DIRECTOR. The person appointed by the President, upon recommendation of the Governor or comparable executive official, who is in immediate charge of the Selective Service State Headquarters.

STUDENT POSTPONEMENT. A delay of induction or alternative service to permit a student to complete a prescribed period of study.

SUSPECTED VIOLATOR. A person who may have failed to comply with the provisions of the MSSA.

TERRITORY. A territorial possession controlled by the United States.

TESTIMONY. Evidence presented orally to a board by a registrant or his witnesses in support of his claim.

TIRMS. Total Integrated Registrant Management System (Subsystem of CRPP). A Windows based system used to transmit reclassification and postponement actions to the DMC and print letters and reports locally.

UNCOMPENSATED PERSONNEL. Persons who volunteer their services and are appointed or accepted to assist in the administration of the Selective Service law.

UNIFORMED SERVICES. The Army, Navy, Air Force, Marine Corps and Coast Guard (the five Armed Services), including their Reserve components, and commissioned officers of the U.S. Public Health Service (Department of Health and Human Services) and the National Oceanic and Atmospheric Administration (Department of Commerce).

UNITED STATES. As defined in section 16 of the MSSA, the several States, the District of Columbia, Puerto Rico, Guam and the Virgin Islands. For purposes of registrant processing, the term also includes the Northern Mariana Islands.

UNITED STATES MILITARY ENTRANCE PROCESSING COMMAND (USMEPCOM). The Department of Defense agency responsible for operating Military Entrance Processing Stations.

VOLUNTEER. A male person who has attained the age of 17 and who has not attained the age of 26 who requests to be inducted into the Armed Forces without being reached, selected and ordered for induction by random sequence number.

WITNESS. A person who appears before a board to present evidence of which he has personal knowledge relating to a registrant's claim.

YEAR OF BIRTH (YOB) GROUP. A category based upon a registrant's year of birth and which is used as the basis for each lottery and determines the order in which registrants are processed for induction (for health care, within a specialty). Those registrants who are 20 years of age will be selected first in a draft.

APPENDIX D
ABBREVIATIONS AND ACRONYMS

**APPENDIX D
ABBREVIATIONS AND ACRONYMS**

AD	Active Duty
ADP	Automated Data Processing
AO	Area Office
AOS	Area Office Supervisor
ASEN	Alternative Service Employer Network
ASO	Alternative Service Office
ASOM	Alternative Service Office Manager
ASP	Alternative Service Program
ASW	Alternative Service Worker
CAP	Claims and Appeals
CFR	Code of Federal Regulations
CIS	Citizenship and Immigration Services
CO	Conscientious Objector
CRPP	Central Registrant Processing Portal
DAB	District Appeal Board
DMC	Data Management Center
DOB	Date of Birth
DOD	Department of Defense
DOJ	Department of Justice
EPA	Environmental Protection Agency
FOIA	Freedom of Information Act
FRC	Federal Records Center

FTR	Failed to Report
GPO	Government Printing Office
GSA	General Services Administration
GTR	Government Transportation Request
JCC	Joint Computer Center
LB	Local Board
LBM	Local Board Member(s)
MEPS	Military Entrance Processing Station
ML	MEPS Liaison
MSSA	Military Selective Service Act
NAB	National Appeal Board
NARA	National Archives and Records Administration
NHQ	National Headquarters
NLT	Not Later Than
NOAA	National Oceanic and Atmospheric Administration
OF	Optional Form
OMB	Office of Management and Budget
PHS	Public Health Service
POV	Privately Owned Vehicle
PPPM	Personnel Policies and Procedures Manual
RBJ	Reevaluation Believed Justified
RFO	Reserve Forces Officer
RHQ	Region Headquarters
RIB	Registrant Information Bank
RIPS	Registrant Integrated Processing System

ROTC	Reserve Officer Training Corps
RSN	Random Sequence Number
RTS	Refused to Submit
SF	Standard Form
SHQ	State Headquarters
SSAN	Social Security Account Number
SSN	Selective Service Number
SSS	SSS
TBD	To Be Developed
UFS	Uniform Filing System
USC	United States Code
USMEPCOM	United States Military Entrance Processing Command
USPS	United States Postal Service
YOB	Year of Birth
YTD	Year to Date

APPENDIX E
REPORT OF SECURITY BREACH

APPENDIX E

**REPORT OF SECURITY BREACH
SSS**

Region ____ State ____ AO ____ ASO ____ _____
(Date)

(office address)

Part I – Property Information

A. Type of Property:

Federally owned ____ Leased ____ Rent Free ____ Other (Specify) _____

B. Property Protection:

Alarm Device ____ Guard ____ None ____ Other (Specify) _____

Part II – The Incident

A. Type:

- _____ Arson (malicious burning of property)
- _____ Bomb threat or other threats of violence (self-explanatory)
- _____ Bomb threat: Telephone _____ Mail _____ Other _____
- _____ Robbery, larceny or theft (the taking of equipment, property or records)
- _____ Burglary (the wrongful entry or attempted entry into the premises)
- _____ Sabotage (intentional destruction of equipment, property or records)
- _____ Vandalism (malicious or ignorant destruction of equipment, property, or records)
- _____ Other (all incidents not covered above) Please describe.

B. Date of Incident: _____ Time: _____ a.m./p.m.

C. Method of Entry: _____

D. Description of Incident:

**REPORT OF SECURITY BREACH
SSS (cont)**

E. Office Out of Operation: Yes _____ Aggregate Time Lost _____ No _____

F. Personal Injury: Yes _____ Number of Persons Injured _____ No _____

Names of Persons Injured

_____	_____
_____	_____
_____	_____
_____	_____

Part III – Damage Assessment (Use best available estimate)

A.	Property Losses:	Selective Service	Other (Specify)
	Equipment	\$ _____	\$ _____
	Furniture	_____	_____
	Property	_____	_____
	Records	_____	_____
B.	Personnel Costs:		
	Reconstruction Time	\$ _____	
	Aggregate Time Lost	_____	
C.	Total Damage Assessment:	\$ _____	

PART IV – Person(s) notified (include date, time, agency and name of person(s)):

Part V - Remarks:

(Signature)
(Name and Title)

APPENDIX F
DISCLOSURE ACCOUNTING RECORD

APPENDIX F
DISCLOSURE ACCOUNTING RECORD

OFFICE ID

SUBJECT OF RECORD SSN - IF APPLICABLE	REQUESTER'S NAME AND ADDRESS	INFORMATION FURNISHED AND REASON	DATE OF DISCLOSURE

APPENDIX G
THE UNIFORM FILING SYSTEM

APPENDIX G THE UNIFORM FILING SYSTEM

GENERAL FILES COMMON TO ALL SYSTEM ELEMENTS

- 000 Work files
 - 000.1 File Index
- 001 Mail to be processed
- 002 ADP input pending
- 003 SSS Forms 123
- 004 Individual work files (one per employee for any work assigned but not completed at the end of the day)

- 100 Correspondence (each System element will establish only those files necessary for its own operations within the following structure)
- 101 General (not included in any other category of this section)
- 102 Other Selective Service offices (subdivided as necessary with each element identified)
 - 102.1 National Headquarters
 - 102.2 Region Headquarters
 - 102.3 State Headquarters
 - 102.4 AOs/Local Boards
 - 102.5 District Appeal Boards
 - 102.6 National Appeal Board
 - 102.7 Alternative Service Offices
- 103 MEPS (separate file for each MEPS)
- 104 Registrants not subject to processing
- 105 Registrants subject to processing for whom no File Folder has been created
- 106 Governors
- 107 Adjutants General
- 108 Freedom of Information/Privacy Act requests
- 109 Request for Additional Information to Locate a Record

- 200 Administrative activities
- 201 Office space
 - 201.1 Office safety
 - 201.2 Office security
- 202 Property
 - 202.1 Accountable (original cost \$300 up)
 - 202.2 Expendable (value of less than \$25 or with a short life span)
 - 202.3 Nonexpendable (\$25-\$300)

- 203 Purchase orders and receipts
- 204 Requisitions (equipment, forms and supplies)
- 205 Service and maintenance
 - 205.1 Office machines (word processors, copiers, calculators, etc.)
 - 205.2 Janitorial services
 - 205.3 Mail service
 - 205.4 Printing
 - 205.5 Telephone
 - 205.6 Utilities (other than telephone)
- 206 Transportation of things
 - 206.1 Commercial bills of lading
 - 206.2 Government bills of lading
- 207 Travel
 - 207.1 Compensated employee travel (separate file for each employee, alphabetically)
 - 207.2 Uncompensated employee travel (separate dividers for each board in numerical sequence and separate file for each board member, alphabetically)
 - 207.3 Registrant travel (log for tickets/tokens issued, charter bus and travel warrant information, etc.)
 - 207.4 Vehicles (GSA and contract)
- 300 Personnel
- 301 Attendance records
 - 301.1 Application for leave (SF 71)
 - 301.2 Time and attendance forms
- 302 Equal Employment Opportunity information
- 303 Personnel files (alphabetically)
 - 303.1 Compensated (separate file for each person)
 - 303.2 Uncompensated (separate dividers for each board in numerical sequence and separate file for each board member)
- 304 Position vacancies
 - 304.1 Compensated positions
 - 304.11 Request for Personnel Action (SF 52)
 - 304.12 Official job announcements
 - 304.13 Personal qualifications statements (SF 171)
 - 304.2 Uncompensated positions (separate file for each board)
- 400 Public Information
- 401 Media contacts
- 402 Organizational contacts
- 403 Press releases
- 404 Clip file
- 405 Fact sheets and back grounders
- 406 Information booklets

- 500 Plans (other than copies of mobilization plans, which are in binders in the office library)
- 600 Training
 - 601 Schedules
 - 602 Training materials
 - 603 Reports
- 700 Operational activity records
- 800 File folders (SSS Forms 101 and 101A)
- 900 Special projects

SPECIALIZED FILES - LOCAL BOARD

Each board's records will be maintained separately.

- 700 Operational activity records
- 701 Directories (names, addresses, telephone numbers)
 - 701.1 Local Board members
 - 701.2 MEPS
- 702 Minutes (approved, in chronological order by date of meeting)
- 703 Board meetings
 - 703.1 Information for scheduling meetings (site locations, persons to contact, travel arrangements)
 - 703.2 Minutes of previous meeting awaiting approval
 - 703.3 Directives or other policy information received since the last meeting
 - 703.4 Agenda for next meeting (cases scheduled, with personal appearances identified)
- 704 Registrant processing reports (by date within report type)
- 800 Registrant file folders (SSS Forms 101) and duplicates pending return of originals - alphabetically within each year group
 - 800.1 Court action pending (suspected violators referred to General Counsel, processing halted by court order, etc.) - alphabetically
- 801 Suspense files - by suspense date
 - 801.1 Local Board action pending (awaiting scheduling, board meeting scheduled, personal appearances, etc.)
 - 801.2 AO action pending (awaiting documentation, review period prior to appeal action, failure to report for personal appearance holding period, etc.)
 - 801.3 Pending issuance of Order to Perform Alternative Service.
 - 801.4 State Health Care Advisory Board Committee recommendations, advisories, and information pending.
- 802 Canceled/deactivated - alphabetically by year group

SPECIALIZED FILES - ALTERNATIVE SERVICE OFFICE

- 700 Operational activity records
- 701 Directories (names, addresses, telephone numbers)
 - 701.1 District Appeal Board members
 - 701.2 AOs within ASO area
 - 701.3 MEPS within ASO area
 - 701.4 Employer contacts
- 702 District Appeal Board (Alternative Service) minutes (approved, in chronological order by date of meeting)
- 703 District Appeal Board (Alternative Service) Board Meetings
 - 703.1 Information for scheduling meetings (site locations, persons to contact, travel arrangements)
 - 703.2 Minutes of previous meeting awaiting approval
 - 703.3 Directives or other policy information received since the last meeting
 - 703.4 Agenda for next meeting (cases scheduled, with personal appearances identified)
- 704 Employer development
 - 704.1 Employers on roster (alphabetically) - separate folder for each employer
 - 704.2 Prospective employers (alphabetically)
 - 704.3 Suspended; employers under investigation (alphabetically)
 - 704.4 Employment agreements terminated (chronologically by date of termination)
 - 704.5 ASPS employer reports (numerical sequence, by date within report type)
 - 704.6 Employer applications denied
- 705 Report of new Alternative Service Workers (ASW) (chronologically by report date)
- 706 ASW processing reports (numerical sequence, by date within report type)
- 707 Emergency medical care claims
- 800 ASW file folders (SSS Form 101A) - alphabetically unless otherwise indicated
 - 800.1 ASO Action Pending
 - 800.2 Duplicate SSS Forms 101A of ASWs transferred to another Selective Service office (separate file for each System element)
 - 800.3 MEPS Action Pending
- 801 District Appeal Board action pending
 - 801.1 Scheduled/rescheduled - by meeting
 - 801.2 Failed to report for personal appearance - 5-day holding period
- 802 Scheduled for Job Counseling (by date of scheduled session)
 - 802.1 Postponement pending

- 803 Interviewing
 - 803.1 In progress
 - 803.2 Failed to Report - First occurrence
 - 803.3 Failed to Report - Second occurrence
- 804 Job placement order issued; awaiting employer verification (by reporting date)
- 805 Postponed (chronologically by expiration date)
- 806 Failed to report - 5-day holding period
- 807 Suspected violators - 15-day holding period
- 808 Performing Alternative Service
- 809 Job reassignment actions pending
- 810 Appeal of denial of job reassignment - 15-day holding period
- 811 Released from Alternative Service; file not yet returned to AO
- 812 Overseas Assignment Pending

SPECIALIZED FILES - STATE HEADQUARTERS

- 700 Operational activity records
- 701 Directories (names, addresses, telephone numbers)
 - 701.1 AOs/Local Boards
 - 701.2 Alternative Service Offices
 - 701.3 MEPS (separate file for each MEPS)
 - 701.4 District Appeal Boards
- 702 Inspection services (reports of field activities, supervisors' reviews, audits)
 - 702.1 AOs (subdivided by Local Board, in numerical sequence)
 - 702.2 Alternative Service Offices
- 703 Registration reports (chronologically within each report type)
- 704 Registrant processing reports (chronologically within each report type)
- 800 Registrant file folders (SSS Forms 101 and 101A)
- 801 SSS Forms 101
 - 801.1 Pending action
 - 801.2 Action completed; not yet returned to AO
- 802 SSS Forms 101A
 - 802.1 Pending action
 - 802.2 Action completed; not yet returned to ASO

SPECIALIZED FILES - REGION HEADQUARTERS

- 700 Operational activity records
- 701 Directories (names, addresses, telephone numbers)
 - 701.1 State Headquarters
 - 701.2 AOs/Local Boards
 - 701.3 Alternative Service Offices
 - 701.4 MEPS (Separate file for each MEPS)
 - 701.5 District Appeal Boards
- 702 Inspection services (reports of field activities, supervisors' reviews, audits)
 - 702.1 State Headquarters
 - 702.2 AOs (subdivided by Local Board, in numerical sequence)
 - 702.3 Alternative Service Offices
- 703 Registration reports (chronologically within each report type)
- 704 Registrant processing reports (chronologically within each report type)
- 800 SSS Forms 101 and/or 101A, as appropriate
- 801 Pending action
- 802 Action completed; not yet returned

SPECIALIZED FILES - DISTRICT APPEAL BOARD

- 700 Operational activity records
- 701 Directories (names, addresses, telephone numbers)
 - 701.1 Board members
 - 701.2 AOs within DAB area
 - 701.3 State Headquarters
 - 701.4 Region Headquarters
- 702 Minutes (approved, in chronological order by date of meeting)
- 703 Board meetings
 - 703.1 Information for scheduling meetings (site locations, persons to contact, travel arrangements)
 - 703.2 Minutes of previous meeting awaiting approval
 - 703.3 Directives or other policy information received since the last meeting
 - 703.4 Agenda for next meeting (cases scheduled, with personal appearances identified)
- 704 Registrant processing reports (by date within report type)
- 800 Registrant file folders (SSS Forms 101)
 - 800.1 Duplicates - SSS Forms 101 transferred to another DAB for action - alphabetically
- 801 Board action pending
 - 801.1 Scheduled for board meeting (by meeting date)
 - 801.2 Failed to report for personal appearance - 5-day holding period
- 802 Action completed; file not yet returned to AO

SPECIALIZED FILES - NATIONAL APPEAL BOARD

- 700 Operational activity records
- 701 Directories (names, addresses, telephone numbers)
 - 701.1 Board members
 - 701.2 State Headquarters
 - 701.3 Region Headquarters
 - 701.4 National Headquarters
- 702 Minutes (approved, in chronological order by date of meeting)
- 703 Board meetings
 - 703.1 Information for scheduling meetings (site locations, persons to contact, travel arrangements)
 - 703.2 Minutes of previous meeting awaiting approval
 - 703.3 Directives or other policy information received since the last meeting
 - 703.4 Agenda for next meeting (cases scheduled, with personal appearances identified)
- 704 Registrant processing reports (by date within report type)
- 800 Registrant file folders (SSS Forms 101)
- 801 Board action pending
 - 801.1 Scheduled for board meeting (by meeting date)
 - 801.2 Failed to report for personal appearance - 5-day holding period
- 802 Action completed; file not yet returned to AO - alphabetically



CHAPTER 2 REGISTRATION

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CHAPTER 2 REGISTRATION

GENERAL PROCEDURES

1. GENERAL

- a. Selective Service System (SSS) registration requirements for health care personnel are established by Presidential Proclamation. The publication of the Presidential Proclamation serves as notice to all persons of the requirement under the Military Selective Service Act (MSSA), and who are qualified to perform in one of the health care occupations identified within the Proclamation. Failure to register may result in a fine of up to \$250,000, up to five years in jail, or both.
- b. Registrants (As used in this chapter refers to registrants) will not be furnished transportation or travel reimbursement by SSS for the purpose of registration.
- c. It is the responsibility of the SSS to maintain and account for a current record of the status and location of all registrants. Assumption, termination or restoration of accountability does not affect any liability for training and service a registrant may have under the MSSA. Registrant accountability shall be maintained in the registrant database as follows:
 - (1) Accountability for a registrant is assumed by the SSS when the Registration Form (SSS Form 1 or 1M is received; the data is entered into HCPDS; and the registrant is assigned a Selective Service Number (SSN) specifically designated for registrants.
 - (2) Accountability for registrants will be maintained until;
 - (a) terminated upon cancellation of the registration;
 - (b) the are registrant is no longer of registration age; or,
 - (c) in accordance with instructions from the Director.
 - (3) Accountability is restored for any registrant whose record is reestablished for any reason.

2. PERSONS REQUIRED TO BE REGISTERED

- a. It shall be the duty of every health care professional of the United States and of every other health care professional who resides in or who hereafter enters the United States, to register with SSS, if that person was born on or after (date -TBD) and who has reached the age 20, but not 45, and who is qualified for practice or employment in one or more of the health care occupations designated by Presidential Proclamation, except as provided in paragraph 3 below. This requirement shall extend to female health care professionals if authorized by the President and Congress.

Note: Presidential Proclamation could expand age to 55.)

- (1) During any period of mass registration, every health care professional who is currently qualified for practice in one or more of the designated health care occupations, on or before (the registration base date will be established in the Presidential Proclamation), is required to register.
 - (2) During continuous health care registration all persons who have reached age 20, but not age 45, who become qualified for practice in one or more of the designated health care occupations, shall present themselves for registration within 15 days after obtaining licensing, certification, registration, credentials, diploma, or otherwise become eligible for practice or employment in one or more of the designated health care occupations.
- b. Any health care professional, whose registration was cancelled due to a loss of authority to practice in the health care specialty for which he (Refers to both male and female registrants) was registered, but who is qualified in another designated health care specialty, shall re-register using one of the methods described in paragraph 5.a. below.
 - c. Any health care professional of the United States who is liable for registration, but who is not in the United States at the time he is required to register, shall register before a diplomatic or consular official at the United States Embassy or Consulate, or before a registrar appointed by a diplomatic or consular official of the United States at another designated location, or by using on-line computer registration at www.sss.gov.
 - d. Except as provided at paragraph 4 below, any health care professional who is an alien or national who enters into and resides in the United States and who is (1) born on or after (date-TBD); (2) who has reached age 20, but not age 45; and (3) who is qualified for practice or employment in one or more of the health care specialties designated in the Presidential Proclamation is required to register.
 - e. Except as provided at paragraph 4 below, any health care professional who is an alien or national who resides in the United States, but is absent from the United States at the time he is required to register, and who was (1) born on or after (date-TBD); (2) who has reached age 20, but not age 45; and (3) who is qualified for practice or employment in one or more of the health care specialties designated in the Presidential Proclamation is required to register within 15 days after reentering the United States.
 - f. Except as provided in paragraph 4 below, any health care specialist who is a National of American Samoa who was (1) born on or after (date-TBD); who has reached age 20, but not age 45; and (3) who is qualified for practice or employment in one or more of the health care specialties designated in the Presidential Proclamation is required to register within 15 days after entering the United States.
 - g. Any health care professional who would have been required to register in accordance with paragraphs a.-f. above, except for the fact that he is in one of the categories described in paragraph 4, shall present himself for and submit to registration within 15 days after the cause for his exempt status ceases to exist.

3. DUAL REGISTRANTS

- a. Any male who has reached age 20, but has not reached age 26, and who is a qualified health care professional, will register with the SSS under HCPDS although he already has registered as a general registrant. Any male (Refers to both male and female registrants) who has reached age 20, but has not reached age 26, and who is a qualified health care professional, but has not registered as a general registrant, shall be registered under both the general and health care systems. Those individuals registered as both general and registrants will be categorized as “Dual Registrants.”
- b. During a period of simultaneous general and health care conscription, dual registrants will be concurrently liable for selection for induction under both the health care personnel and the general registrant system. Processing of the registrant will continue under both systems until one system or the other reaches him (Refers to both male and female registrants), or until the registrant’s Selective Service obligation under one system has been satisfied.

4. PERSONS NOT REQUIRED TO BE REGISTERED

- a. The following persons are not required to be registered:
 - (1) Those individuals who are not fully qualified in one of the health care occupations identified in the Presidential Proclamation. (If there is doubt as to whether a person is required to register, the individual shall contact a Selective Service office to determine if he is liable under the MSSA.
 - (2) Health care professionals who are aliens legally admitted to the United States as non-immigrants under section 101(a)(15) of the Immigration and Nationality Act, as amended (66 Stat. 153; 8 U.S.C. 1101) and who continue to maintain their nonimmigrant status; e.g., visitors for business or pleasure, foreign diplomatic representatives, technical attaches of foreign embassies and legations, consuls general, consuls, vice consuls, diplomatic agents, members of the North Atlantic Treaty Organization (NATO) or other international organizations who are not United States citizens and members of their families, educational exchange students, and representatives of foreign information media.
 - (3) Commissioned officers, warrant officers and enlisted men (Refers to both male and female personnel) who are on active duty in the Army, Navy, Air Force, Marine Corps and Coast Guard, and commissioned officers of the National Oceanic and Atmospheric Administration and the regular Public Health Service.
 - (4) Health care professionals who are cadets at the United States Military Academy, the United States Air Force Academy and the United States Coast Guard Academy, and midshipmen at the United States Naval Academy.

- (5) Health care professionals who are students enrolled in an officer procurement program at the following military colleges, the curriculum of which has been approved by the Secretary of Defense:

The Citadel (Charleston, SC)
North Georgia College and State University (Dahlonoga, GA)
Norwich University (Northfield, VT)
Texas A&M University (College Station, TX)
Virginia Military Institute (Lexington, VA)
Virginia Polytechnic Institute and State University (Blacksburg, VA)

- (6) Health care professionals who are members of the reserve components of the Armed Forces, the Coast Guard and the Public Health Service while on active duty. Active duty in the Public Health Service must be performed by officers of the Reserve of the Public Health Service while assigned to staff any of the various offices and bureaus of the Public Health Service, including the National Institutes of Health, or while assigned to the Coast Guard, the Bureau of Prisons of the Department of Justice, the Environmental Protection Agency or the National Oceanic and Atmospheric Administration, or while assigned to assist Indian tribes, groups, bands or communities pursuant to PL 568, 83rd Congress, as amended.

- b. Health care professionals who lose nonimmigrant status described in subparagraph 4.a.(1) above, or are terminated from the specialty in subparagraphs 5.d. below, and who have not yet reached age 26, must register as specified in paragraph 5 below.
- c. A health care professional who is hospitalized, institutionalized or incarcerated at the time specified for his (Refers to both male and female registrants) registration shall be exempt from registration during the period of his confinement. If released before attaining the age of 45, he must register as specified in paragraph 5 below.
- d. Any registrant who has undergone a 365-day period of prime vulnerability during a health care draft in a particular specialty, and subsequently loses the qualifications to practice in that particular specialty, shall not be required to re-register if he becomes qualified in another specialty. This provision will extend to the registrant, whether or not the new specialty is a required specialty under the Presidential Proclamation.
- e. Female health care professionals unless authorized by the President and Congress.

5. REGISTRATION PROCEDURES FOR HEALTH CARE PERSONNEL

The Director shall establish the best means to affect the registration of health care personnel, and to comply with the requirements of the MSSA and the Presidential Proclamation. At the discretion of the Director, the places, times, and methods for registration may be changed.

- a. To register, a health care professional shall supply his full legal name, Date of Birth (DOB), telephone number, address, Social Security Account Number (if one has been assigned), sex (male/female), and a health care specialty code. Registrants shall

- initiate a registration using one of the following means: (1) at any U.S. Post Office; (2) before any SSS registrar appointed by the Director; 3) by on-line computer registration at www.sss.gov ; or by any other method authorized by the Director.
- b. Health care professional shall register in one specialty at a time. Those registrants who are qualified to practice in more than one specialty will determine in which specialty to register by referring to the SSS “Information for Health Care Registrants” booklet (TBD) for the list of specialties in hierarchical order. This booklet is to be available on-line will be at www.sss.gov. The Department of Defense (DoD) will determine the list of required specialties, subspecialties, and the hierarchical order of each.
 - c. If a health care professional is qualified in a specialty and a subspecialty, and the subspecialty is not required by DoD the person must register in the basic specialty, even though that person is currently identified in various medical registries as practicing in the subspecialty. For example, DoD requests SSS to register orthopedic surgeons. In this instance, the registrant is qualified as an orthopedic surgeon (a basic specialty) and a hand surgeon (a subspecialty). The registrant, in this case, would be required to register as an orthopedic surgeon (the basic specialty).
 - d. Any health care professional required to register who fails to register within the prescribed time period and who later presents himself (Refers to both male and female registrants) for registration before attaining age 45 will be registered in the same manner as any person who registered on time.
 - e. Any citizen of the United States who is a health care professional and is not in the United States at the time he is required to register shall register before a diplomatic or consular official at a United States Embassy or Consulate, or before a registrar duly appointed by a diplomatic or consular official of the United States at another designated location.
 - f. Any male health care professional alien or national born on or after January 1, 1960, who is a health care professional and who prior to attaining age 45 enters into and resides in the United States, shall register within 30 days after entering.
 - g. Any health care professional who is an alien or national who resides in the United States, but is absent from the United States at the time he is required to register, shall register within 30 days after he returns to the United States.
 - h. Any health care professional who is a national of American Samoa born on or after January 1, 1960, who prior to attaining age 45 enters into the United States, shall register within 30 days after entering.
 - i. Any male person in a health care profession who would have been required to register in accordance with paragraph 2, except for the fact that he was in one of the categories described in paragraph 5, shall register within 30 days after the cause for his exempt status ceases to exist.

6. REGISTRATION PROCEDURES FOR REGISTRARS

- a. The following procedures will be used by Selective Service registrars when accepting health care personnel registrations in paper form.
- (1) Registrars (a U.S. Postal Service employee, U.S. Embassy/Consulate employee, or any other person designated by the Director of Selective Service) will provide health care registrants with an SSS Form 1, a copy of the "Information for Health Care Registrants" booklet, and a copy of the "Critical Skills Registration Form Completion Instructions" (SSS Form 3R). Registrars will advise health care registrants to follow the instructions found in the SSS Form 3R handout and return the completed form to an appointed registrar.
 - (2) Registrars will review each submitted SSS Form 1 for legibility and completeness. The registrant must include the following information for a registration to be effected:
 - Full name
 - Address
 - Date of birth
 - Telephone number
 - Social Security Number (if one has been assigned)
 - Health care specialty code
 - Registrant's signature and date
 - (3) Registrars will ensure that the five-block space provided for the individual's health care specialty code is filled in with the appropriate five-digit specialty code number. They will ask the registrant to correct any incorrect or illegible information, and to enter any required information that was omitted. The registrar will ensure that the registrant signs and dates the form. Any SSS Form 1 judged by the registrar to be difficult to read will be destroyed and the registrant will be asked to prepare another SSS Form 1.
 - (4) The registrar will date stamp (or, if appropriate, the Foreign Post stamp) and initial the SSS Form 1 in the box in the lower right hand corner of the form once the form is completed satisfactorily.
 - (5) During a mass registration of health care personnel, registrars will collect and mail the completed Registration Forms (SSS Form 1) daily to the address listed for their site.
- b. Once the DMC determines that all mandatory information has been supplied by the registrant, a registrant record will be created in health care registrant database. Each registrant will be assigned a Selective Service Number as follows:
- (1) The first element, or prefix number, of the Selective Service Number is "5."

- (2) The second element will be an eight-digit sequential number assigned to each registrant at the time his record is entered into CRPP (HCPDS). This element will begin with 00,000,001 and increase sequentially as individuals become established within the health care database.
- (3) The third element is composed of a variable one-digit computer check number.

Example: 5-00000125-8

- c. The Director of Selective Service will issue each health care registrant, a Registration Acknowledgment Form (SSS Form 3A) as evidence of his registration and a Change/Correction Form (SSS Form 3B). Dual registrants will receive an SSS Form 3A with two Selective Service Numbers as evidence of their registration as both General and Health Care Registrants. If a registrant does not receive an SSS Form 3A within 90 days after submission of a SSS Form 1, he should write to the Selective Service System, Registration Information, P.O. Box 94638, Palatine, IL 60094-4638. Telephone inquiries to verify a registration or request a replacement SSS Form 3A shall be made by calling (847) 688-6888, or faxing written requests to (847) 688-2860.
- d. The information provided through on-line registrations will be validated by the DMC.
- e. Registration may also be accomplished by any other method currently being utilized by SSS.

7. REVIEW AND VERIFICATION OF REGISTRATION INFORMATION

- a. The SSS Forms 3A and 3B will include the information pertaining to the registrant that has been recorded in the Registrant Data Base (HCRDB). When a registrant receives the forms, he should review the information contained therein for accuracy. If the information is correct, no action is required. If any information is incorrect, the registrant should make the necessary corrections on the SSS Form 3B and mail it to the address shown on the form.
- b. Except for those registrants whose liability has been extended, a registrant is required to notify the SSS within 10 days of any change in his name, address, or telephone, and to provide his Social Security Account Number (SSAN) to SSS if he did not previously provide it, until January 1 of the year in which he attains age 45. If the registrant did not provide a SSAN with the original registration the registrant shall supply the SSS with his SSAN upon receiving it from the Social Security Administration.
- c. Those registrants whose liability has been extended are required to comply with these provisions until they attain age 45 or are notified otherwise by the Director of Selective Service.
- d. A registrant may submit changes of information by any of the following means:
 - (1) Completing and mailing a Change of Information Form (SSS Form 2) to the Area Office (AO) or the DMC. The SSS Form 2 may be obtained from any U.S. Post Office, Embassy or Consulate, or the SSS office.

- (2) Submitting changes on an SSS Form 3B retained from a previously issued Registration Acknowledgment.
 - (3) Submitting a letter to his AO or to the DMC.
 - (4) Submitting changes on-line at www.sss.gov.
- e. Whenever changes or corrections to a registrant's record are entered in the HCRDB, the DMC will issue updated SSS Forms 3A and 3B to the registrant.

8. NAME CHANGES AND CORRECTIONS

- a. The AO must distinguish between name corrections and legal name changes. Supporting documentation must be provided before legal name changes are applied to the CRPP (HCPDS) data base. A Court Order directing a name change or a Birth Certificate from the State Bureau of Vital Statistics or similar state agency is considered sufficient to support a change. Drivers Licenses, Social Security Cards, Hospital Records, Christening or Baptismal Certificates are not considered legal documents for this purpose and will not be accepted.
- b. The following are examples of legal name changes:
 - (1) Complete changes to the last, first or middle names, e.g., Smith to Jones, Donald to Robert, Robert Aloysius to Robert Alan.
 - (2) Translate a foreign spelling to English, e.g., Antonio to Anthony.
 - (3) Delete a middle name.
 - (4) Change a first or middle name to an initial.
 - (5) Assume the derivative of a complete name, e.g., Archibald to Archie.
- c. The following are considered name corrections that do not require supporting legal documentation but do require a signed and dated statement by the registrant that will be placed in his file:
 - (1) Correct obvious spelling errors.
 - (2) Add or delete a suffix, e.g., Robert Smith III to Robert Smith.
 - (3) Assume the complete name from a derivative, e.g., Al to Albert.
 - (4) Add a middle name.
 - (5) Delete a nickname from the middle name, e.g., Joseph Gonzo Gonzaga to Joseph Gonzaga.
 - (6) Change the order of names for an obvious misplacement of names, e.g., Allen Smith Robert to Robert Allen Smith.

- d. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 2-A-1 (Name Changes/Corrections). Sample Letter 2-B-1 will be used as appropriate will be used to notify the registrant of the action taken.

9. ADDRESS CHANGES

- a. A change of address after a registrant has been reached for processing serves only to change the location where official correspondence from the Selective Service System will be mailed to the registrant. The Local Board and AO to which he was originally assigned will remain his Local Board and AO of jurisdiction.
- b. Address changes may be accepted for any registrant. If the registrant appears in person to report a change in address, the information shall be recorded on a Report of Information (SSS Form 119) and signed by the registrant. Reports of address changes received by telephone shall be recorded on SSS Form 119 and the registrant shall be instructed to follow up with a written notification.
- c. The AO will process address changes for only those registrants within its jurisdiction. All other address changes will be forwarded to the appropriate AO for processing.
- d. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 2-A-2 (Address Changes). Sample Letter 2-B-1 will be used as appropriate and will be used to notify the registrant of the action taken.

10. DOB CHANGES

- a. Should a registrant furnish a birth certificate, or similar official document establishing a different DOB from that shown on his SSS Form 1, the registrant's record will be corrected if the documentation is furnished prior to the day of the lottery for his year of birth group, or if the documentation shows the registrant to be too young for any lottery. The office receiving documentation which supports such a correction to the registrant's record will submit the new information through CRPP (HCPDS), which will correct the registrant's DOB in the HCRDB and cause a new SSS Form 3A and 3B to be issued.
- b. Should a registrant furnish documentation establishing a different DOB after the lottery for his year of birth group, his record will not be changed. In this instance, the office receiving the documentation will notify the registrant, in writing, that his DOB will not be changed and the reason for the decision.
- c. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 2-A-3 (DOB Changes). Sample Letters 2-B-1 and 2-B-2 will be used as appropriate.

11. CHANGES IN HEALTH CARE SPECIALTY

- a. Selective Service will only accept changes in a registrant's health care specialty if that registrant makes the request prior to the day of the lottery for that registrant's year of birth group. Any registrant who requests a change to a different health care specialty must furnish Selective Service with a document such as a license, certificate, diploma, training certificate, or other recognized credentialing document establishing a different

health care specialty from that shown in the registrant's Selective Service record. Any document(s) supplied as proof of qualification must meet accepted medical and professional standards, as well as, any medical licenser requirements set forth by any state and/or local governmental regulating authorities.

- b. The AO Supervisor will inspect the documents to ensure they meet the requirements of paragraph a. above. Once the AO Supervisor determines that the documents meet these requirements, they will be sent through CRPP(HCPDS) to update the registrant's record in the HCRDB. The registrant will be issued an updated Registrant Acknowledgment Form (SSS Form 3A) and a new Registration Change of Information Form (SSS Form 3B).
- c. A new 365-day period of retention will begin in the registrant's assigned Priority Selection Group any time the registrant changes his specialty code, if the change/correction is due to a Selective Service or registrant error and the registrant knowingly failed to correct the error in a timely manner.
- d. Should a registrant furnish documentation establishing a different specialty code after the lottery for his year of birth group, his record will not be changed. In this instance, the office receiving the documentation will notify the registrant, in writing, that his specialty code will not be changed and the reason for the decision.

12. CANCELLATION OR DEACTIVATION OF REGISTRATION

- a. A registration will be canceled when it is determined that the registrant is not subject to registration, has fictitiously registered, or has duplicate registrations. The record of a deceased registrant will be deactivated.
- b. Any action taken under this paragraph must be supported by sufficient documentation to verify the registrant's status, e.g., a copy of the birth certificate, evidence of more than one registration, official death certificate or written statement of death from the attending physician or funeral home. If additional documentation is required, it should be obtained by the AO of assignment, prior to forwarding the action to the DMC.
- c. A registrant's Selective Service file will be canceled if evidence is presented to show that he has lost the authority to practice in the health care specialty in which registered. The registrant shall send any documentation supporting this fact to the Selective Service. The supporting documents must materially support the loss of the registrant's qualification, and include information such as an expiration period indicated on a professional certification or license; documents from a board or certifying body indicating decertification; or failure to achieve recertification.
- d. If the registrant has been assigned to an AO, the DMC will notify that AO and the appropriate State Headquarters of the action taken in the registrant's record. If the registrant is an alternative service worker, (ASW) the DMC will also notify the appropriate Alternative Service Office.

- e. File folders (SSS Forms 101 and/or 101A) pertaining to canceled or deactivated records will be appropriately marked and filed at the AO of assignment.

APPENDIX A
CHECKLISTS

CHECKLIST 2-A-1 - NAME CHANGES OR CORRECTIONS

1. Check the registrant's Random Sequence Number (RSN) to determine whether he has been reached for processing.
 - a. If the registrant has been reached, go to step 2.
 - b. If the registrant has not been reached, go to step 5.
2. Check the Area Office Assignment Report to determine whether the registrant is assigned to this Area Office.
 - a. If the registrant is assigned to this Area Office, go to step 3.
 - b. If the registrant is not assigned to this Area Office, go to step 5.
3. Determine whether the Area Office has authority to process the change.
 - a. If the request is for a correction to the name, the Area Office has authority; go to step 4.
 - b. If the request is for a legal name change, the Area Office does not have authority; go to step 5.
4. If the registrant has been reached for processing and is assigned to this Area Office, and if the Area Office has authority to process the change:
 - a. Transmit the correction using CRPP (HCPDS).
 - b. Establish a Registrant File Folder (SSS Form 101) if one does not already exist.
 - c. Record the registrant's correct name on page 1 of the SSS Form 101.
 - d. Record the registrant's request, and the fact that the change has been transmitted, on page 2 of the SSS Form 101.
 - e. File the registrant's request in the SSS Form 101.
 - f. File the SSS Form 101 in the appropriate portion of File 800 (registrant file folders).
5. If the registrant has not been reached or is not assigned to this Area Office, or if the Area Office does not have authority to process the change:
 - a. Notify the registrant that his request is being forwarded to the DMC (see Sample Letter 2-B-1).
 - b. Send the registrant's request, and a copy of the notification, to the DMC, using Document Transmittal and Receipt (SSS Form 123). Note in the "Remarks" section that the documentation pertains to a name change or correction, as applicable.

CHECKLIST 2-A-1 - NAME CHANGES OR CORRECTIONS (cont)

- c. File a copy of the SSS Form 123 and a copy of the notification at File 100 (general correspondence).
6. If the registrant is assigned to the Area Office but the Area Office does not have authority to process the change, the DMC will notify the Area Office when the change has been made. Upon receipt of such notification, the Area Office will take the actions outlined in steps 4.b through f.

CHECKLIST 2-A-2 - ADDRESS CHANGES

1. Check the Area Office Assignment Report to determine whether the registrant is assigned to this Area Office.
 - a. If the registrant is assigned to this Area Office, go to step 2.
 - b. If the registrant is not assigned to this Area Office, go to step 3.
2. If the registrant is assigned to this Area Office:
 - a. Transmit the new address using CRPP (HCPDS).
 - b. Establish a Registrant File Folder (SSS Form 101) if one does not already exist.
 - c. Enter the new address on page 1 of the SSS Form 101.
 - d. Record receipt of the change, and the fact that it has been transmitted, on page 2 of the SSS Form 101.
 - e. File the documentation in the SSS Form 101.
 - f. File the SSS Form 101 in the appropriate portion of File 800 (registrant file folders).
3. If the registrant is not assigned to this Area Office:
 - a. Acknowledge receipt of the information (see Sample Letter 2-B-1).
 - b. Send the documentation and a copy of the acknowledgment to the DMC for action using Document Transmittal and Receipt (SSS Form 123). Note in the "Remarks" section that the documentation pertains to an address change.
 - c. File a copy of the SSS Form 123 and a copy of the acknowledgment at File 100 (general correspondence).

CHECKLIST 2-A-3 - DATE OF BIRTH CHANGES

1. Examine the documentation submitted by the registrant to determine the correct date of birth.
2. Examine the date of birth shown on the registrant's record in HCPDS.
 - a. If a lottery has not yet been held for the date of birth shown in HCPDS make the requested change (see step 3).
 - b. If the lottery for the date of birth shown in HCPDS has already been held, the record will not be changed (see step 4).
3. When a date of birth is to be changed:
 - a. Acknowledge receipt of the registrant's request (see Sample Letter 2-B-1).
 - b. Send the documentation and a copy of the acknowledgment to the DMC using Document Transmittal and Receipt (SSS Form 123). Note in the "Remarks" section that the documentation pertains to a date of birth change.
 - c. File the last copy of the SSS Form 123, and a copy of the acknowledgment, at File 104 (registrants not subject to processing).
4. When a date of birth is not to be changed:
 - a. Notify the registrant that his record will not be changed and the reason for the decision (see Sample Letter 2-B-2), and return any original documents to the registrant.
 - b. If a Registrant File Folder (SSS Form 101) exists for the registrant:
 - (1) Record the request, the denial, and the date on page 2 of the SSS Form 101.
 - (2) File a copy of the notification in the SSS Form 101.
 - (3) Return the SSS Form 101 to the appropriate category of File 800.
 - c. If no SSS Form 101 exists, file the copy of the notification at File 104.

CHECKLIST 2-A-4 - SPECIALTY CODE CHANGES

1. Examine the documentation submitted by the registrant to determine that it meets the requirements to support a change to a different health care specialty.
 - a. If the documentation does not support a change to a different specialty code (see step 4).
 - b. For all other cases, go to step 2.
2. Examine the specialty code shown on the registrant's record in HCPDS.
 - a. If a lottery has not yet been held for the year of birth group in HCPDS make the requested change (see step 3).
 - b. If the lottery for the year of birth shown in HCPDS has already been held, the record will not be changed (see step 4).
3. When a specialty code is to be changed:
 - a. Acknowledge receipt of the registrant's request (see Sample Letter 2-B-1).
 - b. Send the documentation and a copy of the acknowledgment to the DMC using Document Transmittal and Receipt (SSS Form 123). Note in the "Remarks" section that the documentation pertains to a specialty code change.
 - c. File the last copy of the SSS Form 123, and a copy of the acknowledgment, at File 104 (registrants not subject to processing).
4. When a specialty code is not to be changed:
 - a. Notify the registrant that his record will not be changed and the reason for the decision (see Sample Letter 2-B-3), and return any original documents to the registrant.
 - b. If a Registrant File Folder (SSS Form 101) exists for the registrant:
 - (1) Record the request, the denial, and the date on page 2 of the SSS Form 101.
 - (2) File a copy of the notification in the SSS Form 101.
 - (3) Return the SSS Form 101 to the appropriate category of File 800.
 - c. If no SSS Form 101 exists, file the copy of the notification at File 104.

CHECKLIST 2-A-5 - CANCELLATION/DEACTIVATION OF REGISTRATION

1. When information is received by any Selective Service office other than the Area Office of assignment:
 - a. Attempt to determine the registrant's Area Office of assignment.
 - b. If Area Office can be determined, forward the information to the appropriate Area Office.
 - c. If Area Office cannot be determined, forward the information to the DMC.
2. When information is received by the Area Office of assignment:
 - a. Review supporting documentation and obtain additional information as necessary, recording any oral contacts on a Report of Information (SSS Form 119).
 - b. Notify the DMC in writing and coordinate the cancellation/deactivation.
 - c. Record the action taken on page 2 of the Registrant File Folder (SSS Form 101).
 - d. File all documentation and a copy of the letter to the DMC in the SSS Form 101.
 - e. File the SSS Form 101 at File 802 (canceled/deactivated) pending notification from the DMC.
3. When Area Office notified of DMC action:
 - a. Record "Canceled" or "Deactivated" as appropriate, and the date, across the front of the SSS Form 101.
 - b. File the DMC notification in the SSS Form 101.
 - c. Return the SSS Form 101 to File 802.
4. When Alternative Service Office notified of DMC action:
 - a. Based on review of the SSS Form 101A and ASPS records, take any necessary action to terminate the Alternative Service Worker (ASW)'s job assignment (ASPS Transaction 106) and notify the employer.
 - b. Record the action taken on the front and on page 2 of the SSS Form 101A.
 - c. File the notification from the DMC in the SSS Form 101A.
 - d. Use SSS Form 123 to send the SSS Form 101A to the Area Office of original jurisdiction (shown in Item 11 on the front of the SSS Form 101A) using the procedures to transfer a file folder in Checklist 1-A-4.

APPENDIX B
SAMPLE LETTERS

SAMPLE LETTER 2-B-1 - CHANGE OF INFORMATION

Dear _____:

The information you submitted to this office concerning your (change of name) (change of address) (date of birth) (change of health care specialty) has been forwarded to our Data Management Center for action.

If additional information is needed, the Data Management Center will contact you.

You will be issued a new Registration Acknowledgment Letter (SSS Form 3A) when the change has been processed.

Sincerely,

(Signature)
(Typed Name and Title)

SAMPLE LETTER 2-B-2 - BIRTH DATE CHANGE DENIAL

Dear _____:

This is with reference to your request for a change in your date of birth as it appears in your Selective Service records.

Selective Service Regulations establish a cutoff point on changes to birth dates in registrants' records. If a registrant submits a change before his Random Sequence (lottery number) Number is assigned, the record will be changed. If the lottery has been held before he submits the change, the record will not be changed.

Because the lottery which applies to the date of birth shown on your Selective Service registration record was held before you submitted a different date of birth, we cannot take the action you requested. In all matters relating to Selective Service processing, your date of birth must remain as it appeared on your registration record the day before the lottery was conducted.

Sincerely,

(Signature)
(Typed Name and Title)

SAMPLE LETTER 2-B-3 - SPECIALTY CODE CHANGE DENIAL

Dear _____:

This is with reference to your request for a change in your specialty code as it appears in your Selective Service records.

Selective Service Regulations establish a cutoff point on changes to specialty codes in registrants' records. If a registrant submits a change before his Random Sequence (lottery number) Number is assigned, the record will be changed. If the lottery has been held before he submits the change, the record will not be changed.

Because the lottery which applies to the year of birth group shown on your Selective Service registration record was held before you submitted a different specialty code, we cannot take the action you requested. In all matters relating to Selective Service processing, your specialty code must remain as it appeared on your registration record the day before the lottery was conducted.

Sincerely,

(Signature)
(Typed Name and Title)

APPENDIX C
HEALTH CARE SPECIALTIES

HEALTH CARE SPECIALISTS/TECHNICIANS

*****EXAMPLES OF POTENTIAL HEALTH CARE SKILLS*****

**This is not an official of list health care skills that will be required
by Presidential Proclamation.**

Specialty

Specialists

Animal Health Specialist/Technician
Biomedical Equipment Maintenance & Repair Specialist/Technician
Biomedical Laboratory Specialist/Technician (including all subgroups)
Dental Care, General, Specialist/Technician
Dental Laboratory Specialist/Technician
Diet Therapy/Hospital Food Service Specialist/Technician
Environmental Health Specialist/Technician
Medical Admin Specialist/Technician (includes Medical Record Technician or Librarian)
Medical Care and Treatment Specialist/Technician
Medical Supply/Logistics Specialist/Technician
Mental Health/Psychiatric Specialist/Technician
Occupational Therapy Specialist/Technician
Ophthalmology/Optomtry Specialist/Technician (and all subgroups)
Orthopedic Specialist/Technician
Pharmacy Specialist/Technician
Physical Therapy Specialist/Technician
Radiology Specialist/Technician
Surgery Specialist/Technician (and subgroups)

Physicians

Allergy and Immunology
Anesthesiology
Aviation/Aerospace Medicine
Colon and Rectal Surgery
Dermatology
Emergency Medicine
Internal Medicine General
Neurological Surgery
Neurology
Ophthalmology Including sub-specialties
Orthopedic Surgery including all sub-specialties
Otolaryngology
Pathology including all sub-specialties

HEALTH CARE SPECIALISTS/TECHNICIANS (Cont'd)

Preventive Medicine
Psychiatry including all sub-specialties
Radiology
Surgery General
Thoracic Surgery
Urology

Dentists

Endodontics
General Dentistry
Oral Pathology/Diagnosis
Oral Maxillofacial Surgery
Periodontics
Prosthodontics

Registered Nurses

General and Other Nurses
Mental Health Nursing
Nurse Anesthetist
Operating Room Nurse

Veterinarians

Veterinarians including all sub-specialties

Allied Health Specialties (requires degree)

Audiology and Speech
Biomedical Laboratory Services including all sub-specialties
Diet Therapy
Entomology
Environmental Health Services
Occupational Therapy
Physical Therapy
Physician Assistant
Physiology
Podiatry
Psychology (Clinical)



CHAPTER 3 SELECTION FOR PROCESSING

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CHAPTER 3 SELECTION FOR PROCESSING GENERAL PROCEDURES

1. LOCAL BOARD ASSIGNMENT

- a. A registrant whose current address is within the United States shall be assigned to the Local Board having jurisdiction over that address.
- b. A registrant whose current address is within Canada or Mexico shall be assigned to a Local Board in the United States that is proximate to the U.S. border with his (refers to both male and female registrants) country of residence.
- c. A registrant whose current address is not within the United States, nor within Canada or Mexico, shall be assigned to the overseas Local Board so designated, in metropolitan Washington, D.C.
- d. The registrant's assignment shall be based upon the address last reported by him (refers to both male and female registrants) to the Selective Service System prior to his being reached and selected for processing. For addresses within the United States, the assignment will be based upon the ZIP Code (including state) on the registration record at the time the assignment is made. If no ZIP Code is furnished or the number furnished cannot be identified, the registrant will be assigned to the AO located in or nearest to the State Capital of the registrant's state of residence.

2. RANDOM SELECTION SEQUENCE

The Director of Selective Service is responsible for selecting health care registrants in a fair and equitable manner. To accomplish this task, Selective Service uses a random selection sequence process by means of a lottery, which shall be conducted at a specified time and place that he shall fix. The Selective Service bases its health care induction calls upon the manpower requirements from the Department of Defense. The Department of Defense will determine the types of specialties required, the quota within each specialty, and any male/female quotas. Once the Department of Defense issues a manpower requirement to the Selective Service, the Director shall:

- a. Place each registrant into the health care specialty in which he (refers to both male and female registrants) claims to be qualified.
- b. Place each registrant into a male or female category as indicated by the registrant at the time of registration.
- c. Calculate the number of registrants to be ordered for induction, by specialty, to meet Department of Defense manpower requirements.
- d. Calculate the number of male and female registrants based upon Department of Defense requirements.

- e. Place registrants into the appropriate Priority Selection Group (PSG).
- f. Place registrants into the appropriate Year of Birth (YOB) group.
- g. Assign Random Sequence Numbers (RSNs) to each registrant through the random selection sequence process known as a lottery.
- h. Establish an induction RSN cutoff number within a given health care specialty, YOB group, and PSG, which will apply nationally. All available registrants with RSNs equal to or below the cutoff number within a particular specialty will be subject to induction under that call. A registrant's random sequence number will be deemed to have been "reached" if it is equal to or lower than the random sequence cutoff number established by the Director for registrants within a given health care specialty, PSG, and YOB group.

3. RANDOM SEQUENCE NUMBERS

- a. The Director of Selective Service shall establish a random selection sequence for the processing of registrants by means of a lottery which shall be conducted at a specified time, place and on the date he or she shall fix. The random selection method shall use 365 days or, where appropriate, 366 days (i.e. men or women who were born in a leap year) to represent the birthdays (month and day only) of all registrants by year of birth group(s). A total of twenty-five lottery drawings will be conducted to determine the RSNs for registrants in each YOB group, ages 20-44. The random sequence selection method shall use a number (1 through 366) and a calendar date (January 1 through December 31) to form a single RSN. The numbers 1 through 366 represent the number of days in the Julian calendar. The calendar dates January 1 through December 31 represent the possible dates of birth for registrants by month and day only.
- b. During the lottery, each number (1-366) and each calendar date (January 1 through December 31) is randomly drawn from separate drums (one drum contains numbers, and another drum contains dates). Each capsule containing a number is opened and announced publicly, along with the capsule containing a date. The number and date, when combined, determine a registrant's RSN and is based upon the date the registrant is born. A registrant with the RSN number 1 would be more vulnerable to selection for induction than a registrant with RSN number 365. For example, if the number 1 is drawn, along with February 10, then registrants born on February 10 will be first in the order of call.
- c. Random Sequence Numbers (RSNs) thus established shall determine the order of selection for induction or examination and induction of those registrants included in the age group(s) of the lottery. The established RSN for any registrant shall apply to him so long as he remains subject to processing for military training and service and shall be based upon the date of birth that appears on his registration record on the day before the lottery is conducted.
- d. Each phase of administrative processing - postponements, reclassifications, personal appearances, appeals, and so forth - shall be done in order of RSN and

PSG insofar as practicable, so that registrants are processed in the order of their vulnerability for induction.

- e. When the Director of Selective Service determines that a registrant has been assigned an incorrect RSN due entirely to a Selective Service error in recording either the registrant's date of birth or the RSN, he shall direct the assignment of the proper RSN.

4. EXTENDED LIABILITY OF DEFERRED REGISTRANTS

- a. The Military Selective Service Act (MSSA) when amended will provide that certain deferred registrants shall be liable for military training and service until they attain the 55th anniversary of their date of birth. Classification of a registrant for any period of time into any of the following deferred classes, before he reaches age 45, extends his liability for military training and service until he reaches age 55:
 - (1) Class 1-D-DM: Deferment for certain members of a reserve component or student taking military training.
 - (2) Class 2-AM: Essentiality of occupation (HCPDS only).
 - (3) Class 2-DM: Registrant deferred because of study preparing for the ministry.
 - (4) Class 3-AM: Registrant deferred because of hardship to dependents.
 - (5) Class 4-BM: Official deferred by law.
 - (6) Class 4-FM: Registrant not acceptable for military service.
- b. The classification of a registrant into any class other than those listed above does not extend his liability.
- c. A registrant must have liability for induction in order for that liability to be extended by his deferment. Liability cannot be extended when the registrant was never liable for induction. If a registrant was entitled to an exemption, but was given a deferment instead because it was a lower class, he does not incur extended liability.

5. PRIORITY SELECTION GROUPS

- a. Priority Selection Group-Medical (PSG-M) is an assignment system that considers the most recently registered registrants as more vulnerable to selection for induction than those who registered earlier. Each registrant is assigned to a PSG-M based upon when that individual's record is established in the health care registrant database. A registrant will remain in a PSG assignment for a period of 365 calendar days (366 for leap years). Registrants who are in the First PSG-M (PSG1-M) are more vulnerable to selection for induction than registrants in PSG2-M or PSG3-M.
- b. A registrant's effective date in PSG1-M is his accession date (the accession date is the date the registrant's record is established in the HCPDS database). The registrant will progress to the next PSG-M on the anniversary of his accession date.

A registrant moves from PSG1-M to PSG2-M on the first anniversary of his accession date. On the registrant's second anniversary, he will move from the PSG2-M to PSG3-M and from the PSG3-M to PSG4-M on the third anniversary, etc. A registrant's PSG assignment ceases once he has been selected for induction.

- c. All health care personnel who register during a period of mass registration will be registered with the same accession and PSG1-M effective date, regardless of the date Selective Service receives the individual's registration form. Registrants who register during continuous registration will be assigned PSG1-M dates that will be dependent upon the individual's accession date (the date the registrant's record is established in the HCPDS database). Figure 1 is an example of how different registrants move through the PSG-M system.

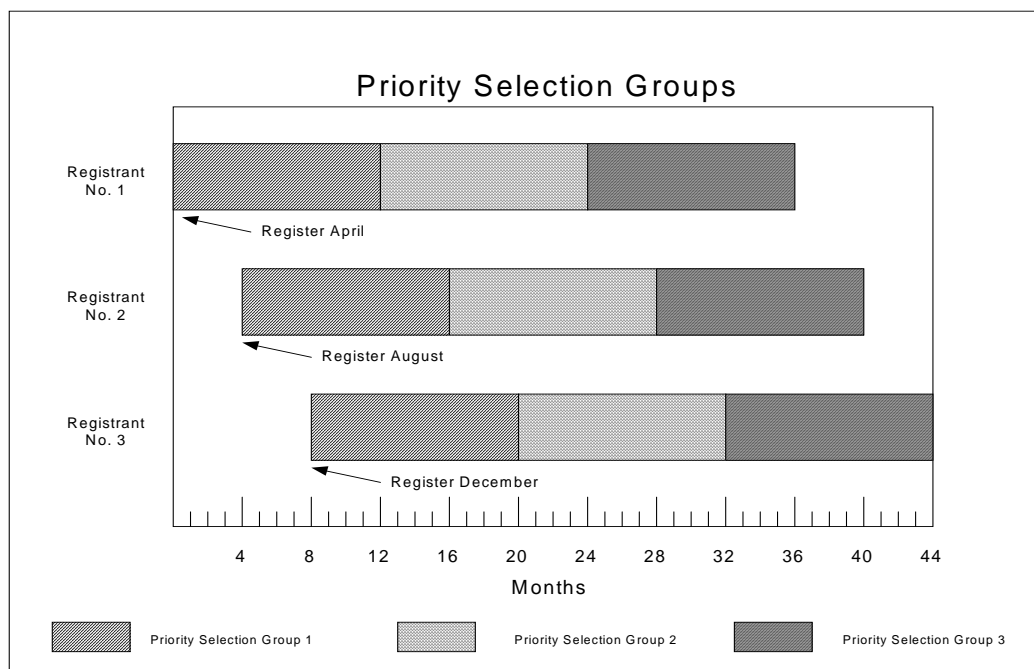


Figure 1

Figure 1 above shows three health care registrants who have registered under HCPDS. In this example, Selective Service is issuing induction notices under the health care draft. Registrant Number 1 registered during mass registration in April 2004 (month 1). Registrant No. 1 will remain in the Priority Selection Group 1 (PSG1-M) for 365 days, i.e., until the last day of month 12 (March 31, 2005). On April 1, 2005 (month 13), Registrant Number 1 will advance to PSG2-M for a period of 365 days, i.e., until the last day of month 24 (March 31, 2006). On April 1, 2006 (month 25), Registrant Number 1 will advance to PSG3-M for a period of 365 days, i.e., until the last day of the end of month 36 (March 31, 2007). The same progression would take place for Registrants 2 and 3. Note that all of the registrants have a different progression cycle in which they advance into each successive PSG.

6. YEAR OF BIRTH GROUP

- a. The Director of Selective Service shall assign registrants to Year of Birth (YOB) groups based upon their date of birth. The HCPDS selection for induction process selects the youngest registrant first. The younger the health care registrant, the more vulnerable he is to selection from within his specialty. The Selective Service shall assign registrants into YOB groups as follows:
- (1) The age 20 YOB group for any calendar year consists of registrants who have reached the age of 20.
 - (2) The age 21 YOB group consists of registrants who have reached the age of 21. In like manner, each YOB group will be so designated through age 44.
 - (3) YOB groups 45 through 54 consist of registrants who have reached the age of 45 through age 54 and who were previously deferred in Classes 1-D-DM, 2-AM, 2-DM, 3-AM, 4-BM or 4-FM.
- b. The Director of Selective Service may determine that a registrant has been assigned to an incorrect age selection group. In those instances the Director will direct the reassignment of the registrant to the proper age selection group.

7. SELECTION

- a. Selection of health care registrants for induction within their specialty is based upon:
- (1) Selective Service overcall¹ quota
 - (2) Male and female quota (if required)²
 - (3) PSG
 - (4) YOB within the PSG, from youngest to oldest
 - (5) RSN cutoff within an individual YOB group
- b. Registrants are selected within a required health care specialty, beginning with the age 20 YOB group with PSG1-M, and ending with a pre-determined RSN cutoff within that YOB group. If all of the registrants within the age 20 YOB group are depleted and the quota cannot be filled, selection begins within the age 21 YOB group. The process continues until the quota for each specialty is met within a YOB group. If an entire YOB group is not required to meet the quota, the RSN cutoff will determine the last registrants to be selected. If a quota cannot be met within a PSG, the process will move into the next sequential PSG group until the quota is met. All YOB groups must be depleted within a PSG before moving to the next PSG. The selection process within any subsequent PSG is the same as described for PSG1-M.

1 Overcall – The number of registrants ordered by Selective Service that is above the Department of Defense quota. The overcall quota assists Selective Service in meeting the Armed Forces manpower requirements by compensating for those registrants, who fail to report, file claims, or receive reclassifications.

2 If females are authorized for inclusion in a call, and the Department of Defense does not establish a quota, male and female registrants will be selected without deference.

8. ORDER OF CALL

- a. Registrants shall be selected for processing from within a health care specialty in the following order:
 - (1) (If Selective Service is accepting volunteers) Volunteers for induction in the order in which they volunteered for induction.
 - (2) Registrants whose postponements have expired or were terminated, in the order of expiration or termination of their postponements.
 - (3) Registrants whose deferments or exemptions have expired or been terminated, in the order of their deferment or expiration. This includes those whose liability has been extended and who have not yet reached age 55.
 - (4) Non-volunteers who are age 20 in the First Priority Selection Group) – Medical in the order of their RSNs.
 - (5) Non-volunteers in each succeeding YOB group within PSG1, beginning with age 21 and ending with age 44, in RSN order for each YOB group.
 - (6) Registrants in the Second and progressively lower PSGs, beginning with age 21 and ending with age 44, in RSN order for each YOB group.
- b. No registrant under the age of 20 years shall be liable for training and service under the Health Care Personnel Mobilization Act.
- c. No alien shall be inducted into the Armed Forces of the United States unless he has resided in the United States for a period of one year, even if he should wish to volunteer for induction. When an alien has been within the United States for two or more periods and the total of such periods equals one year, he shall be deemed to have resided in the United States for one year. Any portion of a day will be counted as one day in computing this one-year residence requirement.

9. VOLUNTEERS FOR INDUCTION

(THE POLICIES AND PROCEDURES DESCRIBED IN THE PARAGRAPH BELOW WILL NOT GO INTO EFFECT UNTIL APPROVED BY THE DIRECTOR)

The Director, Selective Service will determine when the Agency will begin accepting health care volunteers. At that time volunteers will include any eligible health care professionals that have reached age 20, and not age 45.

- a. A health care professional in any of the categories listed below is not eligible to volunteer for induction:
 - (1) Has completed an active duty obligation under the Health Care Personnel Mobilization Act; or,
 - (2) Is classified in, or is eligible for, Class 4-FM; or,

- (3) Is in a temporarily unacceptable status with reexamination believed justified (RBJ); or,
 - (4) Is an alien who has not resided in the United States for a period of at least one year; or,
 - (5) Is currently under an order to report for induction.
 - (6) Is a Dual Registrant and is under an Order to Report for Voluntary Induction under the general conscription system.
- b. An eligible male/female or health care professional that desires to volunteer for induction shall complete an Application for Voluntary Induction (SSS Form 254) either online at www.sss.gov or at a Selective Service Area Office. If the applicant has not previously registered, he shall also complete a Registration Form (SSS Form 1) at the Area Office, or register online at www.sss.gov.
 - c. An applicant who would not otherwise be required to register, who does so in order to volunteer, will have the word “VOLUNTEER” written or stamped on his SSS Form 1.
 - d. An applicant who has not registered, who does not live within the jurisdiction of the Area Office, and is expected to return to an area under the jurisdiction of another Area Office before he could be processed for induction, will be told to register and complete his application at that Area Office. Conversely, an applicant who has not registered and does not live within the jurisdiction of the Area Office but is expected to remain in the area indefinitely will be registered using his local address, and provided an Order to Report for Induction as a Volunteer. Refer to Checklist 3-A-3 in Appendix A of this chapter.
 - e. A registrant whose application for voluntary induction has been approved by Selective Service will be scheduled for induction and issued an Order to Report for Induction as a Volunteer through CRPP (HCPDS). Claims for classification or requests for student postponement will not be accepted or processed. Emergency postponement requests shall be accepted and processed.
 - f. Any volunteer who, after being ordered to report for induction, fails to report without having withdrawn his application will be issued an Order to Report for Induction as a Volunteer (Second Notice). If the volunteer does not respond to the second induction order, he will be processed as a suspected violator.
 - g. A volunteer for induction will have his acceptability for military service determined at the time he reports for induction. Results of the processing of volunteers for induction will be reported to CRPP(HCPDS) by MEPS through USMEPCOM.
 - h. Any registrant who volunteers for induction may, at any time up to midnight prior to his reporting date as indicated on the Delivery List, withdraw his volunteer application by submitting a written request to the AO of jurisdiction. Either the date of receipt at the AO or a dated postmark, whichever is earlier, will establish the date

of filing the withdrawal. A registrant who registered in order to volunteer will remain registered.

- i. Whenever a volunteer, who has not withdrawn his application, fails to comply with an Order to Report for Induction as a Volunteer (SSS Form 254-A by failing to report for or submit to induction, the AO shall attempt to contact the registrant or persons aware of the registrant's whereabouts and status, to determine the reasons for the registrant's failure to report.
- j. When the AO discovers a reason that justifies the registrant's failure to report (for example, enlistment in the regular armed forces, induction at another MEPS), an effort will be made to verify the reason. A record of the AO effort will be placed in the registrant's file. If verification is not received within 15 days of the scheduled or rescheduled reporting date, or the AO is not able to contact the registrant, he will be reported to the Office of General Counsel at Selective Service National Headquarters in accordance with Chapter 8 of this manual.

10. DUAL REGISTRANTS

- a. If health care and general conscription occur at the same time, registrants who are ages 20-25, and are registered as both health care and general registrants, are liable under both systems. These individuals are hereby referred to as dual registrants. Dual registrants are processed simultaneously for selection under the health care and general conscription systems.
- b. Once a dual registrant is selected for induction under one system, his processing for selection under the other system is suspended pending the outcome of the first selection. Liability for conscription under the general registrant and health care registrant conscription systems do not overlap. No right or vulnerability within one system will extend to the registrant in the other system.
- c. If a dual registrant is selected for induction as a health care registrant, and he is subsequently found not professionally qualified, his health care record will be deactivated. At this point, the registrant's record under the general draft will be reactivated. However, that individual cannot be inducted as a general registrant until all processing under SSS health care orders are complete. If MEPS determines that a health care registrant is not qualified in the specialty in which originally registered, but is found qualified in another needed specialty, the registrant may volunteer for the other specialty. Any registrant who does not choose to volunteer for another needed specialty, and is found to be qualified, will be required to re-register in that specialty.
- d. If a dual registrant is selected for induction as a general registrant, his health care record is suspended pending the results. The registrant could be inducted, only if he meets the Department of Defense acceptability standards applicable to general registrants. If the registrant is not qualified as a general registrant, the registrant will be classified as not acceptable for military service as a general registrant, and his health care registrant record will be reactivated. Disqualification as a general registrant does not automatically disqualify a registrant for induction and military qualification as a health care professional.

APPENDIX A
CHECKLISTS

CHECKLIST 3-A-1 - PROCESSING APPLICATIONS FOR VOLUNTARY INDUCTION

1. Have the applicant complete items 1-9 of the Application for Voluntary Induction (SSS Form 254) at the AO.
2. Determine whether the applicant is registered with Selective Service. If the applicant states that he is registered but has no record of his Selective Service number, contact the DMC for verification of his registration.
3. If the applicant is registered, go to Checklist 3-A-2.
4. If the applicant is not registered:
 - a. Have him complete a Registration Form (SSS Form 1) at the AO.
 - b. Go to Checklist 3-A-3.

CHECKLIST 3-A-2 - PROCESSING REGISTERED VOLUNTEERS FOR INDUCTION

1. Verify the applicant's eligibility for voluntary induction by comparing the information on his Application for Voluntary Induction (SSS Form 254) with the eligibility standards in Chapter 3, paragraph 10.
2. If the applicant is not eligible, go to Checklist 3-A-4, or if Selective Service is not accepting health care volunteers.
3. If the applicant is eligible:
 - a. Notify the registrant that his application is approved (see Sample Letter 3-B-1).
 - b. Furnish Copy 1 of the SSS Form 254 to the applicant.
 - c. Establish a Registrant File Folder (SSS Form 101).
 - d. Record on page 2 of the SSS Form 101 the date the applicant completed the SSS Form 254 and the date the application was approved.
 - e. Transmit the application using CRPP (HCPDS).
 - f. File a copy of the notification letter and the original of the SSS Form 254 in the SSS Form 101.
 - g. File the SSS Form 101 at File 800 (registrant file folders).

CHECKLIST 3-A-3 - PROCESSING UNREGISTERED VOLUNTEERS FOR INDUCTION

1. Verify the applicant's eligibility to volunteer for induction by comparing the information he provided on the Application for Voluntary Induction (SSS Form 254) with the eligibility standards in Chapter 3, paragraph 10.
2. If the applicant is not eligible to volunteer or if Selective Service is not accepting health care volunteers:
 - a. Send the completed Registration Form (SSS Form 1) to the DMC for routine registration processing.
 - b. Go to Checklist 3-A-4.
3. If the applicant is eligible:
 - a. Notify the applicant that his application is approved (see Sample Letter 3-B-1).
 - b. Furnish Copy 1 of the SSS Form 254 to the applicant.
 - c. Write or stamp the word "VOLUNTEER" prominently on the SSS Form 1.
 - d. Establish a Registrant File Folder (SSS Form 101).
 - e. Record on page 2 of the SSS Form 101 the date the applicant completed the SSS Form 1 and the SSS Form 254, and the date the application was approved.
 - f. Send the SSS Form 1 to the DMC.
 - g. Transmit the application to CRPP (HCPDS).
 - h. File a copy of the notification and the original of the SSS Form 254 in the SSS Form 101.
 - i. File the SSS Form 101 at File 800 (registrant file folders).

CHECKLIST 3-A-4 - DISAPPROVAL OF VOLUNTEER APPLICATION

1. Notify the applicant that his application is disapproved (see Sample Letter 3-B-1). State the reason for the disapproval.
2. Furnish Copy 1 of the Application for Voluntary Induction (SSS Form 254) to the applicant.
3. File a copy of the notification letter and the original of the SSS Form 254 at File 104 (registrants not subject to processing.)

CHECKLIST 3-A-5 - WITHDRAWAL OF VOLUNTEER APPLICATION

1. Record the request for withdrawal and the date of its receipt on page 2 of the Registrant File Folder (SSS Form 101).
2. If an Order to Report for Induction as a Volunteer (SSS Form 254A) has been issued, and the request for withdrawal is received prior to his scheduled reporting date, note its cancellation on page 2 of the SSS Form 101.
3. Notify the registrant, in writing, that his application has been withdrawn (see Sample Letter 3-B-2).
4. Transmit the withdrawal to CRPP (HCPDS).
5. If the Order to Report for Induction as a Volunteer has not been issued, or the request for withdrawal is not received prior to the scheduled reporting date, send Sample Letter 3-B-2.
6. File the request for withdrawal and the notification to the registrant in the SSS Form 101.
7. File the SSS Form 101 in File 800 (registrant file folders).

APPENDIX B
SAMPLE LETTERS

SAMPLE LETTER 3-B-1 - DECISION ON VOLUNTEER APPLICATION

Dear _____:

This is to inform you of the decision on your application for voluntary induction into the Armed Forces of the United States.

(If the application is approved:)

Your application for voluntary induction is approved. You will receive an Order to Report for Induction as a Volunteer in the near future, directing you when and where to report for induction. Take that order, and the enclosed copy of your application, with you when you report for induction.

(If the application is disapproved:)

Your application for voluntary induction is disapproved because (state reason for disapproval). This decision does not affect your registration with the Selective Service System, but may affect any possible liability for military service which you may have in the future if your age group becomes subject to processing for induction. Therefore, we suggest that you keep this letter and the enclosed copy of your application with your personal papers in case you have need for them at a later time.

Sincerely,

(Signature)
(Typed Name and Title)

Enclosure
SSS Form 254

SAMPLE LETTER 3-B-2 - WITHDRAWAL OF VOLUNTEER APPLICATION

Dear _____:

In accordance with your request received on (date), your application for voluntary induction has been withdrawn. If you were issued an Order to Report for Induction as a Volunteer, that order is canceled.

This withdrawal does not affect your registration with Selective Service or any possible liability for military service which you may have in the future if your age group becomes subject to processing for induction.

(If request to withdraw is not used prior to his scheduled reporting date use this paragraph.)

Your request to withdraw your application for voluntary induction cannot be approved since it was received by the Area Office (on or after) the date you were scheduled to report for induction. If you do not report to the MEPS shown on your Order to Report for Induction within the next five days, or provide this Area Office with an explanation, within the same time frame, as to why you failed to report, you will be reported as a possible violator.

Sincerely,

(Signature)
(Typed Name and Title)



CHAPTER 4 ARMED FORCES EXAMINATIONS

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CHAPTER 4

ARMED FORCES EXAMINATIONS GENERAL PROCEDURES

1. ORDER TO REPORT FOR EXAMINATION

- a. There will be no physical examinations ordered for health care professionals prior to decisions on claims except when SSS determines that more information is required about a registrant's physical or mental condition. A registrant who has made a claim for reclassification in one of the judgmental classes (1-A-O, 1-O, 2-A, 2-D, or 4-D) may not volunteer or be ordered for examination as a means of determining his acceptability for future military service.

Registrants found qualified for Class 1-O will be scheduled for an armed forces examination to determine their suitability or ability to perform alternative civilian service using an Order to Report for Examination (SSS Form 223). The registrant may waive the examination requirement by submitting a written request to the AO. The AO will use Sample Letter 9-B-4 to inform the registrant of this option at the time he is informed of the board's decision to grant the 1-O classification. If the registrant waives the examination requirement, he will be declared acceptable for service and will be ordered to report for Alternative Service by the Local Board and under the provisions of the Alternative Service Program. Once a registrant waives his rights to an Armed Forces examination, he forfeits his right to any future examination prior to being ordered to perform Alternative Service. In those instances where the registrant's physical condition changes after the Order to Perform Alternative Service is issued, he will be ordered for an Armed Forces examination at a MEPS, if he requests such examination.

Any other registrant being processed for examination under the provisions of this Chapter shall be issued an Order to Report for Examination (SSS Form 223) by directing him to report to a specific MEPS at a specified date and time. Registrants not granted Class 1-O, who is ordered to report for an Armed Forces examination, does not have the option to waive this requirement. The procedures for processing the results of the Armed Forces examination are in Checklist 9-A-9.

If a registrant is far away from the location to which the examination orders him to report, he may report to a closer MEPS for processing with the approval of the AO. The date specified for the registrant to report for examination shall be at least seven days from the date the SSS Form 223 was issued.

If a registrant is found not qualified as a result of his Armed Forces examination, he shall be reclassified 4-F (not acceptable for military service) and no further action shall be taken on his claim(s).

Except for those health care registrants described in subparagraph b. below, every registrant shall have his acceptability for military service determined by a Military Entrance Processing Station (MEPS) or a Department of Defense (DoD) approved examination facility, before he is ordered for induction or Alternative Service and before any claim for classification or student postponement is filed.

- b. The provisions of subparagraph a. above do not apply in the following cases:
 - (1) A health care registrant who has been granted a waiver of examination because of conscientious objection as specified in paragraph 7 of this chapter.
 - (2) A health care registrant who has forfeited his right to request a classification because of his failure to comply with an examination order as specified in paragraph 9 of this chapter.
 - (3) A health care registrant who has volunteered for induction and who was not previously examined shall have his acceptability determined at the time he reports for induction.
- c. Immediately upon determining the number of health care persons to be ordered for examination, the Director of Selective Service shall establish the Armed Forces Examination (AFE) cutoff number. All registrants in the First Priority Selection Group (FPSG) whose random sequence number (RSN) is equal to or less than the AFE cutoff number will be issued an Order to Report for Armed Forces Examination (SSS Form 233) from the Central Registrant Processing Portal/Health Care Professionals Delivery System (CRPP/HCPDS) via the U.S. Postal Service if; (1) they are in Class 1-A, 1-A-O, 1-O, 2-A or 1-H; or, (2) they are expected to be reclassified into Class 1-A, 2A, 1-A-O or 1-O in the near future. The SSS Form 233 will be sent to the registrant's last reported current mailing address as shown in the Registrant Information Bank (RIB), prior to the issuance of the order.
- d. Health care registrants who will be in the following years FPSG, with an RSN equal to or below the AFE cut-off established for that PSG will be ordered for an armed forces examination if they; (1) are in Class 1-A, 2A, 1-A-O, 1-O, or 1-H; or, (2) Are expected to be reclassified into Class 1-A, 2A,1-A-O, 1-O in the near future.
- e. Registrants who are members of the Extended Priority Selection Group (EPSG), who are in Class 1-A, 2A,1-A-O or 1-O or whose reclassification into one of those classes is expected to occur soon, will be ordered for armed forces examination if they have not previously been found qualified or disqualified.
- f. When issuing an Order to Report for Armed Forces Examination (SSS Form 233) or a Notice of Rescheduled Armed Forces Examination Reporting Date (SSS Form 234), the date specified for reporting for examination will be at least 10 days after the date on which the SSS Form 233 or the SSS Form 234 is issued.
- g. Any examination, including a "Papers Only" Evaluation, conducted under the authority of this chapter shall be at a Military Entrance Processing Station (MEPS) or a Department of Defense (DoD) approved examining facility.

- h. The Director of Selective Service may, at any time, direct that health care registrants selected for examination be ordered to report to an examining facility other than the one to which they would customarily be ordered and may cancel any examination order at any time.
- i. Only those registrants who have been ordered for examination shall be processed under the provisions of this chapter. A registrant may not volunteer for examination as a means of determining his potential acceptability for future military service.

2. FORWARDING REGISTRANTS FOR EXAMINATION

- a. Registrants ordered to report for examination will be furnished transportation by Selective Service from the AO or other designated assembly point (such as the local bus station) specified on their orders, to the MEPS and returned to the designated assembly point. Travel between the registrant's place of residence and the designated assembly point will be at the registrant's own expense. Registrants who reside within a metropolitan area served by a MEPS may, upon notification to their AO at least 24 hours prior to their scheduled reporting date, report to the MEPS by public transportation or privately owned vehicle (POV) at their own expense.
- b. A representative of the AO will be present at the place and time designated for the registrants to report for transportation to the MEPS. The AO representative will call the roll, update the delivery list to identify no-shows, brief the registrants on what will happen at the MEPS and when they can expect to return, and resolve any last-minute problems which may arise.
- c. A registrant who needs travel assistance in order to comply with an order from Selective Service may contact the AO listed on his SSS Form 233, or any other AO that may be closer to where he currently resides, by telephone or in writing. AO personnel will provide registrants with the location of the MEPS, available public transportation, bus or train schedules, and routes to the MEPS. AOs are not authorized to disburse funds for travel expenses.
- d. When special modes of travel are required in certain geographic areas, arrangements will be made by the State Directors of the states concerned, in coordination with the Region Headquarters, and will be administered by the AOs in those locations.

3. REGISTRANT PROCESSING AT MEPS

- a. When registrants arrive at the MEPS for examination processing, MEPS personnel will collect their Order to Report for Armed Forces Examination (SSS Form 233), brief them, administer physical and mental examinations, conduct moral investigations if necessary, release the registrants after their acceptability for military service has been determined, and transmit the results to CRPP/HCPDS through United States Military Entrance Processing Command (USMEPCOM).
- b. The MEPS will furnish meals and lodging to registrants who, because of transportation scheduling and an early reporting time, arrive at the MEPS on the evening prior to the scheduled reporting date.

- c. Any registrant whose acceptability cannot be determined through regular MEPS processing may be retained at MEPS for up to three days for the purpose of further processing. MEPS will provide meals, lodging and travel as required.

4. POSTPONEMENT OF EXAMINATION

- a. A postponement of a registrant's examination reporting date will not cancel the original Order to Report for Armed Forces Examination and may be granted by his AO of jurisdiction one time, without supporting documentation, when the request is based on one of the following reasons:
 - (1) The death of a member of the registrant's immediate family; or,
 - (2) An extreme emergency involving a member of the registrant's immediate family; or,
 - (3) The registrant incurs a temporary disabling illness or injury; or,
 - (4) The registrant is scheduled for examination on the same day he is scheduled for a state or national examination in a profession or occupation which requires licensing or certification before a person is authorized to practice that profession or occupation; or,
 - (5) The registrant's examination reporting date is a religious holiday historically observed by a recognized church, religious sect or religious organization of which he is a member; or,
 - (6) Other circumstances beyond the registrant's control.
- b. A registrant's request for postponement of his examination must be made in writing to his AO before the date he is scheduled to report. Requests may be made using SSS Form 233P (Request for Postponement of Armed Forces Examination sent with the Order to Report for Armed Forces Examination (SSS Form 233), or by letter. Requests for postponement made by telephone will be recorded on a Report of Information (SSS Form 119), but the registrant will be required to provide a written request in support of his claim, before it will be considered. No telephonic request for postponement will be considered until a written request is received by the AO.
- c. If, upon receipt of a timely request for postponement, the AO is unable to make a decision due to a lack of information, Sample Letter 4-B-1 (Postponement of Examination) will be sent to the registrant requesting the necessary information. The registrant will be given until the day before his scheduled reporting date to provide such information. If the AO does not receive the information as requested or it is not timely, the registrant will be required to report as ordered.
- d. Sample Letter 4-B-1 will be used to notify a registrant of the AO's decision on his request. If the postponement is granted, it will be to a date certain which will be based on the AO's assessment of when the grounds for the postponement can reasonably be expected to end. If the postponement is denied and Sample Letter 4-B-1 could not reasonably be expected to reach the registrant prior to his examination date, he will be notified by phone. The telephone call will be followed up by the Sample Letter. In no case will the postponement be longer than 30 days. A

registrant status update will be submitted through CRPP/HCPDS and the date the postponement is granted and its duration will be entered on Page 2 of the SSS Form 101.

- e. A registrant will be issued a Notice of Rescheduled Examination Reporting Date (SSS Form 234) from CRPP/HCPDS prior to the expiration date of his postponement, to report with the next available group ordered from his AO that will report after the expiration of his postponement, provided that, the new reporting date is at least 10 days from the date of mailing of the SSS Form 234. A postponed registrant will be rescheduled even though his age selection group may no longer be subject to processing at the time his postponement expires. The SSS Form 234 will order the registrant to report to the MEPS to which he was originally ordered.
- f. A registrant who is granted a postponement of examination for five days or more will be issued a Notice of Rescheduled Examination Reporting Date (SSS Form 234) from CRPP/HCPDS to inform him of the date he is to report to the MEPS to which he was originally ordered. Registrants whose examination is postponed for less than 5 days shall report without being rescheduled. A postponed registrant will be examined even though his age selection group may no longer be subject to processing at the time his postponement expires.
- g. If a registrant requests a second postponement in response to the SSS Form 234, or requests an extension of the original postponement, the AO will require the registrant to submit supporting documentation prior to granting the request by sending him Sample Letter 4-B-1 (Postponement Of Examination). The type of documentation that will support a request for a second or extended postponement of examination is the same as would be required to support a request for postponement of induction for the same reason, such documentation being listed in Chapter 7, paragraphs 8, 10 and 11.
- h. If a registrant's examination was postponed because he incurred a temporary disabling illness or injury, and if he remains unable to report for examination at the end of the postponement, the AO will forward Sample Letter 4-B-4 (Papers Only Evaluations) requesting the registrant provide information regarding the illness or injury for submission to the MEPS for a decision. The examination will be processed in accordance with paragraph 5 of this chapter. For the purpose of this subparagraph only, the 30 day limitation on the length for which a postponement can be granted is vacated, and extensions may be granted while the "Papers Only Evaluation" is in progress such that the total postponement, including extensions, does not exceed 90 days.
- i. Only in emergency circumstances beyond the registrant's control may he file a request for postponement on or after the day he is scheduled to report for examination. The MEPS Liaison (ML) is not authorized to grant a religious holiday postponement or one for a state or national examination, but is authorized to grant an emergency postponement of examination for not more than ten days based upon events which occur while the registrant is en route to, or after he reports to, the MEPS when the emergency circumstances prevent the accomplishment of the examination. In all other cases the registrant will be examined as scheduled. When the ML grants an emergency postponement he will notify the registrant's AO immediately.

- j. A registrant who would otherwise be entitled to a statutory postponement of his induction because of his student status will not be granted a postponement of his examination based on that same status. Such a statutory postponement may be granted only to a registrant who has been found qualified for military service by MEPS and issued an Order to Report for Induction or Alternative Service.
- k. The denial of a request for postponement of examination by the AO is final and is not subject to further review or appeal within the Selective Service System.
- l. Checklists of administrative procedures for this paragraph are contained in Appendix A. Checklist 4-A-1 (Postponement of Examination, Checklist 4-A-4 (Processing Papers Only Evaluations), and Checklist 4-A-7 (Second or Extended Postponements).

5. PAPERS ONLY EVALUATIONS

- a. If a registrant who has been ordered to report for physical examination claims that one or more of the following conditions exist and it is documented as described in paragraph 5.b below, the documentation will be forwarded to the appropriate MEPS for a papers only evaluation when:
 - (1) He is confined to a correctional facility, hospital or similar institution; or,
 - (2) He is physically or mentally disabled and not reasonably capable of reporting to the MEPS; or,
 - (3) Although he may reasonably be capable of reporting as scheduled, has an obviously disqualifying defect which has been verified by a physician's statement.
- b. In order to support a "Papers Only" evaluation, the registrant or his legal guardian must submit written statements attesting to his confinement or disability, signed by an individual authorized to make such statements. The supporting documentation shall be furnished to the AO, which will forward it to the appropriate MEPS for determination.
- c. Upon receipt of the documentation, the AO will:
 - (1) Prepare SSS Form 101, if one has not already been prepared, in accordance with its procedural directive, noting the date the documents were forwarded for evaluation on page 2; and,
 - (2) Make a copy of the documentation and file in the SSS Form 101; and,
 - (3) Forward the original documentation to the appropriate MEPS.
- d. When the MEPS evaluation is completed, the MEPS will:
 - (1) Transmit the results of the evaluation to CRPP/HCPDS through USMEPCOM; and,
 - (2) Return the documents to the AO.

- e. Upon receipt of the documentation from the MEPS, the AO will file it in the registrant's SSS Form 101, noting the date of return and the results on page 2.
- f. A registrant whose acceptability could not be determined or who is found by MEPS to be unacceptable for military service will be issued Results of Armed Forces Determination (SSS Form Letter 2) from CRPP/HCPDS. If his acceptability could not be determined, CRPP/HCPDS will also issue a Notice of Rescheduled Armed Forces Examination Reporting Date (SSS Form 234).
- g. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 4-A-4 (Processing Papers Only Evaluations).

6. REGISTRANTS PREVIOUSLY EXAMINED

- a. Those registrants receiving examination orders who have undergone an Armed Forces examination within the previous 12 months and prior to becoming subject to processing by Selective Service, will have the results of the previous examination verified when their Orders to Report for Examination are issued. In these cases, the AO will issue Sample Letter 4-B-3 (Verifying Previous Examination), giving the registrant 10 days to provide the date and MEPS location of his last examination. He will be further advised that his examination has been postponed and he should not report as scheduled. A registrant status update will be transmitted to CRPP/HCPDS. Upon receipt of the requested information, the AO will contact the MEPS telephonically and request a determination of the registrant's acceptability for induction. If a determination can be made, the results will be transmitted by MEPS to CRPP/HCPDS through USMEPCOM, thereby canceling the outstanding Order to Report for Physical Examination.
- b. If the registrant does not respond to Sample Letter 4-B-3 within the 10 day period, or, results of the registrant's previous examination cannot be located or are no longer valid, the AO will issue a status update via CRPP (HCPDS) causing a Notice of Rescheduled Armed Forces Examination Reporting Date (SSS Form 234) to be sent to the registrant by CRPP/HCPDS.
- c. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 4-A-3 (Verifying Previous Examinations).

7. WAIVER OPTION FOR POTENTIAL CONSCIENTIOUS OBJECTORS (Class1-O)

- a. A registrant who files a claim for Class 1-O, shall, upon his signed and dated request to the AO, be granted a waiver of his Armed Forces examination because of his claimed conscientious objection to participation in both combatant and noncombatant military training and service. The waiver will be granted pending a decision by the Local Board, and any Appeals resulting from the denial of his claim for classification into Class 1-O. The granting of a waiver under this paragraph has no bearing on the entitlement of the registrant to classification in Class 1-O or any other class.
- b. Registrants who file claims for Class 1-O and who also seek waivers of their physical examination must file claims for any other classification to which they believe they are entitled at the time they file the 1-O claim.

- c. All claimants for Class 1-O, including those in possession of exam waivers, will have their claims decided in the order and manner prescribed for all registrant claims. Class 1-O claimants with waivers will not have their 1-O claims heard if they are first granted any other claim.
- d. A request for a waiver will be considered timely if it is received by the AO prior to the date the registrant is scheduled to report to the MEPS as indicated on the Delivery List. Requests may be made using SSS Form 233P (Request for Postponement of Armed Forces Examination) sent with the Order to Report for Armed Forces Physical Examination (SSS Form 233), or by letter. Registrants making a telephonic request for postponement will be advised that they are required to make a written request supporting the claim before it can be considered. A record of the conversation and the instructions given will be made on a Report of Information (SSS Form 119) and filed at 801.2. No telephonic request for waiver will be considered until a written request is received by the AO. Only in emergency circumstances beyond the registrant's control may he file a request for waiver on or after the day he is scheduled to report for examination. If, after reporting to the MEPS, a registrant files a claim under this paragraph, he shall be examined as scheduled.
- e. The registrant will be advised of the AO's determination on his request for waiver by the use of Sample Letter 4-B-2, (Waiver of Examination).
- f. Any registrant who waives his rights to a physical examination under the provisions of this paragraph and is subsequently classified in Class 1-O, forfeits his right to any future examination prior to being ordered to perform Alternative Service or placed in any other class. In those instances where his physical condition changes after the Order to Perform Alternative Service is issued or after being placed in any other class, the registrant will be ordered for an Armed Forces examination at a MEPS, if he requests such an examination.
- g. If the Local Board grants the registrant's claim for Class 1-O, he will be declared qualified for service by administrative action of the AO, classified 1-O, and ordered for alternative service when his RSN is reached.
- h. If the registrant's claim for Class 1-O is denied, and after his appeal rights in connection with the denial of Class 1-O have been exhausted, he will be advised that his waiver is canceled using Sample Letter 4-B-2A (Cancellation of Waiver). He will then be rescheduled for examination with the issuance of a Notice of Rescheduled Armed Forces Examination Reporting Date (SSS Form 234) from CRPP/HCPDS on the next available call.
- i. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 4-A-2 (Waiver of Examination).

8. TRANSFERS FOR EXAMINATION

- a. A registrant may, upon his request, be granted a transfer to different MEPS for examination when:
 - (1) He is currently residing within the jurisdiction of the MEPS to which he is requesting a transfer; or,

- (2) Traveling to the MEPS shown on his examination order would be unduly burdensome; and,
 - (3) The delay would not be excessive if he transfers.
- b. A registrant who wishes to be transferred for examination must submit his request in writing to the AO in the area where he is currently residing, stating the reason for his request. If the request is made in person, it shall be recorded on a Report of Information (SSS Form 119) and signed and dated by the registrant.
 - c. A registrant who contacts the AO of jurisdiction shown on his SSS Form 233 requesting a transfer, will be provided the address and phone number of the AO in the area where he currently resides.
 - d. The registrant's request must be received by the AO to which he is transferring, prior to the scheduled reporting date shown on his Order to Report for Armed Forces Examination (SSS Form 233). He must present his SSS Form 233 or provide sufficient information to locate his Selective Service record, including at a minimum: his full name, date of birth, Selective Service number, Random Sequence Number (RSN), and AO identification number.
 - e. In making its decision, the AO should consider whether a registrant requesting transfer is likely to return to the area of the MEPS to which he is scheduled to report before the date his transfer for examination can take place. If the likelihood of his return to his own area is apparent, the AO should recommend that he seek a postponement rather than a transfer.
 - f. No request for a transfer of examination will be approved when it appears evident that the registrant is attempting to transfer primarily to delay compliance with orders, or for purposes that are obviously inconsistent with his obligation to perform military training and service.
 - g. The AO of transfer will notify the registrant of its decision using Sample Letter 4-B-5 (Transfer For Examination).
 - h. A registrant who has been transferred for examination will remain under the jurisdiction of his original AO and Local Board. This does not preclude a future, temporary transfer for classification in accordance with Chapter 5.
 - i. When a registrant has been transferred for examination, the results of his examination will be transmitted from the MEPS to the Enterprise Data Center (EDC) at USMEPCOM, processed by the DMC and distributed to his AO of jurisdiction through CRPP/HCPDS.
 - j. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 4-A-5 (Transfer for Examination).

9. FAILURE TO REPORT FOR AND SUBMIT TO ARMED FORCES EXAMINATION

- a. When the Selective Service System orders a registrant for an armed forces examination, it shall be the duty of the registrant to report for examination at the time and place ordered, as provided on the SSS Form 233 (Order to Report for Armed

Forces Examination) or SSS Form 234 (Notice of Rescheduled Armed Forces Examination Reporting Date), mailed to him from the Selective Service System. If the date when the registrant is ordered to report is postponed, it shall be the continuing duty of the registrant to report for examination at such time and place as may be established by Selective Service. Regardless of the time when, or the circumstances under which the registrant fails to report for examination, it shall remain his duty from day to day to do so.

- b. A registrant who fails to report for examination as scheduled, will be issued a Notice of Failure to Report for Examination (SSS Form 233A) from CRPP/HCPDS, informing him that he has five days from the date of the Notice to report to the MEPS or to provide the AO an acceptable explanation for his failure to report as scheduled. Failure to do so will result in the forfeiture of his right to request a reclassification.
 - (1) If the registrant reports to the MEPS within five days, he will be examined and the MEPS will report the results of the examination to CRPP/HCPDS through USMEPCOM.
 - (2) If the registrant provides an acceptable explanation for his failure to report, the AO will reschedule him for examination, through CRPP (HCPDS), on a date specific, that will allow the registrant time to resolve the conflict that caused his original failure to report. This will be done in the same manner as if he had requested and been granted a postponement of examination. If the conflict has already been resolved, the expiration of the postponement will be the current date.
 - (3) If the registrant does not report to the MEPS or provide an acceptable explanation within five days, he will be sent Sample Letter 4-B-6 (Failure to Report For and Submit to an Examination) advising him that he has forfeited his right to request a reclassification. He will be administratively classified 1-A (available for military service) in CRPP/HCPDS and ordered for induction when his RSN is reached.

- c. A registrant who leaves the MEPS without authorization prior to the completion of his examination processing (elopes), will be reported by the MEPS Commander to CRPP/HCPDS through USMEPCOM.
 - (1) The registrant will be issued Notice of Failure to Report for Examination (SSS Form 233A) from CRPP/HCPDS informing him that he has five days to return to the MEPS or to provide the AO an acceptable explanation for his failure to submit to an examination.
 - (2) If the registrant returns to the MEPS within five days, his examination processing will be resumed and MEPS will report the results of the examination to CRPP/HCPDS through USMEPCOM.
 - (3) If the registrant provides an acceptable explanation to his AO within five days, he will be rescheduled for examination with the next available group from his AO.

- (4) If the registrant does not return to the MEPS or provide an acceptable explanation within five days, he will be sent Sample Letter 4-B-6 (Failure to Report For or Submit to an Examination) advising him that he has forfeited his right to request a reclassification. He will be administratively classified 1-A (available for military service) by the AO and ordered for induction when his RSN is reached.
- d. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 4-A-6 (Failure to Report For and Submit to an Examination).

10. RESULTS OF ARMED FORCES EXAMINATION

- a. The MEPS will transmit to CRPP/HCPDS through USMEPCOM, the results of registrants' Armed Forces examinations, papers only evaluations, or verification of the results of previous examinations.
- b. A registrant found by MEPS to be acceptable for military service will be issued a Notice of Acceptability (SSS Form Letter 1) from CRPP/HCPDS informing him that he has been classified into Class 1-A (available for military service) and setting forth the procedures to be followed in requesting a reclassification or a student postponement.
- c. A registrant whose acceptability is undetermined; whose re-examination is believed justified; who is to be rescheduled for examination; or who is found by MEPS to be unacceptable for military service, will be issued a Results of Armed Forces Determination letter (SSS Form Letter 2) from CRPP/HCPDS.
- d. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 4-A-8 (Processing Results of Armed Forces Examination).

11. REEVALUATION BELIEVED JUSTIFIED (RBJ)

Registrants whose examinations result in Reevaluation Believed Justified (RBJ) status will be reported by MEPS to CRPP/HCPDS through USMEPCOM, and the date the registrant is to be rescheduled for examination will be included. MEPS personnel will counsel each RBJ registrant regarding his status prior to his departure from MEPS and inform him when he may expect to be rescheduled for examination. The MEPS will retain the registrant's examination papers pending his reevaluation. A Notice of Rescheduled Armed Forces Examination Reporting Date (SSS Form 234) will be issued to the registrant by CRPP/HCPDS informing him when to report for examination.

APPENDIX A

CHECKLISTS

CHECKLIST 4-A-1 - POSTPONEMENT OF EXAMINATION

1. Query the CRPP (HCPDS) database to determine if the registrant has been ordered for examination.
2. If the registrant has not been ordered for examination, go to **CRPP (HCPDS)**. Click on **Letters** at the top of the window, select **Exam Postponement - Not Ordered** and fill in the information in the pop-up window. The system will issue Sample Letter 4-B-1, notifying the registrant that his request cannot be considered and the reason therefore. File a copy of the request and the Sample Letter 4-B-1 (Postponement Of Examination) in the SSS Form 101 (Registrant File Folder) if one has been created. File the SSS Form 101 or the request and notification at file 104 (Registrants not subject to processing).
3. If the registrant has been ordered for examination and;
 - a. The request is made by telephone:
 - (1) Inform the registrant that he must follow up his oral request by writing to the AO.
 - (2) Go to CRPP (HCPDS) and identify the registrant. Click on **Add New Entry** and record the fact the request was made and the date. Click on **Forms** at the top of the window, select **Report of Information**. The system will create an SSS form 119 (Report of Information). Record the request.
 - (3) Prepare a Registrant File Folder (SSS Form 101), if one has not already been created.
 - (4) File the SSS Form 119 in the SSS Form 101.
 - (5) File the SSS Form 101 at file 801.2 (AO Action Pending).
 - (6) If a written request is not received, note the fact on the original SSS Form 119 (Report of Information) and file it in the registrant's SSS Form 101. No further action on the part of the AO is necessary.
 - (7) If a written request is subsequently received prior to the scheduled reporting date, go to step 3 c.
 - b. The request is made in person:
 - (1) Go to CRPP (HCPDS). Identify the registrant and click on **Forms** at the top of the window, select **Report of Information**. The system will create an SSS form 119 (Report of Information). Record the request.
 - (2) Have the registrant sign and date the form.
 - (3) Go to step 4.

CHECKLIST 4-A-1 - POSTPONEMENT OF EXAMINATION (cont)

- c. If the request is received in writing or on an SSS Form 233P (Request for Postponement of Armed Forces Examination) or is the result of a written follow up to an oral request:
 - (1) Date stamp the request.
 - (2) Go to step 4.
4. If the registrant has been ordered for examination, go to CRPP (HCPDS). Identify the registrant, click on the **Postponements** tab, then the **Request Postponement** button. A pop-up window will ask if **Has All Necessary Documentation Been Received**. If the response is **YES**, go to step 5. If the response is **NO**, a second Pop-up window will appear. Enter the required documentation.
 - a. The system will:
 - (1) Issue Sample Letter 4-B-1 (Postponement Of Examination) advising the registrant that he has until the day before his scheduled reporting date to provide the requested material or facts.
 - (2) Record the receipt of the request, the notification and the date(s) on the automated page 2 of the Registrant File Folder (SSS Form 101).
5. Respond **YES** to **Has All Necessary Documentation Been Received**. If the reason for the postponement is acceptable, go to step 6. If the reason for the postponement is not acceptable, click the **No acceptable Reason For Postponement** box.
 - a. The system will:
 - (1) Issue Sample Letter 4-B-1 (Postponement of Examination) advising the registrant his request is denied and the reason therefore, and that he should report for examination as ordered.
 - (2) Record the receipt of the request, the notification and the date(s) on the automated page 2 of the Registrant File Folder (SSS Form 101).
 - b. Establish a Registrant File Folder (SSS Form 101), if one has not previously been created.
 - c. File the request and a copy of the 4-B-1 in the SSS Form 101. Replace the previous page 2 in the SSS Form 101.
 - d. File the SSS Form 101 at file 801.2 (AO Action Pending).
 - e. If the requested documentation is not received, the system will issue Sample Letter 4-B-1 informing the registrant that the time allowed for providing the material has expired and he will be expected to report as originally ordered.

CHECKLIST 4-A-1 - POSTPONEMENT OF EXAMINATION (cont)

- f. If a written request is subsequently received prior to the scheduled reporting date, go to step 5.
 - g. File the request and a copy of the 4-B-1 in the SSS Form 101. Replace the previous page 2 in the SSS Form 101.
 - h. File the SSS Form 101 at file 800 (Registrant File Folder).
6. Click the box next to the appropriate postponement in the pop-up window. Answer the question ***Is the postponement for less than 5 days*** in the next pop-up window. Determine the expiration date and enter it in the last pop-up window.
- a. The system will:
 - (1) Issue Sample Letter 4-B-1:
 - (a) If the postponement is for 5 days or more, the registrant is notified by a Notice of Rescheduled Armed Forces Examination Reporting Date (SSS Form 234) that his postponement has been approved, the expiration date, and that he will be rescheduled for examination.
 - (b) If the postponement is for less than 5 days, the registrant is notified by SSS Form 234 that his postponement has been approved and he is to report as ordered and will not be rescheduled.
 - (2) Submit the postponement transaction to CRPP/HCPDS.
 - (3) Record the request, the notification and the new reporting date(s) on the automated page 2 of the SSS Form 101.
 - b. Establish a Registrant File Folder (SSS Form 101), if one has not previously been created.
 - c. File the request and a copy of the 4-B-1 in the SSS Form 101. Replace the previous page 2 in the SSS Form 101.
 - d. File the SSS Form 101 at file 800 (Registrant File Folder).

CHECKLIST 4-A-2 - WAIVER OF EXAMINATION

1. Upon receipt of a written request for waiver, date stamp the request.
2. Determine that the registrant has been ordered for examination.
 - a. If the request is made on Request for Postponement of Armed Forces Examination (SSS Form 233P) assumes he has been ordered since the form is issued with the Order, and go to step 3.
 - b. If the request is made in some other form, check the CRPP/HCPDS Examination List or query the CRPP (HCPDS) database to determine that the registrant has been ordered for examination.
 - (1) If the registrant has not been ordered, go to step 4.
 - (2) If the registrant has been ordered for examination, go to step 3.
3. Determine that the claim for Class 1-O has **NOT** previously been denied. Go to CRPP (HCPDS). Identify the registrant and go to step 5. If the claim was previously denied, click on the **Forms/Letters** tab and select **CO Claim Previously Denied**.
 - a. The system will:
 - (1) Issue Sample letter 4-B-2 (Waiver of Examination), notifying the registrant that he cannot file this claim again and he should report for examination as ordered.
 - (2) Record request, the issuance of the notification and the date(s) on the automated page 2 of the SSS Form 101.
 - b. File the request and the notification in the SSS Form 101. Replace the previous page 2 in the SSS Form 101.
 - c. File the SSS Form 101 at file 800 (Registrant File Folders).
4. If the registrant has not been ordered for examination: Go to CRPP (HCPDS), Click on **Letters** at the top of the window and select **Waiver of Exam-Not Ordered**. Complete the information in the pop-up window:
 - a. The system will:
 - (1) Issue Sample Letter 4-B-2 notifying the registrant that his request cannot be considered because he has not been ordered for examination.
 - (2) Record the request, the notification, the return of material and the date(s) on the automated page 2 of the SSS Form 101.
 - b. Return the request together with any documentation to the registrant.

CHECKLIST 4-A-2 - WAIVER OF EXAMINATION (cont)

- c. File a copy of the notification and the 4-B-2 at file 104 (Registrants not subject to processing). Replace the previous page 2 in the SSS Form 101.
5. If the claim is signed, dated and timely, date stamp the claim and go to step 8.
6. If the claim is not signed and dated:
 - a. Go to **CRPP (HCPDS)**. Identify the registrant. Click on the **Examination and Waivers** tab and select **Request Waiver**. Answer **NO** to the prompt **“Request Signed and Dated”**. The System will:
 - (1) Issue Sample Letter 4-B-2 notifying the registrant that his claims must be signed, dated and returned to the AO before it/they can be considered.
 - (2) Record the request, the notification and the date(s) on the automated page 2 of the SSS Form 101.
 - b. Attach claim to the 4-B-2 letter and return to the registrant.
 - c. File copy of letter and the automated Page 2 at File 801.2 (AO Action Pending), and suspend for 10 days.
 - d. Take no further action until signed and dated claim(s) is received.
7. If the time for filing a claim has expired, date stamp the claim and refer to the AO Supervisor for a decision.
 - a. If AO Supervisor determines extraordinary circumstances prevented timely filing, go to **CRPP (HCPDS)**. Identify the registrant. Click on the **Forms** at the top of the Window, select **Report of Information (SSS Form 119)**, record the decision and go to Step 8.
 - b. If AO Supervisor determines there were no extraordinary circumstances:
 - (1) Go to **CRPP (HCPDS)**. Identify the registrant. Click on the Forms at the top of the Window, select **Report of Information (SSS Form 119)**, and record the decision.
 - (2) Click on **Examination and Waivers** tab and select **Request Waiver**. Answer **YES** to the prompt **“Request Signed and Dated”** and **NO** to the prompt **“Accept Late Claim.”** The system will:
 - (a) Issue Sample Letter 4-B-2 notifying the registrant that the material is being returned since it was not filed within the ten day filing period.
 - (b) Record the request, the notification and the date on the automated page 2 of the SSS Form 101.

CHECKLIST 4-A-2 - WAIVER OF EXAMINATION (cont)

- (3) Attach claim to the Sample Letter 4-B-2 and return to the registrant; retain a copy of the claim.
 - (4) File a copy of the 4-B-2 letter, the claim, page 2 of the SSS Form 101 and the SSS Form 119 at File 105 (registrants subject to processing for whom no File Folder has been created). Take no further action.
8. If the registrant has been ordered for examination, a CO claim was not previously denied, and his signed and dated request is timely, or AO Supervisor determined extraordinary circumstances prevented timely filing:
- a. Go to CRPP (HCPDS). Identify the registrant. Click on **Examination and Waivers** tab and select **Request Waiver**. Answer **YES** to the prompt ***“Request Signed and Dated”***
 - (1) The system will:
 - (a) Issue Sample Letter 4-B-2, notifying the registrant that his examination is waived.
 - (b) Issue Claim Documentation Form 22. Allow the registrant 10 days from the date of issuance to complete and return the form.
 - (c) Create a partially completed SSS Form 110.
 - (d) Create and transmit claim filed and waiver granted transactions to CRPP/HCPDS for processing.
 - (e) Record the actions taken and dates on automated Page 2 of the SSS Form 101.
 - (2) File the registrant’s request and a copy of the notification and the SSS Form 110 in the SSS Form 101. Replace the previous page 2 in the SSS Form 101.
 - (3) File the SSS Form 101 at file 801.1 (Local Board action pending).
 - (4) Process the registrant's 1-O claim in accordance with Chapter 5 and Checklist 5-A-11.

CHECKLIST 4-A-3 - VERIFYING PREVIOUS EXAMINATIONS

When the Order to Report for Armed Forces Examination is issued (SSS Form 233), it requests the registrant to inform his AO if he has received an Armed Forces Examination within the previous 12 month period. **(Note: this section primarily relates to those individuals who might have attempted to enlist, were examined and may have been disqualified or rejected for other reasons).**

1. When the AO is notified that a registrant who has received an Order to Report for Armed Forces Examination has completed this examination within the last 12 months, it will contact the specified MEPS telephonically in order to determine the registrant's acceptability.
2. Go to **CRPP (HCPDS), Examination (Waiver/Postponement), Verify Previous Examination**, select **Halt Processing**.
 - a. The system will:
 - (1) Temporarily halt processing.
 - (2) Prompt to see if the registrant provided information concerning the MEPS location when he originally notified the AO of his previous examination.
 - (a) If the response is **YES**, a Sample Letter 4-B-3 will be produced informing the registrant not to report as originally ordered and that he will be informed of the results of the search for the examination papers. Go to step b.
 - (b) If the response is **NO**, a Sample Letter 4-B-3 will be produced informing the registrant not to report as originally ordered and that he is to provide the MEPS location of the previous examination within 10 days. Go to step c.
 - (3) Record the actions and dates on the automated Page 2 of the SSS Form 101.
 - b. Contact the MEPS provided by the registrant.
 - c. Establish a Registrant File Folder (SSS Form 101), if one has not previously been prepared.
 - d. File the SSS Form 101 at 801.2 (AO Action Pending), pending receipt of information.
3. Upon receipt of the requested information, go to **CRPP HCPDS), Examination (Waiver/Postponement), Verify Previous Examination**, select **Halt Processing**, then select **YES**.
 - a. The system will:
 - (1) Produce Sample Letter 4-B-3 advising the registrant that the information he provided will be used to search for his previous examination.

CHECKLIST 4-A-3 - VERIFYING PREVIOUS EXAMINATIONS (cont)

- (2). Record on the automated page 2 of the SSS Form 101 receipt of the registrant's information, acknowledgment of its receipt, the action taken in CRPP/HCPDS, and the date(s).
 - b. Contact the MEPS provided by the registrant.
 - c. File a copy of the information provided and the acknowledgment in the SSS Form 101.
 - d. File the SSS Form 101 at 801.2 (AO Action Pending), pending MEPS response.
4. If a determination can be made, the results will be transmitted by MEPS to CRPP/HCPDS through USMEPCOM thereby canceling the outstanding Order to Report for Armed Forces Examination. The AO will go to **CRPP (HCPDS) Examination (Waiver/Postponement), Verify Previous Examination**, select **Confirmation of Previous Examination**.
 - a. The system will:
 - (1) Issue Sample Letter 4-B-3 informing the registrant that he is not required to report for examination at this time.
 - (2) Record the actions and dates on the automated Page 2 of the SSS Form 101.
 - b. File the SSS Form 101 at file 800 (Registrant File Folders).
5. If the results of the registrant's previous examination cannot be located or is no longer valid, go to **CRPP (HCPDS) Examination (Waiver/Postponement), Verify Previous Examination**, select **Cannot Locate or Make Decision**.
 - a. The system will:
 - (1) Issue Sample Letter 4-B-3 informing the registrant that he is he will be rescheduled for examination in the near future.
 - (2) Record the actions and dates on the automated Page 2 of the SSS Form 101.
 - (3) Issue a status update to CRPP/HCPDS causing a Notice of Rescheduled Armed Forces Examination Reporting Date (SSS Form 234) to be sent to the registrant.
 - (4) Record the actions and dates on the automated Page 2 of the SSS Form 101.
 - b. File the SSS Form 101 at file 800 (Registrant File Folders).

CHECKLIST 4-A-3 - VERIFYING PREVIOUS EXAMINATIONS (cont)

6. If the registrant does not respond within the 10 day period, go to **CRPP (HCPDS) Examination (Waiver/Postponement), Verify Previous Examination**, select **Registrant Failed to Respond**.
 - a. The system will:
 - (1) Issue Sample Letter 4-B-3 informing the registrant that he is he will be rescheduled for examination in the near future.
 - (2) Record the actions and dates on the automated Page 2 of the SSS Form 101.
 - (3) Issue a status update to CRPP/HCPDS causing a Notice of Rescheduled Armed Forces Examination Reporting Date (SSS Form 234) to be sent to the registrant.
 - (4) Record the actions and dates on the automated Page 2 of the SSS Form 101.
 - b. File the SSS Form 101 at file 800 (Registrant File Folders).

CHECKLIST 4-A-4 - PROCESSING PAPERS ONLY EVALUATIONS

1. Upon receipt of a timely request from the registrant indicating confinement or disability, determine if there is proper documentation included with the request. If the answer is YES, go to step 2 below. If no documentation was included:
 - a. Date stamp and copy the request and any documentation.
 - b. Establish a Registrant File Folder (SSS Form 101) if one has not previously been prepared.
 - c. Go to **CRPP (HCPDS)**, identify the registrant then click on **Forms/Letters**, select **Request For Additional Information**, click **Create Letter** button. The system will:
 - (1) Create and transmit status transaction to CRPP/HCPDS for processing. The status is reset to indicate "Papers Only" and processing is halted until MEPS evaluation results are received; and,
 - (2) Issue Sample Letter 4-B-4 to request appropriate documentation provided within 10 days in support of the registrant's request.
 - (3) Record receipt of the request, the issuance of the 4-B-4, the transmission of the transaction, and the dates on the automated Page 2 of the SSS Form 101.
 - d. Place a copy of the 4-B-4 in the SSS Form 101 and file at 801.2 (AO action pending) for 10 days. If the documentation is received, go to 2.; if the documentation is not received, go to 5. Replace the previous page 2 in the SSS Form 101.
2. Upon receipt of documentation:
 - a. Date stamp the documentation pertaining to the registrant's condition;
 - b. Make a copy of the documentation;
 - c. Go to **CRPP (HCPDS)**, identify the registrant then click on the **Papers Only** tab, select **Papers Only documentation rec'd/acknowledged/sent to MEPS**. Click the **Done** button. The system will:
 - (1) Issue Sample Letter 4-B-4 to acknowledge receipt and to inform registrant that the request is being forwarded to MEPS for evaluation;
 - (2) Issue Document Transmittal and Receipt (SSS Form 123) to forward the documentation to MEPS for evaluation. Note 'Papers Only' in the Remarks Column; and,
 - (3) Record the receipt of the documentation, the acknowledgment of its receipt to the registrant, the transmission of the transaction to CRPP/HCPDS to reset status to processing halted, and the forwarding of the request to MEPS, and the dates on automated Page 2 of the SSS Form 101.

CHECKLIST 4-A-4 - PROCESSING PAPERS ONLY EVALUATIONS (cont)

- d. Forward the original documentation to the MEPS, using a Document Transmittal and Receipt (SSS Form 123). Note "Papers Only" in the Remarks column. Retain the last copy of the SSS Form 123.
 - e. Place a copy of the 4-B-4 and the SSS Form 123 in the SSS Form 101 and file at 801.2 (AO action pending). Replace the previous page 2 in the SSS Form 101.
3. Those registrants for whom MEPS is able either to qualify, disqualify or determine that re-evaluation is believed justified will be so informed by correspondence issued from the mainframe triggered by a MEPS transaction.
 4. Upon receipt of documentation indicating MEPS is unable to reach a decision based upon the paperwork provided:
 - a. Return a copy of the SSS Form 123 to MEPS acknowledging receipt of the documentation.
 - b. Go to CRPP (HCPDS), identify the registrant then click on the Papers Only tab, select MEPS unable to make decision on Papers Only request. Click the Done button. The system will:
 - (1) Issue Sample Letter 4-B-4 informing the registrant that his acceptability could not be determine and that he will be rescheduled for examination.
 - (2) Issue a Notice of Rescheduled Armed Forces Examination Reporting Date (SSS Form 234), to the registrant through CRPP/HCPDS.
 - (3) Record the receipt of the documentation from MEPS, acknowledgment of receipt of evaluation from MEPS, the determination, issuance of Sample Letter 4-B-4 and the dates on automated Page 2 of the SSS Form 101.
 - c. Place a copy of the receipt, the documentation, acknowledgment, determination and the Sample Letter 4-B-4 in the SSS Form 101. Replace the previous page 2 in the SSS Form 101. File at 800, (Registrant File Folders).
 5. If documentation is not received within the allotted time, Go to **CRPP (HCPDS)**, identify the registrant then click on the **Papers Only** tab, select **Papers Only documentation late or not received**. Click the **Done** button.
 - a. The system will:
 - (1) Issue sample letter 4-B-4 notifying the registrant that he will be rescheduled for examination.
 - (2) Issue a Notice of Rescheduled Armed Forces Examination Reporting Date (SSS Form 234), to the registrant through CRPP/HCPDS.
 - (3) Update automated page 2 of the SSS Form 101 with actions taken and dates.

CHECKLIST 4-A-4 - PROCESSING PAPERS ONLY EVALUATIONS (cont)

- b. Place a copy of the request, sample letter 4-B-4 and a copy of the SSS Form 234 in the SSS Form 101. Replace the previous page 2 in the SSS Form 101.
- c. File at 800 (Registrant File Folders).

CHECKLIST 4-A-5 - TRANSFER FOR EXAMINATION

Actions to be taken by AO of transfer: (Not the AO of Jurisdiction)

1. If the request is received by telephone, go to **CRPP (HCPDS) Forms and complete Report of Information (SSS Form 119)**, otherwise date stamp the request.
2. Contact the AO of jurisdiction to determine if the registrant has been ordered for examination and the date.
3. If the request for transfer is disapproved:
 - a. Go to **CRPP (HCPDS) Examination (Waiver/Postponement), Transfer for Examination**. The system will ask whether the AO of transfer wishes to accept the transfer request. Choose NO and Sample Letter 4-B-5 will be issued notifying the registrant that his request is disapproved and the reason therefore.
 - b. Go to **CRPP (HCPDS) Forms, Forms Unavailable in General Processing**, select and complete **Document Transmittal (SSS Form 123)**. The SSS Form 123 is to be used to send the registrant's request, the SSS Form 119 if one was prepared and a copy of the denial to the AO of jurisdiction.
 - c. File a copy of the denial at file 101 (General).
4. If the request for transfer is approved:
 - a. If it is determined that the registrant cannot report within the 5-day grace period and requires an extension to the examination report date, contact the AO of Jurisdiction and file a postponement with them.
 - b. If the registrant can report within the scheduled reporting period. Go to **CRPP (HCPDS) Examination (Waiver/Postponement)**, and select **Transfer for Examination**. The system will issue Sample Letter 4-B-5 (Transfer For Examination), notifying the registrant his request is approved and informing him of the new reporting date and the location of the designated assembly point.
 - c. Go to **CRPP (HCPDS), Forms, Form Unavailable In General Processing, and select and complete Document Transmittal (SSS Form 123)** to send the registrant's request, the SSS Form 119 if one was prepared and a copy of the approval to the AO of jurisdiction. If time is a factor, notify the AO by telephone.
 - d. Manually insert the registrant's name to the delivery list (CRPP/HCPDS Report EIS004.R02).
 - e. File a copy of the approval notification at file 101 (General).

CHECKLIST 4-A-5 - TRANSFER FOR EXAMINATION (cont)

Action to be taken by the AO of jurisdiction:

1. Go to **CRPP (HCPDS) Forms, Forms Unavailable In General Processing, and selection Document Transmittal (SSS Form 123)**. Acknowledge receipt of the documentation on the SSS Form 123 and return a copy of the SSS Form 123 to the sending office.
2. Establish a Registrant File Folder (SSS Form 101), if one has not previously been prepared.
3. Go to **CRPP (HCPDS) Reports/Mainframe Reports, CRPP (HCPDS) Reports, and UPD Registrant Folder Page - 2**. Record on automated page 2 the request for transfer, the decision, and the issuance of the Sample Letter 4-B-5 and the dates of these transactions.
4. If the transfer is approved:
 - a. Note it on the delivery list (CRPP/HCPDS Report EIS004.R02).
 - b. Compare the examination reporting date as originally scheduled with the new examination reporting date resulting from the transfer. If the new reporting date is more than 5 days beyond the original reporting date a postponement must be initiated. Go to **CRPP (HCPDS) Examination (Waiver/ Postponement)**, select **Postponement Due to Transfer for Examination**. The system will:
 - (1) Create and transmit to CRPP/HCPDS the postponement request and grant transactions for processing. The expiration date is the new reporting date.
 - (2) Record the postponement on page 2 of the SSS Form 101.
5. File the documents received from the AO of transfer in the SSS Form 101.
6. File the SSS Form 101 at file 800 (Registrant File Folders).

CHECKLIST 4-A-6 - FAILURE TO REPORT FOR AND SUBMIT TO AN EXAMINATION

The CRPP/HCPDS mainframe induction/examination cycle will detect any registrant who has failed to report for examination as ordered and will issue a Notice of Failure to Report for Examination - (SSS Form 233A).

The Examination Delivery List will indicate those registrants who have been issued the SSS Form 233A and the date, and will be downloaded to the AO of Jurisdiction. **CRPP (HCPDS)** will print out the Examination Delivery List and will modify the automated page 2 of the SSS Form 101 to reflect the issuance of the SSS Form 233A and the date.

1. Establish a Registrant File Folder (SSS Form 101), if one has not already been prepared.
2. File a copy of the Examination Delivery List containing information on the registrant in question. Highlight the information. File a copy of the automated page 2 in the SSS Form 101.
3. Upon receipt of timely valid reason from the registrant for failing to report, go to **CRPP (HCPDS)**. Identify the registrant and click on the **Examination and Waivers** tab. Select **Failed to Report**, and then select Explanation Acceptable. Enter a date that will allow the registrant time to resolve the issue that caused him not to report. If the reason for his failure to report no longer exists, enter the current date.
 - a. The system will:
 - (1) Issue Sample Letter 4-B-6 notifying the registrant that a postponement has been granted and upon expiration of the postponement he will be rescheduled for examination.
 - (2) Postponement request and grant transactions will be created and transmitted to CRPP/HCPDS for processing and the registrant will be rescheduled for examination.
 - (3) Record the notification, transactions and dates on automated Page 2 of the SSS Form 101.
 - b. File a copy of the notification in the SSS Form 101. Replace the previous page 2 in the SSS Form 101.
 - c. File the SSS Form 101 at File 800 (Registrant File Folders).
4. If the AO does not receive an explanation, or the explanation for his failure to comply is invalid go to **CRPP (HCPDS)**. Identify the registrant and click on the **Examination and Waivers** tab. Select **Failed to Report**, and then select **Explanation Not Acceptable**. Enter the reason(s) the explanation was not acceptable in the pop-up window.
 - a. The system will:
 - (1) Issue Sample Letter 4-B-6 notifying the registrant that he has forfeited the right to request reclassification and that he will be ordered for induction when his Random Sequence Number is reached during induction processing.

CHECKLIST 4-A-6 - FAILURE TO REPORT FOR AND SUBMIT TO AN EXAMINATION (cont)

- (2) Record the notification and date on automated Page 2 of the SSS Form 101.
- b. File a copy of the notification in the SSS Form 101. Replace the previous page 2 in the SSS Form 101. File the SSS Form 101 at File 800 (Registrant File Folders).

CHECKLIST 4-A-7 - SECOND OR EXTENDED POSTPONEMENTS

Refer to paragraph 4 of this chapter for the types of documentation required to support each type of postponement, and request the required documentation from the registrant using Sample Letter 4-B-1 (Postponement of Examination). Allow the registrant 10 days in which to respond. (Note that SSS Form 27 pertains only to postponements of induction and cannot be used in these cases). **If the registrant presents the required information at the time he requests an extension, go directly to Item 2 below.**

1. Upon receipt of request to extend postponement based on emergencies, other than continuing illness (for continuing illness, go to 4):
 - a. Date stamp the incoming mail from the registrant.
 - b. Go to **CRPP (HCPDS) Examination Waiver/Postponement, Postponement Extensions, Other Emergencies**, select **Expiring Postponement --Extension Requested**. The system will:
 - (1) Issue Sample Letter 4-B-7, Examination Postponement Extension. The registrant will be allowed 10 days to respond;
 - (2) Create and transmit a claim request transaction, to CRPP/HCPDS for processing.
 - (3) Record receipt of request, issuance of transaction to CRPP/HCPDS, issuance of the letter and dates on automated Page 2 of SSS Form 101.
 - c. File the registrant's information and a copy of the 4-B-7 in the SSS Form 101.
 - d. File the SSS Form 101 at File 801.2 (AO action pending) until the required documentation is received, or the 10-day reporting period has expired, whichever occurs first.
2. Upon receipt of the requested documentation:
 - a. If the request is denied, go to **CRPP (HCPDS) Examination Waiver/Postponement, Postponement Extensions, Other Emergencies**, and select **Extension Request Denied**.
 - (1) The system will:
 - (a) Issue Sample Letter 4-B-7 informing the registrant of the denial and the reason therefore.
 - (b) Record the notification and the date issued on automated Page 2 of SSS Form 101.
 - (c) Create and transmit a Change Expiration Date transaction (with current date as expiration date) to CRPP/HCPDS for processing, where a Notice of Rescheduled Examination will be issued.

CHECKLIST 4-A-7 - SECOND OR EXTENDED POSTPONEMENTS (cont)

- (d) Record the actions taken and the dates on automated Page 2 of SSS Form 101.
 - (2) File the SSS Form 101 at File 800 (Registrant File Folder).
 - b. If the request is granted, go to **CRPP (HCPDS) Examination Waiver/Postponement, Postponement Extensions, Other Emergencies**, and select **Extension Request Granted**.
 - (1) The system will:
 - (a) Issue Sample Letter 4-B-7, informing the registrant of the granted request.
 - (b) Create and transmit a Change Expiration Date transaction, with new expiration date, to CRPP/HCPDS for processing.
 - (c) Record the actions taken and the dates on automated Page 2 of SSS Form 101.
 - (2) Note the postponement on the delivery list (CRPP/HCPDS Report EIS004.R02) if the registrant has been rescheduled for examination. (If action relates to the extension of an existing postponement prior to its scheduled expiration date, omit this step).
 - (3) Go to **CRPP (HCPDS), Reports, Update Page 2**, and record the documentation that was received from the registrant.
 - (4) File the SSS Form 101 at File 800 (Registrant File Folders).
 3. If documentation is not provided, or, is not received within 10 days from the date of the initial request for extension, CRPP/HCPDS will automatically issue a Notice of Rescheduled Examination to the registrant.
 4. Upon receipt of a request to extend a postponement based on a continuing illness (the assumption here is that the initial postponement was not papers only but a 'regular' postponement which now appears to be a continuing situation):
 - a. Date stamp the incoming mail from the registrant.
 - b. Go to **CRPP (HCPDS) Examination Waiver/Postponement, Postponement Extensions, Continuing Illness**, select **Postponement is Expiring**. The system will:
 - (1) Issue Sample Letter 4-B-4, requesting the registrant provides any additional required information from the attending physician describing the illness. The registrant will be allowed 10 days to respond;

CHECKLIST 4-A-7 - SECOND OR EXTENDED POSTPONEMENTS (cont)

- (2) Create and transmit a Change Expiration Date transaction, with no expiration date, to CRPP/HCPDS for processing. The loop will be closed and an expiration date entered when either the registrant provides documentation (or not) and/or MEPS provides decision.
 - (3) Record receipt of request, issuance of transaction to CRPP/HCPDS, issuance of the letter and dates on automated Page 2 of SSS Form 101.
 - c. File the registrant's information and a copy of the 4-B-4 in the SSS Form 101.
 - d. File the SSS Form 101 at File 801.2 (AO action pending) until the required documentation is received, or the 10-day reporting period has expired, whichever occurs first.
5. Upon receipt of the requested documentation:
- a. Go to **CRPP (HCPDS) Examination Waiver/Postponement, Postponement Extensions, Continuing Illness**, and select **Continuing Illness Documentation Received**. The system will prompt as to whether the reason provided is acceptable.
 - (1) If the documentation is **NOT** acceptable, the system will:
 - (a) Issue Sample Letter 4-B-4 informing the registrant of the denial and the reason therefore.
 - (b) Create and transmit a Change Expiration Date transaction with the current date as the expiration date to CRPP/HCPDS for processing, where a Notice of Rescheduled Examination will be issued to the registrant.
 - (c) Record all actions taken and the dates on automated Page 2 of SSS Form 101.
 - (d) File the SSS Form 101 at File 800 (Registrant File Folder).
 - (2) If the documentation **IS** acceptable
 - (a) The system will:
 - (1) Issue Sample Letter 4-B-4, acknowledging receipt of the documentation;
 - (2) Issue Document Transmittal and Receipt (SSS Form 123) to MEPS with 'continuing illness' noted in the remarks column;
 - (3) Record all actions taken and the dates on automated Page 2 of SSS Form 101.

CHECKLIST 4-A-7 - SECOND OR EXTENDED POSTPONEMENTS (cont)

- (b) Go to **CRPP (HCPDS), Reports, Update Page 2**, and record the documentation that was received from the registrant.
 - b. Forward the Form 123 to MEPS with documentation attached.
 - c. File the SSS Form 101 at File 801.2 (Registrant File Folders) pending receipt of results of MEPS evaluation.
- 6. If the necessary documentation is not provided.
 - a. Go to **CRPP (HCPDS) Examination Waiver/Postponement, Postponement Extensions, Continuing Illness**, select **Continuing Illness Documentation NOT Provided**. The system will:
 - (1) Issue Sample Letter 4-B-4, informing the registrant that he is to be rescheduled for examination and the reason.
 - (2) Create and transmit a Change Expiration Date transaction with current date as expiration date to CRPP/HCPDS for processing where a Notice of Rescheduled Armed Forces Examination Reporting Date will be issued.
 - (3) Record the issuance of the 4-B-4, the transaction, and the dates on automated Page 2 of SSS Form 101.
 - b. File a copy of the 4-B-4 in the SSS Form 101.
 - c. File the SSS Form 101 at File 800 (Registrant File Folder).
- 7. If the MEPS is **NOT** able to evaluate the documentation:
 - a. Go to **CRPP (HCPDS) Examination Waiver/Postponement, Postponement Extensions, Continuing Illness**, and select **MEPS Unable to Evaluate Continuing Illness**. The system will:
 - (1) Issue Sample Letter 4-B-4, informing the registrant that he is to be rescheduled for examination and the reason.
 - (2) Create and transmit a Change Expiration Date transaction with current date as expiration date to CRPP/HCPDS for processing where a Notice of Rescheduled Armed Forces Examination Reporting Date will be issued.
 - (3) Record the issuance of the 4-B-4, the transaction, and the dates on automated Page 2 of SSS Form 101.
 - b. File a copy of the 4-B-4 in the SSS Form 101.
 - c. File the SSS Form 101 at File 800 (Registrant File Folder).

CHECKLIST 4-A-7 - SECOND OR EXTENDED POSTPONEMENTS (cont)

8. If the MEPS **IS** able to evaluate the documentation, the information will be transmitted through USMEPCOM to CRPP/HCPDS which will issue a 4-F classification if the registrant is disqualified for military service, or, if he is found acceptable, issue a Form Letter 3 notifying the registrant of his right to file a claim.

CHECKLIST 4-A-8 – PROCESSING RESULTS OF ARMED FORCES EXAMINATION

When CRPP/HCPDS receives examination results from USMEPCOM, the information is downloaded to the AO, processed by CRPP (HCPDS) which prints the HCPDS reports and updates databases as necessary (**CRPP (HCPDS), Print Reports and Update Data Bases**).

A report of all those registrants on the AO's data base, for whom examination results have been received, can be viewed by going to **CRPP (HCPDS) Reports**, select **Report of "Qual, Disqual, RBJs"**.

1. Examination results for registrants *who have filed a conscientious objector (1-O) claim but have "not waived" examination*, can be viewed by going to **CRPP (HCPDS), Classifications/ Transfers**, select **Qualified Judgmental**.
 - a. If the registrant is found qualified for military service, the AO will:
 - (1) Go to **CRPP (HCPDS) Reports**, select **Update Registrant File Folder Page 2** and record the results and the date of the examination.
 - (2) Schedule the registrant's claim(s) for Local Board consideration; and,
 - (3) In accordance with Checklist 5-A-1 / 5-A-6, schedule the registrant for a personal appearance, if required and/or requested (Checklist 7-A-2 - Scheduling Personal Appearances).
 - b. If the registrant is found NOT qualified for military service, the AO will:
 - (1) Go to **CRPP (HCPDS) Reports**, select **Update Registrant File Folder Page 2** and record the results and the date of the examination.
 - (2) Record the classification on Page 1 of the SSS Form 101.
 - (3) File all copies of the SSS Form 110 in the SSS Form 101, as the registrant will already have been informed of the 4-F classification by issuance of mainframe Form Letter2 (Results of Armed Forces Examination).
 - (4) File the SSS Form 101 at File 800 (Registrant File Folder).
 - c. If the registrant is to be reexamined:
 - (1) Go to **CRPP (HCPDS) Reports**, select **Update Registrant File Folder Page 2** and record the results and the date of the examination.
 - (2) File a copy of the CAP004.R06 Induction/Examination Results report in the registrant's SSS Form 101 and files it at File 801.1 (Local Board Pending) in case the work allows board consideration during the RBJ period.
 - (3) A Notice of Rescheduled Armed Forces Examination Reporting Date will be automatically issued by the mainframe CRPP/HCPDS rescheduling the registrant on the appropriate date.

CHECKLIST 4-A-8 - PROCESSING RESULTS OF ARMED FORCES EXAMINATION (cont)

2. Examination results for all other registrants not covered under para 1 above, are processed as follows:
 - a. If the registrant is qualified, a Notice of Acceptability is issued by the mainframe informing the registrant of the results, as well as providing a claim for reclassification, SSS Form 8 (Claim For Reclassification). If he does not request or does not qualify for reclassification, he will order for induction when his RSN is reached. The AO will:
 - (1) Go to **CRPP (HCPDS) Reports**, select **Update Registrant File Folder Page 2** and record the results and the date of the examination.
 - (2) File a copy of the CAP004.R06 Induction/Examination Results report in the registrant's SSS Form 101 and files it at File 802.2 (AO pending).
 - (3) If the registrant returns the SSS Form 8, follow the directions in Checklists 5-A-1 and 5-A 6.
 - b. If the registrant is disqualified, a Results of Armed Forces Determination notification is issued by the mainframe informing the registrant that he has been found not acceptable for military service and has been administratively reclassified as 4-F. The AO will:
 - (1) Go to **CRPP (HCPDS) Reports**, select **Update Registrant File Folder Page 2** and record the results and the date of the examination.
 - (2) Record the classification on Page 1 of the SSS Form 101.
 - (3) File all copies of the SSS Form 110 in the SSS Form 101, as the registrant will already have been informed of the 4-F classification by issuance of mainframe Form Letter2 (Results of Armed Forces Examination).
 - (4) File the SSS Form 101 at File 800 (Registrant File Folder).
 - c. If reexamination if believed justified, a Notice of Acceptability is issued by the mainframe informing the registrant of the results and informing him that he will be rescheduled for another examination. Any claims for reclassification will not be considered until a final determination of acceptability is made. The AO will:
 - (1) Go to **CRPP (HCPDS) Reports**, select **Update Registrant File Folder Page 2** and record the results and the date of the examination.
 - (2) File a copy of the CAP004.R06 Induction/Examination Results report in the registrant's SSS Form 101 and files it at File 801.1 (Local Board Pending) in case the work allows board consideration during the RBJ period.
 - (3) A Notice of Rescheduled Armed Forces Examination Reporting Date will be automatically issued by the mainframe CRPP/HCPDS rescheduling the registrant on the appropriate date.

CHECKLIST 4-A-8 - PROCESSING RESULTS OF ARMED FORCES EXAMINATION (cont)

3. File a copy of the CAP004.R06 report showing the RBJ status at File 704 (Registrant Processing Reports), after the examination results of all registrants listed on the report has been processed.

APPENDIX B
SAMPLE LETTERS

SAMPLE LETTER 4-B-1 - POSTPONEMENT OF EXAMINATION

Dear Mr. _____:

This is in response to your request for postponement of your Armed Forces examination.

(Choose appropriate paragraph below)

Based on the information you furnished, we are unable to locate any record which indicates that you have been ordered for examination. Therefore, your request is returned without action.

(Additional documentation required)

Please provide to this office **(describe the specific documentation needed)** in support of your request for postponement. You have until the day prior to the date you are scheduled to report to provide this information. When we receive the information, we will be able to make a decision on your request. If we do not receive it, or we receive it after the time limit described above, you will be expected to report as ordered.

(For grants of 5 days or more)

Your request for postponement is approved until **(date)**. When the postponement expires, you will be rescheduled for examination. If at any time during the postponement the reason for which it was granted ceases to exist, notify this office immediately.

(For grants of less than 5 Days)

Your request for postponement is approved until **(date)**. Since your postponement will expire within 5 days of your originally scheduled examination date, you are expected to report, with your original examination order, on (the next business day following the expiration of the postponement) without being issued another Order to Report for Armed Forces Examination.

(For postponements denied)

Your request for postponement is denied because **(the time allowed for requesting a postponement has expired) (the time allowed for providing the necessary documentation to support your request has expired) (the reason you provided is not one for which a postponement of examination may be granted)**. You will be expected to report for examination as ordered.

Sincerely,

(Signature)

(Typed Name and Title)

(Use when returning documentation)

Enclosure

SAMPLE LETTER 4-B-2 - WAIVER OF EXAMINATION

Dear Mr. _____:

This is in response to your request for a waiver of your Armed Forces examination.

(Choose appropriate paragraph below)

Based on the information you furnished, we are unable to locate any record which indicates that you have been ordered for examination. Therefore, your request is returned without action. If you receive an Order to Report for Armed Forces Physical Examination in the future, you may again request a waiver.

Your request for a waiver is approved because of your stated intention to request a reclassification into Class 1-O as a conscientious objector who is opposed to participation in both combatant and non-combatant military training and service. You must make all reclassification claims at the same time. Your claim(s) will be handled in the prescribed order and you will be treated like all other registrants in those classes if any of your other reclassification requests are successful. If your claim for any other class, including Class 1-O, is denied, you will be reordered for examination. Please note that if you are subsequently reclassified into Class 1-O, you will not be afforded the opportunity for a physical examination and will be ordered to perform Alternative Service when your Random Sequence Number is reached.

Your request for a waiver cannot be considered because your request was not dated or signed. You have ten days from the date of this letter to return the signed and dated request to this AO.

Your request for a waiver cannot be considered because the time allowed for you to make such a request has expired. You are expected to report for examination as ordered.

Sincerely,

(Signature) _____
(Typed Name and Title)

(Use when returning documentation)
Enclosure

SAMPLE LETTER 4-B-2A - CANCELLATION OF WAIVER

To be sent only if the Local Board denies the claim for Conscientious Objection and the denial is not appealed, or, after all appeals taken have been denied.

Dear Mr. _____:

(If there are no further appeal rights)

This is with reference to the claim for Class 1-O (conscientious objector to all military service) which you filed on (date) , and the waiver of examination which you executed.

The board has denied your request for reclassification, therefore, the waiver of your Armed Forces Examination is canceled and you will be scheduled for examination on the next available call. You will be notified, in writing, of the place and time for you to report for examination.

(If there are further appeal rights)

Your claim for Class 1-O was denied. If the board's decision is not appealed, the waiver of your Armed Forces Examination will be terminated and you will be scheduled for examination on the next available call. You will receive a Notice of Classification (SSS Form 110), from the board, which contains instructions for filing appeals.

Sincerely,

(Signature)

(Typed Name and Title)

SAMPLE LETTER 4-B-3 - VERIFYING PREVIOUS ARMED FORCES EXAMINATION

Dear Mr. _____:

This is with reference to the information you recently provided regarding a previous Armed Forces examination.

(Choose Appropriate Paragraph)

(Registrant provided location of previous examination, confirmation not yet received from MEPS)

You are not required to report for an Armed Forces examination at this time. If it is necessary to reschedule your examination, you will be notified.

The information you provided will be used to search for the results of your earlier examination. You will be notified, in writing, of the results of that search.

(Registrant did not provide location of previous examination)

You are not required to report for an Armed Forces examination at this time. If it is necessary to reschedule your examination, you will be notified.

Please provide, within 10 days from the date of this letter, the location (city and state) of the Military Entrance Processing Station where your earlier examination was conducted and the date of the examination. This information will help us locate the records of that examination.

(Registrant provided location of previous examination, confirmation received from MEPS)

The MEPS confirmed your previous examination; therefore, you are not required to report for another Armed Forces examination at this time. If it is necessary to reschedule your examination, you will be notified.

(Registrant provided information but MEPS unable to locate or make decision)

The Military Entrance Processing Station (MEPS) you provided us either cannot locate your examination records, or is unable to make a determination on your qualification for military service.

It will, therefore, be necessary to reschedule your examination. You may expect to receive a Notice of Rescheduled Armed Forces Examination Reporting Date (SSS Form 234) in the near future.

(Registrant did not respond to request for MEPS location of previous examination)

You did not provide the information concerning the location of the Military Entrance Processing Station where you were last given an examination, within the prescribed 10 days.

**SAMPLE LETTER 4-B-3 - VERIFYING PREVIOUS ARMED FORCES EXAMINATION
(cont)**

It will, therefore, be necessary to reschedule your examination. You may expect to receive a Notice of Rescheduled Armed Forces Examination Reporting Date (SSS Form 234) in the near future.

Sincerely,

(Signature)

(Typed Name and Title)

SAMPLE LETTER 4-B-4 - PAPERS ONLY EVALUATIONS

Dear Mr. _____:

This is in reference to the information you recently submitted concerning your condition as it relates to your examination for military service.

(Choose appropriate paragraph below)

Please provide written documentation concerning your condition, signed by the attending physician, within 10 days from the date of this letter. This information will be sent to the Military Entrance Processing Station (MEPS) for evaluation. You will be informed, in writing, of the results of that evaluation.

The information you provided is being sent to the Military Entrance Processing Station (MEPS) for evaluation. You will be informed, in writing, of the results of that evaluation.

The MEPS was unable to make a final determination of your acceptability based on the documentation you submitted concerning your condition. As a result, you will be rescheduled in the near future to report to a MEPS for examination.

Because you did not provide the necessary documentation concerning your condition, the Military Entrance Processing Station (MEPS) is unable to make a determination concerning your condition. Accordingly, you will be rescheduled to report to a MEPS for examination.

Please provide written documentation concerning the offense that resulted in your incarceration and the date you are due to be released. This documentation must be signed by an official of the institution where you are currently incarcerated, who is authorized to sign such statements, and received at this AO within 10 days from the date of this letter. The information you provide will be sent to the Military Entrance Processing Station (MEPS) for evaluation. You will be informed, in writing, of the results of that evaluation.

Sincerely,

(Signature)

(Typed Name and Title)

SAMPLE LETTER 4-B-5 - TRANSFER FOR EXAMINATION

Dear Mr. _____:

This is in response to your request for a transfer of your Armed Forces examination.

(If transfer is approved)

Your request for a transfer is approved. Accordingly, you are directed to report to (designated assembly point) on (date) at (time) for transportation to the Military Entrance Processing Station (MEPS) in (city and state) where you will be examined. Bring your Order to Report for Armed Forces Examination (SSS Form 233) when you report for examination. After you have been examined, you will be returned to the place of reporting shown above.

If an emergency will interfere with your reporting as scheduled, contact this office immediately.

(If transfer is denied)

Your request for a transfer is denied because (state reason for denial). You will be expected to report for examination as specified on your Order to Report for Armed Forces Examination.

(Concluding paragraph for all letters)

If you fail to report for examination as scheduled you may be reported as a suspected violator of the Military Selective Service Act and, if convicted, subject to imprisonment for up to 5 years, a fine of up to \$250,000, or both.

Sincerely,

(Signature) _____
(Typed Name and Title)

SAMPLE LETTER 4-B-6 - FAILURE TO REPORT FOR AND SUBMIT TO AN EXAMINATION

Dear Mr. _____:

This is in reference to your **(failure to report for an Armed Forces examination as ordered)(unauthorized departure from the MEPS prior to the completion of your examination) (failure to provide documentation concerning your physical condition).**

(Choose appropriate paragraph below)

Based upon the information you furnished, your examination is being rescheduled for a date after **(expiration date entered in CRPP (HCPDS))**. You will be informed, in writing, when and where to report.

Because you did not provide an acceptable reason, within the time allowed, you have forfeited the opportunity to request a reclassification. Accordingly, you are hereby notified that you are classified 1-A (available for unrestricted military service), and you will be ordered for induction when your Random Sequence Number is reached.

Sincerely,

(Signature) _____
(Typed Name and Title)

SAMPLE LETTER 4-B-7 - EXAMINATION POSTPONEMENT EXTENSION

Dear Mr. _____:

This is in response to your request for postponement extension of your armed Forces examination.

(Choose appropriate paragraph below)

(Additional documentation requested)

Please provide to this office (describe the specific documentation needed) in support of your request for postponement extension. You have until **(insert the date prior to the date the registrant is scheduled to report)** to provide this information. When we receive this information, we will be able to make a decision on your request. If we do not receive it, or we receive it after the above date, you will be expected to report as ordered.

(For grants of postponement extension)

Your request for postponement is approved until **(date)**. When the postponement extension expires, you will be rescheduled for examination. If at any time during the postponement the reason for which it was granted ceases to exist, notify this office immediately.

(For postponements denied)

Your request for postponement extension is denied because **(time allowed for requesting a postponement has expired) (the time allow for providing the necessary documentation to support your request has expired) (the reason you provided is not one for which a postponement is examination may be granted)**. You will be expected to report for examination as ordered.

Sincerely,

(Signature)

(Typed Name and Title)



CHAPTER 5

CLASSIFICATION, CLAIMS, AND APPEALS

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CHAPTER 5
CLASSIFICATION, CLAIMS, AND APPEALS
SECTION A
GENERAL CLASSIFICATION PRINCIPLES

1. GENERAL

- a. When the President and the Congress authorize inductions into the armed forces, the Director of Selective Service will assign classification 1-HM (not currently subject to induction) to all health care registrants in the registrant database who have not reached age 45. Upon receipt of a requisition for health care personnel from the Secretary of Defense, the Director will administratively reclassify into Class 1-AM (available for unrestricted military service) those registrants whose Random Sequence Numbers (RSNs) are reached for induction processing.
- b. Health care registrants who have reached age 20, but not age 26, will be liable under both the HCPDS (health care conscription) and the general conscription. Dual registrants will be initially classified as 1-HM in HCPDS and 1-H under general conscription. Once the Secretary of Defense issues a military manpower requisition, the Director will administratively reclassify all dual registrants whose random sequence numbers are reached in HCPDS as 1-AM (available for unrestricted military service); however, those registrants will remain classified as 1-H under general conscription. Dual registrants who are reached for induction under general conscription first, will be classified as 1-A under general conscription and remain classified as 1-HM in HCPDS. Once a registrant has been selected for induction under one system, the registrant's status in the other system will remain suspended until inducted or processing in the first system is complete. If the registrant is not inducted under the first system in which reached, he will have his record reactivated in the other system once all processing in the first system is complete. The registrant will then be liable for selection consideration in the second system.
- c. When a registrant's RSN is reached, the individual will be:
 - (1) reclassified as 1-AM,
 - (2) assigned to a Local Board, and
 - (3) issued an Order to Report for Induction (SSS Form 262).

- d. After the registrant receives an Order to Report for Induction (SSS Form 262) and prior to induction into the armed forces, he will be given an opportunity to submit a claim(s) for a classification other than 1-AM. The registrant shall submit the claim(s) to the Area Office providing administrative support to his Local Board of assignment. Information booklets concerning Selective Service classifications will be available at all Selective Service offices, Postal Service offices, United States Embassies and Consulates, and other designated locations. Upon filing a claim, the registrant's induction date will be automatically delayed until the claim is resolved.
- e. Unlike the general conscription policies and procedures, health care registrants who file judgmental claims will not be required to submit to an Armed Forces examination prior to their claims being heard by the Local Board. Only those registrants who are granted the classification 1-OM (Conscientious Objector) will be issued orders to submit to an Armed Forces examination to determine their acceptability for service as Alternative Service Workers. However, at the request of the registrant, this requirement may be waived.
- f. Unless otherwise noted, all time limits imposed by this Manual will be in calendar days.
- g. After a registrant receives an Order to Report for Induction, he will not be inducted until all of the following conditions are met:
 - (1) The 10-day time period for filing a claim has expired.
 - (2) Any claims submitted for classification have been fully processed and adjudicated.
 - (3) All appeal rights have been exhausted.
- h. When a registrant submits a claim and has not been selected for induction, the Area Office will return the claim to him (use Sample Letter 4-B-1, Return of Material) stating that no further action will be taken.
- i. In considering a registrant's claim, the classifying authority shall not discriminate for or against the registrant because of his race, creed, color, or ethnic background.
- j. In order to grant any classification, the classifying authority must be convinced that the registrant meets all of the elements for that classification at the time the claim was filed, and continues to meet the requirements at the time of the decision. The fact that a registrant had previously met all the requirements for a given classification, or may in the future meet all of the requirements, shall not be

the basis of classification, if he does not qualify on the date of the classification action.

- k. The Area Office shall, to the greatest extent feasible, assist registrants in obtaining official documents and advise, explain, interpret, and clarify the rules of procedure at any phase of the claims process.
- l. A registrant or any other person who knowingly makes or is a party to making any false statements bearing upon a classification claim is subject, upon conviction, to imprisonment for not more than five years or a fine of not more than \$250,000, or both.

2. INFORMATION BOOKLETS

SSS information booklets provide the health care registrant with information on postponement and reclassification procedures and health care registrants' procedural rights under the Selective Service law. When inductions are authorized, booklets may be obtained at any U.S. Post Office, Selective Service office, or at a United States Embassy or Consulate. They may be distributed to uncompensated personnel, school counselors, advisors and others from whom young men might seek advice about the SSS. Information may also be obtained on-line at www.sss.gov.

3. CLASSIFYING AUTHORITIES

When the President and the Congress authorize inductions into the Armed Forces, the following officials are authorized to classify health care registrants as indicated:

a. DIRECTOR.

- (1) The Director of Selective Service will:
 - (a) Once health care inductions begin, administratively classify into Class 1-HM all health care registrants.
 - (b) Appropriately classify into Class 1-AM, any health care registrant who is selected for induction.
 - (c) Appropriately classify any registrant, prior to the issuance of his induction order, if the Department of Defense has certified him to:
 - (i) Be a member of the Armed Forces of the United States, including the Reserve components thereof (dependent upon the provisions of the MSSA); and

- (ii) Have fulfilled his military obligation.
 - (d) Administratively classify a registrant into Class 4-FM upon notification from the Department of Defense that the registrant has been found not acceptable for military service.
 - (2) The Director of Selective Service may not classify a registrant into Class 1-AM out of another class prior to the expiration of the registrant's entitlement to such classification.
- b. **NATIONAL APPEAL BOARD (NAB).** The National Appeal Board acts on any claims appealed to the President and may classify a health care registrant when his appeal has been filed and considered in accordance with Section D of this chapter.
 - (1) Administratively classify into Class 1-A any health care registrant who is selected for induction or who volunteers for induction.
 - (2) Appropriately classify any health care registrant prior to the issuance of his induction order if the Department of Defense (DoD) has certified him to be a member of the Armed Forces of the United States, including the Reserve components thereof.
 - (3) Administratively classify a health care registrant into Class 4-FM upon notification from the DoD that the health care registrant has been found not acceptable for military service.

The Director may not classify a health care registrant, other than a volunteer for induction, into Class 1-A out of another class prior to the expiration of the health care registrant's entitlement to such classification.
- c. **DISTRICT APPEAL BOARD (DAB).** A DAB may classify a health care registrant when his appeal has been filed and considered in accordance with Section D of this chapter.
- d. **LOCAL BOARD.** A Local Board may:
 - (1) Classify a health care registrant into any judgmental class which he requests and for which he is eligible in accordance with Section C of this chapter.
 - (2) Upon a written request by the health care registrant for review of a denial made by the AO, a Local Board may classify a health care registrant into

any administrative class which he requests and for which he is eligible in accordance with Section B and Paragraph 2, Section D of this chapter.

- e. **AREA OFFICE.** The AO may classify a health care registrant into any administrative class for which he is eligible in accordance with Section B of this chapter. Such actions will be based on information supplied by the health care registrant or upon notification from another Selective Service element or the DoD that the health care registrant qualifies for the class.

4. **FILING A CLAIM FOR CLASSIFICATION OTHER THAN CLASS 1-AM**

- a. A registrant who has been issued an Order to Report for Induction (SSS Form 262) may request reclassification into a class other than Class 1-AM, by submitting a written claim in person or by mail to his Area Office. The registrant's claim must be received by the Area Office within 10 calendar days after the issuance of the Order to Report for Induction, but not later than midnight of the day prior to the registrant's scheduled induction reporting date. The date of receipt at any Selective Service office, or the date of the postmark, whichever is earlier, will establish the official claim filing date. Registrants making a claim by telephone will be advised that they are required to make a written claim request before it can be considered. A record of the conversation and any instructions provided to the registrant will be reported by the Area Office on a Report of Information (SSS Form 119) and filed at 801.2.
- b. A registrant may request a reclassification by choosing one or more of the items shown on the Health Care Registrant Claim Form (SSS Form 100-HC), or by filing a claim form or written request indicating the classification(s) requested. All requests must be legible, signed, and dated by the registrant. Any unsigned request will be returned to the registrant for signature prior to processing (use Sample Letter 4-B-1, Return of Material). The registrant will be given 5 calendar days from the date the 4-B-1 is mailed to sign, date, and return the request.
- c. The health care registrant's claim must include his request for all classes A registrant's claim must identify all of the classes (both Administrative and Judgmental) for which he believes he is eligible at the time the claim is made. When a claim is based on events which occurred after the end of the filing period, over which he had no control, the registrant may subsequently file a claim for which he believes he is eligible at the time the claim is made. When a claim is based on events which occurred after the end of the filing period, over which he had no control, the health care registrant may subsequently file a claim. Those extraordinary events must be clearly outlined in the registrant's claim and the validity will be determined by the Area Office Manager.

- d. If a claim is filed under conditions other than those stated above, the AO Supervisor must determine whether extraordinary circumstances prevented a timely submission; e.g., the health care registrant was at sea and did not receive timely notification of the filing period. A denial of a health care registrant's request to submit a late claim under extraordinary circumstances is not subject to review or appeal and any documentation sent in support of his claim will be returned using Sample Letter 5-B-1 (Return of Material).
- e. If a claim is submitted to an office other than the registrant's Area Office of jurisdiction, the receiving office will date stamp the claim and forward the material to the proper Area Office by the fastest reliable means available. Where necessary, the receiving office will contact the DMC for assistance in determining the proper Area Office. The date of submission of the claim will be based on its receipt at the office to which it was first submitted.
- f. SSS Form Letter 233P (Certificate of Release from Alternative Service) sent with the Order to Report for Armed Forces Examination (SSS Form 233) will advise health care registrants that those intending to file a claim only for Class 1-OM, Conscientious Objector, may request a waiver of the Armed Forces Examination and they will be processed in accordance with Paragraph 7, Chapter 4 of this manual. Health care registrants filing, or intending to file, claims for classes in addition to Class 1-OM will not be offered this waiver.
- g. A checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 5-A-1 of this chapter.

5. DOCUMENTARY EVIDENCE IN SUPPORT OF A CLAIM

- a. The AO is authorized to receive any evidence submitted by or on behalf of a health care registrant and may request from the health care registrant additional documentation or verification of any written evidence submitted.
- b. The initiation document for claims filed under HCPDS is the SSS Form 100 HC. This form is available at all Selective Service offices, Postal Service offices, United States Embassies and Consulates, and other designated locations. If the registrant is unable to obtain the SSS Form 100 HC, he may request the form from an Area Office. The Area Office will, to the greatest extent feasible, assist the registrant in properly documenting a claim. Each form submitted shall be signed, dated, and received by the Area Office before midnight of the day prior to the registrant's scheduled induction reporting date. Failure to submit the appropriate Selective Service form for a particular class does not invalidate the claim as long as the required information is submitted in writing and is properly signed and dated.

- c. If the health care registrant submits statements of third parties (friends, relatives, clergy, etc.) in support of his claim, these persons must have personal knowledge of the facts upon which the claim is based. Such statements must be signed, dated and legible.
- d. An affidavit, as defined in Chapter 1, may be submitted to support the factual basis of a claim. The affidavit may be handwritten or typed but must be legible. When properly executed, affidavits are treated the same as official documents.
- e. Should the AO receive any statements or documents other than through the health care registrant, they will be retained in the Health Care Registrant File Folder (SSS Form 101) and the health care registrant will be notified of their existence. Oral information that is relevant to the claim will be recorded on Report of Information (SSS Form 119) and filed in the SSS Form 101. The health care registrant will be notified of any such information received from a third party. In both instances, the health care registrant will be notified using Sample Letter 5-B-2 (Information in File) giving the health care registrant 10 days from the date the letter is mailed to respond.

6. CONSIDERATION OF A CLAIM FOR RECLASSIFICATION

- a. Upon receipt of a health care registrant's claim at the AO of jurisdiction, it will be reviewed to determine the type of classification being requested. Procedures and documentation required for administrative classifications are discussed in Section B of this chapter; judgmental classifications are discussed in Section C.
- b. Information received in support of a claim for classification will be examined by the AO for compliance with the requirements established in this chapter. The AO may contact the health care registrant in writing using Sample Letter 5-B-3 (Request for Additional Information) to make specific requests for documents or additional information needed to determine his eligibility for the requested classification. The health care registrant will be given 10 calendar days from the issuance of Sample Letter 5-B-3 to reply. When requested information is not received within the period allowed, the appropriate classifying authority will proceed to consider the claim based on the evidence contained in his file.
- c. When the claim is considered by the appropriate classifying authority, the health care registrant's classification will be based on:
 - (1) Official Selective Service forms and/or other written or documentary information submitted by the health care registrant.

- (2) Oral statements made by the health care registrant to AO personnel, which shall be recorded on SSS Form 119 (Report of Information) and placed in the health care registrant's SSS Form 101.
 - (3) Oral statements made by the health care registrant at a personal appearance before a board.
 - (4) Oral statements made by witnesses at the health care registrant's personal appearance before a board.
 - (5) Written information from other government agencies when it has been obtained to assist in determining the health care registrant's proper classification and has been placed in his file.
 - (6) Other written or oral information received by the classifying authority and made available to the health care registrant, if it assists in determining his proper classification.
- d. A health care registrant shall be classified in the lowest class for which he is determined to be eligible, with class 1-AM considered the highest class and Class 1-HM the lowest class, according to the order of classification consideration shown in Appendix C. Claims will be heard from lowest to highest except that all administrative classes denied by the AO and subsequently appealed by the health care registrant will be decided by the board before judgmental claims are heard. When it has been determined that a health care registrant qualifies for a particular class, no higher classes shall be considered.
- Note: When multiple claims are filed by a registrant, all administrative claims(s) (if any), will be considered before any judgmental claim(s).
- e. A registrant shall be informed of the decision on his claim(s) by means of the Notice of Classification (SSS Form 110) prepared by the classifying authority. The decision of the classifying authority shall also be recorded on page 2 of the registrant's SSS Form 101 and will be transmitted to HCPDS by the Area Office.
- f. In the case of those health care registrants whose Armed Forces Examinations have been waived in accordance with the provisions of paragraph 7, Chapter 4, and after all appeal rights in connection with the denial of Class 1-OM have been exhausted, they will be advised that the waiver is canceled using Sample Letter 4-B-2A (Cancellation of Waiver) sent with the SSS Form 110. They will then be rescheduled for examination with the issuance of a Notice of Rescheduled Armed Forces Examination Reporting Date (SSS Form 234) from CRPP (HCPDS) on the next available call.

- g. A health care registrant shall be informed of the decision on his claim(s) by means of the Notice of Classification (SSS Form 110) prepared in accordance with its procedural directive. The decision of the classifying authority shall also be recorded on page 2 of the health care registrant's SSS Form 101 and transmitted to CRPP (HCPDS).

7. TEMPORARY TRANSFERS FOR CLASSIFICATION

- a. A health care registrant's claim for reclassification may be transferred temporarily for consideration by an AO/Board, other than the one to which he is assigned, under any of the following circumstances:
 - (1) Upon the order of the Director, prior to consideration of the claim, when he deems a transfer necessary to assure equitable administration of Selective Service law.
 - (2) At the request of the health care registrant, made when the claim is submitted, if the health care registrant currently resides within the jurisdiction of another AO/Board or if the change will result in his claim being considered by the AO/Board closest to where he is currently living, even though he may not reside within the jurisdiction of that office.
 - (3) When the board of jurisdiction cannot act because a majority of the board members are disqualified, the AO will transfer all claim(s) under consideration to another Local Board within the jurisdiction of the same AO and the same DAB. If there is only one Local Board within the AO's jurisdiction, or the claimant is an employee of the office providing administrative support for the Local Board, the claims will be transferred to the nearest AO within the same DAB area for classification by a Local Board under its jurisdiction.
 - (4) When the Local Board of jurisdiction cannot act on a claim for conscientious objection because the first vote of the board is tied, the AO will transfer the claim under consideration to another Local Board within the jurisdiction of the same AO and the same DAB. If there is only one Local Board within the AO's jurisdiction, the claim will be transferred to the nearest AO within the same DAB area for classification.
 - (5) When the Local Board of jurisdiction cannot act on a claim, other than CO claims, because the vote of the board remains tied after the second consideration of that claim, the AO will transfer the claim that is under consideration to another Local Board within the jurisdiction of the same AO and the same DAB. The health care registrant will be notified of this eventuality following the first tie vote of the Local Board using Sample

Letter 5-B-4 (Transfer for Classification). If there is only one Local Board within the AO's jurisdiction, the claim will be transferred to the nearest AO within the same DAB area for classification by a Local Board under its jurisdiction.

- b. The transfer board will consider a health care registrant's claim as though it were the first time and will afford him the right of personal appearance upon request. Health care registrants claiming eligibility for Class 1-OM or 1-A-OM will be required to make a personal appearance before the transfer board even though they may have previously done so before their Local Board of jurisdiction.
- c. When a claim is to be transferred, the AO of jurisdiction will forward the health care registrant's SSS Form 101 to the transfer board using Transfer for Classification (SSS Form 114) and notify the health care registrant in writing of the transfer, specifying the board of transfer in the notification. The transfer board shall classify the health care registrant as though he were one of its own health care registrants and retain the SSS Form 101 until all appeal rights have been exhausted.
- d. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 5-A-2 of this chapter. Sample Letter 5-B-4 (Transfer For Classification) will be used to notify the health care registrant when situations described in either paragraphs (3), (4) or (5) occur.

8. WITHDRAWAL OF A CLAIM OR APPEAL

- a. A health care registrant may withdraw his claim for any classification by notifying his AO, in writing, prior to the time his claim is considered. The notification must specify which claim(s) the health care registrant wishes to withdraw. All claims not withdrawn will be considered in accordance with the applicable portions of this chapter.
- b. Health care registrants will be notified of the receipt of their request for withdrawal using Sample Letter 5-B-8 (Withdrawal of Claim or Appeal).
- c. A checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 5-A-3 of this chapter.

9. RECONSIDERATION OF CLASSIFICATIONS

- a. No classification is permanent. The Director or State Director may order the reconsideration of any classification when there is a change in the circumstances upon which the classification is based, or when he finds that the health care registrant or another party has misrepresented any material fact related to the

claim. However, reconsideration will not be ordered if the period for taking an appeal in accordance with Section D of this chapter, has not expired. When a classification is reconsidered, it will be considered by the classifying authority that granted it and will be treated, in all respects, as though it were the original claim for that classification.

- b. Before a classification is reconsidered, the health care registrant shall be notified in writing of the impending action and the reasons therefore using Sample Letter 4-B-4 (Reconsideration of Classification). Along with Sample Letter 4-B-4, the AO will send a copy of the original claim documentation form(s) used to decide the initial claim for update, signature, and date. The health care registrant will be given 10 calendar days from the date of notification to respond with the updated form and/or other related evidence as to why his classification should remain the same.
- c. If the information upon which the reconsideration is based was provided in a signed statement by a third party, the provisions of paragraph b. above will apply and the AO will provide the health care registrant a copy along with Sample Letter 5-B-3 (Information in File). If available, these documents should be sent at the same time as Sample Letter 5-B- 4. If the third party information is received by the AO after Sample Letter 5-B-4 is sent, the AO will send the health care registrant a copy of the information with Sample Letter 5-B-2, and allow the health care registrant the remainder of the 10 days imposed by paragraph b. to reply.
- d. At the expiration of the ten day response period, the AO will process the reconsidered claim using the procedures and checklists in this chapter and Chapter 6. If the health care registrant does not respond within 10 days, the AO or Local Board, as appropriate, will proceed to adjudicate his claim using the information currently available in the health care registrant's file folder.
- e. If the classifying authority determines that the registrant's classification shall remain the same, the AO will notify the health care registrant using SSS Form 110.
- f. If the health care registrant's claim is denied, the AO will notify the health care registrant using Sample Letter 4-B-4, that he has 15 days to appeal the decision to deny the original classification. A copy will also be sent to the office directing the reconsideration.
- g. Health care registrants who file an appeal of a reconsidered class while simultaneously making claims for eligibility in other classes will have their cases heard in such a manner that all denied claims from a single health care registrant may be forwarded to the next higher appellate authority at the same time.

- h. Any registrant who is ultimately classified into Class 1-AM will be issued an Order to Report for Induction (SSS Form 262).
- i. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 5-A-4 of this chapter.

10. EXPIRATION OR TERMINATION OF CLASSIFICATIONS

- a. The limitations on the length of time a registrant may be classified in administrative and judgmental classifications are detailed in Section B, Administrative Classifications and Section C, Judgmental Classifications, respectively.
- b. Prior to the expiration of the registrant's classification, if the reason for that classification ceases to exist, the registrant shall notify the Area Office of the change in status. Once the Area Office is notified of the change in the registrant's status, it will terminate the registrant's classification and issue an Order to Report for Induction.

Those health care registrants placed in Class 1-D-DM, 1-D-EM, 2-DM, 3-AM, 4-BM, 4-CM, 4-DM, or 4-TM will remain in that classification only as long as the reasons for that classification continue to exist. An expiration date will be included for Classes 2-DM, 3-AM, and 4-CM, which will not be later than one year from the date the classification is granted.

- c. Thirty days prior to the expiration date of a health care registrant's classification, he will be issued a Classification Expiration Notice (Form Letter 5) by CRPP (HCPDS) to inform him of the date his classification will expire and allow him to submit a new claim. If the reason for which the classification was granted continues to exist, the health care registrant may file a new claim with his AO and it will be considered as though the claim were being made for the first time. If a new claim is to be considered, it must be received by the AO or postmarked before midnight of the day prior to the date on which his current classification expires. If a claim is filed under conditions other than those stated above, the AO Supervisor must determine whether extraordinary circumstances prevented a timely submission; e.g., the health care registrant was at sea and did not receive timely notification of the filing period. A denial of a health care registrant's request to submit a late claim under extraordinary circumstances is not subject to review or appeal and any documentation sent in support of his claim will be returned using Sample Letter 5-B-1 (Return of Material). A checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 5-A-5 of this chapter.

- d When a registrant's deferment or exemption expires or is terminated, Selective Service will classify the registrant as 1-AM and reorder him for induction by issuing an Order to Report for Induction (SSS Form 262). When the registrant is reordered for induction, he may request reclassification by submitting a new claim. The new claim will be considered as though the claim was being made for the first time.

SECTION B ADMINISTRATIVE CLASSIFICATIONS

1. GENERAL

- a. An administrative classification may be granted when official documentation specified for the particular classification is received showing that the health care registrant is qualified for placement into that class. No other supporting evidence is required to establish the facts. If other documents are submitted, they may be used as proof of the claim if signed and dated.
- b. The initial classifying authority for administrative classification claims is the AO. Any health care registrant whose claim for an administrative classification is denied by the AO may, within 15 calendar days from the date the notification is issued, file a written request for Local Board review of the denied claim.
- c. A checklist of administrative procedures for Section B is contained in Appendix A, Checklist 5-A-6 of this chapter.

2. HEALTH CARE REGISTRANT AND AGENCY RESPONSIBILITY

a. HEALTH CARE REGISTRANT RESPONSIBILITY.

- (1) A health care registrant who claims to be eligible for any of the administrative classifications must demonstrate his eligibility to the satisfaction of the AO. He may submit his own statement and that of others to prove the factual basis of his claim, except when a specific form or other type of documentary evidence is required and identified on the Claim Documentation Form as a requirement for the classification requested.
- (2) A health care registrant must file all claims for classes for which he believes he is eligible, both administrative and judgmental, at the same time.

b. AO RESPONSIBILITY.

- (1) The AO must be satisfied that the health care registrant is eligible for the classification he requested prior to granting the claim and must impartially consider all pertinent evidence contained in the health care registrant's file. The ultimate decision of whether the pertinent facts have been established to the satisfaction of the AO must be supported by the evidence in the file and may not be based on unsupported conclusions.
- (2) Evidence that is irrelevant to the claim will be returned to the person(s) who submitted the evidence using Sample Letter 5-B-1 (Return of Material), and it

must not be considered in determining the merits of the claim. Oral evidence submitted by a third party cannot serve as the sole basis for denying a claim where other evidence in the file supports the claim.

- (3) A denial of a claim must be explained in the statement of denial on the Notice of Classification (SSS Form 110), and specific reference shall be made to the document or lack thereof upon which the denial is based.

c. BOARD RESPONSIBILITY.

The duties of the Board in reviewing administrative classification claims are the same as those prescribed for the AO.

3. CLASS 1-CM - MEMBER OF THE ARMED FORCES OF THE UNITED STATES, THE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION, OR THE PUBLIC HEALTH SERVICE

a. QUALIFYING CONDITIONS.

- (1) Every health care registrant who is on active duty as a commissioned officer, a warrant officer, or an enlisted man in the Regular Army, the Navy, the Air Force, the Marine Corps, the Coast Guard, the National Oceanic and Atmospheric Administration, or the Public Health Service.
- (2) Every health care registrant who is a cadet, United States Military Academy; a midshipman, United States Naval Academy; a cadet, United States Air Force Academy; or a cadet, United States Coast Guard Academy.
- (3) Every health care registrant who is inducted into the Army of the United States, the United States Navy, the United States Marine Corps, the Air Force of the United States, or the United States Coast Guard.
- (4) Every health care registrant who is on active duty, exclusive of periods of training only, as a member of a reserve component of the Armed Forces.
- (5) Every health care registrant who is on active duty, exclusive of periods of training only, as a member of the reserve of the Public Health Service and assigned to any of the following:
 - (a) The various offices and bureaus of the Public Health Service, including the National Institutes of Health.
 - (b) The Coast Guard, the Bureau of Prisons of the Department of Justice, the Environmental Protection Agency, or the National Oceanic and Atmospheric Administration.
 - (c) Assisting Indian tribes, groups, bands, or communities pursuant to PL 568, 83rd Congress, as amended.

b. DOCUMENTS TO SUPPORT CLASSIFICATION.

- (1) The AO will furnish Claim Documentation Form - Administrative (SSS Form 21) to assist the health care registrant in documenting his claim.
- (2) A health care registrant who claims to be an active duty member of the Armed Forces must submit an Enlistment/Reenlistment Document - Armed Forces of the United States (DD Form 4) or other official documentation from his branch of service.
- (3) A health care registrant who claims an active duty assignment as a member of the Public Health Service must submit a Statement of Service - Verification of Status of Commissioned Officer of the U.S. Public Health Service (PHS Form 1867) or other official documentation.

c. TIME LIMITS.

A health care registrant will be retained in Class 1-CM as long as he remains in the status upon which the classification was based.

4. CLASS 1-D-DM - DEFERMENT FOR CERTAIN MEMBERS OF A RESERVE COMPONENT OR STUDENT TAKING MILITARY TRAINING

a. QUALIFYING CONDITIONS.

- (1) A health care registrant who is an enlisted person, a warrant officer or a commissioned officer in a reserve component of the Armed Forces, the Army National Guard, or the Air National Guard, and who has not previously served on a period of extended active duty (other than active duty for training) in the Armed Forces.
- (2) Any health care registrant selected for enrollment or continuance in an officer procurement program, such as college ROTC, the Marine platoon leader's class, or the officer procurement programs of the Coast Guard, and has signed an agreement to serve upon receipt of a commission at the completion of the program.
- (3) Any health care registrant who is serving satisfactorily as a member of the standby reserve or the retired reserve.

b. DOCUMENTS TO SUPPORT CLASSIFICATION.

- (1) The AO will furnish Claim Documentation Form - Administrative (SSS Form 21) to assist the health care registrant in documenting his claim.
- (2) A health care registrant who claims to be a member of a reserve component or student taking military training pursuant to this paragraph must submit official documentation from his branch of service which certifies he is a member and performing satisfactorily.

c. **TIME LIMITS.**

- (1) Health care registrants placed into Class 1-D-DM because of membership in a reserve component will be deferred until they successfully complete their military obligation or are separated from the reserve component. When the AO is notified that a health care registrant has been discharged prior to the completion of his obligation, the health care registrant will be reclassified.
- (2) Health care registrants placed into Class 1-D-DM because of enrollment in an officer procurement program will be deferred until the program is scheduled to end or until they cease to serve satisfactorily, whichever is earlier.

5. **CLASS 1-D-EM - EXEMPTION OF CERTAIN MEMBERS OF A RESERVE COMPONENT OR STUDENT TAKING MILITARY TRAINING**

a. **QUALIFYING CONDITIONS.**

- (1) A health care registrant who is a student enrolled in an officer procurement program at one of the following schools:
 - (a) The Citadel (Charleston, SC)
 - (b) North Georgia College and State University (Dahlonega, GA)
 - (c) Norwich University (Northfield, VT)
 - (d) Texas A&M University (College Station, TX)
 - (e) Virginia Military Institute (Lexington, VA)
 - (f) Virginia Polytechnic Institute and State University (Blacksburg, VA)
- (2) A health care registrant who has been enlisted in the Delayed Entry Program (DEP) prior to the issuance of his order to report for induction.
- (3) A health care registrant who has been transferred to a reserve component of the Army, Navy, Air Force, Marine Corps or Coast Guard after a period of extended active duty which was not for training only.

b. **DOCUMENTS TO SUPPORT CLASSIFICATION.**

- (1) The AO will furnish Claim Documentation Form - Administrative (SSS Form 21) to assist the health care registrant in documenting his claim.
- (2) A health care registrant who claims to be a student taking military training pursuant to this paragraph must submit official documentation from his branch of service which certifies he is enrolled and performing satisfactorily.

- (3) A health care registrant who claims to be enlisted in the DEP must submit a copy of his Enlistment/Reenlistment Document - Armed Forces of the United States (DD Form 4) or other official documentation from his branch of service.
- (4) A health care registrant who claims to have been transferred to a reserve component pursuant to this paragraph must submit a copy of his Certificate of Release or Discharge from Active Duty (DD Form 214) or other official documentation from his branch of service which certifies he is a member and performing satisfactorily.

c. TIME LIMITS.

- (1) A health care registrant placed into Class 1-D-EM because of his enrollment in an officer procurement program pursuant to this paragraph will be so classified as long as he remains in the program.
- (2) A health care registrant placed into Class 1-D-EM because of his enlistment in the DEP will be so classified until the date of scheduled entry has expired or until he enters upon active duty, whichever is earlier.
- (3) Health care registrants placed into Class 1-D-EM because of their transfer to a reserve component will remain in that class as long as the reason for the classification continues to exist.

6. CLASS 1-O-SM - CONSCIENTIOUS OBJECTOR TO ALL MILITARY SERVICE (SERVICE DISCHARGED/SEPARATED)

a. QUALIFYING CONDITIONS.

Any health care registrant who has been separated from the Armed Forces (including the reserve components) because of his conscientious objection to participation in both combatant and noncombatant training and service, shall be placed in Class 1-O-SM unless he qualifies for Class 4-AM. A Class 1-O-SM health care registrant will be assigned to Alternative Service to fulfill the remainder of his obligation under the MSSA.

b. DOCUMENTS TO SUPPORT CLASSIFICATION.

- (1) The AO will furnish Claim Documentation Form - Administrative (SSS Form 21) to assist the health care registrant in documenting his claim.
- (2) A health care registrant who claims to have been separated from the armed forces because of conscientious objection must submit official documentation from his branch of service, including but not limited to, Certificate of Release or Discharge from Active Duty (DD Form 214), certifying the reason for his separation and the length of his service in the Armed Forces.

c. **TIME LIMITS.**

A health care registrant will be retained in Class 1-O-SM until he has been ordered to perform alternative service, at which time he will be classified 1-WM.

7. **CLASS 1-WM - CONSCIENTIOUS OBJECTOR ORDERED TO PERFORM ALTERNATIVE SERVICE IN LIEU OF INDUCTION**

a. **QUALIFYING CONDITIONS.**

Each health care registrant in Class 1-OM or Class 1-O-SM who is issued an order to perform Alternative Service shall be placed in Class 1-WM.

b. **DOCUMENTS TO SUPPORT CLASSIFICATION.**

A health care registrant shall be placed in Class 1-WM based on the issuance of his Order to Perform Alternative Service (SSS Form 155).

c. **TIME LIMITS.**

A health care registrant will be retained in Class 1-WM until he is released from the Alternative Service Program.

8. **CLASS 3-A-SM - HEALTH CARE REGISTRANT DEFERRED BECAUSE OF HARDSHIP TO DEPENDENTS (SERVICE DISCHARGED/SEPARATED)**

a. **QUALIFYING CONDITIONS.**

Any health care registrant who has been separated from active military service by reason of dependency or hardship shall be placed in Class 3-A-SM unless his period of military service qualifies him for Class 4-AM or Class 1-D-EM.

b. **DOCUMENTS TO SUPPORT CLASSIFICATION.**

- (1) The AO will furnish Claim Documentation Form - Administrative (SSS Form 21) to assist the health care registrant in documenting his claim.
- (2) A health care registrant who claims to have been separated from the armed force because of dependency or hardship must submit official documentation from his branch of service, including but not limited to, Certificate of Release or Discharge from Active Duty (DD Form 214), certifying the reason for his separation and the length of his service.

c. **TIME LIMITS.**

A health care registrant shall be placed in Class 3-A-SM for no longer than six months. Upon expiration of the 3-A-SM classification, the health care registrant may file a claim for Class 3-AM if the condition that prevailed at the time of his separation from the military service continues to exist. Such a claim for Class 3-AM will be processed as a judgmental claim in accordance with Section C, paragraph 6.

9. **CLASS 4-AM - HEALTH CARE REGISTRANT WHO HAS COMPLETED MILITARY SERVICE**

a. **QUALIFYING CONDITIONS.**

- (1) A health care registrant who has been separated from the Armed Forces of the United States for the convenience of the government with an honorable discharge or a discharge under honorable conditions after having served for a period of six months or more on active duty, other than active duty for training.
- (2) A health care registrant who has been separated from the Armed Forces of the United States after having served honorably on active duty for a period of one year or more, other than active duty for training.
- (3) A health care registrant who has been separated after having served on active duty for a period of 24 months or more as a commissioned officer in the National Oceanic and Atmospheric Administration or the Public Health Service.
- (4) A health care registrant who enlisted before June 1, 1984 and completed six years of satisfactory service as a member of the Armed Forces of the United States, including the reserve components thereof.
- (5) A health care registrant who enlisted on or after June 1, 1984 and completed eight years of satisfactory service as a member of the Armed Forces of the United States, including the reserve components thereof.

b. **EXCLUSIONS IN COMPUTING PERIODS OF ACTIVE DUTY.**

In computing periods of active duty for the 4-AM classification, no credit shall be allowed for any of the following:

- (1) Periods of active duty training performed as a member of a reserve component pursuant to an order or call to active duty solely for training purposes.
- (2) Periods of active duty in which the service consisted solely of training under the Army specialized training program, the Air Force college training program, or any similar program under the jurisdiction of the Navy, Marine Corps or Coast Guard, or during processing for entry into or separation from any such program.

- (3) Periods of active duty as a cadet at the United States Military Academy, United States Air Force Academy or United States Coast Guard Academy, or as a midshipman at the United States Naval Academy, or while attending a preparatory school after nomination as a principal, alternate or candidate for admission to any such academy, or while being processed for entry into or separation from any such institution.
- (4) Periods of active duty as a member of the Reserve of the Public Health Service other than when assigned to staff any of the various offices and bureaus of the Public Health Service, including the National Institutes of Health, the Coast Guard, the Bureau of Prisons of the Department of Justice, the Environmental Protection Agency or the National Oceanic and Atmospheric Administration, or when assigned to assist Indian tribes, groups, bands or communities pursuant to PL 568, 83rd Congress, as amended.

c. DOCUMENTS TO SUPPORT CLASSIFICATION.

- (1) The AO will furnish Claim Documentation Form - Administrative (SSS Form 21) to assist the health care registrant in documenting his claim.
- (2) A health care registrant who claims separation from the Armed Forces must submit a copy of his Certificate of Release or Discharge from Active Duty (DD Form 214) or other official documentation from his branch of service.
- (3) A health care registrant who claims 24 months of commissioned service with the Public Health Service or the National Oceanic and Atmospheric Administration must submit a Statement of Service - Verification of Status of Commissioned Officer of the United States Public Health Service (PHS Form 1867) or Report of Transfer or Discharge (NOAA Form 5616) as applicable.

d. TIME LIMITS.

Health care registrants will be retained in Class 4-AM unless and until the SSS Director orders a reconsideration of such classification.

10. CLASS 4-A-AM - HEALTH CARE REGISTRANT WHO HAS PERFORMED MILITARY SERVICE FOR A FOREIGN NATION

a. QUALIFYING CONDITIONS.

A health care registrant who, while an alien, served on active duty for not less than 12 months in the armed forces of a nation determined by the Department of State to be one with which the United States is involved in mutual defense activities and which grants exemption from service in its Armed Forces to U.S. citizens who have served on active duty in the Armed Forces of the United States for not less than 12 months. The nations within the terms of this provision are listed at Appendix D.

b. **DOCUMENTS TO SUPPORT CLASSIFICATION.**

- (1) The AO will furnish Claim Documentation Form - Administrative (SSS Form 21) to assist the health care registrant in documenting his claim.
- (2) A health care registrant who claims that while an alien he served 12 months on active duty in the armed forces of one of the nations listed in Appendix D must furnish proof from the diplomatic agency of that country, written in English, which describes such service.

c. **TIME LIMITS.**

Health care registrants will be retained in Class 4-A-AM unless and until the Director orders a reconsideration of such classifications.

11. CLASS 4-BM - OFFICIAL DEFERRED BY LAW

a. **QUALIFYING CONDITIONS.**

- (1) The Vice President of the United States, a Governor of a State, Territory or Possession, or the Mayor of the District of Columbia, or any other official chosen by voters of the entire State, Territory or Possession, or the District of Columbia.
- (2) A member of a legislative body of the United States, or of a State, Territory or Possession, or of the District of Columbia.
- (3) A judge of a court of record of the United States or of a State, Territory or Possession, or of the District of Columbia, as prescribed by law in that jurisdiction.

b. **DOCUMENTS TO SUPPORT CLASSIFICATION.**

- (1) The AO will furnish Claim Documentation Form - Administrative (SSS Form 21) to assist the health care registrant in documenting his claim.
- (2) A health care registrant who claims to be an official deferred by law must submit properly signed and dated verification in the form of a Certificate of Appointment or Election, or other official documentation.

c. **TIME LIMITS.**

A health care registrant will be retained in Class 4-BM as long as he continues to hold office.

12. CLASS 4-CM - ALIEN OR DUAL NATIONAL

a. QUALIFYING CONDITIONS.

- (1) A person who is a national of the United States and also of a country with which the United States has a treaty or agreement providing for an exemption from military training and service in the Armed Forces of the United States if he habitually resides in, and is closely associated with, the other country. The nations within the terms of this provision are listed in Appendix E.
- (2) An alien who departed from the United States prior to being issued an order to report for induction or Alternative Service that has not been canceled.
- (3) An alien who registered at a time when he was required to register and thereafter acquired status within one of the groups exempt from registration.
- (4) An alien lawfully admitted for permanent residence who by occupational status, such as employment at the World Bank or United Nations, is subject to adjustment to nonimmigrant status. In this case the health care registrant must have executed a waiver of all rights, privileges, exemptions and immunities which would otherwise accrue to him as a result of that occupational status.
- (5) An alien who has resided in the United States for less than one year, including any period of time before his registration. If he has been within the United States for two or more periods and the total time equals one year, he shall be deemed to have resided in the United States for one year. In computing the length of such periods, any portion of one day shall be counted as a day.

b. DOCUMENTS TO SUPPORT CLASSIFICATION.

- (1) The AO will furnish Claim Documentation Form - Alien or Dual National (SSS Form 26) to assist the health care registrant in documenting his claim.
- (2) A health care registrant who claims to be a dual national of the United States and one of the countries listed in Appendix E must submit documentation, written in English, from the diplomatic agency of that country evidencing such status.
- (3) A health care registrant who claims to be an alien who departed from the United States prior to being issued an order to report for induction or alternative service must submit a statement that furnishes the date he left the United States and his present address outside the United States.
- (4) A health care registrant who claims to be an alien who subsequent to registration acquired status in an exempt group must furnish proof from the diplomatic agency of the country of which he is a subject, written in English, which describes the exempt status.

- (5) A health care registrant who claims to be an alien admitted for permanent residence but subject to adjustment to nonimmigrant status because of his occupation must furnish proof from his employer or from the diplomatic agency of the country of which he is a subject, written in English, which describes his exempt status and the fact that he has executed the required waiver.
- (6) A health care registrant who claims to be an alien who has not resided in the United States for one year must submit an Permanent Resident Card, USCIS Form I-551, commonly referred to as a "green card," showing his date of entry into the United States. If a health care registrant has resided in the United States on two or more separate occasions he must furnish verification for each period of residence.

c. TIME LIMITS.

- (1) A health care registrant will be retained in Class 4-CM because of dual nationality unless and until the Director orders a reconsideration of such classifications.
- (2) A health care registrant who departed from the United States prior to having been issued an induction or alternative service order will be retained in Class 4-CM only so long as he resides outside the United States.
- (3) An alien who acquired exempt status after his registration will be retained in Class 4-CM as long as his exempt status continues to exist.
- (4) A health care registrant whose occupational status qualifies him for Class 4-CM will be so classified as long as such occupational status continues.
- (5) An alien who has resided in the United States for less than one year will be retained in Class 4-CM only for the period of time necessary to satisfy the one-year residence requirement.

13. CLASS 4-FM - HEALTH CARE REGISTRANT NOT ACCEPTABLE FOR MILITARY SERVICE

a. QUALIFYING CONDITIONS.

- (1) A health care registrant who has been found not qualified for service in the Armed Forces by the MEPS under applicable physical, mental or moral standards established by the Secretary of Defense.
- (2) When a registrant claims that one or more of the following conditions exists, the supporting documentation will be submitted to the appropriate MEPS for a "Papers Only" evaluation as prescribed in Chapter 7, when:
 - (a) He is confined to a jail, prison, mental hospital or similar institution; documentation is an affidavit which certifies to his status signed by a person authorized to do so at the institution.

- (b) He is physically or mentally disabled and not capable of reporting to the MEPS; documentation is a copy of his medical history and a statement from his doctor that confirms his status.

b. DOCUMENTS TO SUPPORT CLASSIFICATION.

An official notification from the MEPS that the registrant is not qualified for military service will serve as the necessary document to support this classification. The official notification will be as a result of an Armed Forces examination or a "Papers Only" review. The notice will be transmitted from the MEPS through the U.S. Military Entrance Processing Command (MEPCOM) to the Selective Service.

c. TIME LIMITS.

A health care registrant will be retained in Class 4-FM unless and until the SSS Director orders the reconsideration of his classification.

14. CLASS 4-GM - HEALTH CARE REGISTRANT EXEMPTED FROM SERVICE BECAUSE OF THE DEATH OF HIS PARENT OR SIBLING WHILE SERVING IN THE ARMED FORCES OR WHOSE PARENT OR SIBLING IS IN A CAPTURED OR MISSING IN ACTION STATUS

a. QUALIFYING CONDITIONS.

Except during periods of war or national emergency declared by the Congress, every health care registrant who meets any of the following qualifications shall be eligible for Class 4-GM:

- (1) A health care registrant whose parent or whose sibling of the whole blood was killed in action or died in line of duty after December 31, 1959 while serving in the Armed Forces of the United States, or died after that date as a result of injuries received or disease incurred in line of duty during such service.
- (2) A health care registrant who is the sole surviving son of a family in which the father or one or more siblings were killed in action before January 1, 1960 while serving in the Armed Forces of the United States, or died after that date as a result of injuries received or disease incurred in line of duty during such service.
- (3) A health care registrant whose parent or whose sibling of the whole blood is in a captured or missing status as a result of service in the Armed Forces at any time.

b. DOCUMENTS TO SUPPORT CLASSIFICATION.

- (1) The AO will furnish Claim Documentation Form - Administrative (SSS Form 21) to assist the health care registrant in documenting his claim.
- (2) A health care registrant who claims to be a surviving son must submit a Report of Casualty (DD Form 1300) from the branch of service concerned, or certification

from the Veterans Administration, and proof of kinship. Kinship may be verified with a copy of the health care registrant's birth certificate or a written statement or affidavit from a member of the clergy, a local official or a member of the health care registrant's family.

c. TIME LIMITS.

Health care registrants shall be retained in Class 4-GM until a Congressional declaration of war or national emergency.

15. CLASS 4-TM - TREATY ALIEN

a. QUALIFYING CONDITIONS.

A health care registrant who is an alien shall be placed in Class 4-TM if he is exempt from military service under the terms of a treaty or international agreement between the United States and the country of which he is a subject and if he applies for exemption from U.S. military service. The nations determined by the Department of State to be within the terms of this provision are listed in Appendix F.

b. DOCUMENTS TO SUPPORT CLASSIFICATION.

- (1) The AO will furnish Claim Documentation Form - Alien or Dual National (SSS Form 26) and Application by Alien for Relief from Training and Service in the Armed Forces of the United States (SSS Form 130) to assist the health care registrant in documenting his claim.
- (2) A health care registrant who claims to be a treaty alien must submit proof from the diplomatic agency of the country of which he is a subject, written in English, attesting to the prescribed conditions. He must also complete and submit SSS Form 130 as part of his claim. Submission of a completed SSS Form 130 by a qualified applicant for Class 4-TM makes the health care registrant ineligible for naturalization as a citizen of the United States and prohibits his return to the United States for permanent residence after departure.

c. TIME LIMITS.

A health care registrant will be retained in Class 4-TM unless and until the Director orders a reconsideration of such classification.

16. CLASS 4-WM - HEALTH CARE REGISTRANT WHO HAS COMPLETED ALTERNATIVE SERVICE IN LIEU OF INDUCTION

a. QUALIFYING CONDITIONS.

Every health care registrant who has satisfactorily completed his Alternative Service assignment shall be placed in Class 4-WM.

b. **DOCUMENTS TO SUPPORT CLASSIFICATION.**

A Certificate of Release from Alternative Service (SSS Form 169) or notification from the Alternative Service Office that such a certificate has been issued.

c. **TIME LIMITS.**

A health care registrant will be retained in Class 4-WM unless and until the SSS Director orders a reconsideration of such classifications.

SECTION C

JUDGMENTAL CLASSIFICATIONS

1. GENERAL

- a. A judgmental classification always requires board action. Before reaching its decision, the board will examine the written evidence contained in the Health care registrant File Folder (SSS Form 101) and hear testimony at a personal appearance if such an appearance is required or has been requested by the health care registrant.
- b. The initial classifying authority for judgmental classification claims is the Local Board. A health care registrant may appeal a denial of a judgmental claim to the DAB in accordance with Section D of this chapter.
- c. A registrant must file a claim for all classes for which he believes he is eligible, both administrative and judgmental, at the same time.

2. HEALTH CARE REGISTRANT AND BOARD RESPONSIBILITY

a. HEALTH CARE REGISTRANT RESPONSIBILITY.

- (1) A health care registrant who claims to be eligible for any judgmental classification must establish his eligibility to the satisfaction of the board. He may submit his own statement as well as that of others to prove the factual basis of his claim, except where a specific form or other type of documentary evidence is required.
- (2) A health care registrant who files a claim for conscientious objector status in accordance with paragraph 5 of this chapter is required to appear personally before the Local Board at the time it considers his claim. In all other instances, the personal appearance is optional.
- (3) A registrant must file a claim for all classes for which he believes he is eligible, both administrative and judgmental, at the same time.

b. BOARD RESPONSIBILITY.

- (1) The board has no authority to conduct an independent investigation of the facts and circumstances of a claim. However, the board may choose to obtain advice and/or recommendations from the State Health Care Advisory Committee/Panel within its jurisdiction for the purpose of obtaining guidance and expert advice regarding a registrant's claim for Essentiality of Occupation deferment (Class 2-AM). The advice obtained from the State Health Care Advisory Committee/Panel may include information concerning the availability of certain specialties and subspecialties within particular geographic regions, or to obtain advice concerning an individual claim. The advice and/or a recommendation from any Advisory Committee is non-binding and the board is under no obligation to use the information in making a claim determination.

- (2) Each board member has an obligation to disclose any personal information he or she may have that may have a bearing on any registrant claim being considered. A board member who has such information, and who is disqualified from hearing the claim for any of the reasons listed in Chapter 5, Section A, will provide that information to the board, in writing, prior to the time the board is to meet. The registrant will be notified in accordance with Section A, paragraph 5.e. of this Chapter.
- (3) The decision of the board must be supported by the evidence in the registrant's SSS Form 101. Oral evidence submitted by a third party cannot serve as the sole basis for denying a claim where other evidence in the SSS Form 101 supports the claim.
- (4) A denial of a claim must be explained in the statement of denial on the Notice of Classification (SSS Form 110), and specific reference shall be made to any document or lack thereof upon which the denial is based.

3. WAIVER OF ARMED FORCES EXAMINATION FOR 1-OM CLAIMANTS

- a. Health care registrants filing a claim for Class 1-OM only, may request a waiver of their Armed Forces Examination until their claim is adjudicated. Health care registrants will be advised of this option and its consequences when the Order to Report for Armed Forces Examination (SSS Form 233) is received.
- b. Instructions for processing waivers for health care registrants electing to exercise this right are contained in Paragraph 7, Chapter 4 of this manual.
- c. A Checklist of administrative procedures for health care registrants who waived the examination is contained in Appendix A, Checklist 5-A-11 of this chapter.

4. CLASSES 1-OM AND 1-A-OM - CONSCIENTIOUS OBJECTORS

- a. **DEFINITIONS.** These definitions shall be applied in the interpretation and resolution of claims for classification as a conscientious objector.
 - (1) Combatant Service. Service performed in any unit of the Armed Forces that uses arms and weapons at any time.
 - (2) Combatant Training. Any training that is concerned with the study, use or handling of arms or other implements of warfare designed to destroy human life.
 - (3) Noncombatant Service. Service performed in any unit of the Armed Forces that is without arms or weapons of war at all times.
 - (4) Noncombatant Training. Any training that is not concerned with the study, use or handling of arms or other implements of warfare designed to destroy human life.

b. BASIS FOR CLASSIFICATION.

A health care registrant must establish to the satisfaction of the board that his request for exemption from combatant, or in the case of a health care registrant claiming 1-OM, combatant and non-combatant, military training and service in the Armed Forces, is based upon his moral, ethical or religious beliefs, or a combination of such beliefs, which play a significant role in his life; that he is sincere in his claimed beliefs, and that his objection to participation in war is not confined to a particular war.

c. CONSIDERATION OF BELIEFS.

- (1) The AO will furnish the Claim Documentation Form-Conscientious Objector (SSS Form 22) to assist the health care registrant in documenting his claim. The Local Board will consider relevant written information submitted by the health care registrant, information submitted by third parties in support of his claim, and oral testimony of the health care registrant (and his witnesses, where applicable) at his personal appearance.
- (2) A health care registrant whose beliefs are not religious in the traditional sense, but are based primarily on moral or ethical principles, should hold such beliefs with the same strength or conviction as the belief in a supreme being is held by a person who is religious in the traditional sense.
- (3) The nature and extent of a health care registrant's conscientious objection must be determined by the information he provides to the Local Board. The board's finding must be supported by the evidence in the file and may not be based on unsupported conclusions.

d. ANALYSIS OF EVIDENCE OF OPPOSITION TO PARTICIPATION IN ALL WARS.

- (1) War does not include theocratic or spiritual wars between the powers of "good" and "evil."
- (2) A willingness to use force in self-defense, in defense of home and family, or in defense against immediate acts of aggressive violence toward another person in the community is not a basis for denying the health care registrant's claim.
- (3) Opposition only to participation in a particular war or a particular type of war is a basis for denying the health care registrant's claim.

e. ANALYSIS OF RELIGIOUS BELIEFS.

- (1) The health care registrant who claims religious beliefs as the basis for his objection need not be a member of a "peace church" or any other specific church, religious organization or religious sect.
- (2) If, however, the health care registrant is or has been a member of a church, religious organization, or religious sect, and if his claim of conscientious objection is related to such membership, the board may inquire about the membership and

religious teachings of the church, religious organization or religious sect, or the health care registrant's religious activities.

f. **ANALYSIS OF EVIDENCE OF SINCERITY.**

- (1) The health care registrant must prove to the satisfaction of the board that his claimed beliefs are sincerely held in order to be found eligible for conscientious objector status.
- (2) A finding of insincerity may be based on a fact introduced in evidence that casts doubt on the health care registrant's veracity, and any such fact is relevant.
- (3) The health care registrant's demeanor and statements during his personal appearance may provide evidence of sincerity or insincerity.
- (4) To cast doubt on a health care registrant's sincerity, any behavior that is shown to be inconsistent with the health care registrant's stated convictions must have occurred after he acquired the beliefs on which his claim is based in order to be relevant to the claim.
- (5) A health care registrant's claim cannot be found insincere because of flagrant public acts of civil dissent or use of profanity.
- (6) A finding of insincerity based on letters of reference or supporting statements of friends, relatives or acquaintances must be explained in the statement of denial, and specific mention must be made of the particular material relied upon to deny the claim.

g. **BASIS FOR DENIAL OF CLASSIFICATION.** A health care registrant shall be denied Class 1-OM or Class 1-A-OM for any of the following reasons:

- (1) His objection to participation in war is confined to a particular war (i.e., a selective objection).
- (2) His stated objection does not rest at all upon moral, ethical or religious beliefs but instead rests solely upon views that are political, sociological or philosophical in nature or solely on his own self-interest or well-being.
- (3) He is found not to be sincere in his assertions.

h. **TYPES OF DECISIONS.**

- (1) A health care registrant will be granted classification in Class 1-A-OM or Class 1-OM, as requested, when the Board determines that all of the requirements of the claim, as described in Paragraph 4b above, are met and that the truth or sincerity of the health care registrant's claim is sustained by the information contained in his file or obtained through his personal appearance.

- (a) If the Class 1-OM claimant establishes that the nature and extent of his conscientious objection preclude his participation in both combatant and noncombatant military training and service, he will be placed in Class 1-OM and will fulfill his obligation under the MSSA in civilian Alternative Service.
 - (b) If the Class 1-A-OM claimant establishes that the nature and extent of his conscientious objection preclude only his participation in combatant military training and service, he will be placed in Class 1-A-OM and will fulfill his obligation under the MSSA in a noncombatant capacity in the Armed Forces.
- (2) A health care registrant will be denied conscientious objector status when the board has examined all information presented to it and has found that such information fails to meet all of the requirements of the claim, as described in paragraphs 4b and 4f of this chapter, or, if supported by information contained in the health care registrant's file or obtained during his personal appearance before the board, that the facts presented by the health care registrant in support of his claim are untrue.
- (3) Those registrants who are granted Class 1-OM status will be scheduled for an Armed Forces examination to certify their fitness to perform work as an Alternative Service Worker. However, the registrant has the option to waive the Armed Forces examination requirement. The registrant must make a request to waive the Armed Forces examination requirement in writing to the Area Office, prior to his scheduled examination reporting date. The registrant will be informed of this option and its consequences in the Order to Report for Armed Forces Examination (SSS Form 233).

c. TIME LIMITS.

- (1) A health care registrant will be retained in Class 1-A-OM until he is inducted into the Armed Forces, at which time he will be reclassified 1-CM.
- (2) A health care registrant will be retained in Class 1-OM until he has been issued an order to perform Alternative Service, at which time he will be reclassified 1-WM. See Checklists 5-A-12 and 5-A-13.

5. CLASS 2-AM - HEALTH CARE REGISTRANT DEFERRED BECAUSE OF ESSENTIALITY OF OCCUPATION

- a. **DEFINITIONS.** These definitions shall be applied in the interpretation and resolution of claims based on community essentiality.
 - (1) **Essentiality of Occupation.** Services provided to a community that are (1) critical to the maintenance of the national health, safety, and interest; and (2) cannot be reasonably provided by others.
 - (2) **Health Care Personnel.** Persons qualified for practice or employment in an occupation to provide health care, to humans or animals, which have

been deemed essential by the President to meet the needs of the Armed Forces, without regard to whether such persons meet standards prescribed by the Secretary of Defense.

- (3) Health Care Registrant. A person registered under authority of Section 3(a) 2 of the Military Selective Service Act and is qualified in an occupation to provide health care to humans or animals.

b. BASIS FOR CLASSIFICATION.

- (1) The AO will furnish health care registrants, Claim Documentation Form - Essentiality of Occupation (SSS Form Prototype 2-AM Claim) to assist in documenting a claim for Essentiality of Occupation.
- (2) Criteria for Essentiality of Occupation Deferments.
 - (a) General. The criteria for Essentiality of Occupation deferments is the registrant's civilian health care occupation is essential to the nation's or the community's health, safety, or interests. The registrant's claim for Essentiality of Occupation may be for a health care specialty or subspecialty in which the registrant is not registered, and it need not be in a specialty or subspecialty required by the DoD under the Presidential Proclamation. The health care registrant's claim for Essentiality of Occupation shall be considered when all of the following conditions exist:
 - (i) The registrant is fully engaged in the practice of medicine, health research, teaching health care professionals, or engaged in the deliveries of other direct health care services in an identified community or institution;
 - (ii) The registrant cannot be replaced within the foreseeable future because of a shortage of persons with the same qualifications or skills in such activity;
 - (iii) The removal of the registrant will cause a lengthy material loss of effectiveness in such activity and/or within the community in which he serves.
 - (iv) If the registrant is engaged in health care services to the community, his claim must meet each of the following criteria:
 - (v) The specific health care service(s) provided by the registrant are essential to the maintenance of the health, safety, or welfare of the community, and the removal of the registrant would cause a long-term shortage or elimination of critical health care service(s) within the community.

- (vi) The service(s) cannot be performed by other qualified persons available to the community, or the registrant's service(s) cannot be replaced by another qualified person within the time allotted by a postponement of induction into the Armed Services.
- (vii) The services involve direct patient care to the public, or that the services support direct patient care (for example, employment as an x-ray technician, operating room nurse, surgeon, etc).
- (viii) The services provided by the registrant are generally available to all members of the public residing within the community.
- (ix) The registrant is currently practicing in the community concerned. (A registrant will be found nonessential to a community if the registrant is not currently providing services of the type claimed).

(The only exceptions to this provision will be in those cases where the registrant has signed a contractual commitment to serve in that community, and the failure to fulfill the contract would result in an extreme shortage or elimination of a critical community service. The contract must be bilateral; have been signed at least six months before the date of the registrant's induction order; and the starting date for the services must begin not later than 90 days after the registrant's scheduled induction reporting date).

- (b) If the registrant is engaged in health care research or teaching services within an institution or in an identified community, his claim must meet the following criteria:
 - (i) The specific health care teaching or research services provided by the registrant are essential to the maintenance of the health, safety, or welfare of the nation, and the removal of the registrant would cause a long-term shortage or elimination of critical health care teaching or research service(s) within an institution or an identified community.
 - (ii) The teaching or research services cannot be performed by other qualified persons available to the institution or within the community, or the registrant's service(s) cannot be replaced by another qualified person within the time allotted by a postponement of induction into the Armed Services.
 - (iii) The registrant is currently practicing at the institution or

within the community concerned. (A registrant will be found nonessential to the institution or a community if the registrant is not currently providing services of the type claimed).

(The only exceptions to this provision will be in those cases where the registrant has signed a contractual commitment to serve in an institution or a particular community, and the failure to fulfill the contract would result in an extreme shortage or elimination of a teaching or research service. The contract must be bilateral; have been signed at least six months before the date of the registrant's induction order; and the starting date for the services must begin not later than 90 days after the registrant's scheduled induction reporting date).

c. **ANALYSIS OF EVIDENCE OF ESSENTIALITY OF OCCUPATION.**

- (1) The board will use current directives and guidance from the Director to balance the needs of the military against the needs of the community in any Essentiality of Occupation claim. This will include guidance and/or directives issued by the Director that outline current military requirements for individual specialties. The board may seek recommendations and advice from the State Health Care Advisory Committee/Panel to assist in making claim decisions. Recommendations or advice obtained from the Committee or Panel may be general information concerning the availability of a specialty within a community or institution, or may be specific information detailing the impact of removing the specific individual from the community. If the board receives claims from more than one registrant claiming essentiality within the same specialty and community, the board will determine each claim separately and impartially.
- (2) The health care registrant who claims Essentiality of Occupation must provide documentation that supports the fact that he is qualified for practice or employment in the occupation claimed and is providing health care to humans or animals.
- (3) The health care registrant shall submit written statements attesting to the validity of the claim from credible organizations, employer(s), administrators, health care providers, and other individuals who are familiar with the existing circumstances of the community or institution in which the registrant claims to be essential. To assist the board in making a decision, the registrant must provide factual information concerning the services provided and the relationship of those services to the actual needs of the community or institution.

- d. **EXCLUSIONS FROM CLASS 2-AM.** A health care registrant shall be excluded from Class 2-AM for any of the following reasons:

- (1) The registrant is not fully engaged in medicine and health research, teaching health care professionals, or engaged in other direct health care services in an identified community.
- (2) The registrant is not currently providing health care services to the community or institution in which essentiality is claimed, nor does the registrant have a signed contractual commitment to provide those health care services deemed critical to that community or institution.
- (3) The registrant's contractual commitment was not signed at least six months prior to his date of induction and the registrants starting date for services is more than 90 days after the registrant's scheduled induction reporting date.
- (4) The registrant could be replaced within a reasonable period of time with another qualified health care professional who is capable of providing similar services to meet the minimum health care needs of the community.
- (5) The needs of the military outweigh those of the community.

e. **TYPES OF DECISIONS.**

- (1) A registrant will be granted classification in Class 2-AM, as requested, when the board determines that the registrant's claim satisfies the criteria outlined in paragraph 4.b.
- (2) A board shall deny a claim for Class 2-AM when the registrant's claim information fails to meet the criteria established in Paragraph 4.b and the conditions in Paragraph 4.d exist.

f. **TIME LIMITS.**

- (1) A Class 2-AM classification may be granted for a period not to exceed one year from the date the classification is granted.
- (2) When a health care registrant's Class 2-AM classification expires, he may request another 2-AM classification if it is believed that an Essentiality of Occupation condition continues to exist. Such a request will be processed by the AO and considered by the board in the same manner as the original request for Class 2-AM.

6. CLASS 2-DM - HEALTH CARE REGISTRANT DEFERRED BECAUSE OF STUDY PREPARING FOR THE MINISTRY

- a. **DEFINITIONS.** These definitions shall be applied in the interpretation and resolution of claims based on study preparing for the ministry.

- (1) Full-time Intern Program. One which runs simultaneous with or immediately

follows the completion of theological or divinity training and is required by a recognized church or religious organization for entry into the ministry.

- (2) Graduate Program. One in which the health care registrant's studies are officially approved by his church or religious organization and are required for entry into service as a minister of religion.
- (3) Ministry. The vocation and practice of a person who is recognized by a church, religious sect or religious organization of which he is a member, as having been authorized to preach and teach the principles of religion of the church, sect or organization and to administer the ordinances thereof in public worship.
- (4) Recognized Church or Religious Organization. One established on the basis of a community of faith and belief, doctrines and practices of a religious character, which engages primarily in religious activities.
- (5) Recognized Theological or Divinity School. Those who graduate are acceptable for ministerial duties by the church or religious organization sponsoring a health care registrant as a full-time student.
- (6) Satisfactorily Pursuing a Full-Time Course of Instruction. Maintain a satisfactory academic record as determined by the institution while receiving full-time instruction in a structured learning situation. A full-time course of instruction does not include instruction received pursuant to a mail-order program.

b. BASIS FOR CONSIDERATION.

- (1) The AO will furnish Claim Documentation Form - Divinity Student (SSS Form 23) to assist the health care registrant in documenting his claim.
- (2) A health care registrant must be preparing for the ministry under the direction of a recognized church or religious organization in one of the following ways:
 - (a) Satisfactorily pursuing a full-time course of instruction required for entrance into a recognized theological or divinity school in which he has been pre-enrolled or accepted for admission.
 - (b) Satisfactorily pursuing a full-time course of instruction in a recognized theological or divinity school.
 - (c) Having completed theological or divinity school, be a student in a full-time graduate program or be a full-time intern whose studies are related to and lead to entry into service as a minister of religion.
- (3) Satisfactory progress in his studies, as determined by the school in which the health care registrant is enrolled, must be maintained for continuation of the deferment.

c. ANALYSIS OF EVIDENCE OF RECOGNIZED CHURCH OR RELIGIOUS ORGANIZATION.

- (1) In order for a church or religious organization to be recognized under Selective Service law, it must meet certain structural and functional conditions.
- (2) The structural conditions to be considered are:
 - (a) An organized structure with leaders who set policy and make administrative decisions.
 - (b) An organizational hierarchy.
 - (c) Congregations, chapters or groups to which members belong.
 - (d) Scheduled services or meetings.
 - (e) The use of some form of liturgical materials.
 - (f) Member recognition of the organization as a governing body.
- (3) The functional conditions to be considered are:
 - (a) A system of beliefs or tenets held in common by members to provide guidance in their daily lives.
 - (b) A system of beliefs which urges a mode of conduct.
 - (c) Shared beliefs that impose a collective duty of conscience such as belief in the right or wrong of certain behavior.
 - (d) Emotional/spiritual content of beliefs to fill a need, such as a sense of community or emotional support.
- (4) These guidelines shall be applied to measure the statutory requirement that the student's ministerial education at a recognized divinity or theological school is under the sponsorship of a recognized church or religious organization.

d. ANALYSIS OF EVIDENCE OF STUDENT PREPARING FOR THE MINISTRY.

- (1) The health care registrant shall submit a statement from the church or religious organization to the effect that he is preparing for the ministry under its direction. The statement must be properly signed and dated by a church official authorized to make the statement.
- (2) The health care registrant shall submit official documentation, signed and dated by a school official authorized to make the statement, indicating that he is preparing for the ministry as a divinity student, a graduate student, or a full-time intern.

- (3) When a health care registrant is pursuing a full-time course of instruction leading to entrance in a recognized theological or divinity school in which he has been pre-enrolled or accepted for admission, he shall also submit official documentation, signed and dated by a school official authorized to make the statement, indicating his activity in study.
- (4) The board may require the health care registrant to obtain from the church, religious organization or school, detailed information relevant to its determination of whether the theological or divinity school is a recognized school and whether the church or religious organization which is sponsoring the health care registrant is recognized.

e. EXCLUSIONS FROM CLASS 2-DM.

- (1) A health care registrant shall be excluded from Class 2-DM if he is enrolled only in a mail-order program of study for the ministry.
- (2) A health care registrant shall be excluded from Class 2-DM if he fails to establish any of the following elements:
 - (a) The theological or divinity school is a recognized school.
 - (b) He is sponsored by a recognized church or religious organization.
 - (c) He is a full-time student.
 - (d) He is maintaining satisfactory academic progress.
 - (e) The graduate program or intern program in which he is enrolled is related to and will lead to entry into service as a minister of religion.

f. TYPES OF DECISIONS.

- (1) After evaluating all of the relevant evidence contained in the health care registrant's file, the board may grant a reclassification into Class 2-DM for up to 12 months after the start of the current academic school year.
- (2) The board shall deny a claim for Class 2-DM when the evidence fails to meet any of the criteria established in this paragraph.
- (3) A denial based on failure of the evidence to meet any of the criteria established in this paragraph must be explained in the statement of denial, and specific mention must be made of the particular document or lack thereof upon which the denial is based.

g. **TIME LIMITS.**

- (1) A health care registrant will be classified 2-DM until the anniversary of his entrance into the course of study, or his scheduled graduation, whichever occurs first.
- (2) When a health care registrant's 2-DM classification expires, he may request another 2-DM classification if he continues to be a full-time student making satisfactory progress. Such a request will be processed by the AO and considered by the board in the same manner as the original request for Class 2-DM.

7. **CLASS 3-AM - HEALTH CARE REGISTRANT DEFERRED BECAUSE OF HARDSHIP TO DEPENDENTS**

a. **DEFINITIONS.** These definitions shall be applied in the interpretation and resolution of claims based on hardship to dependents.

- (1) Brother or Sister. A person who has one or both parents in common with the health care registrant and who is either under 18 years of age or is physically or mentally disabled.
- (2) Child. The health care registrant's son or daughter, including a conceived but yet unborn child, a stepchild, a foster child, or a legally adopted child, either legitimate or illegitimate, who is either under 18 years of age or is physically or mentally disabled.
- (3) Dependent. Define as the wife, child, parent, grandparent, brother or sister of a health care registrant.
- (4) Hardship. Define as the unreasonable deprivation of a dependent of the financial assistance or personal care and companionship furnished by the health care registrant that would be caused by his induction.
- (5) Parent. The health care registrant's father or mother, or any person who has served in the role of a parent to the health care registrant for at least five years preceding the 18th anniversary of the health care registrant's date of birth and is now supported in good faith by the health care registrant.
- (6) Support. Define as financial assistance, personal care and companionship, or a combination thereof.

b. **BASIS FOR CLASSIFICATION.**

- (1) The AO will furnish Claim Documentation Form - Hardship to Dependents (SSS Form 24) to assist the health care registrant in documenting his claim.
- (2) In order for a health care registrant to be deferred because of hardship to

dependents, he must demonstrate, to the satisfaction of the board that one of the following conditions exists:

- (a) His induction will result in extreme hardship to his wife when he is the only person upon whom she can depend for support.
 - (b) His deferment is advisable because his child(ren), wife and child(ren), parent(s), grandparent(s), brother(s) or sister(s) depend upon him for support.
- (3) If the health care registrant's hardship claim is based on financial dependence, he must submit evidence of his and his dependents' financial, marital and employment status and whether there are other relatives who may be responsible for, or willing and able to provide for, the dependents' support.
 - (4) When a health care registrant's dependent is physically or mentally disabled, the health care registrant must submit a physician's statement concerning the disability.
 - (5) If the health care registrant's claim is based on a dependent's need for physical care, he may submit statements of reliable third parties, such as friends and neighbors, that no one else is able to care for, or agrees to accept responsibility for, the dependent.

c. ANALYSIS OF EVIDENCE OF DEPENDENCY.

- (1) The board will determine whether the claimed dependents are within the category of dependency relationships under Selective Service law and whether they in fact depend upon the registrant for support. If the registrant's wife or husband is the only dependent, the potential hardship to the wife or husband must be of an extreme nature.
- (2) If financial assistance is the basis of support, the health care registrant's contribution must be a substantial portion of the necessities of the dependent. Under most circumstances, 40 to 50 percent of the cost of the necessities may be considered substantial.
- (3) The determination of hardship because of the need for personal care and companionship must be based on the circumstances of each case and the needs in each dependency situation. However, where deprivation of personal care and companionship is the only basis for the hardship claim, extreme circumstances must exist such as the emotional, psychological and/or physical stability of the dependent that can only be fulfilled by the health care registrant.

d. EXCLUSIONS FROM CLASS 3-AM. A health care registrant shall be excluded from Class 3-AM for any of the following reasons:

- (1) His claimed dependents are not within the category of dependency relationships prescribed by Selective Service law.

- (2) He assumed an obligation to his dependents specifically for the purpose of avoiding military training and service.
- (3) His dependents would not be deprived of reasonable support should he be inducted.
- (4) His dependents would suffer no more than normal anguish of separation from him should he be inducted.
- (5) There are other persons willing and able to assume the support of the dependents, and the personal care and companionship provided by the health care registrant are not critical to the health and welfare of the dependents.
- (6) The hardship to the dependents is based solely on financial conditions or other considerations that can be alleviated by payments and allowances provided by the U.S. Government to the dependents of persons serving in the Armed Forces.

e. **TYPES OF DECISIONS.**

- (1) After evaluating all of the relevant evidence contained in the health care registrant's file, the board may grant a classification into Class 3-AM for such period of time it deems appropriate, but in no event shall the period exceed one year.
- (2) A board shall deny a claim for Class 3-AM when the evidence fails to meet the criteria established in this section.

f. **TIME LIMITS.**

- (1) A 3-AM classification may be granted for a period not to exceed one year from the date the classification is granted.
- (2) When a health care registrant's 3-AM classification expires, he may request another 3-AM classification if a hardship condition continues to exist. Such a request will be processed by the AO and considered by the board in the same manner as the original request for Class 3-AM.

8. CLASS 4-DM - MINISTER OF RELIGION

a. **DEFINITIONS.** The following definitions shall be applied in the interpretation and resolution of a claim for ministerial exemption.

- (1) Minister. A person who is recognized by a church, religious sect or organization of which he is a member as having been authorized to preach and teach the principles of religion of that church, sect or organization and to administer the ordinances thereof in public worship.
- (2) Recognized Church or Religious Organization. One established on the basis of a

community of faith and belief, doctrines and practices of a religious character, which engages primarily in religious activities.

- (3) Vocation. Define as one's primary regular occupation or profession.

b. BASIS FOR CLASSIFICATION.

- (1) The AO will furnish Claim Documentation Form - Minister of Religion (SSS Form 25) to assist the health care registrant in documenting his claim.
- (2) In order for a health care registrant to be granted a ministerial exemption, he must establish to the satisfaction of the board that the following conditions exist:
 - (a) He is recognized by his church, religious sect or organization as a minister of religion, either through ordination or some other form, depending upon the requirement of the church, sect or organization of which he is a member.
 - (b) His church, sect or organization is established on the basis of a community of faith and belief, doctrines and practices of a religious nature.
 - (c) He is presently serving as a minister as his primary occupation spending a minimum of 100 hours each month on ministerial activities.
- (3) In evaluating the claim, the training and abilities of the health care registrant for duty as a minister, or the motive or sincerity of the health care registrant in serving as a minister, should not be considered relevant.

c. ANALYSIS OF EVIDENCE OF MINISTER OF RELIGION.

- (1) A health care registrant who claims to be a duly ordained minister of religion must submit a Certificate of Ordination or other document to prove his ordination was in accordance with the ceremonial ritual of his church, sect or religious organization.
- (2) A health care registrant who claims to be a regular minister of religion must prove that he is so recognized by his church, sect or religious organization. He may submit statements from church officials and members as proof of recognition.
- (3) The basic distinction between a duly ordained minister and a regular minister is that an ordained minister is required to be ordained by the church, sect or religious organization in accordance with a ceremonial ritual or discipline. A regular minister of religion is not required to be ordained by his church, sect or religious organization but he must be recognized by his church as a minister.

d. ANALYSIS OF EVIDENCE OF RECOGNIZED CHURCH.

- (1) The church, sect or religious organization of which the health care registrant is a minister must meet certain structural and functional conditions.

- (2) The structural conditions to be considered are:
 - (a) An organized structure with leaders who set policy and make administrative decisions.
 - (b) An organizational hierarchy.
 - (c) Congregations, chapters or groups to which members belong.
 - (d) Scheduled services or meetings.
 - (e) The use of some form of liturgical materials.
 - (f) Member recognition of the organization as a governing body.
- (3) The functional conditions to be considered are:
 - (a) A system of beliefs or tenets held in common by members to provide guidance in their daily lives.
 - (b) A system of beliefs which urges a mode of conduct.
 - (c) Shared beliefs that impose a collective duty of conscience such as the belief in the right or wrong of certain behavior.
 - (d) The emotional/spiritual content of the beliefs should fill a need, such as a sense of community or emotional support.

e. ANALYSIS OF CUSTOMARY VOCATION.

- (1) A health care registrant must establish to the satisfaction of the Board that his primary occupation is preaching and teaching the principles of his church, sect or religious organization and that his preaching and teaching is performed on a regular basis.
- (2) A health care registrant may be considered as having "administered the ordinances of public worship" if he demonstrates to the satisfaction of the Board that he is preaching and teaching the principles of his church, religious sect or organization regularly as a vocation.
- (3) It is not required that a health care registrant's preaching or teaching be from a formal pulpit. Such activities can be conducted on street corners or from door to door as long as they are the health care registrant's primary occupation and are performed regularly. He is presently serving as a minister as his primary occupation spending a minimum of 100 hours each month on ministerial activities.
- (4) Part-time, half-time, occasional or irregular preaching and teaching are

insufficient to establish the ministry as the health care registrant's customary vocation. These activities must be performed regularly. Some secular work is permitted because of the inability of some churches or religious organizations to provide subsistence to their ministers; however, each situation must be examined on the basis of its factual circumstances.

f. **EXCLUSIONS FROM CLASS 4-DM.** A health care registrant shall be excluded from Class 4-DM for any of the following reasons:

- (1) He is not recognized by his church, sect or religious organization as a minister of religion.
- (2) He is not currently engaged in the practice of his ministerial vocation.
- (3) He only irregularly or incidentally preaches and teaches the principles of religion of his church, sect or religious organization.

g. **TYPES OF DECISIONS.**

- (1) After evaluating all of the relevant evidence contained in the health care registrant's file, the board may grant a reclassification into Class 4-DM when the health care registrant has established, to the satisfaction of the board, that he meets the prescribed criteria.
- (2) The board shall deny a claim for Class 4-DM when the evidence fails to meet the prescribed criteria as outlined in this section.

h. **TIME LIMITS.**

Health care registrants classified in Class 4-DM shall be retained in that class unless the basis for the classification ceases to exist.

SECTION D APPEAL PROCESSING

1. GENERAL

- a. The SSS has established civilian boards of appeal which shall have full authority to act on all cases assigned to them in accordance with the provisions of this section.
- b. No review of an administrative denial, or appeal of a denied classification, may be taken if a different class has been considered and granted.
- c. The DAB having jurisdiction over the location of the Local Board (LB) which last classified the health care registrant shall consider the appeal of the health care registrant's classification. The health care registrant may, upon request to his AO have his appeal determined by the DAB having jurisdiction over the area in which his principal place of employment or residence is located.
- d. An appeal to the President will be determined by the National Selective Service Appeal Board, hereafter referred to as the NAB.
- e. An appeal must be filed with the health care registrant's AO within 15 calendar days from the date of mailing of the Notice of Classification (SSS Form 110) informing the health care registrant of a classification action. An appeal received after the expiration of the 15-day appeal period will be processed under any of the following conditions:
 - (1) The postmark clearly shows that the appeal was mailed within the 15-day appeal period.
 - (2) The appeal is delivered to Selective Service by the U.S. Postal Service, another tracking courier service, or approved electronic means not later than the first work day after the expiration of the 15-day appeal period.
 - (3) The Director of Selective Service, for good cause, waives the time limit for a late submission.
- f. When a health care registrant files a timely appeal, his Health care registrant File Folder (SSS Form 101) will be available for his review at the AO for seven days from the date the appeal was received. The health care registrant will be so notified using Sample Letter 5-B-7 (Acknowledgment of Appeal). The SSS Form 101 will be forwarded to the appropriate Appeal Board immediately after the review period has expired.

2. LOCAL BOARD REVIEW OF ADMINISTRATIVE DENIALS

- a. When the AO denies a health care registrant's claim for an administrative classification, the health care registrant may, within 15 calendar days after the date the SSS Form 110 is mailed, file a written request for LB review of the claim denied. The health care registrant may also request a personal appearance before the board at the time it meets to consider his claim if such a request is made at the same time

as the request for review. When a request for review is received, the AO will acknowledge receipt of the request in writing, using Sample Letter 5-B-6 (Acknowledgment of Request for Local Board Review).

- b. Before reaching its decision, the LB will examine the written evidence and hear testimony at the personal appearance, if one is held. The Board's decision will be recorded in the minutes of the meeting, on the SSS Form 110, and on the SSS Form 101.
- c. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 5-A-7 of this chapter.

3. WHO MAY APPEAL TO THE DAB

- a. The Director of Selective Service, or the State Director, for LBs within his state, may appeal to a DAB any classification decision of a LB whenever he deems it necessary to assure the fair and equitable administration of Selective Service law. However, any appeal taken under the authority of this paragraph must be taken within the 15 day appeal period described in subparagraph 1.d. of this Section.
- b. A health care registrant may appeal to a DAB when the LB has denied his claim for classification under one of the following conditions:
 - (1) A non-unanimous denial of an administrative classification reviewed by the LB after having been denied by the AO.
 - (2) Is any LB denial of a judgmental classification (1-A-OM, 1-OM, 2-DM, 3-AM or 4-DM).
- c. A claim not considered by the LB cannot be appealed to the DAB.
- d. A Checklist of AO administrative procedures for this paragraph is contained in Appendix A, Checklist 5-A-8 of this chapter.

4. WHO MAY APPEAL TO THE NAB

- a. The Director of Selective Service, or the State Director, for Local Boards within his state, may appeal to the NAB, any non-unanimous classification decision of a DAB whenever he deems it necessary to assure the fair and equitable administration of Selective Service law. However, any appeal taken under the authority of this paragraph must be taken within the 15 day appeal period described in subparagraph 1.d. of this Section.
- b. A health care registrant may appeal to the NAB, when he has been classified by the DAB and one or more members of the board dissented from that classification.
- c. A claim not considered by the DAB cannot be appealed to the NAB.

5. PROCEDURES FOR MAKING AN APPEAL

- a. Any person entitled to do so may appeal within the 15-day appeal period by filing a written notice of appeal with the health care registrant's AO.
- b. When the Director, SSS, or the State Director appeals, he shall furnish for placement in the health care registrant's SSS Form 101 a written statement of his reason(s) for taking the appeal. The health care registrant will be notified using Sample Letter 5-B-5 (Reconsideration of Classification), that an appeal has been filed by the Director or the State Director and informed that he may review his file at the AO and/or request a personal appearance in connection with the appeal.
- c. An appeal filed by the health care registrant must include the health care registrant's name, Selective Service number and signature. If the health care registrant wishes to appear before the Appeal Board when it considers his case, his request for a personal appearance must also be included with his appeal. Requests made in person will be recorded on a Report of Information (SSS Form 119) and signed by the health care registrant.
- d. Any written notice filed by a health care registrant during his appeal period will be viewed liberally as an appeal of all claims denied if the health care registrant is expressing dissatisfaction with the board's decision, even if the word "appeal" is not used.
- e. When a health care registrant files an appeal, he may submit a written statement specifying the reasons he believes his classification is inappropriate, directing attention to any information in his file which he believes received inadequate consideration, and setting out in more detail the information which was previously submitted. The information furnished should be as concise as possible. All written information shall be placed in the health care registrant's SSS Form 101.
- f. When a request for appeal is received, the AO will acknowledge receipt of the request in writing, using Sample Letter 5-B-7 (Acknowledgment of Appeal), make the health care registrant's SSS Form 101 available for his review for seven days, and then forward the SSS Form 101 to the appropriate Appeal Board.
- g. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 5-A-8 of this chapter.

6. PREPARATION FOR APPEAL PROCESSING

- a. When the health care registrant's SSS Form 101 is received by the Appeal Board, it will be reviewed for procedural accuracy. The Appeal Board will return the file to the AO for correction if procedural errors are found. If the file contains no procedural errors, the Appeal Board will schedule the health care registrant's appeal for consideration at the first available meeting, allowing at least ten days' notice to the health care registrant if a personal appearance is scheduled, unless the health care registrant requests an earlier date.

- b. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 5-A-9 of this chapter.

7. WITHDRAWAL OF APPEALS

- a. A health care registrant may withdraw the personal appearance portion of his appeal, or his entire appeal, at any time prior to the consideration of his appeal by filing a written request with his AO or with the Appeal Board. All withdrawals will be acknowledged in writing by the office which received the request using Sample Letter 5-B-8 (Withdrawal of Claim, Appeal or Personal Appearance).
- b. If only the personal appearance portion of the appeal is withdrawn, the Appeal Board will proceed to consider the health care registrant's appeal based on the information in his SSS Form 101.

8. ACTION BY THE APPEAL BOARD

- a. Appeal Board meetings, and personal appearances before Appeal Boards, shall be scheduled and conducted in accordance with Chapter 6.
- b. The Appeal Board shall consider the health care registrant's claim(s) in accordance with the appropriate portion(s) of this chapter. When the Appeal Board denies a health care registrant's claim, the reasons for the denial must be clearly stated on the SSS Form 110.
- c. When a DAB cannot act on a health care registrant's claim because a majority of the board members are disqualified or the vote remains tied after the second consideration of the claim, the appeal will be returned to the AO of jurisdiction for transfer to another DAB within the state in the same manner as that described in Section A, paragraph 7 of this Chapter. If there is no other DAB within the state, the appeal will be transferred to the nearest DAB within the Region. The health care registrant will be notified using Sample Letter 5-B-4.
- d. When the NAB cannot act on a health care registrant's claim because of board member disqualification or a tie vote after the second consideration of the claim, the decision of the DAB will be final.
- e. Decisions of the Appeal Board shall be recorded in the minutes of the meeting, on the SSS Form 110, and the SSS Form 101. The health care registrant's SSS Form 101 shall be returned to his AO within three working days after Appeal Board action.
- f. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 5-A-9 of this chapter.

APPENDIX A
CHECKLISTS

CHECKLIST 5-A-1 – PREPARATION FOR CLAIM PROCESSING

All information pertaining to a claim must have relevance to that claim. Information received from the health care registrant, or from a third party, which is irrelevant to the claim(s) filed will be returned to the sender.

Go to **CRPP (HCPDS)**. Identify the health care registrant and click on **Letters** at the top of the window. Select **Irrelevant Material**. The system will issue Sample Letter 5-B-1 (Return of Material), and if the individual is on the data base, make the appropriate entries on the automated page 2 of the SSS Form 1. If the individual is not on the data base, a pop-up window will appear after selecting Irrelevant Material Fill in the requested information and the system will issue Sample Letter 5-B-1.

1. If the health care registrant has been issued an Order to Report for an Armed Forces Examination, is claiming reclassification into Class 1-OM only, and is requesting a waiver of his right to an examination, go to Checklist 4-A-2.
2. If the health care registrant is eligible to file a claim, is within the time limits provided, has signed and dated the claim, or the AO Supervisor has determined that the explanation for filing a late claim is acceptable, go to Step 4.
 - a. If the health care registrant has not been issued a Notice of Acceptability and is therefore not eligible to file a claim, to go **CRPP (HCPDS)**:
 - (1) Identify the health care registrant and Click on **Letters** at the top of the window, Select **Not Eligible to File Claim**. The system will issue Sample Letter 5-B-1, notifying the health care registrant that the material is being returned since he is not subject to classification at this time, and if the individual is on the data base, make the appropriate entries on the automated page 2 of the SSS Form 1. If the individual is not on the data base, a pop-up window will appear. Fill in the requested information and the system will issue Sample Letter 5-B-1 advising the health care registrant that he is not eligible for processing at this time.
 - (2) Attach claim to the 5-B-1 and return to health care registrant, retain no copies of claim.
 - (3) File copy of the 5-B-1 at File 104 (health care registrants not subject to processing) if the individuals are not on the database, or, File 800 (File Folders) if an SSS Form 101 has previously been created. Replace the previous page 2 in the SSS Form 101. Take no further action.
 - b. If the health care registrant has been issued a Notice of Acceptability but the time for filing a claim has expired, date stamp the claim and refer to the AO Supervisor for a decision.

CHECKLIST 5-A-1 – PREPARATION FOR CLAIM PROCESSING (cont)

- (1) If the AO Supervisor determines extraordinary circumstances prevented timely filing: to go **CRPP (HCPDS)** and identify the health care registrant. Click on the **Forms** at the top of the window, select **Report of Information (SSS Form 119)**, record the decision and proceed to process the claim. If the claim is signed and dated go to Checklist 5-A-6. If not, go to Item 3.
- (2) If the AO Supervisor determines there were no extraordinary circumstances:
 - (a) Date stamp the request. Go to **CRPP (HCPDS)**. Identify the health care registrant. Click on the **Forms** at the top of the Window, select **Report of Information (SSS Form 119)**, and record the decision.
 - (b) Click on **File Claims/Appeals**. Answer **YES** to the prompt **“Request Signed and Dated”** and **NO** the prompt **“Accept Late Claim”**. The system will:
 - 1) Issue Sample Letter 5-B-1 notifying the health care registrant that the material is being returned since it was not filed within the ten day filing period.
 - 2) Record the request, the notification and the date on the automated page 2 of the SSS Form 101.
 - (c) Attach claim to the Sample Letter 5-B-1 and return to the health care registrant; retain a copy of the claim.
 - (d) File a copy of the 5-B-1 letter, the claim, page 2 of the SSS Form 101 and the SSS Form 119 at File 105 (health care registrants subject to processing for whom no File Folder has been created). Take no further action.
3. If the claim is not signed and/or dated:
 - a. Go to **CRPP (HCPDS)**. Identify the health care registrant. Click on the **Claims/Appeals** tab, select **File Claim/Appeal**. Answer **NO** to the prompt **“Request Signed and Dated”**. The system will:
 - (1) Issue Sample Letter 5-B-1 notifying the health care registrant that his claim must be signed, dated and returned to the AO before it can be considered.
 - (2) Record the request, the notification and the date(s) on the automated page 2 of the SSS Form 101.
 - b. Attach claim to the 5-B-1 letter and return to the health care registrant.

CHECKLIST 5-A-1 – PREPARATION FOR CLAIM PROCESSING (cont)

- c. File a copy of the letter and page 2 at File 801.2 (AO Action Pending) and suspend for 5 days.
 - d. Take no further action until signed and dated claim is received. Upon receipt go to step 4.
4. When a health care registrant who is eligible, files a timely, dated and signed claim, prepare a Health care registrant File Folder (SSS Form 101), if one has not previously been prepared.

If health care registrant requested a transfer for classification, go to Checklist 5-A-2.

If health care registrant did not request a transfer, go to Checklist 5-A-6.

If the claim is for a postponement of:

- a. Examination, go to Checklist 4-A-1 (Postponement of Examination).
- b. Induction, go to Checklist 7-A-1 (Processing Requests for Postponement of Induction).

CHECKLIST 5-A-2 – TRANSFER FOR CLASSIFICATION

1. Use the following steps when the request for a transfer of classification is initiated by the health care registrant.

a. If the transfer request is received at an AO to which the health care registrant is NOT assigned:

- (1) The Transfer AO will contact the AO of Jurisdiction (this information will be contained in the Order to Report for Armed Forces Examination sent to the health care registrant) by the most expeditious means and inform them of the transfer request. The AO of Jurisdiction will utilize CRPP (HCPDS) to make all entries as though the health care registrant had filed the claims request with their office.
- (2) The Transfer AO will review the documentation and confirm that it is signed and dated and will hold the documentation until receipt of the Health care registrant File Folder (SSS Form 101).
- (3) The AO of Jurisdiction will follow the instructions in 2 below.

b. Actions to be taken by AO of Jurisdiction:

- (1) Insure actions in Checklist 5-A-1 and appropriate items in Checklist 5-A-6 are completed (claims must first be filed before any transfer can occur).
- (2) Prepare a duplicate Health care registrant File Folder (SSS Form 101) including a chronological list of documents in the file (see Checklist 1-A-3).
- (3) If transfer request was made directly to AO of Jurisdiction, await receipt of all claim documentation. If transfer request was made indirectly through Transfer AO, then do not await documentation as it will be sent directly to the Transfer AO.
- (4) Go to CRPP (HCPDS) Classifications, Transfers. Make the appropriate selection of transfer locations. The system will:
 - (a) Issue Sample Letter 5-B-4 if the request for transfer was made by the health care registrant.
 - (b) Prepare a Transfer for Classification (SSS Form 114) in triplicate. Place the original in the original SSS Form 101. Send copy 2 to the health care registrant with Sample Letter 5-B-4. Retain copy 3 with the duplicate SSS Form 101.
 - (c) Issue Document Transmittal and Receipt (SSS Form 123) to Transfer AO/Board.

CHECKLIST 5-A-2 – TRANSFER FOR CLASSIFICATION (cont)

- (d) Create and transmit transfer transaction to CRPP (HCPDS) for processing. CRPP (HCPDS) will make the temporary AO/Board assignment, extract required health care registrant information to construct CRPP (HCPDS) record for Transfer AO/Board, and forward a report of the data extract to the Transfer AO/Board.
- (e) Record the transfer request, issuance of Form 114, issuance of 5-B-4, and issuance of Form 123 and the dates on automated page 2 of SSS Form 101.
- (5) Staple the top and sides of the file folder closed to secure all documents.
- (6) Attached the original SSS Form 123 to the original SSS Form 101 and forward to the AO/Board of transfer.
- (7) Retain the last copy of the SSS Form 123 and file at File 003. File the duplicate SSS Form 101 at File 800 (Health care registrant File Folders).

c. Actions to be taken by Transfer AO/Board:

- (1) Acknowledge receipt of the SSS Form 101. Make a copy of the SSS Form 123, note the date received on the copy, and sent it to the AO of Jurisdiction.
- (2) Go to CRPP (HCPDS) Classifications, Transfer, Receipt of File from AO of Jurisdiction. The system will record receipt of the file and the date on automated page 2 of the SSS Form 101.
- (3) Verify the contents of the file with the chronological list of documents, noting any discrepancies.
- (4) Take necessary action to classify the health care registrant and document the decision (see Checklist 5-A-6).
- (5) Retain the SSS Form 101 until all appeal rights have been exhausted.
- (6) Return the SSS Form 101 to the AO/Board of Jurisdiction.
 - (a) Add to the chronological list of documents any received or created while the SSS Form 101 was in the custody of the Transfer AO/Board.
 - (b) Go to CRPP (HCPDS) Classifications, Transfers, Return of Transferred File. The system will:
 - 1) Create and transmit transactions to CRPP (HCPDS) for processing. CRPP (HCPDS) will reset the AO/Board to original assignment.

CHECKLIST 5-A-2 – TRANSFER FOR CLASSIFICATION (cont)

- 2) Issue SSS Form 123 to the AO/Board of Jurisdiction.
 - 3) Record the date of return on automated page 2 of the SSS Form 101.
- (c) Re-staple the SSS Form 101 and return.
- 2. Use the following steps when the transfer for classification is initiated by the AO for any of the reasons stated in Paragraph 7 a. (3), (4) or (5) of this chapter. This portion of the checklist assumes that the appropriate actions in Checklist 5-A-1 and 5-A-6 have been complied with.**
- a. Determine the AO/Board to which the claim is to be transferred.
 - b. Prepare a duplicate Health care registrant File Folder (SSS Form 101); including a chronological list of documents contained in the file (see Checklist 1-A-3).
 - c. Go to CRPP (HCPDS), Classifications, Transfers, Transfer to Board of Transfer. The system will:
 - (1) Issue Sample Letter 5-B-4 advising the health care registrant that his claim is being transferred.
 - (2) Prepare a Transfer for Classification (SSS Form 114) in triplicate.
 - (a) File the original in the SSS Form 101.
 - (b) Send copy 2 to the health care registrant using Sample Letter 5-B-4.
 - (b) Retain copy 3 with the duplicate SSS Form 101.
 - (3) Issue Document Transmittal and receipt (SSS Form 123) to the Transfer Board.
 - (4) Create and transmit transfer transaction to CRPP (HCPDS) for processing. CRPP (HCPDS) will make the temporary AO assignment, extract required health care registrant information to construct a CRPP (HCPDS) record for the temporary AO, and forward a report of the data extract to the temporary AO.
 - d. Staple the top and sides of the file folder closed to secure all documents.
 - e. Attach the original SSS Form 123 to the original SSS Form 101 and forward to the AO/Board of Transfer.

CHECKLIST 5-A-2 – TRANSFER FOR CLASSIFICATION (cont)

- f. Retain the last copy of the SSS Form 123 and file at File 003. File the duplicate SSS Form 101 at File 800 (Registration File Folder).
- 3. When the AO/Board of Jurisdiction receives the returned SSS Form 101:**
- a. Acknowledge the receipt of the SSS Form 101. Make a copy of the SSS Form 123, note the date received on the copy, and send it to the Transfer AO/Board.
 - b. Go to CRPP (HCPDS) Classifications, Transfers, Transfer Receipt. The system will record the receipt and the date on automated page 2 of the SSS Form 101.
 - c. Consolidate the SSS Form 101 with the duplicate SSS Form 101 and destroy the duplicate.
 - d. Return the SSS Form 101 to File 800 as appropriate.

CHECKLIST 5-A-3 – WITHDRAWAL OF A CLAIM OR APPEAL

1. If the request for withdrawal is for a claim, appeal, or request for local board review, the office having custody of the Health care registrant File Folder (SSS Form 101) will take the following actions:
 - a. Go to CRPP (HCPDS). Identify the health care registrant and click on the **Claims/Appeals** tab. Highlight claim(s)/appeal(s) being withdrawn and click the **Withdrawal** button. The system will:
 - (1) Issue Sample Letter 5-B-8 acknowledging receipt of the withdrawal; and,
 - (2) Record the withdrawal on the automated page 2 of the SSS Form 101.
 - (3) Create and transmit a withdrawal of claim/appeal transaction to CRPP (HCPDS) after processing.
 - b. Record the withdrawal in column 3 of the Notice of Classification (SSS Form 110).
 - c. File the office copy of the acknowledgment in SSS Form 101.
 - d. Proceed as required to resolve any claims or appeals not withdrawn, documenting actions in accordance with Checklist 5-A-6.
 - e. If no additional claims are pending, mail the SSS Form 110 to the health care registrant, go to CRPP (HCPDS), identify the health care registrant, and record the mailing and the date on page 2 of the SSS Form 101. Replace the previous page 2 in the SSS Form 101.
2. If the AO receives the request for withdrawal of an appeal, it will immediately notify the Appeal Board by telephone. The Appeal Board will update the Agenda to reflect the withdrawal.
2. If the withdrawal of a claim or appeal also involved the withdrawal of a personal appearance,

See Checklist 6-A-4.

CHECKLIST 5-A-4 – RECONSIDERATION OF A CLASSIFICATION

1. To notify the health care registrant that his classification is to be reconsidered, go to CRPP (HCPDS), Classifications, and Reconsideration. After making the appropriate entries the system will issue Sample Letter 5-B-5 notifying him that his classification is to be reconsidered and the reasons therefore.
 - a. Enclose a copy of the original claim documentation form(s) used to decide the initial claim(s), for updates, signature and date. The health care registrant will be given ten calendar days from the date of mailing to update and return the form(s). File a copy of the 5-B-5 letter in the Health care registrant File Folder (SSS Form 101).
 - b. Record the pending reconsideration, the date the health care registrant was notified, and what claim documentation form was mailed to the health care registrant on the automated page 2 of the Health care registrant File Folder (SSS Form 101). Hold the File Folder at File 801.2 (suspense) for the duration of the response period.
2. If the information on which the reconsideration is based was provided by a third part, such information must be in writing and signed. The health care registrant will be advised of its existence and provided a copy. Go to CRPP (HCPDS), Letters. The system will:
 - a. Issue Sample Letter 5-B-2 (Information in File), informing the health care registrant of the information received. The 5-B-2 letter will be forwarded together with Sample Letter 5-B-5. The health care registrant must respond within ten days.
 - b. Record the notification on the automated page 2 of the SSS Form 101 and file a copy of the notification letter(s) in the SSS Form 101.
 - c. Hold the SSS Form 101 at File 801.2 (suspense).
3. To record any documents received from the health care registrant, go to CRPP (HCPDS) Reports, Update Page 2. The system will record the information on the automated page 2 of the SSS Form 101.
4. At the end of the ten day notification period, go to CRPP (HCPDS), Personal Appearances and schedule a Personal Appearance, if requested or required. Refer the claim to the appropriate classifying authority using the procedures in Checklist 5-A-6.
5. If the health care registrant does not respond within the ten day notification period, refer the claim to the appropriate classifying authority using the procedures in Checklist 5-A-6.

CHECKLIST 5-A-4 – RECONSIDERATION OF A CLASSIFICATION (cont)

6. Record the fact that the health care registrant did not respond using the automated page 2 of the health care registrants file folder using CRPP (HCPDS), Reports, Update page 2. Proceed to consider his claim based on the evidence in his file.
7. If , upon completion of the reconsideration process:
 - a. The health care registrant remains in his current classification, go to CRPP (HCPDS), Classifications, Reconsideration. After making the appropriate entries, the system will issue Sample Letter 5-B-5 notifying him of the classifying authority's decision and update the automated page 2 of the SSS Form 101.
 - b. The health care registrant's claim is denied; go to CRPP (HCPDS) Classification, Reconsideration. After making the appropriate entries, the system will issue and SSS Form 110 together with Sample Letter 5-B-5 informing the health care registrant of the denial of the former classification; create and transmit a deny transaction to CRPP (HCPDS) for processing; and record the results and the issuance of the SSS Form 110 on the automated page 2 of the SSS Form 101.
 - c. If the health care registrant appeals it will be conducted IAW Chapters 5 and 6 of this manual.

CHECKLIST 5-A-5 – PROCESSING NEW CLAIMS WHEN PRESENT CLASS IS EXPIRING

1. Date stamp the claim.
2. Record receipt of the claim, and the date, on page 2 of the SSS Form 101.
3. Review the claim to determine if it was received (or postmarked) before the health care registrant's classification expired.
 - a. If the claim was timely, go to step 4.
 - b. If the claim was not timely (not received before the health care registrant's classification expired) refer to the AO Supervisor for a decision as to whether the claim should be processed because of mitigating circumstances.
 - (1) If the AO Supervisor determines that the claim should be processed:
 - (a) Record the decision and the reason(s) on a Report of Information (SSS Form 119).
 - (b) Input the claim to CRPP (HCPDS).
 - (c) Go to step 4.
 - (2) If the AO Supervisor determines that the claim should not be processed:
 - (a) Record the decision and the reason(s) on an SSS Form 119.
 - (b) Notify the health care registrant that his claim cannot be considered (see Sample Letter 5-B-1).
 - (c) Record the decision, the notification and the date on page 2 of the SSS Form 101.
 - (d) File the claim, the SSS Form 119, and a copy of the notification in the SSS Form 101.
 - (e) File the SSS Form 101 at File 800 (Health care registrant File Folders).
4. If the expiring (or expired) class is 3-A-SM and the health care registrant is claiming hardship to dependents, process the claim as 3-AM, and issue SSS Form 24 (Claim Documentation (Hardship to Dependents)).
5. Issue the appropriate Claim Documentation Form for all other claims filed, allowing the health care registrant 10 days from the date of issuance to complete and return the form.

**CHECKLIST 5-A-5 – PROCESSING NEW CLAIMS WHEN PRESENT CLASS IS EXPIRING
(cont)**

<u>If the claim is for:</u>	<u>Send form:</u>
Conscientious Objector (Class 1-OM/1-A-OM)	22
Essentiality of Occupation (Class 2-AM)	Prototype 2-AM
Divinity Student (Class 2-DM)	23
Hardship to Dependents (Class 3-AM)	24
Minister of Religion (Class 4-DM)	25
Alien or Dual National (Class 4-CM)	26
Treaty Alien (Class 4-TM)	26, 130
All Other Classes (Administrative)	21

6. Go to step 6, Checklist 5-A-6.

CHECKLIST 5-A-6 - PROCESSING CLAIMS FOR RECLASSIFICATION

1. Complete actions in Checklist 5-A-1.
2. If the registrant submitted a claim form:
 - a. Record type(s) of claim(s) requested on page 2 of the Registrant File Folder (SSS Form 101).
 - b. Input claim(s) filed using CRPP (HCPDS), go to step 11.
3. If the registrant filed a claim request without using SSS Form 100-HC or one of the claim forms listed below, or made a telephonic request, proceed with the actions below:

<u>If item requested is:</u>	<u>Claim type (Step 4) is:</u>	<u>Send form (Step 5):</u>
Conscientious Objector	1-O-M	22
CO Discharge	1-O-SM	21
Hardship to Dependents	3-AM	24
Hardship Discharge	3-A-SM	21
Essentiality of Occupation	2-AM	SSS Prototype Form 2-AM
Ministerial Student	2-DM	23
Minister of Religion	4-DM	25
Alien or Dual National	4-CM	26
State or Federal Elected Public Official or Judge of Court of Record	4-BM	21
Active Military or Uniformed Service	1-CM	21
Prior Military or Uniformed Service	4-AM	21
Reserve or National Guard Member	1-DM	21
Disabling Physical/Mental Condition	4-FM	21
Surviving Son	4-GM	21

CHECKLIST 5-A-6 - PROCESSING CLAIMS FOR RECLASSIFICATION (cont)

4. Record the type(s) of claim(s) requested on page 2 of the Registrant File Folder (SSS Form 101).
5. Input claim(s) filed using CRPP (HCPDS).
6. Issue appropriate Claim Documentation Form for each classification claimed. Allow the registrant 10 days from the date of issuance to complete and return the forms.
7. Record the issuance of the Claim Documentation Form(s) on page 2 of the SSS Form 101.
8. Enter registrant's name and address on a Notice of Classification (SSS Form 110). If the registrant indicates that he has a disabling physical/mental condition, omit preparation of the SSS Form 110. Process "Papers Only" evaluation using Checklist 7-A-7.
9. File the partially completed SSS Form 110 and the registrant's claim in the SSS Form 101.
10. File the SSS Form 101 at File 801.2 (Area Office action pending) for 10 days.
11. Perform the following actions on documents received or as claim documentation is received:
 - a. Date stamp all claim documentation.
 - b. Ensure the claim forms are signed and dated.
 - (1) If the forms are signed and dated, go to step c.
 - (2) If the forms are not signed and dated, return the forms to the registrant using Form Letter 4-B-1, giving him 5 days to return the information. Record this action on page 2 of the SSS Form 101. If the documentation is not received within the prescribed time limit, the claim will be decided based upon the evidence in the file.
 - c. Record each document received on page 2 of SSS Form 101.
 - d. Enter registrant's name and address on a Notice of Classification (SSS Form 110). If the registrant indicates that he has a disabling physical/mental condition, omit preparation of the SSS Form 110. Process "Papers Only" evaluation using Checklist 7-A-7.
 - e. Check the claim to which the documentation pertains in Part I, Item 1 of the SSS Form 110.
 - f. File documentation in the SSS Form 101.

CHECKLIST 5-A-6 - PROCESSING CLAIMS FOR RECLASSIFICATION (cont)

- g. If the registrant filed for Class 2-AM (Essentiality of Occupation) and the board will request assistance from the State Health Care Advisory Committee/Panel, issue the registrant Sample Letter 4-B-9. (Also see Checklist 5-A-3.)
 - h. If documentation is received from someone another than through the registrant, notify him of its existence (see Sample Letter 4-B-3), record the notification on page 2 of the SSS Form 101, file a copy of the notification in the SSS Form 101, and allow the registrant ten days in which to respond.
 - i. If all documentation has been received, go to step 12. If all documentation has not been received, notify the registrant that a document(s) is missing, issue the registrant Sample Letter 5-B-2. Return SSS Form 101 to File 801.2 until the time for providing the documentation has expired or until all documentation is received, whichever occurs first.
- 12. If a personal appearance is requested or if the registrant filed for Class 1-OM (Conscientious Objector) only, schedule a personal appearance using Checklist 5-A-2.
- 13. Refer the claim(s) to the proper classifying authority, in the order specified at Appendix C, of this chapter.
 - a. Return administrative claims to File 801.2 (Area Office action pending) for Area Office consideration.
 - b. Transfer judgmental claims to File 801.1 (Local Board action pending) for Local Board consideration.
- 14. For each claim or appeal filed and not withdrawn, the appropriate classifying authority is responsible for making the required entries in Part I of the Notice of Classification (SSS Form 110).
 - a. For each claim or appeal denied, the reasons for denial shall be clearly stated, either in column 6 of the SSS Form 110 or on a Report of Information (SSS Form 119) attached to the SSS Form 110.
 - b. Part II of the SSS Form 110 will be completed by the classifying authority when a claim or appeal is granted or when the highest claim or appeal filed is denied.
 - c. When a claim or appeal is withdrawn, abandoned or not considered, an SSS Form 119 will be placed in the registrant's SSS Form 101 to reflect the decision of the board and the reasons therefore. Record the reason that no action was taken on page 2 of the SSS Form 101 and place a check mark in column 3 of the SSS Form 110.
- 15. The compensated employee providing clerical support to the classifying authority will take the following actions, using the SSS Form 110 as the source:

CHECKLIST 5-A-6 - PROCESSING CLAIMS FOR RECLASSIFICATION (cont)

- a. For each claim or appeal denied:
 - (1) Record the denial and vote, if any, on page 2 of the Registrant File Folder (SSS Form 101).
 - (2) Transmit the denial using CRPP (HCPDS).

- b. For a granted claim or appeal:
 - (1) Record the grant, the expiration date and vote, if any, on page 2 of the SSS Form 101.
 - (2) If the action results in the registrant being classified into Class1-OM, notify the registrant that the board has found him qualified pending the results of an Armed Forces Examination to determine his acceptability to perform alternative service. (Once the registrant is classified into Class 1-OM, HCPDS will issue an Order to Report for Armed Forces Examination to determine his suitability to perform Alternative Service.)
 - (a) Issue the Sample Letter 9-B-4.
 - (b) Record the issuance of the Sample Letter 9-B-4 on page 2 of the SSS Form 101.
 - (c) File the copy of the notification in the SSS Form 101.
 - (d) File the SSS Form 101 at File 800 (Registrant File Folders) until a final determination is made on his acceptability.
 - (i) If the registrant requests a waiver of examination see Checklist 9-A-5.
 - (ii) If the registrant is found qualified, go to step (3).
 - (iii) If the registrant is found not qualified, or if a reexamination is believed justified, refer to Checklist 9-A-8.
 - (3) Record the classification, date of action and expiration date, if any, on page 1 of the SSS Form 101.
 - (4) Transmit the grant using CRPP (HCPDS).
 - (5) If action results in registrant being classified into one of the classes which extends liability to age 55 (1-D-DM, 2-AM, 2-DM, 3-AM, 4-BM or 4-FM), mark the top back edge of the SSS Form 101 with colored tape or felt-tip pen so that the file is distinguishable from those for registrants without extended liability. The mark must be readily visible when the SSS Forms 101 are in the file drawers.

CHECKLIST 5-A-6 - PROCESSING CLAIMS FOR RECLASSIFICATION (cont)

- c. For claims or appeals abandoned, withdrawn or not considered (column 3 of SSS Form 110):
 - (1) Record the reason no action was taken on an SSS Form 119. Date and annotate the reason on page 2 of the SSS Form 101.
 - (2) Use CRPP (HCPDS) to transmit the fact that no action was taken.
 - (3) For abandoned or withdrawn claims or appeals, adjust the agenda accordingly.

- 16. SSS Form(s) 110, for registrants making claims for both administrative and judgmental classes, will be issued at the same time. When documentation of all actions on the registrant's claim(s) or appeal(s) have been completed:
 - a. Enter the current date as the date of issuance on the SSS Form 110.
 - b. Furnish the original and copy 2 of the SSS Form 110 to the registrant.
 - c. File the copy of the SSS Form 110 in the SSS Form 101.
 - d. If the action was taken at the Appeal Board level, return the SSS Form 101 to the Area Office supporting the Local Board which last classified the registrant. If this Local Board is a Transfer Board, go to Checklist 4-A-2.
 - e. If a claim or appeal was denied, the Area Office will file the SSS Form 101 at File 801.2 (Area Office Action Pending) for 15 days, to allow the registrant time to file an appeal.
 - f. When no further appeal rights exist, the Area Office of jurisdiction will file the SSS Form 101 at File 800 (registrant file folders).

CHECKLIST 5-A-7 – PROCESSING REQUEST FOR LOCAL BOARD REVIEW

1. Review the request for timeliness.
 - a. If the request is timely, go to step 2.
 - b. If the request is not timely but the AO Supervisor determines extraordinary circumstances prevented timely filing, go to step 2.
 - c. If the AO Supervisor determines that no extraordinary circumstances prevented a timely filing, and the reason for the late submission is **NOT** acceptable:
 - (1) Go to **CRPP (HCPDS)**. Identify the health care registrant and click on **Forms** at the top of the page. Select **Report of Information** and record the decision. Click on the **Claims/Appeals** tab, then the **File Claim/Appeal** button. Respond **NO** to the prompt “*Accept Late Claim*”.
 - (a) Issue Sample Letter 5-B-1 advising the health care registrant his request for review could not be considered.
 - (b) Record issuance of Sample Letter 5-B-1, the request, the fact that it cannot be considered, the reason and the date on the automated page 2 of the Health care registrant File Folder (SSS Form 101).
 - (2) File the request, the Report of Information and the copy of the notification in the SSS Form 101. Replace the previous page 2 in the SSS Form 101.
 - (3) File the SSS Form 101 at File 800 (health care registrant file folders).
2. If the request is timely or the reason for the late submission is acceptable.
 - a. If a personal appearance was requested see Checklist 6-A-2.
 - b. Go to **CRPP (HCPDS)**, identify the health care registrant, highlight the classification to be reviewed, click on **File Claim/Appeal**. Click on **YES** if prompted to “*Accept Late Claim*”. The system will:
 - (1) Issue Sample Letter 5-B-6 acknowledging receipt of the request for review.
 - (2) Record the receipt of the request, the acknowledgement, and the date(s), on the automated page 2 of the SSS Form 101.
 - (3) Enter the health care registrant’s name and address on a Notice of Classification (SSS Form 110).
 - (4) Transmit the transactions to CRPP (HCPDS).

CHECKLIST 5-A-7 – PROCESSING REQUEST FOR LOCAL BOARD REVIEW (cont)

- c. Check each claim to be reviewed in Part I, Item 1.
3. File the partially completed SSS Form 110, the health care registrant's request, and a copy of the acknowledgement in the SSS Form 101. Replace the previous page 2 in the SSS Form 101.
4. File the SSS Form 101 at File 801.1 (Local Board action pending) and schedule the case for the first available meeting.
5. If new documentation is received before the case is heard by the Local Board, date stamp it, go to **CRPP (HCPDS)**, identify the health care registrant, click on **Add New Entry**, record its receipt on page 2 of the SSS Form 101 and file it in the SSS Form 101.

CHECKLIST 5-A-8 – PROCESSING APPEALS: AO ACTIONS

1. Date stamp the claim, go to CRPP (HCPDS) and identify the health care registrant. Select the page 2 tab, click on **Add New Entry** and record the receipt of the request and the date. Review the appeal for timeliness.
 - a. If the request is timely, go to step 2.
 - b. If the request is not timely but the AO Supervisor determines extraordinary circumstances prevented timely filing, go to step 2.
 - c. If the AO Supervisor determines that no extraordinary circumstances prevented a timely filing, and the reason for the late submission is **NOT** acceptable:
 - (1) Go to CRPP (HCPDS). Identify the health care registrant and click on **Forms** at the top of the page. Select **Report of Information** and record the decision. Click on the **Claims/Appeals** tab than the **File Claim/Appeal** button. Respond **NO** to the prompt **“Accept Late Claim”**.
 - (a) Issue Sample Letter 5-B-1 advising the health care registrant his request for review could not be considered.
 - (b) Record issuance of Sample Letter 5-B-1, the request, the fact that it cannot be considered, the reason and the date, on the automated page 2 of the Health care registrant File Folder (SSS Form 101).
 - (2) File the request, the Report of Information and the copy of the notification in the SSS Form 101. Replace the previous page 2 in the SSS Form 101.
 - (3) File the SSS Form 101 at File 800 (health care registrant file folders).
2. If the request is timely or the reason for the late submission is acceptable:
 - a. If a personal appearance was requested see Checklist 6-A-2.
 - b. Go to **CRPP (HCPDS)**, identify the health care registrant, and highlight the classification to be reviewed, click on **File Claim/Appeal**. Click on **YES** if prompted to **“Accept Late Claim”**. The system will:
 - (1) Issue Sample Letter 5-B-7 acknowledging receipt of the appeal.
 - (2) Record the receipt of the request, the acknowledgment, and the date(s) on the automated page 2 of the SSS Form 101.
 - (3) Enter the health care registrant’s name and address on a Notice of Classification (SSS Form 110).
 - (4) Transmit the transactions to CRPP (HCPDS).

CHECKLIST 5-A-8 – PROCESSING APPEALS: AO ACTIONS (cont)

- c. Check each claim to be reviewed in Part I, Item 1.
- d. File the partially completed SSS Form 110, the health care registrant's request, and a copy of the acknowledgment in the SSS Form 101. Replace the previous page 2 in the SSS Form 101.
- e. File the SSS Form 101 at File 801.2 (AO action pending). **HOLD THE FILE FOR SEVEN DAYS.**
3. If new documentation is received during the holding period, date stamp it, go to **CRPP (HCPDS)**, identify the health care registrant, click on **Add New Entry**, record its receipt on page 2 of the SSS Form 101 and file it in the SSS Form 101.
4. At the end of the 7-day holding period, go to CRPP (HCPDS). Identify the health care registrant, click on **Forms** at the top of the page and select **Appeal Processing Review**. The system will issue an Appeal Processing Review Record (Appendix G) in duplicate. Select **Document Transmittal Receipt**. The system will issue a Document Transmittal and Receipt Form.
5. Prepare a duplicate Health care registrant File Folder (SSS Form 101) including a chronological list of documents in the file. (See Checklist 1-A-3).
6. Review the contents of the SSS Form 101 and the chronological list to ensure all documents are present.
7. Examine the Appeal Processing Review Record to ensure all actions are completed.
8. File the original of the Appeal Processing Review Record in the SSS Form 101 and the copy with the duplicate file folder. Replace the previous page 2 in the SSS Form 101 and the duplicate.
9. Attach the SSS Form 123 to the original SSS Form 101 and forward to the Appeal Board.
10. File duplicate SSS Form 101 at File 800 (health care registrant file folders).

CHECKLIST 5-A-9 – PROCESSING APPEALS: APPEAL BOARD ACTIONS

1. Acknowledge receipt of the file on the Document Transmittal and Receipt (SSS Form 123) and return the last copy to the AO.
2. Record receipt of the file on page 2 of the SSS Form 101.
3. Review the contents of the file against the Appeal Processing Review Record, noting any discrepancies.
 - a. If no procedural errors are found, go to step 4.
 - b. If procedural errors are found:
 - (1) Identify them on the Appeal Processing Review Record.
 - (2) Go to CRPP (HCPDS) and identify the health care registrant. Click on **Add Entry** and record on page 2 of the SSS Form 101 the return of the file to the AO. Replace the previous page 2 in the SSS Form 101.
 - (3) Re-staple the SSS Form 101 closed.
 - (4) Using SSS Form 123, return the SSS Form 101 to the AO for correction.
 - (3) When the file is corrected and returned from the AO, go to step 1.
4. Enter the health care registrant's name and address on a Notice of Classification (SSS Form 110) and check the classification(s) being appealed in Part I, Item 1.
5. File the partially completed SSS Form 110 in the SSS Form 101.
6. If the health care registrant requested a personal appearance, take actions in step 2 of Checklist 6-A-2.
7. File the SSS Form 101 at file 801.1 (Board action pending) and schedule the appeal before the Appeal Board at the first available meeting.
8. After the Appeal Boards decision, the SSS Form(s) 110 for health care registrants appealing both Judgmental Claims and Local Board denials of Administrative claims will be issued at the same time. When documentation of all actions on the health care registrant's appeal(s) has been completed:
 - a. Enter the current date as the date of issuance on the SSS Form 110 and furnish the original and Copy 2 of the SSS Form 110 to the health care registrant.
 - b. File the copy of the SSS Form 110 in the SSS Form 101.
 - c. Return the SSS Form 101 to the AO supporting the Local Board which last classified the health care registrant within three working days of the Appeal Board action. If this Local Board is a Transfer Board, go to Checklist 5-A-2.

CHECKLIST 5-A-9 – PROCESSING APPEALS: APPEAL BOARD ACTIONS (cont)

9. If the appeal was denied and is appealable, the AO will file the SSS Form 101 at file 801.2 (AO action pending) for 15 days to allow the health care registrant time to file an appeal.
10. When no further appeal rights exist the AO of jurisdiction will file the SSS Form 101 at file 800 (Health care registrant file folders).

CHECKLIST 5-A-10 – PROCESSING C.O. CLAIMS FOR 1-OM OR 1-A-OM ONLY

1. Complete the appropriate actions in Checklist 5-A-1.
2. Date stamp the claim. Go to CRPP (HCPDS) and identify the health care registrant. Click on **Add New Entry** and record the fact the claim was received and the date. Click on the **Claims/Appeals** tab and select **File Claim/Appeal**. Reply **YES** to the prompt **Request Signed and Dated** and, if appropriate, **YES** to the prompt **Accept Late Claim**. Select the proper Claim from the pop-up window. Click on **Done**.
 - a. The system will:
 - (1) Issue Claim Documentation Form – Conscientious Objector (SSS Form 22), allowing the health care registrant 10 days from the date of issuance to complete and return the form.
 - (2) Transmit the claim to **CRPP (HCPDS)**.
 - (3) Record receipt of the claim, the issuance of the SSS Form 22 and the Date(s) on the automated page 2 of the SSS Form 101.
 - b. File the claim in the SSS Form 101. Replace the previous page 2 in the SSS Form 101.
 - c. File the SSS Form 101 at file 801.2 (AO action pending).
3. Upon receipt of the SSS Form 22, go to CRPP (HCPDS). Identify the health care registrant and click on the **Personal Appearance** tab. **Highlight the claim** for which a personal appearance is being requested, click the **Schedule** button and, unless he requests an earlier time, select a meeting date at least 10 days from the current date, for the health care registrant to appear.
 - a. The system will:
 - (1) Issue Sample Letter 6-B-2 advising the health care registrant of the date, time and place he is scheduled to appear.
 - (2) Record the receipt of the request, the acknowledgment, the personal appearance and the date(s), on the automated page 2 of the SSS Form 101.
 - (3) Transmit the personal appearance to CRPP (HCPDS).
 - b. File the request and a copy of the notification in the SSS Form 101. Replace the previous page 2 in the SSS Form 101.
 - c. File the SSS Form 101 at file 801.1 (Local Board action pending) pending the personal appearance.
4. Process any other claims in accordance with Checklist 5-A-6.

CHECKLIST 5-A-11 – PROCESSING C.O. CLAIM WHEN EXAMINATION IS WAIVED

1. Complete the appropriate actions in Checklist 4-A-2.
2. Ensure the actions in Checklist 6-A-2 have been completed and that the health care registrant's personal appearance has been properly scheduled.
3. As documentation is received:
 - a. Date stamp the documentation.
 - b. Ensure Claim Documentation Form is signed and dated.
 - (1) If the form is signed and dated, go to step c.
 - (2) If the forms are not signed and dated, return to the health care registrant using Form Letter 5-B-1, giving him 5 days to return. Go to CRPP (HCPDS). Identify the health care registrant, click on the **Forms/Letters** tab and select **Return of Materials**. Fill out the pop-up window and mail to the health care registrant. The system will issue the Form Letter 5-B-1 and record this action on the automated page 2 of the SSS Form 101. If the documentation is not received within the prescribed time limit, the claim will be decided based on the evidence presented at the personal appearance and the documentation in the file.
 - c. Go to CRPP (HCPDS) and identify the health care registrant. Click on **Add New Entry** and record receipt of documentation on the automated page 2 of SSS Form 101.
 - d. Check the claim for 1-OM Part I, Item 1 of the SSS Form 110.
 - e. File documentation in the SSS Form 101. Replace the previous page 2 in the SSS Form 101.
 - f. If documentation is received other than through the health care registrant, go to CRPP (HCPDS). Identify the health care registrant, click on the **Forms/Letters** tab and select **Information in File**. The system will issue sample letter 5-A-2 notify him of its existence and record the notification on the automated page 2 of the SSS Form 101. File a copy of the notification in the SSS Form 101, and allow the health care registrant 10 days to which to respond.
 - g. Return SSS Form 101 to file 801.2 until time for providing or examining the documentation has expired or until documentation is received, whichever occurs later.
4. Refer the claim to the Local Board for action.

CHECKLIST 5-A-11 – PROCESSING C.O. CLAIM WHEN EXAMINATION IS WAIVED (cont)

5. If the claim for reclassification into Class 1-OM is granted, obtain the partially completed SSS Form 110, have the classifying authority complete, and send to the health care registrant. Go to CRPP (HCPDS). Identify the health care registrant and click on the **Claims/Appeals** tab. Click on the **Decision** button and highlight the 1-OM claim. Complete the decision screen with the **Grant** and **Vote** selections.
 - a. The system will:
 - (1) Create and transmit a claim granted transaction to CRPP (HCPDS) for processing.
 - (2) Issue Sample Letter 5-B-10 (C.O. Claim Granted, Examination Waived), advising the health care registrant that he can expect to receive a SSS Form 155 (Order to Perform Alternative Service) when his RSN is reached.
 - (3) Record the reclassification, the issuance of SSS Form 110, the fact that the health care registrant has been declared acceptable for alternative service by administrative action, and the transaction input to CRPP (HCPDS), together with the dates, on automated page 2 of the SSS Form 101.
 - b. The AO will:
 - (1) Record the classification on page 1 of the SSS Form 101.
 - (2) Mail the SSS Form 110 (Notice of Classification) and Sample Letter 5-B-10 to the health care registrant.
 - (3) File a copy of the SSS Form 110 and Sample Letter 5-B-10 in the SSS Form 101. Replace the previous page 2 in the SSS Form 101.
 - (4) File the SSS Form 101 at 801.3 (Pending Issuance of Order to Perform Alternative Service).
 - (5) When the health care registrant's RSN has been reached, issue the SSS Form 155, signed by a local board member, together with an SSS Form 109 and SSS Form 156. Input the date to CRPP (HCPDS) (**PROCEDURES TBD**), which will cause the health care registrant to be reclassified 1-WM.
 - (6) Create and forward to the Alternative Service Office (ASO), an SSS Form 101A in accordance with Chapter 10, Section C, paragraph 2 of this manual.
 - (7) If the health care registrant returns the SSS Form 109 to either the AO or ASO within the time allowed, process the postponement in accordance with Chapter 10, Section C, paragraph 3 and 4 of this manual.

CHECKLIST 5-A-11 – PROCESSING C.O. CLAIM WHEN EXAMINATION IS WAIVED (cont)

- (8) File the SSS Form 101 at 800 (Health care registrant File Folders).
6. If the claim for reclassification into Class 1-OM is denied, obtain the partially completed SSS Form 110, have the classifying authority complete, and send to the health care registrant. Go to CRPP (HCPDS). Identify the health care registrant and click on the **Claims/Appeals** tab. Click on the **Decision** button and highlight the 1-OM claim. Complete the decision screen with the **Deny**, the **Vote** and **the Reasons for Denial**. The system will:
- a. Create and transmit a claim denied transaction to CRPP (HCPDS) for processing.
 - b. Issue Sample Letter 4-B-2A (Cancellation of Waiver), notifying the health care registrant of his right to appeal.
 - c. Record the denial of the claim, the reasons therefore, the issuance of the SSS Form 110, and the transaction input to CRPP (HCPDS) and the date(s), on automated page 2 of the SSS Form 101.
7. If the claim is denied by the Local Board, the AO will file the SSS Form 101 at File 801.2 (suspense) for 15 days, to allow the health care registrant time to file an appeal. The waiver of examination will remain in effect until all the health care registrant's appeal rights have been exhausted. Appeals will be processed in accordance with Section D of Chapter 5.
8. When all appeals are exhausted, the final decision is a denial of his claim, and the completed SSS Form 110 has been sent to the health care registrant by the classifying authority, **the following actions will automatically be triggered by the input of the final denial to CRPP (HCPDS)**.
- a. The system will:
 - (1) Issue Sample Letter 4-B-2A (Cancellation of Waiver), advising the health care registrant that his waiver is canceled and he can expect to receive a rescheduled examination reporting date.
 - (2) Create and transmit a claim denied transaction to CRPP (HCPDS) for processing. CRPP (HCPDS) will issue an SSS Form 234 (Notice of Rescheduled Examination Reporting Date).
 - (3) Issue SSS Form 234 (Notice of Rescheduled Armed Forces Examination Reporting Date).
 - (4) Record the reclassification, the issuance of the notification, issuance of the new Reporting Order and the date, on the automated page 2 of the SSS Form 101.

CHECKLIST 5-A-11 – PROCESSING C.O. CLAIM WHEN EXAMINATION IS WAIVED (cont)

- b. File a copy of the notification and SSS Form 110 in SSS Form 101. Replace the previous page 2 in the SSS Form 101.
- c. File the SSS Form 101 at File 800 (Health Care Registrant File Folders).

CHECKLIST 5-A-12 ESTABLISHING AN ALTERNATIVE SERVICE FILE FOLDER

The AO will prepare an SSS Form 101A (Alternative Service File Folder) for each health care registrant classified into Class 1-WM. In preparing the SSS Form 101A, the AO will:

1. Record on page 2 of the SSS Form 101A the following:
 - a. The date the Local Board issued the SSS Form 155 (Order to Perform Alternative Service).
 - b. Date of reclassification into Class 1-WM.
 - c. Number of months of Alternative Service the health care registrant will be required to perform.
2. Place copy 1 of SSS Form 155 in the health care registrant's SSS Form 101A.
3. After preparation of the SSS Form 101A, the AO will prepare an SSS Form 123 (Document Transmittal and Receipt) to forward the SSS Form 101A to the Alternative Service Office (ASO).

CHECKLIST 5-A-13 – PROCESSING AN ORDER TO PERFORM ALTERNATIVE SERVICE

1. When a claim for reclassification into Class 1-OM is granted, and health care registrants with equal or lower RSNs have been reached for induction, go to **CRPP (HCPDS)**, identify the health care registrant and click on the **Claims/Appeals** tab. Click the **File Claim/Appeal** button and select 1-WM. The system will:
 - a. Input the Class 1-WM classification transaction to CRPP (HCPDS).
 - b. Create SSS Forms 109, 155, and 156.
 - c. Record the classification and the issuance of SSS Forms 109, 155, and 156 on the automated page 2 of the SSS Form 101.
2. The AO will:
 - a. Have the Chairperson or a member of the Local Board sign the SSS Form 155 (Order to Perform Alternative Service) as expeditiously as possible.
 - b. Record the reclassification and date on page 1 of the SSS Form 101.
 - c. Make two copies of the signed SSS Form 155. File copy 1 in the SSS Form 101 and retain copy 2 for inclusion in the SSS Form 101A (Alternative Service File Folder) when prepared (see paragraph f. below).
 - d. Mail the original SSS Form 155 together with SSS Forms 109 and 156 to the health care registrant. The SSS Form 155 notifies him that:
 - (1) He has been reclassified into Class 1-WM;
 - (2) He is ordered to perform Alternative Service for a specified number of months;
 - (3) His performance of alternative service will be monitored by the ASO who will contact him in the near future to schedule a job counseling session;
 - (4) A *Guide for ASWs* is enclosed for his information; and,
 - (5) An SSS Form 156 (Skills Questionnaire) is enclosed for him to complete.
 - e. Prepare and transfer the SSS Form 101A to the responsible ASO following the instructions in Checklists 10-A-7 and 10-A-8.
 - f. File the SSS Form 101 at file 800 (Health Care Registrant File Folder).

APPENDIX B
SAMPLE LETTERS

SAMPLE LETTER 5-B-1 - RETURN OF MATERIAL

Dear Mr. _____:

The enclosed material relating to your **(claim for classification) (appeal) (request for postponement)** is returned because:

(choose appropriate option below:)

it is irrelevant to the **(claim) (appeal) (request for Local Board review) (request for postponement)** being heard.

You are not subject to classification processing at this time. Please keep this material until you are eligible for classification or, until it is requested by Selective Service.

You have not as yet been ordered for induction. When you receive your order, you will also receive the proper forms to be completed to verify your student status in order to qualify for a student deferment.

The time period allowed you to file a **(claim) (appeal) (request for postponement)** expired on **(date)**. Therefore, your **(claim) (appeal) (request for Local Board review) (request for postponement)** cannot be considered. This decision is not appealable. You may expect to receive an Order to Report for Induction when your RSN is again reached. If you have already received an Order to Report to Induction, you are expected to report as scheduled.

Your **(claim) (appeal) (request for postponement)** must be signed and dated before it can be processed. Please return the completed **(claim) (appeal) (request for Local Board review) (request for postponement)** to this office as soon as possible but no later than 5 days from the date of this letter.

(for return of irrelevant material received from a third party:)

The enclosed material received from you pertaining to Mr. **(health are registrants name)** is returned as it is irrelevant to the case being heard.

Sincerely,

(Signature)
(Typed Name and Title)

Enclosure

(List of Material)

SAMPLE LETTER 5-B-2 - INFORMATION IN FILE

Dear Mr. _____:

This is to inform you that this office has received information about your status and has placed it in your Selective Service file. A **(copy) (description)** of the information is enclosed.

You may be aware of this information, and it is important that you know about its existence in your file and that it may have a bearing on your classification. If you wish to comment on this information, please furnish your comments to this office within 10 days from the date of this letter.

Sincerely,

(Signature _____)
(Typed Name and Title)

SAMPLE LETTER 5-B-3 - REQUEST FOR ADDITIONAL INFORMATION

Dear Mr. _____:

The information listed below is required to determine your eligibility for classification:

(specify the information required)

Please provide this material as promptly as you can but not later than **(date)**.

Sincerely,

(Signature)
(Typed Name and Title)

SAMPLE LETTER 5-B-4 – TRANSFER FOR CLASSIFICATION

Dear Mr. _____:

(To be used when health care registrant requests a Transfer. Choose appropriate Paragraph)

This is to advise you that as a result of your request, your claim has been transferred for classification to a Local Board located in AO **(insert AO number and address)**. You will be contacted by them in the near future.

This is to advise you that your request for a transfer for classification has been denied because
(State reasons) This Local Board will continue to process your claim.

(To be used when a majority of the Board is disqualified)

This is to inform you that on **(date _____)** a majority of your Local Board could not vote on your claim because **(insert reason)**. As a result your Claim(s) will be transferred to a Local Board located in AO **(insert AO number and address)** for classification action.

That AO will notify you of the next step in your processing.

(To be used after the first tie vote on a claim for other than Conscientious Objection)

This is to inform you that on **(date _____)** the Local Board's deliberation on your request for reclassification into Class **(insert requested class)** resulted in a tie vote.

The Board will again consider your claim and vote at its next scheduled meeting. If at that time the vote remains tied, your file will be transferred to another Local Board for classification. You will be notified if this occurs.

(To be used after the second tie vote on a claim for other than Conscientious Objection)

This is to inform you that on **(date _____)** the Local Board's deliberation on your request for reclassification into Class **(insert requested class)** resulted in a second tie vote. Therefore, your Claim(s) will be transferred to a Local Board located in AO **(insert AO number and address)** for classification action.

That AO will notify you of the next step in your processing.

(To be used after the first tie vote on a claim for Conscientious Objection)

This is to inform you that on **(date _____)** the Local Board's deliberation on your request for reclassification into Class 1-OM resulted in a tie vote. Therefore, your Claim(s) will be transferred to a Local Board located in AO **(insert AO number and address)** for classification action.

That AO will notify you of the next step in your processing which will include an additional appearance before that Board.

SAMPLE LETTER 5-B-4 – TRANSFER FOR CLASSIFICATION (cont)

(To be used when a majority of the DAB is disqualified or after a second tie vote by the DAB)

This is to inform you that on (date _____) (a majority of your DAB could not vote on your claim because (insert reason)) (the DAB's deliberation on your request for reclassification into Class (insert requested class) resulted in a second tie vote). As a result your Claim(s) will be transferred to DAB (insert DAB number and address) for classification action.

You will be notified of the next step in your processing.

(To be used when the AO cannot act on a claim)

This is to inform you that the AO could not act on you claim for (insert claim) because (insert reason). As a result, your claim has been transferred to AO (insert AO number and address) for further action.

That AO will notify you of the next step in your processing.

Sincerely,

(Signature)
(Typed Name, and Title)

SAMPLE LETTER 5-B-5 - RECONSIDERATION OF CLASSIFICATION

Dear Mr. _____:

Use first three paragraphs to notify health care registrant of pending reconsideration

The (Director) (State Director) of Selective Service has ordered the reconsideration of your current Selective Service classification because **(state reason)**.

You have ten days from the date of this letter to provide a written response to this notice, giving any reasons why you believe your classification is correct and should not be changed to Class 1-A (available for unrestricted military service). Enclosed is a copy of the original Claim Documentation Form **(cite correct form number)** used to decide your case. This form must be updated, signed and returned with your written response. You may also submit any other information you believe will support your continued eligibility for Class **(insert current classification)**. You may visit the AO within this 10-day period and review your file. If the classifying authority determines you are no longer eligible for your current classification, you may appeal their decision to the **(Local Board)(Appeal Board)**.

After your classification has been reconsidered, you will be notified of the decision.

Choose appropriate paragraph to notify health care registrant of results.

This is to advise you that the **(Local Board)(AO)(DAB)(NAB)** has determined that you **continue to meet the qualifications for Class (insert current classification)**. Therefore, your classification will not be changed. Your previous classification expiration date remains unchanged.

This is to advise you that the **(Local Board)(AO)(DAB)(NAB)** has determined that you no longer qualify for Class **(insert current classification)**, because **(state reasons)**

Choose appropriate paragraph when claim has been denied.

(If Armed Forces Examination is less than 24 months old)

You have been issued an SSS Form 110 stating the details of the decision. You have 15 days from the above date to appeal this decision. If you choose, you may also request the (AO) (Local Board) consider any other claim you made, that was not considered, at the time you received the classification was just denied. **(If applicable insert copies of the original Claim Documentation Form(s) for those classed that are also included for update.)** If you do not appeal this decision or make another claim within the 15-day appeal period, you will be ordered for induction on the next available call.

SAMPLE LETTER 5-B-5 - RECONSIDERATION OF CLASSIFICATION (cont)

(If Armed Forces Examination is more than 24 months old)

You have been issued and SSS 110 stating the details of the decision. You have 15 days from the above date to appeal the decision. If you choose, you may also request the **(AO) (Local Board)** consider any other claim you made, that was not considered, at the time you received the classification that was just denied. **(If applicable insert copies of the original Claim Documentation Forms for those classed that are also included for update.)** If you do not appeal this decision or make another claim within the 15 day appeal period, you will be ordered for an Armed Forces Examination on the next available call.

Sincerely,

(Signature)
(Typed Name and Title)

Enclosure
(List of Material)

SAMPLE LETTER 5-B-6 - ACKNOWLEDGMENT OF REQUEST FOR LOCAL BOARD REVIEW

Dear Mr. _____:

This will acknowledge receipt of your request that the Local Board review the denial of your claim for **(reclassification) (student postponement) (emergency postponement)**.

(Choose Appropriate Option)

The AO's decision to deny your request for an emergency postponement is not appealable. You are required to report for induction as ordered.

If you have requested a personal appearance, you will be notified when and where to appear. At your personal appearance, you may present up to three witnesses to testify on your behalf. You may also be accompanied by a person of your choosing to advise you during the proceedings and you may use an interpreter if one is required for either you or your witnesses. You may not, however, be represented by an attorney.

Sincerely,

(Signature)
(Typed Name and Title)

SAMPLE LETTER 5-B-7 - ACKNOWLEDGMENT OF APPEAL

Dear Mr. _____:

(If health care registrant appealed a non-appealable claim)

This will acknowledge receipt of your appeal of the denial of your reclassification by the **(Local Board) (DAB) (NAB)**. You are advised that the **(decision of the NAB is final) (vote of the DAB was unanimous and therefore not appealable) (vote of the Local Board on your request for review of your AO's decision was unanimous and therefore not appealable)**.

(If health care registrant appealed an appealable claim, use this paragraph)

This will acknowledge receipt of your timely appeal of the denial of your claim for classification in Class **(state specific class or classes)**.

(If Director or State Director appealed, use this paragraph)

This is to inform you that the **(Director of Selective Service) (State Director)** has appealed your Selective Service classification to the **(District) (National)** Appeal Board for the following reasons:

(State specific reason or reasons)

(Use the following for those who did not request a Personal Appearance on SSS Form 110)

Within seven days **(twenty days for health care registrants residing overseas)** from the date of this letter you may review your file at this office during normal business hours or submit to us any additional information not presently contained in your file concerning your classification which you wish the Appeal Board to consider. After the seven-day review period has elapsed **(twenty days for health care registrants residing overseas)**, your file will be forwarded to the **(District) (National)** Appeal Board at **(state full address)**.

If you have not already done so, you may, within the review period described above, write to this office to request a personal appearance before the Appeal Board at the time it meets to consider your claim.

The Appeal Board will notify you when and where to appear. You will not be permitted to present witnesses at your personal appearance, but you may be accompanied by a person of your choosing to advise you during the proceedings and you may use an interpreter if one is required.

SAMPLE LETTER 5-B-7 - ACKNOWLEDGMENT OF APPEAL (cont)

(Use the following for those who requested a Personal Appearance on SSS Form 110)

Within seven days, **(twenty days for health care registrants residing overseas)** from the date of this letter, you may review your file at this office during normal business hours or submit to us any additional information, not presently contained in your file, concerning your classification which you wish the Appeal Board to consider. After the seven-day review period has elapsed, (your file will be forwarded to the **(District) (National)** Appeal Board at **(state full address)**).

The Appeal Board will notify you when and where to appear. You will not be permitted to present witnesses at your personal appearance, but you may be accompanied by a person of your choosing to advise you during the proceedings and you may use an interpreter if one is required.

Sincerely,

(Signature)
(Typed Name and Title)

SAMPLE LETTER 5-B-8 - WITHDRAWAL OF A CLAIM OR APPEAL

Dear Mr. _____:

This is to acknowledge receipt of your request that your **(claim) (appeal)** for classification in Class **(state specific class or classes)** be withdrawn.

Action has been taken to withdraw the (claim) (appeal) as you requested. If you have requested a Personal Appearance before the Local Board in conjunction with this claim, it will be canceled. You will receive written notification of your Selective Service classification.

Sincerely,

(Signature)
(Typed Name and Title)

SAMPLE LETTER 5-B-9 - TERMINATION OF WAIVER OF EXAMINATION

Dear Mr. _____:

This is with reference to the claim for Class I-O (conscientious objector to all military service) which you filed on (date) .

This to advise you that the (Local Board), (both the Local Board and the Appeal Board) denied your request for reclassification). In addition, your request for reclassification in other classification was denied. Therefore, the waiver of your Armed Forces Examination is terminated and you will be scheduled for another examination in the near future.

(Signature)
(Typed Name and Title)

SAMPLE LETTER 5-B-10 - C.O. CLAIM GRANTED, EXAMINATION WAIVED

Dear Mr. _____:

This is with reference to the claim for Class 1-OM (conscientious objector to all military service) which you filed on (date) .

This to advise you that the **(Local Board) (DAB) (NAB)** granted your request for reclassification. Since you previously executed a waiver of your Armed Forces Examination you will not be afforded another opportunity for an Examination but will be ordered to report for Alternative Service when your Random Sequence Number is reached.

Sincerely,

(Signature)
(Typed Name and Title)

APPENDIX C
ORDER OF CLASSIFICATION CONSIDERATION

APPENDIX C

ORDER OF CLASSIFICATION CONSIDERATION

Classification shall be considered in the reverse order of the listing below.

- Class 1-A: Available for unrestricted military service
- Class 1-A-OM: Conscientious objector available for noncombatant military service only
- Class 1-OM: Conscientious objector to all military service
- Class 1-O-SM: Conscientious objector to all military service (service discharged/separated)
- Class 2-DM: Health care registrant deferred because of study preparing for the ministry
- Class 3-AM: Health care registrant deferred because of hardship of dependents
- Class 3-A-SM: Health care registrant deferred because of hardship to dependents (service discharged/separated)
- Class 4-DM: Minister of religion
- Class 1-D-DM: Deferment for certain members of a reserve component or student taking military training
- Class 4-BM: Official deferred by law
- Class 4-CM: Alien or dual national
- Class 4-GM: Health care registrant exempted from service because of the death of his parent or sibling while serving in the armed forces or whose parent or sibling is in a captured or missing in action status
- Class 4-AM: Health care registrant who has completed military service
- Class 4-A-AM: Health care registrant who has performed military service for a foreign nation
- Class 4-WM: Health care registrant who has completed Alternative Service in lieu of induction

Class 1-D-EM: Exemption of certain members of a reserve component or student taking military training

Class 1-CM: Member of the Armed Forces of the United States, the National Oceanic and Atmospheric Administration, or the Public Health Service

Class 1-WM: Conscientious objector ordered to perform alternative service in lieu of induction

Class 4-TM: Treaty alien

Class 4-FM: Health care registrant not acceptable for military service

Class 1-H: Health care registrant not subject to processing for induction

APPENDIX D
CLASS 4-A-A NATIONS

APPENDIX D

CLASS 4-A-A NATIONS

Any health care registrant who, while an alien, served on active duty for not less than 12 months in the Armed Forces of the nations listed below shall be eligible for Classification 4-A-AM (health care registrant who has performed Military Service for a Foreign Nation):

Argentina	Australia	Belgium	Bolivia
Brazil	Canada	Chile	Columbia
Costa Rica	Denmark	Dominican Republic	Ecuador
El Salvador	France	Fed.Rep.of Germany	Greece
Guatemala	Haiti	Honduras	Iceland
Italy	Japan	Rep. of South Korea	Luxembourg
Mexico	Netherlands	New Zealand	Nicaragua
Norway	Pakistan	Panama	Paraguay
Peru	Philippines	Portugal	Taiwan

Service Prior to 1/1/1980

Thailand	Trinidad & Tobago	Turkey	United Kingdom
Uruguay	Venezuela		

APPENDIX E
CLASS 4-C NATIONS

APPENDIX E

CLASS 4-C NATIONS

Any health care registrant who is a national of the United States and of one of the countries listed below is eligible for Class 4-CM (Alien or Dual National):

Australia	Guyana	Pakistan
Austria	India	Papua New Guinea
Bahamas	Indonesia	Saint Lucia
Barbados	Jamaica	Seychelles
Belgium	Kenya	Sierra Leone
Botswana	Kiribati	Singapore
Brazil	Lesotho	Solomon Islands
Burma	Malawi	South Africa
Colombia	Malaysia	Sri Lanka
Cuba	Malta	Surinam
Curacao	Mauritania	Swaziland
Cyprus	Mauritius	Sweden
El Salvador	Nauru	Switzerland
Fiji	Netherlands	Tonga
Finland	Niger	Trinidad & Tobago
Gambia	Nigeria	Tuvalu
Ghana	Norfolk Islands	United Kingdom
Grenada	Norway	Zambia

APPENDIX F
CLASS 4-T NATIONS

APPENDIX F

CLASS 4-T NATIONS

A health care registrant who is a national of one of the countries listed below is eligible to apply for exemption from military service and classification in Class 4-TM (Treaty Alien):

Argentina
Austria
Costa Rica
Estonia
Honduras

Ireland
Italy
Latvia
Liberia
Norway

Paraguay
Spain
Switzerland
Taiwan

APPENDIX G
APPEAL PROCESSING REVIEW RECORD

APPENDIX G

APPEAL PROCESSING REVIEW RECORD

AO identification _____
 Date of preparation _____
 Date of review _____

Healthcare registrant's name _____ SSN _____

Actions	Initials	
	AO	Appeal Board
1. Appeal was entered by (check one) Health care registrant <input type="checkbox"/> State Director <input type="checkbox"/> Director <input type="checkbox"/>		
2. Appeal was entered within the 15-day appeal period.		
3. Appeal was acknowledged by the AO.		
4. Time period for requesting personal appearance has expired.		
5. Documents are arranged in chronological order, latest on top.		
6. All required actions are accurately recorded on page 2 of the SSS Form 101, including the date and identity of the Appeal Board to which the file is being transmitted.		
7. SSS Form 101 contains a written summary of all oral testimony given by the health care registrant and his witnesses at his personal appearance before the Local Board, if applicable.		
8. New information not reviewed by the Local Board is clearly identified for the Appeal Board.		
9. Chronological list of documents contained in the SSS Form 101 is included.		
10. Duplicate SSS Form 101 has been prepared and retained by the AO and filed in accordance with the Uniform Filing System.		



**CHAPTER 6
SELECTIVE SERVICE BOARDS
AND
PERSONAL APPEARANCES**

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HEALTH CARE PERSONNEL DELIVERY SYSTEM BOARDS AND PERSONAL APPEARANCES

SECTION A

BOARD MEETINGS

1. BOARD MEMBERSHIP AND ORGANIZATION

- a. Information concerning eligibility and appointment/removal procedures for Selective Service board members is in Chapter 520 of the Personnel Policies and Procedures Manual (PPPM).
- b. Each Local Board and District Appeal Board shall elect a chair and a vice-chair from its membership before it undertakes the transaction of any other business as specified by this manual. An election shall be conducted at least every two years, or any time a majority of the members have been replaced after such election, or when an elected chair or vice-chair ceases to be a member. The Chair of the National Appeal Board is designated by the President.
- c. A majority of the prescribed members of the board, when present at any meeting, shall constitute a quorum for the transaction of business and a majority of those present shall decide any question. (Example: If the prescribed number of members of the board is 5, a quorum consists of 3 members; if the prescribed number of members of the board is 3, a quorum consists of 2 members.) If, through death, resignation or other causes, the membership of the board falls below the prescribed number of members, the board shall continue to function provided a quorum of the prescribed membership is present at each meeting. If a quorum of the board cannot act, the case shall be transferred to another board for consideration.
- d. If any member of the board is absent so long as to hinder the work of the board, a member of the board or any compensated employee shall report the situation along with all supporting facts to the appropriate authority in accordance with Chapter 520 of the PPPM.

2. DISQUALIFICATION OF BOARD MEMBERS

- a. A member of a board must disqualify himself (For purposes of this manual/chapter he, him his etc. would represents both male and female registrants) from considering the case of any registrant in one of the relationships listed below:
 - (1) The registrant is the member's first cousin or closer relation, either by blood, marriage or adoption.
 - (2) The registrant is the member's employer, employee, fellow employee, superior, or subordinate, in connection with any employment.

- (3) The registrant is the member's partner or close business associate of the member.
 - (4) The registrant is the member's fellow member of the board.
 - (5) An employee of the office which provides administrative support to the board.
- b. The term "fellow employee" as used in 2. a. (2) above refers to a person employed by the same employer as the member, with whom the member has a close working relationship. The fact that the member and the registrant work for the same employer is not, by itself, grounds for disqualification.
 - c. In the case of (4) above, the file will be transferred to another local board for classification. In the case of (5), the file will be transferred to a local board in another area office.
 - d. A member of a board must disqualify himself in any matter in which he would be restricted for any reason in making an impartial decision.
 - e. When a board member is disqualified he must not remain during the hearing, participate in the deliberations, or vote on the case.

3. SIGNING OF OFFICIAL PAPERS FOR BOARDS

Official documents issued by a board may be signed by any member of the board or by any compensated employee whose official duties include the performance of administrative duties for the board, except where otherwise prescribed by the Director.

4. SCHEDULING BOARD MEETINGS

- a. All boards must meet often enough to ensure the timely processing of registrants, but in all instances at least once a month after the boards have been activated.
- b. A board may establish a regular meeting schedule, meet at the call of the Chairperson as dictated by the workload, or adopt a combination of the two methods by supplementing regularly scheduled meetings as necessary.
- c. When a board meets according to an established schedule, the office providing administrative support to the board shall schedule registrants' claims and personal appearances as they are received.
- d. When the board meets at the call of the Chair, the office providing administrative support to the board shall contact the Chair when there are sufficient requests for personal appearances and other claims for board review to justify holding a meeting. Each member of the board must be contacted, either by the Chair or by a compensated employee, to determine

when a quorum will be available. When there are requests for personal appearances, the meeting must be scheduled far enough in advance to give the registrants the required 10-day notice.

5. CONDUCTING THE BOARD MEETINGS

- a. Prior to the time the board meeting is to begin, a compensated employee of the office providing administrative support to the board will arrive at the meeting site to organize the records required for the meeting, greet board members and registrants as they arrive, and ascertain that a quorum of the prescribed membership is present.
- b. The meeting may begin when a quorum of the board has arrived at the time and place set for the meeting. The Chair, or in his absence the Vice Chair, will call the meeting to order; when both are absent, any other member can assume the chair by agreement of the members present.
- c. The minutes of the previous meeting shall be reviewed, corrected if necessary, approved and signed by a member who was present at that meeting.
- d. Prior to the meeting, the compensated employee will list the appeal board determinations received since they last met, in the Minutes of the Meeting (SSS Form 112). During the meeting, the compensated employee will review these determinations with the board.
- e. The compensated employee will call to the board members' attention any directives or policy issuances received from National, Region or State Headquarters since the last meeting.
- f. Each Registrant File Folder (SSS Form 101) shall be presented to the Chair by the compensated employee when the claim is to be considered. The compensated employee will ensure that the file of each registrant scheduled for a personal appearance is reviewed by the board members present before the registrant enters the meeting room.
- g. Hearings in connection with a registrant's personal appearance before local boards and district appeal boards shall be open to the public if the registrant requests an open hearing in writing at the time his claim is filed. All other board proceedings and all board deliberations are closed.
- h. The board chair may limit the number of persons attending the hearing if necessary to maintain order. If the presence of non-participants becomes disruptive, the chair may close the hearing.
- i. Each claim shall be deliberated individually. When a registrant has made multiple claims, each claim will be considered separately in accordance with the order established in Chapter 5, Appendix C. Once the board has determined that the registrant qualifies for a particular class, no claim for a higher class will be considered. A Local or Appeal board may request advice

or recommendations from the State Health Care Advisory Committee/Panel to assist it in deciding claims for Essentiality of Occupation deferments. Any State Health Care Advisory Committee/Panel advice or recommendation is non-binding and the Board retains the authority to accept or reject any advice or recommendation from the committee. When a claim is not considered, an SSS Form 119 will be placed in the registrant's SSS Form 101 to reflect the decision of the board and the reasons therefore. Record the reason no action was taken on page 2 of the SSS Form 01 and place a check mark in column 3 of the SSS Form 110.

- j. Every member present, unless disqualified, shall vote on every question or classification. In case of a tie vote on a question or classification, the board will postpone action until its next meeting. If the question or classification remains unresolved at the next meeting, the file will be transferred for consideration by another board.
- k. The compensated employee will take accurate notes of each claim and each review of a denial of a student postponement or administrative classification considered by the board to complete each registrant's record and prepare the official minutes of the meeting. A board member will assume this duty if the compensated employee must leave the room.
- l. A board member present will make the appropriate entry on the Notice of Classification (SSS Form 110) for each claim considered. For each claim denied, the reason(s) for denial will be clearly indicated on the SSS Form 110. The SSS Form 110 will be completed and signed, immediately after the case is decided, by a board member present when the case was heard.
- m. A Report of Information (SSS Form 119) will be prepared by a board member present when any claim is deemed abandoned. The SSS Form 119 will be placed in the registrant's SSS Form 101 to reflect the decision of the board and the reasons therefore. Record the reason for the abandonment on page 2 of the SSS Form 101 and place a check mark in column 3 of the SSS Form 110.
- n. All SSS Forms 101, SSS Forms 110, board members' travel vouchers and other records will be returned to the compensated employee for processing after the meeting is adjourned.

6. OFFICIAL MINUTES OF THE COMMITTEE MEETINGS

- a. Each Local and Appeal Board shall keep a record of every board meeting on the Minutes of Local or Appeal Board Meeting (SSS Form 112) and its continuation sheet (SSS Form 112A), prepared in accordance with its procedural directive and instructions on the reverse of the form by a compensated employee in attendance or, in the absence of a compensated employee, by a board member who was in attendance.
- b. Each Appeal Board meeting relating to Alternative Service Workers shall keep a record of every meeting on the Minutes of District Appeal Board

Meeting (SSS Form 170-AS) and its continuation sheet (SSS Form 170A-AS), prepared in accordance with its procedural directive and instructions on the reverse of the form by an ASO employee or District Appeal Board member in attendance at the meeting.

- c. Minutes shall be transcribed and held in File 703.2 (minutes of previous meeting) of the Uniform Filing System pending review, approval and signature at the next board meeting.
- d. A notice of board classification actions will be available for public review in the Area Office.

SECTION B PERSONAL APPEARANCES

1. GENERAL PROVISIONS

- a. Every registrant whose claim is to be considered by a board will either be required to appear before the board or will be given an opportunity to appear when the board meets to consider his claim.
- b. Registrants will not be furnished transportation or travel reimbursement by Selective Service for travel incurred in conjunction with a personal appearance before any Selective Service board, or any other reason travel may be performed to and from a board meeting or an Area Office.
- c. A request for a personal appearance before the board will be considered timely if it is submitted together with or as a part of:
 - (1) A signed and dated written claim form request, or Health Care claim form, from the registrant, received at the AO within 10 days from the mailing of the Notice of Acceptability.
 - (2) A signed and dated written registrant claim form request from the registrant, received at the AO any time up to midnight of the day prior to his scheduled induction reporting date.
 - (3) A signed and dated Claim Documentation Form or Essentiality of Occupation Claim Form received at the AO within 10 days from the date it was mailed to the registrant.
 - (4) A signed and dated Notice of Classification denying a claim, if it is received at the AO within 15 days from the date it was mailed to the registrant.
 - (5) A signed and dated, written request from the registrant, received at the AO within seven days from the mailing of the acknowledgment of appeal letter, if the registrant has not already done so.
 - (6) A registrant will be given at least 10 days notice of his/her scheduled personal appearance unless he/she requests an earlier appearance.

2. ELIGIBILITY

a. WHO MUST APPEAR

Every registrant who files a claim for Class 1-A-OM or Class 1-OM must appear before the Local Board at the time it considers his claim.

b. WHO MAY APPEAR

The following registrants, upon filing a timely written request, will be granted a personal appearance at the time the board meets to consider their claims:

- (1) Any registrant who requests a personal appearance before his/her Local Board at the time he/she files a claim for 2-AM, 2-DM, 3-AM or 4-DM.
- (2) Any registrant who includes a request for a personal appearance when he/she requests local board review of an area office denial of his/her claim for an administrative classification or student postponement or health care postponement within 15 days after the notice of denial was issued.
- (3) Any registrant who requests a personal appearance at the time he/she files a timely appeal to the District Appeal Board or the National Appeal Board, or during the review period prior to transferring the file to the District or National Appeal Board.
- (4) Any Alternative Service Worker who requests a personal appearance before the District Appeal Board as part of his/her timely request for review of his/her job reassignment request.
- (5) Personal appearances before a board not specifically authorized by this chapter are not permitted

c. DENIAL OF PERSONAL APPEARANCE

- (1) A registrant will be denied a personal appearance when it is determined that he/she is not authorized to appear before the board or his/her request was not filed within the prescribed time period.
- (2) The Area Office or the Alternative Service Office, when it pertains to an ASW will notify the registrant in writing when his/her request for personal appearance is denied, specifying the reason(s) for the denial. The decision to deny a personal appearance is not subject to appeal.
- (3) The registrant may not be represented at his/her personal appearance by anyone acting as an attorney or legal counsel, but an attorney is not excluded from appearing solely as a witness, an advisor, or an interpreter.

d. WITHDRAWAL OF PERSONAL APPEARANCE

Except for mandatory personal appearances before the Local Board in connection with claims for Class 1-A-O or Class 1-O, a registrant may withdraw the personal appearance portion of his/her claim without withdrawing the claim itself. Requests for withdrawal of personal appearances shall be filed in writing with the registrant's Area Office or with the appropriate Appeal Board at any time prior to the scheduled personal appearance, and the withdrawal will be acknowledged in writing by the office which received the request. If multiple Claims have been filed; the request must specify the claim(s) from which the personal appearance is being withdrawn. The board will proceed to consider the registrant's claim based on the information in his/her file.

3. REGISTRANT'S RIGHTS AND RESTRICTIONS AT PERSONAL APPEARANCES

- a. The registrant shall be introduced to each board member present at his/her personal appearance. Name plates or tags shall be used by the board members to aid in identification during the hearing.
- b. The registrant will be briefed on the penalties for making false statements bearing upon the classification at hand.
- c. The registrant must be present throughout the entire hearing for each claim considered, and will be excused from the meeting while the board deliberates his claim.
- d. At his/her personal appearance, the registrant may present evidence not contained in his/her file which he believes will assist the board in determining his/her claim. He/she may discuss the claim being considered, direct attention to any information in his/her file, and present any other relevant information, oral or written, that he/she wishes the board to consider in deciding his/her claim. The information furnished should be as concise as possible. All written information will be placed in the registrant's file.
- e. A registrant will be entitled to sufficient time for his/her personal appearance as determined by the board to be reasonable for the fair presentation of his/her claim. Normally, 20 minutes will be deemed adequate for hearing each claim; however, the time shall be extended by the board if necessary for the fair and equitable consideration of information presented by the registrant.
- f. The making of verbatim transcripts and the use of photographic or sound recording devices are prohibited in proceedings before the board. This does not prevent the registrant or Selective Service from making a written summary of testimony presented. The registrant will be permitted to make notes and file, within five calendar days after the hearing, a written summary of the information that he/she and his/her witnesses, if any, presented at his/her personal appearance. When furnished, such summary will be placed in his/her file.
- g. The registrant may not be represented at his personal appearances by anyone acting as attorney or legal counsel, but an attorney is not excluded from appearing solely as a witness, an advisor, or an interpreter.

4. WITNESSES

- a. A registrant may present witnesses only before the Local Board, and he/she may present up to three witnesses to testify on his/her behalf. The board may permit the testimony of additional witnesses if it feels such testimony is necessary.
- b. Witnesses are not permitted at hearings before the District Appeal Board or the National Appeal Board.

- c. Prior to the date of the scheduled personal appearance the registrant must provide the AO with the number of witnesses he/she intends to present.
- d. Witnesses will be introduced to the Local Board members and witnesses' names will be recorded for the minutes of the meeting. Witnesses shall testify singly.
- e. Witnesses will be briefed on the penalties for making false statements bearing upon the classification at hand in accordance with Chapter 9, Section A, paragraph 1 of this manual.
- f. A witness may not be present during a hearing in which he/she is to testify prior to or after his/her testimony. Any witness may be recalled after his/her initial testimony by the Local Board or the registrant, for clarification of previous testimony or to answer additional questions. After the witness' initial statement, he/she will be required to leave the room but will be advised not to leave the premises until the board is satisfied that further participation on his/her part will no longer be needed. He/she may then be dismissed.
- g. Only the registrant and his/her witnesses will be allowed to address the Local Board or answer board members' questions and only the registrant and the board members will be allowed to question the witnesses.

5. ADVISORS

- a. The registrant may be accompanied at his/her personal appearance, before any board, by any person he/she may choose to advise him/her during the board proceedings. The advisor will not be permitted to act in a representative capacity, such as an attorney or legal counsel, nor will he/she be permitted to take an active part in the hearing. The advisor may not address the board or question the registrant, any witnesses or the board members, but he/she will be permitted to have discussions with the registrant if the discussions do not interfere with or unreasonably delay the proceedings.
- b. An advisor is not permitted to act as a witness.
- c. If, in the opinion of the board, the presence of the advisor becomes disruptive during the hearing or unduly delays the proceedings, the board shall require the advisor to leave the hearing and then continue the personal appearance without permitting the incident to prejudice its decision. In such cases, the board will prepare a statement of the reason for the removal of the advisor, which shall be signed by the Chair or a member of the board and placed in the registrant's file.

6. INTERPRETERS

- a. At a personal appearance before any board, if the registrant's (and/or his witnesses, where applicable) cannot adequately speak English may obtain the services of a person to act as interpreter without any cost to the Agency.

- b. A registrant intending to use an interpreter will notify the AO prior to the date of his/her personal appearance.
- c. An interpreter will be administered the following oath by a member of the board or a compensated employee prior to the beginning of the hearing:

"Do you swear (or affirm) that
you will truly interpret in
the matter now in hearing?"

- d. Any person who fails to respond in the affirmative shall not be permitted to function as an interpreter.
- e. An interpreter is not permitted to act as a witness.

7. CONDUCTING THE PERSONAL APPEARANCE

- a. When a registrant is scheduled for a personal appearance, the board members should review his/her file carefully before he/she is admitted to the meeting, in order to be prepared to identify any inconsistencies between the contents of the file and the oral testimony that is given. The review of the file may be done independently by each member, or one member may read the record aloud.
- b. A quorum of the board must be present during a registrant's personal appearance, and a majority of those present at the personal appearance will determine the action. No personal appearance will be conducted without a quorum of the prescribed members present.
- c. It is important that the registrant realize that his/her claim will be decided by the board and not by the compensated employee present at his/her personal appearance. Therefore, the compensated employee shall not participate in the hearing except to answer procedural questions directed at him or her by a board member.
- d. A disqualified board member may not remain during the hearing or participate in the deliberations. The minutes will reflect the disqualification and the reason(s) therefore.
- e. At the beginning of the personal appearance the Chair will review with the registrant his/her rights and restrictions and emphasize the informal nature of the hearing.
- f. While the personal appearance is in progress each board member may ask questions relevant to the claim, to assure that each element of the claim being considered has been covered.
- g. If a registrant is scheduled for a personal appearance in connection with more than one claim, each personal appearance will be held separately as the particular claim is considered and the board will vote on each claim before it proceeds to consider the next claim. The registrant will be excused from the meeting room during board deliberations.

- h. At the conclusion of a personal appearance, the Chair will inform the registrant that he/she will be notified in writing of the board's decision on his/her claim(s), with the reasons for any denial of a claim and notification of any appeal rights he/she may have. The Chair will remind the registrant that he may, within five days after his/her personal appearance, prepare and furnish to his/her Area Office (or, in the case of an appearance before the District Appeal Board, the Alternative Service Office) a written summary of the oral information that he/she (and his/her witnesses, where applicable) presented at the hearing, for inclusion in his/her file.
- i. When the registrant has been asked to furnish additional information in support of his/her claim, the board will delay further action on the claim for a minimum of 10 days. If the documentation has not been received by the next board meeting after the 10-day period has elapsed, the board will proceed to determine the registrant's claim based on the available information.
- j. The board's decision will be based on the information in the registrant's file and the oral testimony presented during his/her personal appearance.
- k. Only the board members present during the entire personal appearance will decide a registrant's claim or participate in the discussion thereof. Every member present shall vote on every question.
- l. The compensated employee will prepare a written summary of oral testimony for each personal appearance and file it in the registrant's file.

8. RESCHEDULING DUE TO LACK OF QUORUM

Should there not be a quorum present, a board member or the compensated employee will inform the registrant as soon as possible that the board is unable to conduct his personal appearance because of the lack of a quorum, that his/her personal appearance will be scheduled at least 10 days hence (unless he/she agrees to an earlier appearance), and that he will be notified of the date, time and place of his/her rescheduled personal appearance.

9. FAILURE TO APPEAR

- a. When a registrant fails to appear as scheduled at a board meeting, the board will postpone action on the claim until the next board meeting and the registrant's file will be placed in suspense for five days to allow the registrant time to file an explanation of his/her failure to appear. The five-day suspense period may be extended by the board when it is satisfied that the registrant's failure to file an explanation was due to some cause beyond his/her control.
- b. If the office providing administrative support to the board deems the registrant's explanation to be valid, it will reschedule his/her personal appearance at least ten days hence. If the office manager is unable to make an affirmative determination as to the validity of the registrant's explanation for his/her failure to appear, the explanation shall be referred to the board for a determination at its next meeting.

- c. If no explanation is furnished within five days, or if the board determines the explanation furnished is not for good cause, or if the registrant fails to appear at a rescheduled personal appearance, and the claim before the Local Board is for 1-A-OM or 1-OM, that claim will be deemed abandoned and all requests for personal appearances in conjunction with other claims, if any, will also be deemed abandoned. The board will proceed to reclassify the registrant into any class that he requested, other than 1-A-OM or 1-OM, when it is supported by the documentation in his SSS Form 101. The registrant will be informed in writing of the disposition of his/her case.

- d. If no explanation is furnished within five days, or the board determines the explanation furnished is not for good cause, or the registrant fails to appear at a rescheduled personal appearance, and the claim(s) before the Local Board is for other than Class 1-A-OM or 1-OM, the request for a personal appearance in conjunction with the claim(s), if any, will be deemed abandoned. The board will proceed to reclassify the registrant into any class that he/she requested, other than 1-A-OM or 1-OM, when it is supported by the documentation in his/her SSS Form 101. The registrant will be informed in writing of the disposition of his/her case.

SECTION C

ADVISORY COMMITTEE MEMBERS AND MEETINGS

PART I - NATIONAL HEALTH CARE PERSONNEL ADVISORY COMMITTEE

1. MEMBERSHIP AND ORGANIZATION

- a. An uncompensated National Health Care Advisory Committee will be established to provide independent advice to the Director. The committee will advise him/her on the administration of existing or proposed Military Selective Service Act provisions concerning the registration, classification, and selection for induction of health care personnel. Except for exemptions delineated in the National Health Care Advisory Committee Charter, the Selective Service System National Health Care Advisory Committee shall meet the standards prescribed by the Federal Advisory Committee Act (FACA), Public Law 92-463.
- b. The Director shall appoint at least seven, but not more than 11, National Health Care Advisory Committee members: one physician (M.D. or D.O.), one dentist, one registered nurse, one allied health specialist, two health care technicians/specialists, and one member of the general public. The Director shall appoint a chairperson from the members of the committee. Appointees are limited to cumulative service not to exceed ten years, whether achieved through single or multiple terms of appointment.
- c. A quorum must be established in order for the committee to transact any official business. A quorum exists when a majority of the prescribed minimum number of members of the committee are present for a committee meeting. (Example: if the prescribed minimum number of members of the committee is seven, then a quorum consists of four members.) If through death, resignation, or other causes, the membership of the committee falls below the prescribed number of members, the committee shall continue to function provided a quorum of the current membership is present at each meeting.
- d. Principal advocates for, or representatives of each specialty must be present for the transaction of business affecting said specialty or issue.
- e. The Director will appoint a compensated Selective Service staff person to serve as non-voting secretary to the National Health Care Advisory Committee. The secretary will arrange travel, schedule meetings, prepare written records of meetings, handle day-to-day coordination of the Committee's business, and provide other administrative support. Another compensated employee may be designated to assume the duties of the usual non-voting should the secretary of the Committee be absent.
- f. If a member's absence from committee meetings hinders the work of the committee, the chairperson or the non-voting secretary shall report the situation, along with all supporting facts, to the appropriate authority in accordance with Chapter 520 of the PPM.

2. DISQUALIFICATION OR REMOVAL OF MEMBERS

- a. A member of the committee must disqualify him or herself in any matter in which a direct, indirect, or appearance of a conflict of interest exists.
- b. The Director of Selective Service may remove and replace any member, at any time, for cause.

3. SIGNING OF OFFICIAL PAPERS FOR THE COMMITTEE

- a. Official documents issued by the Committee may be signed by the Chairperson of the Committee or by the non-voting secretary to the Committee, except where otherwise prescribed by the Director.
- b. Individual opinions or papers produced by Committee members shall be signed by the Committee member author. A majority of members shall be solicited as signatories to papers when said papers are issued by the Advisory Committee as a whole.

4. SCHEDULING COMMITTEE MEETINGS

- a. The Committee must meet often enough to ensure timely action on health care issues of concern to the Director. Meetings may be arranged at a designated physical location, by video/teleconference, or other means as necessary.
- b. The Committee may establish a regular meeting schedule, meet at the call of the Chairperson as dictated by the workload, or adopt a combination of the two methods by supplementing regularly scheduled meetings as necessary.
- c. When the Committee meets according to an established schedule, the non-voting secretary providing administrative support to the Committee shall schedule a priority of issues to be addressed.
- d. When a meeting has been called by the Chairperson or the Director, the non-voting secretary or the Chairperson shall contact each member of the committee to determine if a quorum will be available.
- e. It shall be the responsibility of the non-voting secretary to arrange travel, schedule meetings, prepare written records of meetings, handle day-to-day coordination of the Committee's business, and provide other administrative support.

5. CONDUCTING THE ADVISORY COMMITTEE MEETINGS

- a. Prior to the time the Committee meeting is to begin; the non-voting secretary will arrive at the meeting site to organize the records required for the meeting, greet Committee members, and ascertain that a quorum of the prescribed membership is present.
- b. The meeting may begin when a quorum of the Committee has arrived at the time and place set for the meeting. The Chairperson, or in his absence the

non-voting secretary, will call the meeting to order. When the Chairperson is absent any other member can temporarily assume the chair by agreement of the members present.

- c. The non-voting secretary will call to the Committee members' attention any directives or policy issuances received from National, Region, or State Headquarters since the last meeting.
- d. Each health care issue for discussion shall be presented to the Chairperson by the compensated employee. The compensated employee will ensure any related documentation pertaining to the issue is provided to the Committee members.
- e. The Committee Chairperson may allow other experts or persons having knowledge of the issues to attend the Committee meeting. The Chairperson may limit the number of such persons attending the hearing if necessary to maintain order. If the presence of any nonmember becomes disruptive, the Chairperson may close the meeting to those from the outside.
- f. Every member present, unless disqualified, shall vote on every issue presented. In case of a tie vote the Committee will either revisit the issue later or forward the disparate findings on the issue to the Director.
- g. The non-voting secretary will take accurate notes of all Committee proceedings. A Committee member will assume this duty if the non-voting secretary must leave the room.
- h. All Committee members' travel vouchers, and other records will be returned to the non-voting secretary for processing after the meeting is adjourned.

6. OFFICIAL MINUTES OF THE COMMITTEE MEETINGS

A written summary record of the activities of each meeting shall be prepared by the non-voting secretary, and upon approval by the Advisory Committee Chairperson, forwarded to the Director of Selective Service, along with any recommendations, opinions, or reports. Transcribed minutes will be held in File 703.2 (minutes of previous meeting) of the Uniform Filing System. All recommendations, opinions, and reports will be held in File 704 (Recommendations and reports).

PART II - STATE HEALTH CARE ADVISORY COMMITTEES

1. MEMBERSHIP AND ORGANIZATION

- a. Uncompensated State Health Care Advisory Committees will be established by the Selective Service System to provide both general and specific periodic guidance and expert advice to local and appeal boards on the civilian community's health care needs and available resources in connection with registrant claims for Class 2-AM deferments. The committee does not have the authority to decide a claim. Any State Health Care Advisory Committee/Panel advice or recommendation is non-binding and the board retains the authority to accept or reject any advice or recommendation from the committee. Authority for establishment of such advisory committees is found at Section 10(b)(3) of the Military Selective Service Act. Except for exemptions delineated in the Advisory Committee Charter, the Selective Service System State Health Care Advisory Committee shall meet the standards prescribed by the Federal Advisory Committee Act (FACA), Public Law 92-463. In the performance of these duties advisory committee members may consult with outside health care organizations or individuals. They are, nevertheless, expected to render expert, independent opinions.
- b. State Health Care Advisory Committee members are recommended by State Directors through the Region Directors to the Director, Selective Service System. The Director of Selective Service may delegate appointment authority to State Directors.
- c. The Director shall appoint at least seven, but not more than 11, members to each State Health Care Advisory Committee: one physician (M.D. or D.O.), one dentist, one registered nurse, one allied health specialist, two health care technicians/specialists (one of whom would be familiar with state educational and licensing requirements), and a member of the general public. Appointees are limited to cumulative service not to exceed ten years, whether achieved through single or multiple terms of appointment.
- d. Chairpersons of State Health Care Advisory Committees are designated by the Director, Selective Service.
- e. A quorum must be established in order for the committee to transact any official business. A quorum exists when a majority of the prescribed members of the committee are present for a committee meeting. (Example: if the prescribed number of members of the committee is seven, then a quorum consists of four members.) If through death, resignation, or other causes, the membership of the committee falls below the prescribed number of members, the committee shall continue to function provided a quorum of the current membership is present at each meeting.
- f. Principal advocates for, or representatives of each specialty must be present for the transaction of business affecting said specialty or issue.
- g. If a member's absence from committee meetings hinders the work of the committee, another member of the committee or a compensated employee shall

report the situation along with all supporting facts to the appropriate authority in accordance with Chapter 520 of the PPPM.

- h. The Director will appoint a compensated Selective Service staff person to provide administrative support for the State Health Care Advisory Committee. This person will arrange travel, schedule meetings, prepare written records of meetings, handle day-to-day coordination of the Committee's business, and provide other administrative support.

2. DISQUALIFICATION OR REMOVAL OF MEMBERS

- a. A Committee member must disqualify himself from considering a matter that involves general or specific advice, when the member learns one of the following relationships exists:
 - 1) The registrant is the member's first cousin or closer relation, either by blood, marriage, or adoption.
 - 2) The registrant is the member's employer, employee, and fellow employee, superior, or subordinate in connection with any employment.
 - 3) A registrant is the partner or close business associate of the member.
 - 4) A registrant is a fellow member of the Committee.
 - 5) The registrant is the employee of the office which provides administrative support to the Committee.
- b. A Committee member must disqualify him or herself in any matter in which he/she would be unable, for any reason, to make an impartial decision.
- c. When a Committee member is disqualified he/she must not remain during the meeting, participate in the deliberations, or vote on an issue.

3. SIGNING OF OFFICIAL PAPERS FOR THE COMMITTEE

- a. Official documents issued by a Committee may be signed by any member of the Committee or by any compensated employee whose official duties include the performance of administrative duties for the Committee, except where otherwise prescribed by the Director.
- b. Individual opinions or papers published by Committee members concerning matters presented by Local Boards or other Selective Service entities shall be signed by the Committee member author. If a paper is issued by the Advisory Committee as a whole, a majority of members shall be solicited as signatories to the document.

4. SCHEDULING COMMITTEE MEETINGS

- a. The Committee must meet often enough to ensure timely action on health care issues of concern voiced by Local or Appeal Boards. Meetings may be arranged at a designated physical location or by video teleconference.
- b. The Committee may establish a regular meeting schedule, meet at the call of the Chairperson as dictated by the workload, or adopt a combination of the two methods by supplementing regularly scheduled meetings as necessary.
- c. When the Committee meets according to an established schedule, the office providing administrative support to it shall schedule a priority of issues to be addressed.
- d. When a meeting has been called by the Chairperson, the office providing administrative support or the Chairperson shall contact each member of the committee to determine if a quorum will be available.
- e. It shall be the responsibility of the compensated employee to arrange travel, schedule meetings, prepare written records of meetings, handle day-to-day coordination of the Committee's business, and provide other administrative support.

5. CONDUCTING ADVISORY COMMITTEE MEETINGS

- a. Prior to the time the Committee meeting is to begin, the compensated employee assigned to provide administrative support to the Committee will arrive at the meeting site to organize the records required for the meeting, greet Committee members, and ascertain that a quorum of the prescribed membership is present.
- b. The meeting may begin when a quorum of the Committee has arrived at the time and place set for the meeting. The Chairperson, or in his absence the compensated employee, will call the meeting to order. Once the meeting has been called to order, any other Committee member can temporarily assume the position of Chairperson with the consent of the other Committee members.
- c. The minutes of the previous meeting shall be reviewed, corrected if necessary, approved, and signed by a member who was present at that meeting.
- d. The compensated employee will call to the Committee members' attention any directives or policy issuances received from National, Region, or State Headquarters since the last meeting.
- e. Each health care issue for discussion shall be presented to the Chairperson by the compensated employee. The compensated employee will ensure that requests of each Local or Appeal Board and any related documentation pertaining to the issue is provided to the Committee members prior to the scheduled meeting. The compensated employee will also present the meeting proceedings, advice, recommendations, and reports from any subordinate State Health Care Advisory Panel.

- f. The Committee Chairperson may allow other experts or persons having knowledge of the related issue to attend the Committee meeting. The Chairperson may limit the number of persons attending the hearing if necessary to maintain order. If the presence of any non-participants becomes disruptive, the Chairperson may close the meeting.
- g. The Committee may request information from the National Health Care Advisory Committee, Local or Appeal Board, or other governmental or private organizations, to assist in developing opinions, advice, recommendations, or reports.
- h. Every member present, unless disqualified, shall issue an opinion or vote on every issue presented. In case of a tie vote, the Committee may decide to reconvene the issue once more information has been obtained. In the event a tie vote cannot be resolved, the Committee will forward the issue and the findings to the Local or Appeal Board.
- i. The compensated employee will take accurate notes of the proceedings of each meeting. An Advisory Committee member will assume this duty if the compensated employee must leave the room.
- j. All Committee members' travel vouchers, and other records will be returned to the compensated employee for processing after the meeting is adjourned.

6. OFFICIAL MINUTES OF THE COMMITTEE MEETINGS

- a. Following each Committee meeting the compensated employee will forward a report to each board that requested assistance. The report will reflect the Advisory Committee's findings on issues forwarded to it by the board, along with any recommendations, opinions, or reports.
- b. The compensated employee will also prepare a written record of the proceedings of each meeting. Upon approval by the Chairperson of the Committee, this record will be forwarded to the State Director, along with copies of original reports forwarded to individual boards. These records shall be maintained by the State Director.
- c. All recommendations, opinions, and reports will be held in File 704 (Recommendations and reports).

7. ESTABLISHMENT OF STATE HEALTH CARE ADVISORY PANELS

- a. Where warranted by the workload, the Chairperson of a State Advisory Committee may ask the State Director to establish State Advisory Committee Panels for particular subordinate geographical areas.
- b. The Chairpersons of Advisory Committee Panels will be appointed by the State Directors; however, the Chairpersons of State Advisory Committees continue to be recognized as the Chairperson in charge of the overall State Health Care Advisory Committee functions for that state.

- c. Membership and functioning of Advisory Panels is to be constituted and conducted in the same manner as prescribed for State Health Care Advisory Committees, except that in addition to the reports forwarded to the boards requesting assistance, the Panel will forward copies of its meeting proceedings and copies of any advice, recommendations, and/or reports to the State Health Care Advisory Committee Chairpersons. The Advisory Committee Chairperson will forward copies of these documents to the State Directors after review.

APPENDIX A
CHECKLISTS

CHECKLIST 6-A-1 - DUTIES OF COMPENSATED EMPLOYEE BEFORE BOARD MEETINGS

1. Scheduling board meetings:
 - a. Check HCPDS reports and File 801.1 (board action pending) to determine how much time to allow for the meeting and to develop an agenda.
 - b. Determine the date for which the meeting is to be scheduled, at least 10 days in advance if personal appearances are involved.
 - c. Arrange for use of the board meeting site.
 - d. Notify each board member by mail of the date, time, and place of the scheduled meeting (see Sample Letter 5-B-1)
 - e. Schedule registrants for personal appearances at least 10 days in advance of the meeting (see Checklist 5-A-4).
 - f. Make necessary travel arrangements for board members in accordance with the Fiscal Manual.
 - g. Prepare a preliminary agenda for the board meeting, listing the registrants whose cases are to be considered and noting those scheduled for a personal appearance.
 - h. File the registrants' files (SSS Forms 101 or 101A, as appropriate) for the registrants on the agenda at File 801.1.
2. The day before the meeting:
 - a. Contact each member by telephone to ensure that a quorum will be present.
 - b. Prepare the agenda for the meeting in final form indicating the number of witnesses and whether or not an interpreter will be used during any personal appearances.

CHECKLIST 6-A-1 – DUTIES OF COMPENSATED EMPLOYEE BEFORE BOARD MEETINGS (cont)

3. The day of the meeting:

- a. Assemble the files needed for the meeting.
 - (1) The minutes of the previous meeting from file 703.2.
 - (2) New policy directives received since the last meeting.
 - (3) Agenda for the meeting (one copy for each board member).
 - (4) Appeal Board determinations received by the Local Board since the last meeting. (See instructions on the back of the SSS Form 112.)
 - (5) File folders of registrants whose cases are scheduled for the meeting.
 - (6) Other files as required.
- b. Assemble the supplies needed for the meeting.
 - (1) Name plates or tags for board members if personal appearances are scheduled.
 - (2) Signs identifying the meeting room.
 - (3) Pads, pencils, and other office supplies as needed.
 - (4) A copy of the Health Care Personnel Delivery System Manual.
 - (5) Blank travel vouchers as required.
 - (6) Other supplies as required.
- c. Arrive at the meeting site early to arrange the room and the waiting area for registrants scheduled for personal appearances.
- d. Greet board members and registrants as they arrive.
- e. Be prepared to record the minutes of the meeting.

CHECKLIST 6-A-1 – DUTIES OF COMPENSATED EMPLOYEE BEFORE BOARD MEETINGS (cont)

4. during the meeting.
 - a. Present registrants' files to the Chairperson as the cases are to be considered. Allow time for board members to review the file of each registrant scheduled for a personal appearance before the registrant enters the meeting room.
 - b. Present registrants for personal appearance and introduce them to the board members.
 - c. Take accurate notes of the proceedings.

5. After the meeting:
 - a. Return the records to the office.
 - b. File the approved minutes of the previous meeting at File 702 (minutes approved).
 - c. Take necessary actions to document the board's decisions (see Checklist 5-A-6 paragraph).
 - d. Forward a report to the State Director and each issue requesting board along with any separate opinions, advice, recommendations, or reports. In the case of a State Health Care Advisory Panel, forward a copy of the report along with any separate documents to the Chairperson of the State Health Care Advisory Committee.
 - e. Report the results of each scheduled personal appearance using CATO.
 - f. For Local and Appeal Boards - Go to CRPP/HCPDS, identify the registrant and select Personal Appearance. Select the proper button under the Action box. Replace the previous page 2 in the SSS Form 101.
 - g. Prepare summary of oral testimony for each personal appearance using SSS Form 119.
 - h. File each summary in the file folder (SSS Form 101 or 101A) for that registrant.

CHECKLIST 6-A-1 – DUTIES OF COMPENSATED EMPLOYEE BEFORE BOARD MEETINGS (cont)

- i. Prepare the minutes of the meeting in accordance with instructions on the form.
- j. File the completed minutes at File 703.2 (Minutes Awaiting Approval).
- k. Take administrative e action on all Committee members travel vouchers and other records.
- l. All recommendations, opinions mad reports wall; be held in File 704 Recommendations and Reports.
- m. File the completed minutes at File 703.2 (Minutes Awaiting Approval).
- n. Take administrative e action on all Committee members travel vouchers and other records.
- o. Prepare the minutes of the meeting.
- p. File the approved minutes of the previous meeting at File 702 (minutes approved).
- q. Forward opinions, advice, recommendations, or reports to the Director.

CHECKLIST 6-A-2 - DUTIES OF THE NON-VOTING SECRETARY IN CONNECTION WITH STATE HEALTH CARE ADVISORY COMMITTEE MEETINGS

In the event that the board requests information from the State Health Care Advisory Committee/Panal in relation to a registrant who has claimed Class 2-AM (essentiality of Occupation), ensure that each 2-AM claimant has been issued Sample 4-B-9. (Also see Checklist 4-A-6, Paragraph 11.g.)

1. Scheduling committee meetings:

- a. Check File 703. (committee actions pending) to determine how much time to allow for the meeting and to develop an agenda.
- b. Determine the date for which the meeting is to be scheduled.
- c. Arrange for use of the meeting site or schedule the video/teleconference.
- d. Notify each member by mail of the date, time, and place of the scheduled meeting (see Sample Letter 5-B-1)
- e. Make necessary travel or meeting arrangements for committee members in accordance with the Fiscal Manual.
- f. Prepare a preliminary agenda for the committee meeting.

2. The day before the meeting:

- a. Contact each member by telephone to ensure determine their availability.
- b. Prepare the agenda for the meeting in final form.

3. The day of the meeting:

- a. if the meeting is to be conducted via video/teleconference, confirm the scheduling with the telecommunications provider. The compensated employee will act as the host during the conference call to perform check-in and to act as the monitor.
- b. Assemble the files needed for the meeting.
 - (1) Minutes of the previous meeting.

CHECKLIST 6-A-2 - DUTIES OF THE NON-VOTING SECRETARY IN CONNECTION WITH STATE HEALTH CARE ADVISORY COMMITTEE MEETINGS (cont)

- (2) New policy directives received since the last meeting.
- (3) Agenda for the meeting (one copy for each committee member).
- (4) Other files as required.
- c. Assemble the supplies needed for the meeting.
 - (1) Signs identifying the meeting room.
 - (2) Pads, pencils, and other office supplies as needed.
 - (3) Copy of the Military Selective Service Act, Code of Federal Regulations, and the Health Care Personnel Delivery System Manual.
 - (4) Blank travel vouchers as required.
 - (5) Other supplies or equipment as required.
- d. Arrive at the meeting site early to arrange the room.
- e. Greet committee members as they arrive or present themselves.
- f. Be prepared to record the minutes of the meeting.
- 4. During the meeting:

Take accurate notes of the proceedings.
- 5. After the meeting:
 - a. Return the records to the office.
 - b. Prepare the minutes of the meeting.
 - c. File the approved minutes of the previous meeting at File 702 (minutes approved).
 - d. Forward opinions, advice, recommendations, or reports to the Director.

CHECKLIST 6-A-2 - DUTIES OF THE NON-VOTING SECRETARY IN CONNECTION WITH NATIONAL HEALTH CARE ADVISORY COMMITTEE MEETINGS (cont)

- e. Take administrative action on all Committee members' travel vouchers and other records.
- f. File the completed minutes at File 703.2 (minutes awaiting approval).

CHECKLIST 6-A-3 - DUTIES OF COMPENSATED EMPLOYEE IN CONNECTION WITH STATE HEALTH CARE ADVISORY COMMITTEE MEETINGS

In the event that the board requests information from the State Health Care Advisory Committee/Panel in relation to a registrant who has claimed Class 2-AM (Essentiality of Occupation), ensure that each 2-AM claimant has been issued Sample Letter 4-B-9. (Also see Checklist 4-A-6, Paragraph 11.g.)

1. Scheduling committee meetings:

- a. Check File 703. (committee actions pending) to determine how much time to allow for the meeting and to develop an agenda.
- b. Determine the date for which the meeting is to be scheduled.
- c. The compensated employee will ensure that the requests of each board and any related documentation pertaining to the issue is provided to the Committee members prior to the scheduled meeting.
- d. Arrange for use of the meeting site or schedule the video/teleconference.
- e. Notify each member by mail of the date, time and place of the scheduled meeting (see Sample Letter 5-B-1).
- f. Make necessary travel or meeting arrangements for committee members in accordance with the Fiscal Manual.
- g. Prepare a preliminary agenda for the committee meeting.

2. The day before the meeting:

- a. Contact each member by telephone to ensure determine their availability.
- b. Prepare the agenda for the meeting in final form.

3. The day of the meeting:

- a. If the meeting is to be conducted via video/teleconference, confirm the scheduling with the telecommunications provider. The compensated employee will act as the host during the conference call to perform check-in and to act as the monitor.
- b. Assemble the files needed for the meeting.
 - (1) Minutes of the previous meeting.

CHECKLIST 6-A-3 - DUTIES OF COMPENSATED EMPLOYEE IN CONNECTION WITH STATE HEALTH CARE ADVISORY COMMITTEE MEETINGS (cont)

- (2) New policy directives received since the last meeting.
 - (3) Agenda for the meeting (one copy for each committee member).
 - (4) Assemble local board requests scheduled for deliberation during the meeting.
 - (5) Other files as required.
- c. Assemble the supplies needed for the meeting.
- (1) Signs identifying the meeting room.
 - (2) Pads, pencils, and other office supplies as needed.
 - (3) Copy of the Military Selective Service Act, Code of Federal Regulations, and the Health Care Personnel Delivery System Manual.
 - (4) Blank travel vouchers as required.
 - (5) Other supplies or equipment as required.
- d. Arrive at the meeting site early to arrange the room.
- e. Greet committee members as they arrive.
- f. Be prepared to record the minutes of the meeting.
4. During the meeting:
- a. Present board requests to the Chairperson in the order that they are to be considered. Present the meeting proceedings, advice, recommendations, and reports from any subordinate State Health Care Advisory Panel.
 - b. Take accurate notes of the proceedings.
5. After the meeting:
- a. Return the records to the office.
 - b. File the approved minutes of the previous meeting at File 702 (minutes approved).

CHECKLIST 6-A-3 - DUTIES OF COMPENSATED EMPLOYEE IN CONNECTION WITH STATE HEALTH CARE ADVISORY COMMITTEE MEETINGS (cont)

- c. Forward a report to the State Director and each issue requesting board along with any separate opinions, advice, recommendations, or reports. In the case of a State Health Care Advisory Panel, forward a copy of report along with any separate documents to the Chairperson of the State Health Care Advisory Committee.
- d. Prepare the minutes of the meeting in accordance with instructions on the form.
- e. Take administrative action on all Committee members' travel vouchers and other records.
- f. File the completed minutes at File 703.2 (minutes awaiting approval).
- g. All recommendations, opinions, and reports will be held in File 704 (Recommendations and reports).

CHECKLIST 6-A-4 - SCHEDULING PERSONAL APPEARANCES

1. As requests for personal appearances are received:
 - a. Note receipt of the request on page 2 of the registrant's file folder (SSS Form 101/101A as appropriate).
 - b. Determine whether request is timely and the registrant is eligible to appear.
 - (1) If the request is not timely or the registrant is not eligible:
 - (a) Notify registrant that his request is denied (see Sample Letter 5-B-5).
 - (b) Record the denial, the notification and the date on page 2 of the file folder.
 - (c) File the request and the copy of the notification in the file folder.
 - (d) File the file folder at File 801.1 (board action pending) for the next available meeting.
 - (2) If the request is timely and the registrant is eligible for a personal appearance:
 - (a) Transmit the personal appearance to HCPDS through CATO. Leave the appearance date blank until the board meeting is scheduled.
 - (b) File the request in the file folder.
 - (c) If the personal appearance is in conjunction with an appeal, file the file folder at File 801.2 (Area Office Action Pending). Hold the file for the seven day review period, and then forward the file folder to the Appeal Board.
 - (d) If the personal appearance is before the local board, file the file folder at File 801.2 (Area Office Action Pending) while the registrant is scheduled for the appearance.
2. As personal appearances are scheduled:
 - a. Notify the registrant when and where to appear, allowing at least 10 days notice unless the registrant has requested an earlier appearance (see Sample Letter 5-B-2 for Local Boards; 5-B-3 for Appeal Boards; 5-B-4 for Civilian Review Boards).
 - b. Transmit the scheduled appearance to HCPDS (this action updates the earlier entry by adding the appearance date).
 - c. Record the notification and the scheduled appearance date on page 2 of the file folder.

CHECKLIST 6-A-4 - SCHEDULING PERSONAL APPEARANCES (cont)

- d. File a copy of the notification in the file folder.
- e. File the SSS Form 101 at File 801.1.

CHECKLIST 6-A-5 - FAILURE TO REPORT FOR PERSONAL APPEARANCE

1. Action following the meeting at which the registrant failed to appear:
 - a. Record the registrant's failure to appear in the minutes of the meeting and on page 2 of the file folder (SSS Form 101 or 101A as appropriate).
 - b. Transmit the failure to report to HCPDS using CATO.
 - c. Check the file folder and processing reports as necessary to determine whether the failure to report was in connection with an initially scheduled personal appearance or one that has been rescheduled.
 - (1) If this is an initially scheduled personal appearance, go to Step d.
 - (2) If this is a rescheduled personal appearance, go to Item 4.
 - d. Request an explanation from the registrant (see Sample Letter 5-B-5).
 - e. Record the request for explanation on page 2 of the file folder.
 - f. File a copy of the request in the file folder.
 - g. File the file folder at File 801.2 (suspense) for 5 days.
2. As explanations are received:
 - a. Note receipt of the explanation on page 2 of the file folder.
 - b. Review the explanation for acceptability.
 - (1) If the reason is acceptable, reschedule the registrant for a personal appearance at least 10 days from the date Sample Letter 5-B-2 is mailed unless the registrant requests an earlier appearance (see step 3).
 - (2) If an affirmative determination cannot be made, refer the file to the board at its next meeting.
 - (a) If the board determines the reason is acceptable, go to Item 3.
 - (b) If the board determines the reason is not acceptable, go to Item 4.
 - c. File the explanation in the file folder.

CHECKLIST 6-A-5 - FAILURE TO REPORT FOR PERSONAL APPEARANCE (cont)

3. If the registrant is to be rescheduled:
 - a. Send letter rescheduling the personal appearance for a meeting at least 10 days from the date Sample Letter 5-B-2 is mailed unless the registrant requests an earlier appearance (see Sample Letter 5-B-2 for Local Boards; 5-B-3 for Appeal Boards; 5-B-4 for Civilian Review Boards).
 - b. Note the rescheduling and the notification to the registrant on page 2 of the file folder.
 - c. Transmit the rescheduled personal appearance.
 - d. File a copy of the notification in the file folder.
 - e. File the file folder at File 801.1 (board action pending).
4. If no explanation is furnished, if the board determines the explanation furnished is not acceptable, or if the registrant fails to report for a rescheduled personal appearance:
 - a. Notify the registrant that he has abandoned his right to a personal appearance (see Sample Letter 5-B-7).
 - b. Record the abandonment on page 2 of the file folder.
 - c. Transmit the abandonment.
 - d. Note on the Notice of Classification (SSS Form 110) the abandonment of any conscientious objector claim pending before the Local Board. If Class 1-OM or 1-A-OM is the only class requested, refer to Checklist 9-A-7, Paragraph 3.
 - e. Document the board's decision on any remaining claims considered based on the information in the SSS Form 101 (see Checklist 4-A-4).

CHECKLIST 6-A-6 - WITHDRAWAL OF PERSONAL APPEARANCE

1. Note the request for withdrawal on page 2 of the registrant's file (SSS Form 101 or 101A as appropriate).
2. Acknowledge the registrant's request (see Sample Letter 5-B-8).
3. Record the acknowledgment and the withdrawal on page 2 of the file folder.
4. Transmit the withdrawal to HCPDS using CATO.
5. File the request and a copy of the acknowledgment in the file folder.
6. Take necessary action on any claims and personal appearances not withdrawn.

APPENDIX B
SAMPLE LETTERS

SAMPLE LETTER 6-B-1 – NOTIFICATION OF MEETING

Dear Mr. _____:

On behalf of Board Chair **(name)**, you are advised that the next meeting of **(Local) (District Appeal) (National Appeal) Board (number)** is scheduled for **(date)** at **(time)** at **(place)**.

If you will not be able to attend, please inform this office immediately by calling **(area code and telephone number)**.

Sincerely,

(Signature)_____

(Typed Name and Title)

SAMPLE LETTER 6-B-2 – PERSONAL APPEARANCE BEFORE LOCAL BOARD

Dear Mr. _____:

This is to inform you that you are scheduled to appear before Local Board **(state and number)** on **(date)** at **(time)** at **(place)** in connection with your claim for classification in Class **(state specific class or classes)**.

(If registrant is claiming conscientious objector status, add this sentence to the first paragraph.)

Selective Service Regulations require that you appear before the Local Board before your claim for conscientious objector status can be decided; therefore, if you do not attend, your claim will be considered abandoned and will not be considered by the Local Board.

In order for the board to give your claim careful consideration, it is necessary that you furnish all the information needed to support the claim. Information booklets are available at all Selective Service offices as well as located on the Intranet at www.sss.gov to provide guidance on the type of information needed. The board will have whatever information you have already furnished. Any additional written information should be submitted prior to your personal appearance, if possible. If you wish, you may visit this office during business hours and review your file prior to the date of your personal appearance.

You may present up to three witnesses before the board in support of your claim. You also may be accompanied by a person of your choosing to advise you during the hearing and may use an interpreter, at no expense to the government, if one is required. Please advise this Area Office prior to the date of your scheduled personal appearance, the number of witnesses you plan to present and whether an interpreter will be used.

If for any reason you find it impossible to keep this appointment, please telephone **(area code and telephone number)** immediately so that your personal appearance can be rescheduled.

Sincerely,

(Signature)_____

(Typed Name and Title)

SAMPLE LETTER 6-B-3 – PERSONAL APPEARANCE BEFORE APPEAL BOARD

Dear Mr. _____:

This is to inform you that you are scheduled to appear before the **(District) (National)** Appeal Board on **(date)** at **(time)** at **(place)** in connection with your appeal for classification in Class **(state specific class or classes)** or **(your appearance before the District Appeal Board in connection with the review of your Alternative Service job assignment.)**

(If registrant is appearing before the Appeal Board in connection with their appeal for classification, add these paragraphs.)

In order for the board to give your claim careful consideration, it is important that you furnish all the information necessary to support the claim. Information booklets are available at all Selective Service offices or on the Internet at www.sss.gov to provide guidance on the type of information needed. The board will have whatever information you have already furnished. Any additional written information should be submitted prior to your personal appearance, if possible. If you wish, you may visit this office during business hours and review your file prior to the date of your personal appearance.

You are not permitted to present witnesses before the Appeal Board, but you may be accompanied by a person of your choosing to advise you during the hearing and may use an interpreter, at no cost to the government, if one is required.

(If registrant is appearing before the District Appeal Board in connection with their Alternative Service job assignment, add these paragraphs.)

This is to inform you that you are scheduled to appear before District Appeal Board **(number)** on **(date)** at **(time)** at **(place)** in connection with the review of your Alternative Service job assignment.

The board will have your complete Selective Service file, including the information you furnished in support of your claim for Class 1-O and materials relating to your performance of alternative service. If there is any other information you wish the board to consider, it should be submitted prior to your personal appearance, if possible. If you wish, you may visit this office during business hours and review your file prior to the date of your personal appearance.

You are not permitted to present witnesses before the District Appeal Board, but you may be accompanied by a person of your choosing to advise you during the hearing and may use an interpreter if one is required.

**SAMPLE LETTER 6-B-3 – PERSONAL APPEARANCE BEFORE APPEAL BOARD
(cont)**

(Closing paragraph for either letter)

If for any reason you find it impossible to keep this appointment, please telephone (**area code and telephone number**) immediately so that your appearance can be rescheduled.

Sincerely,

(Signature) _____
(Typed Name and Title)

SAMPLE LETTER 6-B-4 – DENIAL OF PERSONAL APPEARANCE

Dear Mr. _____:

This is with reference to your request to appear personally before the **(Local) (District Appeal) (National Appeal)** Board.

Your request for a personal appearance is denied because **(state reason or reasons)**. This decision is final and may not be appealed.

Sincerely,

(Signature) _____

(Typed Name and Title)

SAMPLE LETTER 6-B-5 – FAILURE TO REPORT FOR PERSONAL APPEARANCE

Dear Mr. _____:

This is with reference to your failure to appear as scheduled before the **(Local) Appeal** Board on **(date)**.

You have five days from the date of this letter to provide a written explanation of your failure to appear as scheduled. If your failure to appear was for good cause, your personal appearance will be rescheduled and you will be notified of the date, time and place to appear.

Sincerely,

(Signature)_____

(Typed Name and Title)

SAMPLE LETTER 6-B-6 – ABANDONMENT OF PERSONAL APPEARANCE

Dear Mr. _____:

This is with reference to your personal appearance scheduled for **(date)** before the **(Local) (Appeal)** Board.

Because **(you did not provide a timely explanation of your failure to appear) (the board has determined that your failure to appear was not for good cause) (you failed to appear for your rescheduled personal appearance)**, you have abandoned your right to appear before the board.

(For conscientious objector claims before the Local Board, add the following sentence to the preceding paragraph)

As a result, your claim for conscientious objector status is deemed abandoned. This decision is not subject to appeal.

NOTE: For registrants claiming conscientious objection who had additional personal appearances scheduled for other claims before the board, add the following to the above:

You are further advised that all personal appearances scheduled in conjunction with your other claims have been deemed abandoned and those claims were decided based on the information contained in your file. You will be notified in writing of the board's decision.

(For other claims before the Local Board, and for all claims before the Appeal Board, add the following paragraph)

Your claim will be decided based on the information in your file, and you will be notified in writing of the board's decision.

Sincerely,

(Signature)_____

(Typed Name and Title)

SAMPLE LETTER 6-B-7 – WITHDRAWAL OF PERSONAL APPEARANCE

Dear Mr. _____:

This is to acknowledge receipt of your request for a personal appearance before the **(Local) (Appeal)** board when your claim for classification in Class **(state specific class or classes)** is heard.

(If the claim is for other than 1-O or 1-A-O, use the following paragraph)

Action has been taken to withdraw the personal appearance as you requested. Your case will be considered based on the evidence contained in your file and you will receive written notification of your Selective Service classification.

(If the claim is for 1-O or 1-A-O and the request is to withdraw a personal appearance, use the following paragraph)

Since you have filed a claim for classification as a conscientious objector, you are required to appear before the board when it considers your claim. You will be expected to appear as scheduled or the board will not act on your claim.

Sincerely,

(Signature) _____
(Typed Name and Title)

APPENDIX C
ORDER OF CLASSIFICATION CONSIDERATION

APPENDIX C

ORDER OF CLASSIFICATION CONSIDERATION

Classification shall be considered in the reverse order of the listing below.

- Class 1-A: Available for unrestricted military service
- Class 1-A-O: Conscientious objector available for noncombatant military service only
- Class 1-O: Conscientious objector to all military service
- Class 1-O-S: Conscientious objector to all military service (service discharged/separated)
- Class 2-D: Registrant deferred because of study preparing for the ministry
- Class 3-A: Registrant deferred because of hardship of dependents
- Class 3-A-S: Registrant deferred because of hardship to dependents (service discharged/separated)
- Class 4-D: Minister of religion
- Class 1-D-D: Deferment for certain members of a reserve component or student taking military training
- Class 4-B: Official deferred by law
- Class 4-C: Alien or dual national
- Class 4-G: Registrant exempted from service because of the death of his parent or sibling while serving in the armed forces or whose parent or sibling is in a captured or missing in action status
- Class 4-A: Registrant who has completed military service
- Class 4-A-A: Registrant who has performed military service for a foreign nation
- Class 4-W: Registrant who has completed Alternative Service in lieu of induction
- Class 1-D-E: Exemption of certain members of a reserve component or student taking military training
- Class 1-C: Member of the Armed Forces of the United States, the National Oceanic and Atmospheric Administration, or the Public Health Service

Class 1-W:	Conscientious objector ordered to perform alternative service in lieu of induction
Class 4-T:	Treaty alien
Class 4-F:	Registrant not acceptable for military service
Class 1-H:	Registrant not subject to processing for induction



CHAPTER 7 INDUCTION AND POSTPONEMENT PROCESSING

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CHAPTER 7

INDUCTION AND POSTPONEMENT PROCESSING GENERAL PROCEDURES

1. ORDER TO REPORT FOR INDUCTION

- a. Upon receipt of a requisition for health care professionals in specific specialties from the Secretary of Defense, the Director of Selective Service will determine the number of health care persons to be ordered for induction to meet the Department of Defense requisition and will establish the Random Sequence Number (RSN) cutoff number in a given priority selection group. Such cutoff number will apply uniformly across the United States and its Territories. Registrants with RSNs equal to or below the RSN cutoff number, who have already been examined and found qualified for military service, will be classified in Class 1-AM or 1-A-OM, and have no claim or appeal pending, will be issued an Order to Report for Induction (SSS Form 262) by the Central Registrant Processing Portal/Registrant Information Management System (CRPP {HCPDS}) via U.S. Postal Service.
- b. Health care registrants must be selected and issued an order at least 10 days prior to the scheduled induction date, unless they have volunteered. Except for volunteers and previously ordered health care registrants whose deferments or exemptions have expired, and registrants who's RSNs are greater than the RSN cutoff number, will not be ordered for induction.
- c. Any health care registrant in any classification who has refused or otherwise failed to comply with an order to report for and submit to an armed forces examination, at that time he (refers to both male and female registrants.) will be placed in Class 1-AM or 1-A-OM and his (refers to male and female registrants) RSN is reached, be ordered to report for induction, even though he has not been found acceptable for service in the armed forces. In such case, the armed forces examination shall be performed after he has reported for induction, and he will not be inducted until he has been found acceptable.
- d. The Director of Selective Service may at any time direct that registrants be ordered to a different MEPS other than the one to which they would customarily be ordered and may cancel any Induction Order at any time.

2. DUTY OF THE REGISTRANT TO REPORT FOR AND SUBMIT TO INDUCTION

- a. When the Selective Service System orders a health care registrant for induction, it shall be the duty of the registrant to report for induction at the time and place ordered, as provided on the SSS Form 262 (Order to Report for Induction) or SSS Form 263 (Notice of Rescheduled Induction Reporting Date) mailed to him from the Selective Service System. If the date when the health care registrant is ordered to report is postponed, it shall be the continuing duty of the registrant to report for induction at such time and place as may be established by Selective Service. Regardless of the time when, or the circumstances under which the registrant fails to report for induction, it shall remain his duty from day to day to do so.
- b. Upon reporting for induction at the assembly point, it shall be the duty of the health care registrant to:

- (1) follow the instructions of any authorized representative of the AO as to his transportation to the MEPS;
 - (2) follow the instructions of the leader or assistant leaders appointed for the group being forwarded for induction;
 - (3) appear at the MEPS;
 - (4) obey the orders of the representatives of the Armed Forces at the MEPS; and,
 - (5) submit to induction, or, if found not qualified for induction, to follow the instructions of the MEPS personnel regarding his return to the assembly point from which departed for the MEPS.
- c. Whenever a health care registrant does not comply with an SSS Form 262 or SSS Form 263 by failing to report for or submit to induction, the AO shall attempt to contact the registrant or persons aware of the registrant's whereabouts and status, to determine the reason(s) for the registrant's failure to report.
- d. When the AO's contact reveals a possible justification for the health care registrant's failure to report (for example, enlistment in the regular Armed Forces, induction at a distant MEPS) an effort will be made to verify that reason. A record of the AO's efforts will be placed in the registrant's file. If verification is not received within 15 days of the scheduled or rescheduled reporting date, or the AO is not able to contact the registrant, he will be reported to the Selective Service General Counsel's office at National headquarters in accordance with Chapter 8.

3. ENLISTMENT OF HEALTH CARE REGISTRANTS ORDERED TO REPORT FOR INDUCTION

- a. Whenever the AO receives official notification that one of its health care registrants to whom an Induction Order has been issued, has been enlisted or appointed in the Armed Forces of the United States, including the reserve components thereof, and the date of the enlistment or appointment is at least 10 days prior to his scheduled reporting date for induction, it shall report the enlistment or appointment to CRPP (HCPDS) for classification.
- b. In the case of a health care registrant whose induction reporting date has been postponed under any provision of this Chapter, the enlistment or appointment will be valid if it is accomplished at least 10 days prior to the rescheduled reporting date. If such a registrant's reporting date has not yet been rescheduled, his enlistment will also be valid. No enlistments or appointments of any kind are permitted after the tenth day prior to the induction reporting date.

4. TRANSFER FOR INDUCTION

- a. A health care registrant who has been issued an Induction Order, and who is located within the area served by a MEPS other than the one to which he has been ordered, may request a transfer for induction by contacting the AO in the area where he is currently

located. A health care registrant who is transferred for induction remains under the jurisdiction of his AO of assignment.

- b. A request for transfer will be granted when the health care registrant's induction can be accomplished prior to the scheduled reporting data shown on his induction order or the location of the MEPS he is scheduled to report to is an unreasonable distance from where he is when he receives the Induction Order.
- c. A health care registrant who wishes to be transferred for induction must submit his request in writing to the AO in the area where he is currently residing, stating the reason for his request. If the request is made in person, it shall be recorded on a Report of Information (SSS Form 119) and signed and dated by the registrant.
- d. A health care registrant who contacts the AO of jurisdiction shown on his Order to Report for Induction (SSS Form 252) requesting a transfer, will be provided the address and phone number of the AO in the area where he currently resides.
- e. The health care registrant's request must be received by the AO to which he is transferring, prior to the scheduled reporting date shown on his SSS Form 252. He must present his SSS Form 252 or provide sufficient information to locate his Selective Service record, including at a minimum: his full name, date of birth, Selective Service number, Random Sequence Number (RSN), and AO identification number. SSS Form 230 (Transfer of Induction/Examination) will be completed and distributed in accordance with its Procedural Directive, at the AO of Transfer.
- f. No request for a transfer of Induction will be approved when it appears evident that the health care registrant is attempting to transfer primarily to delay compliance with orders, or for purposes that are obviously inconsistent with his obligation to perform military training and service.
- g. The health care registrant will be informed when and where to report for transportation with registrants assigned to the AO of transfer and be advised to take his Induction Order with him (refers to male and female registrants) to the new MEPS.

5. FORWARDING HEALTH CARE REGISTRANTS FOR INDUCTION

- a. Registrants are responsible for arranging their own travel to the MEPS in compliance with a Selective Service System order.
- b. To assist registrants, a representative of the AO will be present at the place and time designated for the health care registrants to report for transportation to the MEPS. The AO representative will call the roll, update the Delivery List to identify no-shows, and resolve any last minute problems which may arise.
- c. Health care registrants ordered to report for induction will be furnished transportation by Selective Service from the AO or another location designated on their orders (such as the local bus station) to the MEPS. If a health care registrant's induction processing results found him not qualified for service, the MEPS will furnish return transportation to the reporting location designated on his order subject to reimbursement by Selective Service. Travel between the registrant's place of residence and the location designated on his order will be at the health care registrant's own expense. Health care registrants who reside within a metropolitan area served by a MEPS may, upon notification to their AO,

report to the MEPS by public transportation or privately owned vehicle (POV) at their own expense.

- d. A health care registrant who reports for induction by POV either to the location designated on his order or to the MEPS is responsible for making arrangements to have the vehicle returned home.
- e. A health care registrant who needs travel assistance in order to comply with an order from Selective Service may contact the AO listed on his SSS Form 262, or any other AO that may be closer to where he (refers to male and female registrants) currently resides, in person, by telephone or in writing. AO personnel will provide health care registrants as much assistance as possible in making travel arrangements by furnishing information to the registrant regarding the location of the MEPS, charter transportation, available public transportation, bus or train schedules, and routes to the MEPS. AOs are not authorized to disburse funds for travel expenses. Health care registrants will not be furnished transportation or travel reimbursement by Selective Service for the purpose of registration travel incurred after a registrant has been inducted, personal appearance before any Selective Service board, or any other reason travel may be performed to and from a board meeting or an AO.
- f. When special modes of travel are required in certain geographic areas, arrangements will be made by the State Directors of the states concerned, in coordination with Region Headquarters, and will be administered by the AOs in those locations.

6. INDUCTION PROCESSING AT MEPS

- a. When health care registrants arrive at the MEPS for induction processing, MEPS personnel will collect their orders, brief them, inspect previously examined health care registrants as necessary, induct qualified health care registrants into the Armed Forces, release those health care registrants found not acceptable for service, and transmit the actions taken to CRPP (HCPDS) through USMEPCOM.
- b. The MEPS will furnish meals and lodging to a health care registrant who, because of transportation scheduling and an early reporting time, arrives at the MEPS on the evening prior to his scheduled reporting date. The MEPS will also provide any meals and lodging for the period a registrant is required to remain for processing.
- c. Any health care registrant found to be unacceptable for service by the MEPS will be mailed a Results of Armed Forces Determination (Form Letter 1) from CRPP (HCPDS) showing that he has been found temporarily disqualified and a Re-examination is Believed Justified (RBJ), or that he has been found permanently disqualified and administratively placed in Class 4-FM (not acceptable for military service).
- d. When a health care registrant is inducted he will be administratively reclassified by the Director into Class 1-CM (member of the Armed Forces).
- e. "PAPERS ONLY" EVALUATIONS
 - 1. If a registrant who has been ordered to report for physical examination claims that one or more of the following conditions exist and it is documented as described in paragraph b. below, the documentation will be forwarded to the appropriate MEPS for a Papers Only evaluation when:

- (a) The registrant is confined to a correctional facility, hospital or similar institution; or,
 - (b) The registrant is physically or mentally disabled and not reasonably capable of reporting to the MEPS; or,
 - (c) Although the registrant may reasonably be capable of reporting as scheduled, has an obviously disqualifying defect or medical condition that has been verified by a physician's statement.
 2. In order to support a Papers Only evaluation, the registrant or the registrant's legal guardian must submit written statements attesting to his confinement or disability, signed by an individual authorized to make such statements. The supporting documentation shall be furnished to the Area Office, which will forward it to the appropriate MEPS for determination.
 3. Upon receipt of the documentation, the Area Office will:
 - (a) Prepare SSS Form 101, if one has not already been prepared, in accordance with its procedural directive, noting the date the documents were forwarded for evaluation on page 2; and,
 - (b) Make a copy of the documentation and file in the SSS Form 101; and,
 - (c) Forward the original documentation to the appropriate MEPS.
 4. When the MEPS evaluation is completed, the MEPS will:
 - (a) Transmit the results of the evaluation to HCPDS through USMEPCOM; and,
 - (b) Return the documents to the Area Office.
 5. Upon receipt of the documentation from the MEPS, the Area Office will file it in the registrant's SSS Form 101, noting the date of return and the results on page 2.
 6. A registrant whose acceptability could not be determined or who is found by MEPS to be unacceptable for military service, will be issued Results of Armed Forces Determination (SSS Form Letter 2) from HCPDS.
 7. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 7-A-7 (Processing "Papers Only" Evaluations).
- f. REEXAMINATION BELIEVED JUSTIFIED (RBJ)

Registrants whose examinations result in Reexamination Believed Justified (RBJ) status will be reported by MEPS to HCPDS through USMEPCOM, and the date the registrant is to be rescheduled for induction will be included. MEPS personnel will counsel each RBJ registrant regarding his status prior to departure from MEPS and inform him when he may expect to be rescheduled for induction. The MEPS will retain the registrant's examination papers pending his reexamination. A Notice of Rescheduled Induction Reporting Date (SSS Form

253) will be issued to the registrant by HCPDS informing him when to report for reexamination.

7. ELOPEMENTS AND REFUSALS TO SUBMIT TO INDUCTION

- a. Any health care registrant who refuses to submit to induction, or who leaves the MEPS without authorization before the completion of his induction processing, shall be reported by the MEPS Commander to the U.S. Attorney and to CRPP (HCPDS) through USMEPCOM. This transmission will alert Selective Service that the registrant is a suspected violator.
- b. Should the health care registrant reappear at MEPS or agree to submit to induction after having been reported to the U.S. Attorney and to CRPP (HCPDS), the MEPS shall process the health care registrant only after the SSS MEPS Liaison contacts the Selective Service General Counsel or his designee by telephone for instructions and has received permission to continue the registrant's processing. In those cases where processing is resumed, MEPS will report the disposition to CRPP (HCPDS) through USMEPCOM.

8. POSTPONEMENT OF INDUCTION - GENERAL PROVISIONS

- a. Postponement of a health care registrant's scheduled induction reporting date may be granted for any of the reasons set forth in paragraphs 9, 10, and 11 of this chapter. A postponement does not cancel the Induction Order. Each postponement granted shall include a specific expiration date.
- b. A health care registrant's request for postponement of his induction must be made in writing to his AO before the date he is scheduled to report. The request may be made by submitting a Registrant Claim (SSS Form 100HC), SSS Form 27, or by letter. The date of receipt at any Selective Service office or the dated postmark, whichever is earlier, will establish the date of filing the claim. A registrant may file a claim for postponement on or after his scheduled induction date, but prior to actual induction, only in emergency circumstances shown by the registrant to be beyond his control.
- c. Except for health care registrants classified in Class 1-WM, claims for postponement of induction received at any Selective Service office other than the AO of jurisdiction will be transmitted to the registrant's AO by the fastest reliable means available. As soon thereafter as possible, the transmitting office shall notify the AO of jurisdiction by telephone of the transmittal of the claim.
- d. When a health care registrant's request for postponement is received at the AO of jurisdiction, that office shall issue Claim Documentation Form - Postponement of Induction (SSS Form 27) to assist the registrant in documenting his claim. If the health care registrant's request is for a student postponement, the AO shall also issue a Student Certificate (SSS Form 109).
- e. If the AO can not make a decision based on the evidence presented, it will send Sample Letter 7-B-1 identifying the information needed and giving the health care registrant 10 days to respond. If the information is not received from the registrant in the time required or does not substantiate the claim, the postponement will be denied using Sample Letter 7-B-1.

- f. The Area Office of jurisdiction is authorized to grant any postponement. When the Area Office denies a claim for a health care student postponement; a postponement to find a replacement for services being rendered by the health care registrant in the community; or a postponement for a health care registrant to close a practice, the registrant may request Local Board review of the denial in the same manner as for the review of a denial of an administrative classification. A denial of any other claim for postponement is not subject to review or appeal.
- g. The Alternative Service Office is authorized to grant any postponement to any health care registrant under its jurisdiction (See Chapter 10).
- h. MEPS Liaison Personnel (MLP) are compensated employees of the Selective Service office in the city where the MEPS is located and serve as the primary Selective Service System representatives for the MEPS. MLP are authorized to grant an emergency postponement for up to 10 days for any of the reasons set forth in paragraph 10 of this Chapter when the emergency occurs while the registrant is en route to, or after he (he, him, his refers to both genders) reports to, the MEPS for induction. When an emergency postponement is granted, the MEPS Liaison shall notify the registrant's AO immediately by telephone. The AO will use Sample Letter 7-B-1 (AO Postponement Decision) to notify the health care registrant that his induction has been postponed and the date the postponement will expire.
- i. If at any time during the period of postponement the reason for which it was granted ceases to exist, it is the health care registrant's duty to notify his AO in writing so the postponement can be terminated. When information from any source concerning a health care registrant's postponement is received by a Selective Service office other than the AO of jurisdiction, the information and the source of the information will be transmitted to the registrant's AO. If the information is provided by someone other than the registrant, the AO of assignment will notify the registrant of its existence using Sample Letter 7-B-4, giving the registrant 10 days to review the information and provide an explanation. If no explanation is given or the explanation is not acceptable, he (refers to male and female registrants) will be issued another Sample Letter 7-B-4 notifying him that his postponement is terminated and he will be rescheduled for induction. Notice of Rescheduled Induction Reporting Date (SSS Form 253) will be issued after the proper entry is made in CRPP (HCPDS).
- j. An extension of a registrant's postponement date will only be granted for Emergency Postponements as described in subparagraph 10.e (2) of this chapter. A registrant who was granted a postponement of less than five days shall be instructed to report at the end of the postponement without being rescheduled. A registrant who was granted a postponement of five days or more shall be issued a Notice of Rescheduled Induction Reporting Date (SSS Form 253), directing him to report to the MEPS to which originally ordered.
- k. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklists 7-A-1, 7-A-2, 7-A-3, 7-A-4 and 7-A-5. Sample Letters 7-B-1, 7-B-2 or 7-B-4, as appropriate, will be used to notify the registrant.

9. POSTPONEMENT OF INDUCTION OF STUDENTS

- a. Postponement of a registrant's scheduled induction date may be granted by the Area Office to a registrant who has been issued an Order to Report for Induction (SSS Form

252) when the registrant, at the time he is ordered to report for induction, is satisfactorily completing an approved full-time course of academic instruction at an approved technical training institution, college, university, or similar institution of learning to obtain a higher level of accreditation, or to enhance proficiency in a health care specialty, and is in the final academic/residency year toward completion of that course of instruction.

- b. A health care registrant who is a full-time student may notify the AO of this fact at any time after his Notice of Acceptability (Form Letter 1) is issued. No decision regarding his eligibility for a student postponement will be made unless and until he is issued an Order for Induction. When a health care registrant, not under an order to report for induction, informs the AO that he is a full-time student, the AO will enter the information CRPP (HCPDS), and, using Sample Letter 7-B-1, notify the health care registrant that a decision will be made only after he is issued an Induction Order. No further action will be taken. When the registrant is issued an Order to Report for Induction, CRPP (HCPDS) will include with his Induction Order a Student Certificate (SSS Form 109) to be completed by his college, university or similar institution and returned to the AO no later than midnight on the day before the day he is to report.
- c. A health care registrant who notifies the AO (AO) of his full-time student status after his Induction Order is issued will be provided an SSS Form 109 to be completed by his college, university or similar institution and returned. The health care registrant will be advised to return the SSS Form 109 no later than midnight on the day before the day he is to report for Induction. Claim Documentation Form - Postponement of Induction (SSS Form 27) will only be included if the original request for postponement was verbal or the request was not signed and dated.
- d. A health care registrant who has volunteered for induction may not be granted a student postponement.
- e. The following documentation is required to support a claim for student postponement:
 - (1) When a registrant requests postponement on the basis that he is satisfactorily pursuing a full-time course of instruction at a high school or other secondary school, he must submit a Student Certificate (SSS Form 109) or other documentary evidence signed by an authorized school official which verifies that the registrant is enrolled and satisfactorily pursuing a full-time course of instruction at the school, and the projected date of his graduation.
 - (2) When a registrant requests postponement on the basis that he is satisfactorily pursuing a full-time course of instruction at a college, university or similar institution of learning, he must submit a Student Certificate (SSS Form 109) or other documentary evidence signed by an authorized school official. Such documentation will verify that the registrant is enrolled and satisfactorily pursuing a full-time course of instruction at the school; provide the date of the last day of the school's academic term or semester in which the registrant is enrolled; and, if the registrant is enrolled in his last academic year, the projected date of his/her graduation.
- f. The following time limits apply to student postponements:
 - (1) If the health care registrant is not in the last academic year associated with the course of instruction he is pursuing at a college, university or similar institution of learning, the postponement shall terminate on:

- (a) The last day on which the health care registrant is satisfactorily pursuing a full-time course of instruction; or,
 - (b) The last day of the school's academic term or semester in which the health care registrant was enrolled at the time his Induction Order was issued; whichever occurs first.
- (2) If the health care registrant is in his last academic year associated with the course of instruction he/she is pursuing at a college, university, or similar institution of learning, the postponement shall terminate on;
- (a) The last day on which the health care registrant is satisfactorily pursuing a full-time course of instruction; or,
 - (b) The last day of the academic year of the course of instruction the health care registrant is pursuing; whichever occurs first.
- g. Overseas health care registrants may be postponed for the same reasons as any other registrants. In addition, an overseas health care registrant (including a volunteer for induction) who has been found qualified at an examining facility and who has not filed any other claim may, upon request, be granted a postponement to settle personal affairs overseas prior to being transported to the United States. Unless and until overseas AOs are established, health care registrants will be assigned to an AO in the District of Columbia which is authorized to grant such as postponement for a maximum of 30 days. No extensions of this postponement may be granted.
- h. Health care registrants residing in Canada or Mexico will be allowed 15 days from the SSS Notice of Acceptability notifying them that they have been found qualified for military service, to file claims for postponement or reclassification.

10. EMERGENCY POSTPONEMENTS OF INDUCTION

- a. Postponement of a health care registrant's scheduled induction date may be granted by the AO when the registrant is unable to report as scheduled because he has incurred a temporary disabling illness or injury, or because a member of his immediate family has died or is involved in an extreme emergency that is beyond the control of the registrant and his presence is required.
- b. A health care registrant may file a new claim for postponement because of a temporary emergency or disabling illness or injury when the new claim is based on events that arose during the expiring postponement period and the request is filed no later than the last day of the expiring postponement.
- c. A health care registrant who is rescheduled for induction after his postponement, deferment or exemption expires or is terminated may file a claim for postponement because of extreme emergency involving him or a member of his immediate family prior to his rescheduled induction reporting date.
- d. When a health care registrant requests postponement of his induction because of an emergency, he/she must submit documentation as indicated below:

- (1) Family member death: A request for a specific period of postponement, including the reason his presence is required if the requested period exceeds the time required to attend the funeral; a written statement of a reliable third party attesting from personal knowledge to the family relationship of the registrant to the decedent; and one of the following documents to verify the family member's death:
 - (a) A written statement of a medical practitioner attesting to the date and place of death of the decedent;
 - (b) A written statement of a licensed funeral director who handled the disposition of the decedent's remains, attesting to the date and place of death of the decedent; or,
 - (c) A certified copy of the death certificate of the decedent.
 - (2) Registrant or family member emergency: A written statement of a reliable third party attesting from personal knowledge to the nature and probable duration of the emergency, the relationship to the health care registrant of any immediate family member affected, and the necessity for the registrant's presence during the emergency.
 - (3) Registrant illness: A written statement of a medical practitioner are based upon a physical examination of the health care registrant, attesting to the nature of the registrant's illness, the nature of the limitation on the physical activity of the registrant during the illness, and the expected duration of the illness.
- e. The following time limits apply to emergency postponements:
- (1) The AO may grant an emergency postponement for up to 60 days from the reporting date on the Induction Order.
 - (2) The MEPS Liaison may grant an emergency postponement for up to 10 days from the reporting date on the induction order.
 - (3) A health care registrant's request for extension of an emergency postponement granted by the AO must be filed, in writing, with the AO of jurisdiction prior to the expiration of the granted postponement. Extensions may be granted when the basis for the request is the same as for the original postponement and the total postponement, including extensions, does not exceed 90 days from the reporting date on the Induction Order. The Area Office may require the registrant to submit additional documentation in support of his request for an extension of the postponement when it believes such documentation is warranted. A health care registrant will not be granted a second postponement for the same reason(s) for which he was originally postponed. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 7-A-4 Sample Letter 7-B-3 will be used to notify the registrant.

11. OTHER POSTPONEMENTS OF INDUCTION

- a. Postponement of a health care registrant's induction date may be granted when the registrant's request is based on any of the following reasons:

- (1) The health care registrant qualifies and is scheduled for a state or national examination in a profession or occupation which requires licensing or certification before a person is authorized to practice that profession or occupation (only one postponement for state or national board examination will be granted).
 - (2) The registrant has been accepted in the next succeeding class as a cadet at the U.S. Military Academy, the U.S. Air Force Academy or the U.S. Coast Guard Academy, or as a midshipman at the U.S. Naval Academy or the U.S. Merchant Marine Academy.
 - (3) The registrant is an ROTC applicant and has been designated to participate in the next succeeding ROTC field training program prior to enrollment in the ROTC.
 - (4) The registrant has been accepted as an ROTC scholarship student in the next succeeding ROTC program at a college or university.
 - (5) Time required to find a replacement because the health care services currently being rendered by the registrant are both critical to the health of the citizens in the community and are temporarily irreplaceable.
 - (6) The registrant must close a civilian medical practice.
 - (7) Upon his written request to the AO, a health care registrant may be granted a postponement if the date on which he is scheduled to report for induction is a religious holiday historically observed by a recognized church, religious sect or religious organization of which he is a member.
- b. A health care registrant's request for postponement of induction as provided in this paragraph must be supported by documentation as indicated below:
- (1) Scheduled State or National Examination: A written statement, signed by an authorized administrative officer of the state or national agency, board or commission responsible for administering the examination, attesting to the fact that the health care registrant is scheduled to take the examination and the date it is to be given.
 - (2) Religious Holiday: The AO may grant a health care registrant's written or oral request for a religious holiday postponement without requiring supporting documentation if it is generally known in the area to be a religious holiday, the holiday occurs or is occurring on the date he is scheduled to report for induction and the postponement does not exceed five days from the reporting date shown on the Induction Order. If the claim is for more than five days or the holiday is not generally known in the area, the AO Supervisor may require the registrant to provide supporting evidence. However, if the holiday always extends beyond five days and is generally known in the area, the postponement may be granted without further supporting evidence.
- c. The following time limits apply to postponements granted under the provisions of this paragraph:
- (1) A postponement granted for a state or national examination in a profession or occupation shall not extend beyond the last day of the examination, but in no case

shall it extend beyond 60 calendar days from the reporting date on the induction order.

- (2) Postponements granted to registrants who are expected to enter U.S. military academies and ROTC programs shall not extend beyond the following October 31.
- (3) Religious holiday postponements shall not extend past the last day of the religious holiday.
- (4) The Area Office may grant a health care registrant up to 90 days for the purpose of finding a replacement. In the event a replacement is found prior to the expiration of the registrant's postponement, he must be notifying the Area Office immediately.

Note: Health care registrants rendering critical services they believe to be indefinitely irreplaceable should request an Essentiality of Occupation deferment, which may be granted for a longer period than possible for a postponement of induction. Registrants that may face potential legal, financial, or other consequences as a result of their removal from a medical practice should also consult with the Department of Defense to determine available relief provisions.

- (5) The Area Office may grant a health care registrant up to 90 days for the purpose of closing a civilian medical practice. In the event the practice is closed prior to the expiration of the registrant's postponement, he must be notifying the Area Office immediately.

Note: Registrants that may face potential legal, financial, or other consequences as a result of closing a medical practice should also consult with the Department of Defense to determine available relief provisions.

12. TERMINATION OF POSTPONEMENTS

- a. When the AO terminates a student postponement, a. postponement to find a replacement, for service being rendered by the health care registrant in the Community, or a postponement for a health care registrant for a health care registrant to close a practice, prior to the scheduled expiration date, the decision may be reviewed by the Local Board upon the registrant's request. The decision of the Local Board's is final and is not subject to review or appeal. The registrant will be notified using Sample Letter 7-B-4 (Termination of Postponement).
- b. The Area Office decision is to terminate any other type of postponement is final and is not final and is not subject to review or appeal. The registrant will be notified using Sample Letter 7-B-5 (Termination of Postponement).
- c. When a health care registrant's postponement is terminated, he shall be informed in writing of the decision, the effective date, and the reason(s) for the termination. Sample Letter or 7-B-5 will be used to notify the registrant. A Checklist of administrative procedures for this paragraph is contained in Appendix A, Checklist 7-A-5.
- d. When a health care registrant's postponement expires or is terminated, he shall report for induction even though his age selection group may not be currently subject to induction. A health care registrant who was granted a postponement of less than five days shall be instructed to report at the end of the without being re-scheduled. A registrant who was

granted a postponement of five days or more shall be issued a Notice of Rescheduled Induction Reporting Date (SSS Form 253) by CRPP (HCPDS), directing him to report to the MEPS to which he was originally ordered.

APPENDIX A
CHECKLISTS

CHECKLIST 7-A-1 PROCESSING REQUESTS FOR POSTPONEMENT OF INDUCTION

1. Select the Page 2 tab, click on Add New Entry and record the receipt of the request and the date. Has the registrant been issued an Induction Order? (Refer to CRPP (HCPDS) Induction Delivery List or query the CRPP (HCPDS) database).
 - a. If yes, go to step 2.
 - b. If no and request is for a Student Postponement, go to step 2.
 - c. If no and the request is NOT for a Student Postponement, return the request to the registrant using Sample Letter 5-B-1 (Return of Material).
2. Is claim signed and dated?
 - a. If YES, go to step 3.
 - b. If NO go to CRPP (HCPDS). Identify the registrant, click on the Postponements, Answer NO to the prompt "Request Signed and Dated".
 - (1) The System will:
 - (a) Issue Sample Letter 5-B-1 notifying the registrant that his claim must be signed, dated and returned to the AO before it can be considered.
 - (b) Record the request, the notification and the date(s) on the automated page 2 of the SSS Form 101.
 - (2). Attach claim to the 5-B-1 letter and return to the registrant.
 - (3) File copy of letter at File 801.2 (AO Action Pending) and suspend the registrants Induction date.
 - (4) Take no further action until signed and dated claim is received.
3. Is the claim timely?
 - a. If yes and request is for a Student Postponement, go to step 7.
 - b. If yes and request is NOT for a Student Postponement, go to step 4.
 - c. If no, refer to AO Supervisor for decision. Go to step 5.
4. Is the reason for the request acceptable?
 - a. If yes, go to step 7.

CHECKLIST 7-A-1 PROCESSING REQUESTS FOR POSTPONEMENT OF INDUCTION (cont)

- b. If no, refer to AO Supervisor for decision.
5. If the AO Supervisor's decision is YES to BOTH Steps 3 and 4, go to step 7.
6. If the AO Supervisor's decision is NO to EITHER Step 3 or 4, go to Checklist 7-A-2.
7. Prepare a Registrant File Folder (SSS Form 101) if one has not already been prepared.
8. If the registrant has not been ordered for induction, go to step 10.
9. If the request is for a student postponement? Go to CRPP (HCPDS). Click on the Postponement tab. Follow the CRPP (HCPDS) Users Manual.
 - a. If the request is for a Student Postponement, the system will:
 - (1) Issue the SSS Form 109 (Student Certificate), if one has not previously been issued¹.
 - (2) Issue Sample Letter 7-B-1 advising the registrant he must return the completed form to the AO within 10 days of the date of issuance.
 - (3) Transmit the transaction to CRPP (HCPDS).
 - (4) Record the request, the notification, the CRPP (HCPDS) transaction and the date(s) on the automated page 2 of the SSS Form 101.
 - b. If the request is for any other postponement, the system will:
 - (1) Issue only SSS Form 27 (Claim Documentation Form - Postponement of Induction).
 - (2) Issue Sample Letter 7-B-1 advising the registrant he (Refers to male and female registrants) must return the completed form to the AO by the day before his scheduled Induction date.
 - (3) Transmit the transaction to CRPP (HCPDS).
 - (4) Record the request, the notification, the CRPP (HCPDS) transaction and the date(s) on the automated page 2 of the SSS Form 101.
 - c. Go to step 11.
10. If the health care registrant has not been ordered for induction, go to CRPP (HCPDS). Click on the Postponement tab. Follow the CRPP (HCPDS) Users Manual.

¹ If the registrant previously notified the AO of his/her student status, the SSS Form 109 was included with his/her Induction Order.

CHECKLIST 7-A-1 PROCESSING REQUESTS FOR POSTPONEMENT OF INDUCTION (cont)

- a. The system will:
 - (1) Issue the appropriate form.
 - (2) Issue Sample Letter 7-B-1 advising the health care registrant that his request cannot be considered until he has been issued an SSS Form 252, Order to Report for Induction.
 - (3) Transmit the transaction to CRPP (HCPDS).
 - (4) Record the request, the notification, the CRPP (HCPDS) transaction and the date(s) on the automated page 2 of the SSS Form 101.
 - b. File the registrant's request and a copy of the 7-B-1 in the SSS Form 101.
 - c. File the SSS Form 101 at File 800 (Registrant File Folders). No further action will be taken pending receipt of a completed SSS Form 109 included with the Order to Report for Induction.
11. File the SSS Form 101 at file 801.2 (AO action pending).
 12. Date stamp supporting documentation as it is received, record its receipt on page 2 of the SSS Form 101, file the documentation in the SSS Form 101, and proceed to determine whether the postponement should be granted or denied. Go to Checklist 7-A-2.

CHECKLIST 7-A-2 PROCESSING DECISIONS ON POSTPONEMENT REQUESTS

If supporting documentation is not received within 10 days or if the postponement is denied, go to CRPP (HCPDS) Identify the health care registrant, click on the Postponement tab and select Decision. Click the Deny button and fill in the Reason For Denial window.

- a. The system will:
 - (1) Notify the health care registrant that his request for postponement is denied using Sample Letter 7-B-1(AO Postponement Decision).
 - (2) Input the denial transaction to CRPP (HCPDS).
 - (3) Record the denial, the issuance of the notification and the input to CRPP (HCPDS) on the automated page 2 of the SSS Form 101.
- b. File a copy of the notification in the SSS Form 101.
- c. File the SSS Form 101 at file 801.2 (suspense) for 15 days if denial was for student postponement or at file 800 (registrant file folders) for all other denials.
- d. If a request for Local Board review of a Student Postponement is received, go to Checklist 7-A-3. Denials of any other postponements are not appealable.

If the postponement is granted, go to CRPP (HCPDS) Identify the health care registrant, click on the Postponement tab and select Decision. Click on the Grant button and fill in the Expiration Date window.

The system will:

- (4) Notify the health care registrant that his (Refers to male and female registrants) request for postponement is granted and the date on which the postponement will expire using Sample Letter 7-B-1.
 - (5) Input the Grant transaction and the expiration date to CRPP (HCPDS).
 - (6) Record the grant, the expiration date, the notification and the input to CRPP (HCPDS) on the automated page 2 of the SSS Form 101.
- b. File a copy of the notification letter in the SSS Form 101.
 - c. File the SSS Form 101 at file 800.

CHECKLIST 7-A-3 LOCAL BOARD REVIEW OF STUDENT POSTPONEMENT DENIALS

1. As requests for review are received:
 - a. Acknowledge receipt of the request (see Sample Letter 5-B-6).
 - b. Record receipt of the request, and the acknowledgment, on page 2 of the Registrant File Folder (SSS Form 101).
 - c. Transmit the request for review to CRPP (HCPDS).
 - d. If the health care registrant requested a personal appearance in connection with his request for review, record the personal appearance in CRPP (HCPDS).
 - e. File the request and a copy of the acknowledgment in the SSS Form 101.
 - f. Schedule the review for the next available Local Board meeting (see Checklist 6-A-1).

2. When the Local Board has made its decision:
 - a. Record the decision and date on page 2 of the SSS Form 101.
 - b. Transmit the decision to CRPP (HCPDS).
 - (1) If a postponement is granted, use CRPP (HCPDS) transaction C03.
 - (2) If a postponement is denied, use CRPP (HCPDS) transaction C04.
 - c. Notify the registrant of the Local Board's decision (see Sample Letter 7-B-2).
 - d. Record the notification on page 2 of the SSS Form 101.
 - e. File a copy of the notification in the SSS Form 101.
 - f. File the SSS Form 101 at file 800 (registrant file folders).

CHECKLIST 7-A-4 REQUESTS FOR EXTENSION OF A POSTPONEMENT OF INDUCTION

1. Record the receipt of the request on page 2 of the Registrant File Folder (SSS Form 101).
2. Issue Sample Letter 7-B-1 giving the health care registrant until the day prior to his scheduled reporting date to respond.
3. Input the request to CRPP (HCPDS).
4. Record issuance of the SSS Form 27 and the CRPP (HCPDS) input on page 2 of the SSS Form 101.
5. File the registrant's request in the SSS Form 101.
6. File the SSS Form 101 at file 801.2 (AO action pending) for 10 days.
7. Date stamp supporting documentation as it is received, record its receipt on page 2 of the SSS Form 101, file the documentation in the SSS Form 101, and proceed to determine whether the extension should be granted or denied.
 - a. If an extension is denied, go to step 8.
 - b. If an extension is granted, go to step 9.
8. When the request for extension is denied:
 - a. Notify the registrant that his request is denied and the reason for the denial (see Sample Letter 7-B-3).
 - b. Record the denial on page 2 of the SSS Form 101.
 - c. File the registrant's request and a copy of the notification letter in the SSS Form 101.
 - d. File the SSS Form 101 at file 800 (registrant file folders).
9. When the request for extension is granted:
 - a. Notify the registrant that his postponement is being extended and the new expiration date (see Sample Letter 7-B-3).
 - b. Input the new expiration date to CRPP (HCPDS).
 - c. Record the extension and the new expiration date, and the CRPP (HCPDS) input, on page 2 of the SSS Form 101.
 - d. File the registrant's request and a copy of the notification letter in the SSS Form 101.
 - e. File the SSS Form 101 at file 800.

CHECKLIST 7-A-5 PROCESSING EARLY TERMINATION OF AN INDUCTION POSTPONEMENT

1. When it is determined that a health care registrant is no longer eligible for a deferment; go to CRPP (HCPDS). Identify the health care registrant and click on the Postponement tab. Click the Termination button and fill in the New Expiration Date window. Record the reason(s) in the Reason For Termination window and click the Done button. The system will:
 - a. Notify the health care registrant that his postponement is being terminated, the date the postponement will end, and the reasons for the termination using Sample Letter 7-B-4.
 - b. Record the early termination and the expiration date on the automated page 2 of the SSS Form 101.
 - c. Input the new expiration date to CRPP (HCPDS).
2. File a copy of the notification letter and any other relevant documentation, in the SSS Form 101.
3. File the SSS Form 101 at file 801.2 (suspense) for 10 days if the postponement being terminated is a student postponement or at file 800 (registrant file folders) for all other postponements.

CHECKLIST 7-A-6 RECORDING RESULTS OF INDUCTION PROCESSING

Each Area Office (AO) will receive a CRPP (HCPDS) report indicating the results of MEPS processing for health care registrants assigned to the office. This report will be used as a source document for updating the Registrant File Folders (SSS Form 101). If no SSS Form 101 has been established for the registrant, no action is required by the AO.

1. If the health care registrant was inducted:
 - a. Record the registrant's 1-C classification on both page 1 and page 2 of his SSS Form 101.
 - b. File the SSS Form 101 at file 800 (registrant file folders).
2. If the health care registrant was found not qualified:
 - a. Record the registrant's 4-F classification on both page 1 and page 2 of hi/her SSS Form 101.
 - b. File the SSS Form 101 at file 800.
3. If the health care registrant is in a Reexamination Believed Justified (RBJ) status:
 - a. Record the RBJ status and its duration on page 2 of the SSS Form 101.
 - b. File the SSS Form 101 at file 800.
4. When all required actions have been taken to update existing SSS Forms 101, the report will be filed at file 704 (registrant processing reports).

CHECKLIST 7-A-7 - PROCESSING "PAPERS ONLY" EVALUATIONS

1. Date stamp the documentation pertaining to the registrant's condition.
2. Acknowledge receipt of the documentation using Sample Letter 7-B-6 (Papers Only Evaluation).
3. Make a copy of the documentation.
4. Establish a Registrant File Folder (SSS Form 101) if one has not previously been prepared.
5. Input the transaction.
6. Forward the original documentation to the MEPS, using a Document Transmittal and Receipt (SSS Form 123). Note "Papers Only" in the Remarks column. Retain the last copy of the SSS Form 123.
7. Record on page 2 of the SSS Form 101 the receipt of the documentation, acknowledgment of its receipt, the postponement action in HCPDS, the forwarding to the MEPS, and the date(s).
8. File the copy of the SSS Form 123 and a copy of the acknowledgment in the SSS Form 101.
9. File the SSS Form 101 at file 800 (Registrant File Folders) pending receipt of results of the evaluation.
10. Upon receipt of the MEPS determination (via HCPDS Report TBD), and medical documentation the Area Office will:
 - a. Return a copy of the SSS Form 123 to the MEPS acknowledging receipt of the documentation,
 - b. Record on page 2 of the SSS Form 101 the receipt of the documentation, acknowledgment of its receipt from the MEPS, and the date(s).
 - c. If the registrant's acceptability for military service could not be determined:
 - (1) Record the results of the MEPS determination and the date of notification on page 2 of the SSS Form 101.
 - (2) File the returned documentation in the SSS Form 101.
 - (3) Input the Acceptability Undetermined status to HCPDS which will cause a Notice of Rescheduled Armed Forces Examination Reporting Date (SSS Form 234) to be issued.
 - (4) Go to Item 11.
 - d. If the registrant was found not qualified for military service:
 - (1) Record the 4-FM classification on the front of the SSS Form 101.

CHECKLIST 7-A-7 - PROCESSING "PAPERS ONLY" EVALUATIONS (cont.)

- (2) File the returned documentation in the SSS Form 101.
- (3) Go to Item 11.
- d. If the registrant was found not qualified for military service:
 - (1) Record the 4-FM classification on the front of the SSS Form 101.
 - (2) File the returned documentation in the SSS Form 101.
 - (3) Go to Item 11.
- 11 File the SSS Form 101 at file 800 (Registrant File Folders).
- 12. File HCPDS Report (TBD) file 704 (registrant processing reports).

CHECKLIST 7-A-8 - PROCESSING EMERGENCY POSTPONEMENTS OF INDUCTION GRANTED BY THE MEPS LIAISON

1. Record on a Report of Information (SSS Form 119) the information received from the MEPS Liaison.
2. Establish a Registrant File Folder (SSS Form 101) if one has not previously been prepared.
3. If the MEPS Liaison granted a postponement of less than 5 days:
 - a. Send Sample Letter 7-B-3 to confirm the postponement and the length of time for which it was granted.
 - b. Record the granting of the postponement, the expiration date and the issuance of the confirmation letter on page 2 of the SSS Form 101.
 - c. File the SSS Form 119 and a copy of the confirmation letter in the SSS Form 101.
 - d. File the SSS Form 101 at File 800 (registrant file folders).
4. If the MEPS Liaison granted a postponement of 5 to 10 days:
 - a. Transmit the postponement action to HCPDS using CATO.
 - b. Send Sample Letter 7-B-3 to confirm the postponement and the length of time for which it was granted.
 - c. Record the granting of the postponement, the expiration date, the HCPDS input and the issuance of the confirmation letter on page 2 of the SSS Form 101.
 - d. File the SSS Form 119 and a copy of the confirmation letter in the SSS Form 101.
 - e. File the SSS Form 101 at File 800.

APPENDIX B
SAMPLE LETTERS

SAMPLE LETTER 7-B-1 AO POSTPONEMENT DECISION

Dear _____:

This is in response to your request for postponement of your Induction.

(Choose appropriate paragraph below:)

Please provide to this office **(describe the specific documentation needed)** in support of your request for **(postponement) (extension of postponement)**. You have until **(date 10 days from the date the AO receives the request)** to provide the information to this AO. Upon receipt, we will be able to make a decision on your request. If we do not receive it, or we receive it after the time limit described above, you will be expected to report as ordered.

(For requests for Student Postponements when an Induction Order has not yet been issued)

This is to advise you that your request for a Student Postponement cannot be considered until you have been issued an SSS Form 252, Order to Report for Induction. With the SSS Form 252 you will receive an SSS Form 109 which your school will use to certify your student status. You must have the form completed and returned to this office no later than midnight on the day before the day you are to report for induction. At that time, your request will be considered and you will be notified of the decision.

(For postponements granted for less than 5 days:)

Your induction has been postponed until **(date)**. On the next business day following the expiration of the postponement, report to the MEPS with your original Induction Order. You will not receive a rescheduled Induction Order. You may, however, request an extension of this postponement by writing this Office before the postponement expires.

(For postponements granted for 5 days or more:)

Your induction has been postponed until **(date)**. When the postponement expires, you will be rescheduled for induction. You may, if this is not a student postponement, request an extension by writing this office before the postponement expires. If at any time the reason for the postponement ceases to exist, notify your AO immediately.

(For denials of student postponement requests:)

Your request for a student postponement is denied because **(state reason)** and you should report for induction as scheduled. You may ask the Local Board to review this denial by writing to the AO within 5 days from the date of this letter. If you wish to personally appear before the Local Board when it considers your claim, you must include this request at the time you ask for a review.

SAMPLE LETTER 7-B-1 AO POSTPONEMENT DECISION (cont)

(For all other postponement denials:)

Your request for postponement is denied because **(the time allowed for requesting a postponement has expired) (the time allowed for providing the necessary documentation to support your request has expired) (the reason you provided is not one for which a postponement of induction may be granted)**. This denial is final and cannot be appealed. You are to report for induction as scheduled.

Sincerely,

(Signature)

(Typed Name and Title)

SAMPLE LETTER 7-B-2 LOCAL BOARD POSTPONEMENT DECISION

Dear _____:

This is to inform you of the decision of the Local Board in its review of your request for a student postponement of induction.

(For review of AO denials, select the appropriate paragraph below:)

The Local Board has granted a student postponement until **(date)**. When the postponement expires, you will be rescheduled for induction. If at any time the reason for this postponement ceases to exist, notify your AO immediately.

Upon review, the Local Board has upheld the denial of your request for a student postponement because **(state reason for denial)**. This decision is final and cannot be appealed. You are to report for induction as scheduled.

(For review of early termination, select the appropriate paragraph below:)

The Local Board has determined that your student postponement should not be terminated; as a result, it will remain in effect until **(date)**. When the postponement expires, you will be rescheduled for induction.

Upon review, the Local Board has upheld the decision to terminate your student postponement because **(state reason for termination)**. This decision is final and cannot be appealed. Your postponement will be terminated and you will be rescheduled for induction.

Sincerely,

Signature) _____

(Typed Name and Title)

SAMPLE LETTER 7-B-3 EXTENSION OF POSTPONEMENT

Dear _____:

This is to notify you of the action taken on your request for an extension of your postponement of induction.

(If an extension is granted:)

The postponement granted to you on **(date)** has been extended until **(date)**. When this extension expires, you will be rescheduled for induction. If at any time the reason for the postponement ceases to exist, notify your AO immediately.

(If an extension is not granted:)

Your request for an extension of the postponement granted to you on **(date)** is denied because **(state reason)**. This denial is final and cannot be appealed. You are to report for induction as scheduled.

Sincerely,

(Signature)
(Typed Name and Title)

SAMPLE LETTER 7-B-4 TERMINATION OF POSTPONEMENT

Dear _____:

(Use when in receipt of information from a third party that would terminate a postponement:)

This is to inform you that this office has received information about your status and has placed it in your Selective Service file. A **(copy) (description)** of the information is enclosed.

You may be unaware of this information, and it is important that you know about its existence and that it may have a bearing on your postponement. If you wish to comment on this information, please furnish your comments to this office within 10 days from the date of this letter.

(Use the following sentence with either of the next two paragraphs:)

This is to notify you of a change in the status of your postponement of induction granted on **(date)**.

(For termination of student postponements:)

Your student postponement has been terminated prior to its scheduled expiration date because **(state reason)**. This termination becomes effective 10 days from the date of this letter and you will be rescheduled for induction at that time. If you wish to have the Local Board review the decision to terminate your student postponement, write to the AO within 10 days from the date of this letter.

(For termination of all other postponements:)

Your postponement has been terminated prior to its scheduled expiration date because **(state reason)**. This termination is final and cannot be appealed. You will be rescheduled for induction.

Sincerely,

(Signature) _____
(Typed Name and Title)



CHAPTER 8 SUSPECTED VIOLATORS

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CHAPTER 8 SUSPECTED VIOLATORS

SECTION A GENERAL PROVISIONS

1. REQUIREMENTS AND PENALTIES

- a. The publication of Presidential Proclamation(s) (number), establishing Selective Service registration requirements for health care professionals serves as notification to all persons of the requirements for health care professionals under the Military Selective Service Act (MSSA).
- b. Selective Service law imposes upon every health care professional required to register the following duties:
 - (1) To notify Selective Service within ten days of any change in name, current mailing address or permanent address.
 - (2) To notify Selective Service immediately of any changes in status relating to his postponement, deferment or exemption from military service.
 - (3) To report for and submit to examination by the Armed Forces.
 - (4) To report for and submit to induction or Alternative Service, unless otherwise exempted or deferred from such service.
- c. The Selective Service law prohibits all persons from the following actions:
 - (1) Knowingly making or being a party to the making of false statements bearing upon registration, postponement, classification or service under the MSSA.
 - (2) Knowingly hindering, interfering or conspiring to hinder or interfere with the administration of the SSS.
 - (3) Counseling or aiding others to violate the Selective Service law.
 - (4) Having in one's possession any Selective Service proof of registration which does not pertain to his registration or which he knows to be falsely made, reproduced, forged, counterfeited or altered.
- d. Conviction of any person for violation of the MSSA is punishable by imprisonment for not more than five years or a fine of not more than \$250,000 or both.

2. REPORTING OF VIOLATIONS

- a. The names of those persons who fail to comply with the registration requirement will be referred to the Department of Justice through the Registration Compliance Program.

- b. The Military Entrance Processing Station (MEPS) Commander will report to the U.S. Attorney the names of those registrants who elope from MEPS before completion of their processing or who refuse to submit to induction after reporting to the MEPS.
- c. The Area Office of jurisdiction will refer to the SSS General Counsel the names of those registrants who fail to comply with an order to report for induction or Alternative Service.
- d. The Area Office will notify the General Counsel in writing whenever it learns or has reason to believe that a registrant or another person has violated the rules and regulations pursuant to the MSSA, including but not limited to the following:
 - (1) Knowingly making or being a party to the making of false statements bearing on the classification or status of a registrant.
 - (2) Having in his possession, or transferring, delivering or preparing false Selective Service proof of registration documents.
 - (3) Counseling, aiding or abetting others to violate the MSSA.
 - (4) Hindering or interfering with the administration of the MSSA.
- e. Whenever a Selective Service office other than the Area Office of jurisdiction learns or has reason to believe that an apparent violation of the Selective Service law has been committed by a registrant, that office will submit the information in writing to the registrant's Area Office of jurisdiction if it can be identified. If the Area Office of jurisdiction cannot be readily identified, the information will be submitted in writing to the General Counsel.
- f. Whenever a Selective Service office learns of a suspected violation through means other than those covered in this section, the circumstances shall be reported in writing to the General Counsel for appropriate action.
- g. The Area Office will complete a Report of Suspected Violation (SSS Form 301) for each case reported to the General Counsel as specified in subparagraphs b. through f. above.

3. TRANSMISSION OF INFORMATION

- a. SSS requests for information on reported suspected violators shall be referred to the General Counsel (General Counsel refers to the SSS General Counsel unless otherwise specified.). The General Counsel's address, telephone number or e-mail address shall be furnished upon request. Telephone calls to the General Counsel by reported suspected violators shall not be made at the expense of the SSS.
- b. Whenever new information concerning a reported suspected violator is received by a Selective Service office other than the General Counsel, it will

be reported to the General Counsel by telephone and the documented information will be forwarded by mail.

4. REGISTRANTS' FILES (SSS FORMS 101 AND 101A)

- a. The SSS shall retain custody of the original Registrant File Folder (SSS Form 101) and/or Alternative Service File Folder (SSS Form 101A) and furnish a duplicate to the United States Attorney. Where time is a factor, the General Counsel may authorize release of an original SSS Form 101 or 101A to the United States Attorney.
- b. A registrant will be provided, upon his written request, a copy of his SSS Form 101 and/or SSS Form 101A without charge when he must defend himself against criminal prosecution charges for violation of the MSSA, or when he submits to induction and thereafter brings habeas corpus proceedings to test the validity of his induction.

5. DOCUMENT CORRECTION OR OMISSION

Selective Service will not modify, alter or correct any document or record contained in a registrant's SSS Form 101 or SSS Form 101A after the file has been referred to the General Counsel for a suspected violation. If it is discovered that a document is improperly marked or is missing from the file of a registrant who is being reported for a suspected violation of the MSSA, a written explanation of this finding will be prepared on a Report of Information (SSS Form 119), signed, dated and placed in the file folder.

6. GENERAL COUNSEL TO ADVISE OF PROSECUTIVE DISPOSITION

When referring a suspected violation for prosecution, the General Counsel will request the appropriate United States Attorney to notify him promptly by letter of its disposition. The General Counsel will advise the office(s) concerned of the prosecutorial disposition when appropriate.

SECTION B CIVIL ACTIONS

1. DEFINITION

A civil action against the government is a legal action initiated by an individual in an attempt to restrain the government from infringing upon what the individual believes to be his rights.

2. INITIATION OF A CIVIL ACTION

- a. The General Counsel shall be notified immediately by telephone when a Selective Service employee learns of the initiation of a civil action against Selective Service or when a compensated employee or board member is summoned or ordered to appear in court in his official Selective Service capacity.
- b. After reporting to the General Counsel by telephone, the office will forward to the General Counsel a copy of the summons served, the written complaint, and the name, address and Selective Service number of the registrant involved.
- c. The General Counsel will be responsible for advising the office of any actions to be taken in the case.
- d. In the event a registrant initiates a civil action involving his processing, the processing will continue in the normal manner unless the Area Office is notified, either by the Court or the General Counsel, that the Court has granted an injunction or temporary restraining order.

3. SUBPOENAS SERVED ON SELECTIVE SERVICE EMPLOYEES

- a. When a board member or a compensated employee in his official Selective Service capacity is served with a subpoena, the General Counsel will be notified immediately by telephone.
- b. The General Counsel will be the sole point of contact with the U.S. Attorney and will advise the board member or the compensated employee of the action that is required.

4. COURT ORDERS GRANTED

- a. When an injunction or temporary restraining order is granted, a copy of the order will usually be delivered to the Area Office. Upon receiving a copy of any Court order, the Area Office will immediately notify the General Counsel by telephone and forward a copy of the order to the General Counsel.
- b. Selective Service will take no action to cancel an induction order or an order to perform Alternative Service, but the Area Office will halt the registrant's processing until notified by the General Counsel to resume processing. When

the Court order expires, the Area Office will contact the General Counsel to obtain rescheduling instructions.

5. INJUNCTION OR TEMPORARY RESTRAINING ORDER DENIED

When a registrant's request for an injunction or temporary restraining order is denied, he may appeal to a higher court. This action does not require an interruption of the normal processing of the registrant. If an order is issued by the higher court, the Area Office will immediately notify the General Counsel by telephone and halt the registrant's processing.

SECTION C CRIMINAL ACTIONS

1. DEFINITION

A criminal action is a legal action initiated by the government against an individual for an alleged violation of the law.

2. FAILURE TO COMPLY WITH THE REGISTRATION REQUIREMENT

- a. The Registration Compliance Program, which uses data matching techniques to identify and contact possible nonregistrants, shall serve as the primary method of processing alleged failures to register.
- b. Whenever an Area Office learns of the suspected non-registration of a person subject to the registration provisions of the MSSA, it will forward the information to the General Counsel. The General Counsel shall review the information furnished and determine whether the case should be referred to the Department of Justice for prosecution.
- c. When a person appears at a Selective Service office to register after the prescribed time for his registration has expired, the office shall accept the registration and attempt to ascertain the reason(s) for the late registration. The Registration Form (SSS Form 1) shall be forwarded to the DMC for processing, or the person may register online at www.sss.gov at Area Office. Any information obtained concerning the late registration shall be forwarded to the General Counsel, who will determine whether the case warrants referral to the Department of Justice for prosecution.

3. FAILURE TO COMPLY WITH A SELECTIVE SERVICE ORDER

- a. The names of those registrants who fail to report for induction will be obtained from the HCPDS data base. Other alleged violations by registrants (failure to notify Selective Service of changes in address or status, altering proof of registration, hindering the administration of the MSSA, etc.) may come to the attention of the Area Office by a variety of means. All oral information will be recorded on a Report of Information (SSS Form 119).
- b. Whenever an Area Office learns or has reason to believe that a registrant has violated Selective Service law by failing to comply with an induction order, or by failing to inform Selective Service of changes in his status that affect his eligibility for service, it will make a reasonable effort to contact the registrant and obtain compliance or a valid explanation. If compliance or a valid explanation is not obtained within ten days after the Area Office learns of the registrant's suspected violation, the Area Office will report the case to the General Counsel.
- c. Whenever an Alternative Service Office (ASO) learns or has reason to believe that an Alternative Service Worker (ASW) has violated the Selective Service law by failing to comply with an order issued under the Alternative Service Program, it will make a reasonable effort to contact the ASW and obtain

compliance or a valid explanation. Any explanation received shall be forwarded for review to the State Director of the state in which the ASW is located. If compliance or a valid explanation is not obtained within ten days after the ASO learns of the ASW's suspected violation, or if the State Director determines that the explanation furnished is not for good cause, the ASO shall transfer the ASW's case to the Area Office of original jurisdiction, which shall report the case to the General Counsel.

- d. Whenever an Area Office learns that a registrant who reported to the MEPS for induction has been reported to the U.S. Attorney by the MEPS Commander for refusing to submit to induction, or for eloping from the MEPS prior to the completion of his processing, the Area Office will report the case to the General Counsel.

4. ACTION BY THE GENERAL COUNSEL

- a. When a registrant's file folder (SSS Form 101 and/or 101A) is received by the General Counsel, it will be reviewed for procedural accuracy. If procedural errors are detected, the General Counsel will return the file to the Area Office, identifying the errors and specifying the corrective action to be taken. All actions by the General Counsel shall be recorded on page 2 of the file folder.
- b. If the General Counsel's review reveals no procedural errors, the General Counsel will determine whether the case warrants referral to the Department of Justice. If referral is not deemed warranted, the General Counsel will notify the Area Office and return the file folder.
- c. When referral is warranted, the General Counsel will notify the registrant and the Area Office that the file is being referred to the Department of Justice. The General Counsel will retain the original file and furnish a copy to the Department of Justice upon request. The original file shall be returned to the Area Office when the Department of Justice declines prosecution or the Court dismisses the indictment.

APPENDIX A
CHECKLISTS

CHECKLIST 8-A-1 - PROCESSING VIOLATORS UNDER THE AREA OFFICE'S JURISDICTION

1. Establish a Registrant File Folder (SSS Form 101) if one has not previously been prepared.
2. Obtain from HCPDS a copy of the registrant's History File.
3. Use the History File to make any required additions to page 2 of the SSS Form 101.
4. File the copy of the History File in the SSS Form 101.
5. Offer the registrant an opportunity to comply or explain.
 - a. Record on a Report of Information (SSS Form 119) any efforts to contact the registrant in person or by telephone, and file the SSS Forms 119 in the SSS Form 101.
 - b. Request an explanation from the registrant in writing (See Sample Letter 8-B-1).
 - c. Record the request for explanation on page 2 of the SSS Form 101.
 - d. File the copy of the request in the SSS Form 101.
 - e. File the SSS Form 101 at File 801.2 (Area Office action pending) for 10 days or until compliance or an explanation is received, whichever is sooner.
6. If compliance is obtained or a valid explanation is offered within 10 days:
 - a. Document any oral information received on a Report of Information (SSS Form 119).
 - b. Record the receipt of information on page 2 of the SSS Form 101.
 - c. File the documentation in the SSS Form 101.
 - d. Take any necessary action to resume the registrant's processing.
 - e. Return the SSS Form 101 to File 800.
7. If compliance is not obtained and no valid explanation is offered within 10 days:
 - a. Notify the registrant that he is being referred to the General Counsel as a suspected violator (see Sample Letter 6-B-2).
 - b. Record the notification on page 2 of the SSS Form 101.

CHECKLIST 8-A-1 - PROCESSING VIOLATORS UNDER THE AREA OFFICE'S JURISDICTION (cont.)

- c. File a copy of the notification in the SSS Form 101.
- d. For all alleged violations other than failures to report for induction, transmit the violator status to the HCPDS database. Record the transmission on page 2 of the SSS Form 101.
- e. Prepare a Report of Suspected Violation (SSS Form 301).
- f. Record the preparation of the SSS Form 301 on page 2 of the SSS Form 101.
- g. File the original and copy 1 of the SSS Form 301 in the SSS Form 101.
- h. Prepare a duplicate SSS Form 101 (see Checklist 1-A-3).
- i. File copy 2 of the SSS Form 301 with the duplicate SSS Form 101.
- j. Send the original SSS Form 101 to the General Counsel (see Checklist 1-A-4).
- k. File the duplicate SSS Form 101 at File 800.1 (court action pending).

CHECKLIST 8-A-2 - PROCESSING VIOLATORS REFERRED BY MEPS

1. Establish a Registrant File Folder (SSS Form 101) if one has not already been prepared.
2. Obtain from the HCPDS data base a copy of the registrant's History File.
3. Use the History File to make any required additions to page 2 of the SSS Form 101.
4. File the copy of the History File in the SSS Form 101.
5. Prepare a Report of Suspected Violation (SSS Form 301).
6. Record the preparation of the SSS Form 301 on page 2 of the SSS Form 101.
7. File the original and copy 1 of the SSS Form 301 in the SSS Form 101.
8. Prepare a duplicate SSS Form 101 (see Checklist 1-A-3).
9. File copy 2 of the SSS Form 301 with the duplicate SSS Form 101.
10. Send the original SSS Form 101 to the SSS General Counsel (see Checklist 1-A-4).
11. File the duplicate SSS Form 101 at File 800.1 (court action pending).

CHECKLIST 8-A-3 - PROCESSING VIOLATORS REFERRED BY THE ALTERNATIVE SERVICE OFFICE (ASO)

1. Record on page 2 of the SSS Form 101 the receipt of the Alternative Service File Folder (SSS Form 101A) from the ASO.
2. Notify the Alternative Service Worker (ASW) that he is being referred to the General Counsel as a suspected violator (see Sample Letter 6-B-2).
3. Record the notification on page 2 of the SSS Form 101.
4. File a copy of the notification in the SSS Form 101.
5. Place the SSS Form 101A in the SSS Form 101.
6. Transmit the violator status to the HCPDS data base.
7. Record the transmission on page 2 of the SSS Form 101.
8. Prepare a Report of Suspected Violation (SSS Form 301).
9. Record on page 2 of the SSS Form 101 the preparation of the SSS Form 301.
10. File the original and copy 1 of the SSS Form 301 in the SSS Form 101.
11. Prepare duplicate SSS Forms 101 and 101A (see Checklist 1-A-3).
12. File copy 2 of the SSS Form 301 with the duplicate SSS Form 101/101A.
13. Send the original SSS Forms 101 and 101A to the SSS General Counsel (see Checklist 1-A-4).
14. File the duplicate SSS Form 101/101A at File 800.1 (court action pending).

CHECKLIST 8-A-4 - PROCESSING VIOLATORS NOT UNDER THE AREA OFFICE'S JURISDICTION

1. Prepare a Report of Violation (SSS Form 301).
2. Attach documentation of the alleged violation (including SSS Forms 119 recording oral information) to the SSS Form 301.
3. Retain copy 2 of the SSS Form 301 at File 100 (general correspondence).
4. Send the original and copy 1 of the SSS Form 301, plus the documentation, to the General Counsel.

CHECKLIST 8-A-5 - INJUNCTIONS OR TEMPORARY RESTRAINING ORDERS

1. Halt the registrant's processing in HCPDS.
2. Record the existence of the court order on page 2 of the Registrant File Folder (SSS Form 101).
3. File a copy of the court order in the SSS Form 101.
4. File the SSS Form 101 at File 800.1 (court action pending).

APPENDIX B
SAMPLE LETTERS

SAMPLE LETTER 8-B-1 INQUIRY REGARDING POSSIBLE VIOLATION

Dear _____:

This is to inform you that you may be in violation of the Military Selective Service Act.

(select appropriate paragraph or paragraphs below)

Our records show that you registered with Selective Service after the specified period for your registration had expired.

You have been reported as a registrant who failed to report for induction as ordered at the **(city and state)** Military Entrance Processing Station on **(date)**.

You have been reported as a registrant who failed to keep the SSS informed of **(changes in your address) (changes in your status affecting your eligibility for military service)**.

You have been reported as having violated the Military Selective Service Act by **(state nature of alleged violation)**.

(conclude with the paragraph below)

Please provide this office, within ten days from the date of this letter, an explanation of your actions as indicated above. Because you appear to be in violation of the Military Selective Service Act, you may be reported to the Department of Justice or investigation and possible prosecution. Please respond to this inquiry immediately to assist us in resolving this problem. A preaddressed envelope which requires no postage is enclosed.

Sincerely,

Signature
(Typed Name and Title)

Enclosure

SAMPLE LETTER 8-B-2 NOTICE OF REFERRAL AS SUSPECTED VIOLATOR

Dear _____:

On **(date)** you were informed by letter that you may be in violation of the Military Selective Service Act because **(state reason or reasons)**.

We invited you to respond and furnish an explanation of your actions. You have **(failed to furnish an explanation) (provided an unacceptable explanation)**; therefore, this is an official notice that you are being reported to the Office of the General Counsel, SSS, for possible referral to the U.S. Department of Justice.

The Office of the General Counsel will be in contact with you.

Sincerely,

Signature
(Typed Name and Title)



**CHAPTER 9
HEALTH CARE REGISTRANTS RESIDING IN FOREIGN COUNTRIES**

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CHAPTER 9 HEALTH CARE REGISTRANTS RESIDING IN FOREIGN COUNTRIES

SECTION A HEALTH CARE REGISTRANTS RESIDING OVERSEAS

1. DEFINITIONS

- a. Overseas health care registrant. A health care registrant whose bona fide current address most recently provided by him (refers to male and female registrants) to the Selective Service System (SSS) is outside the United States, its territories or possessions, Commonwealth of Puerto Rico, Canada, and Mexico.
- b. Examining Facility. A location overseas designated by the appropriate Theater Commander at which pre-induction examinations of health care registrants residing overseas are performed.
- c. Overseas Area Office (AO). The Selective Service office is established by the Director to provide initial administrative support to an overseas Local Board within a particular theater of operations.
- d. Overseas Local Board. A group of not less than three United States citizens, residing within a particular overseas theater of operations, appointed by the Director to act on claims for judgmental classifications and review of AO denials filed by health care registrants residing within the area served by the board.
- e. Support AO. The Selective Service office within the United States designated by the Director to provide administrative support, including CRPP (HCPDS) input, for a specified overseas AO and Local Board.
- f. Theater Commander. The U. S. military officer who is the commander of an overseas area within boundaries is established by the Secretary of Defense.

2. ASSIGNMENT TO LOCAL AND APPEAL BOARDS

- a. The Director of Selective Service shall establish Local and District Appeal Boards with jurisdiction to determine claims of overseas health care registrants. The Director shall prescribe the geographic jurisdiction of each and designate or establish an area or other office to support them. The boards shall consist of three or more members appointed by the President.
- b. Unless and until overseas SSS Local and District Appeal Boards are established, a registrant whose current address most recently provided to the SSS is not within the United States, Canada, or Mexico, shall be assigned to an AO in the District of Columbia. That AO will, in turn, transfer any health care registrant claims to a designated District of Columbia Local Board. The State Health Care Personnel Advisory Committee for the District of Columbia will have jurisdiction relating to Health Care registrants assigned to the specified District of Columbia Area Office.

- c. An overseas health care registrant's claim may be transferred to another Local Board under any of the following conditions:
 - (1) Upon the order of the Director, prior to consideration of the claim, when he (refers to male and female registrants) deems a transfer necessary to assure equitable administration of Selective Service law.
 - (2) At the request of the health care registrant, made when the claim is submitted, if he requests transfer to the Local Board having jurisdiction over his (refers to male and female registrants) permanent address in the United States as last reported by him to the SSS, or if the change will result in his claim being considered by the AO/Local Board closest to where he is currently living, even though he may not reside within the jurisdiction of that office.
 - (3) When the Local Board of jurisdiction cannot act because a majority of the board members are disqualified or the vote of the board remains tied after the second consideration of the claim. In this case, the AO will transfer the claim to another Local Board in the District of Columbia.

3. EXAMINATION OF OVERSEAS HEALTH CARE REGISTRANTS

- a. The examining facility will notify the designated District of Columbia AO, through the appropriate Theater Commander, of the results of each overseas health care registrant's examination, including any cases where reexamination is believed justified. Those health care registrants who are found not qualified for military service at the examining facility will be reclassified 4-F and no action will be taken.
- b. The Director may order the AO/Local Board designated to handle overseas health care registrant claims to process claims for postponement and/or reclassification prior to examination whenever he deems it necessary to assure prompt processing.
- c. The examining facility will notify the AO designated to handle overseas health care registrant claims in writing, through the appropriate Theater Commander, whenever an overseas health care registrant elopes from the examining facility prior to the completion of his processing, refuses to submit to examination, or fails to report for examination.
- d. Any health care registrant who elopes from the examining facility or refuses to submit to examination will be deemed to have abandoned any claim for reclassification or student postponement.
- e. When the AO designated to handle overseas health care registrant claims is notified that a health care registrant failed to report for examination, the health care registrant will be issued a second SSS Form 262-O to both his current and permanent address. If the health care registrant fails to report in compliance with the second order, the designated AO will process him as a suspected violator.
- f. The designated AO will forward "papers only" evaluations to the support AO for processing at a MEPS in the United States.

4. VOLUNTEERS FOR INDUCTION

Overseas health care volunteers for induction will be examined at an examining facility overseas and, if found acceptable, transported at Government expense to a MEPS in the United States for completion of induction processing in the same manner as non-volunteer overseas health care registrants ordered for induction.

5. POSTPONEMENTS

Overseas health care registrants may be postponed for the same reasons as any other registrant. In addition, an overseas health care registrant (including a volunteer for induction) who has been found qualified at an examining facility and who has not filed any other claim may, upon request, be granted a postponement to settle his personal affairs overseas prior to his being transported to the United States. The overseas AO is authorized to grant such a postponement for a maximum of 30 days. Unless and until overseas AOs are established, health care registrants will be assigned to an AO in the District of Columbia which is authorized to grant such a postponement for a maximum of 30 days. No extensions of this postponement may be granted.

6. CLAIMS AND APPEALS

- a. With the exception of time-limits imposed, the provisions of Chapter 5 of this manual apply equally to the processing of claims and appeals made by health care registrants residing overseas. See Chapter 5, Section C, of this manual for Class 2-AM (Health Care registrant referred because of Essentiality of Occupation).
- b. The AO designated to handle overseas health care registrant claims shall make the initial determination of claims for all postponements and administrative classifications, and shall transmit claims for judgmental classifications and review of AO denials to the Local Board designated to handle overseas health care registrant claims.
- c. An overseas health care registrant shall be allowed 20 days to furnish to the AO designated to handle overseas health care registrant claims the documentation required to support his claims. If he is to appear before the Local Board designated to handle overseas health care registrant claims, he shall be given at least 20 days notice of his scheduled personal appearance unless he requests an earlier appearance, and he will be given 10 days to provide an explanation of his failure to appear as scheduled.
- d. The District Appeal Board to which an overseas health care registrant may appeal the denial of his claim(s) will be based upon the location of the support AO in the United States. Appeals to the District Appeal Board and the National Appeal Board will be filed with the AO designated to handle overseas health care registrant claims, which will allow the health care registrant at least 20 days to examine his file and furnish additional information.

7. INDUCTION NOTICE TO OVERSEAS HEALTH CARE REGISTRANTS

- a. Registrants residing overseas whose Random Sequence Numbers (RSNs) are reached for induction will be mailed an Order to Report for Induction - Overseas (SSS Form 262-O) from the Data Management Center via Air Mail.
- b. Overseas health care registrants must be selected and issued an order at least 30 days prior to the scheduled induction date, unless they have volunteered. For additional information, see Chapter 7 (Induction and Postponement Processing).

8. ALTERNATIVE SERVICE

- a. Overseas health care registrants classified in Class 1-O-M will be issued Orders to Perform Alternative Service (SSS Form 154) by the Local Board designated to handle overseas health care registrant claims. The AO designated to support the Local Board handling overseas health care registrant claims will administratively reclassify the health care registrant into Class 1-WM, establish the Alternative Service File Folder (SSS Form 101A) and forward it to the Alternative Service Office (ASO) serving the support AO.
- b. A preliminary orientation will be conducted at the behest of the designated AO by a United States Government civilian employee stationed overseas. The orientation differs from the job counseling sessions held at ASOs in the United States in that interview referral orders may not be issued.
- c. An overseas health care registrant ordered to perform Alternative Service may propose his own job in the United States by submitting his request to the designated AO, which will forward the request to the designated ASO. The ASO will be responsible for evaluating the proposed job, notifying the Alternative Service Worker (ASW) of its decision, and issuing a Job Placement Order if the job is approved. The overseas health care registrant ordered to perform Alternative Service may also propose a job overseas, which will be evaluated by the designated ASO and National Headquarters in the same manner as for health care registrants residing in the United States.
- d. If the overseas health care ASW does not propose his own job, or if the proposed job is not approved for Alternative Service, he will be assigned to an open placement position in the United States within 30 days of the issuance of his Order to Perform Alternative Service.
- e. Health care ASWs working at approved Alternative Service jobs overseas are assigned to the ASO serving National Headquarters. That ASO may request the assistance of overseas AO personnel in making routine employer contacts and monitoring the performance of health care ASWs.
- f. If an overseas health care ASW assigned to a job in the United States incurs a hardship to his dependents which cannot be alleviated by a job reassignment, he may, upon request, have his request for suspension considered by the Local Board with jurisdiction over the area where his job is located rather than by the overseas Local Board which issued his order to perform alternative service.

9. TRAVEL

- a. An overseas health care registrant is authorized to travel at government expense between his place of residence and the nearest examination facility.
- b. Overseas health care registrants who have been issued an Order to Report for Induction (SSS Form 262-O) after having been found qualified for military service at an examining facility, will be transported at government expense to a MEPS in the United States for completion of induction processing. If found not qualified for military service at the MEPS, the health care registrant will be returned at government expense to his residence overseas.
- c. Overseas health care registrants in Class 1-WM will be transported at government expense to report to an Alternative Service job assignment in the United States and returned to their overseas residence upon completion of their alternative service obligation.
- d. Health care registrants will be scheduled to travel by military air transport where available. When military air transport is not available, the cost of commercial air transport is authorized for government reimbursement at the lowest cost coach fare. Health care registrants are responsible for making their own travel arrangements for those portions of their travel for which military air transport is not available. The overseas AO will provide information and assistance as required and as appropriate if the health care registrant lacks funds to travel. The overseas AO will arrange for military air transport in consultation with the Theater Commander.
- e. The provisions of this paragraph do not preclude any health care registrant from arranging his own travel to the United States at his own expense. Health care registrants will not be reimbursed for any travel expenses they incur for those portions of their travel where military air transport is available but not used.
- f. Travel reimbursement requests will be submitted using a Registrant Travel Reimbursement Request (SSS Form 350) or ASW Travel Reimbursement Request (SSS Form 164) as appropriate. Health care registrants submitting claims for reimbursement in accordance with this paragraph will be required to furnish a receipt for any single expense of \$5.00 or more, and for converting all amounts claimed to U.S. dollars at the rate of exchange in effect when the claim is submitted.

10. SUSPECTED VIOLATORS

- a. Unless and until overseas AOs are established, health care registrants will be assigned to an AO in the District of Columbia. Initial processing of overseas health care registrants identified as suspected violators will be done by their assigned AO. The health care registrant will be given 20 days to comply with his obligation or provide an acceptable reason for not doing so.
- b. If compliance is not obtained within the 20-day period allowed, the overseas AO will forward the health care registrant's SSS Form 101 to the support AO for reporting as a suspected violator.

SECTION B HEALTH CARE REGISTRANTS RESIDING IN CANADA OR MEXICO

1. ASSIGNMENT TO LOCAL AND APPEAL BOARDS

- a. A health care registrant whose current address is in Canada or Mexico, but whose last reported permanent address is within the United States, will be assigned to the Local Board having jurisdiction over his permanent address in the United States.
- b. A health care registrant whose last reported permanent address is within Canada or Mexico will be assigned to a Local Board which is proximate to the United States border with his country of residence.
- c. Health care registrants assigned to a Local Board under the provisions of this paragraph may be transferred temporarily to the jurisdiction of another AO/Local Board for any of the reasons which apply to health care registrants residing in the United States.
- d. A health care registrant whose current address is in Canada or Mexico, but whose last reported permanent address is within the United States, or whose last reported permanent address is within Canada or Mexico will be assigned to the AO, State Headquarters, and District Appeal Board ordinarily designated to support the Local Board to which he has been assigned.

2. HEALTH CARE REGISTRANT PROCESSING

- a. A health care registrant whose permanent address is in Canada or Mexico but whose last reported current address is within the United States is subject to the same examination, induction, postponement, personal appearance, claim, and appeal provisions which apply to all other health care registrants residing in the United States.
- b. A health care registrant whose current address is in Canada or Mexico is also subject to the same provisions except as specifically noted below.
- c. Health care registrants currently residing in Canada or Mexico who are reached for examination will be issued an Order to Report for Armed Forces Physical Examination - Canada-Mexico (SSS Form 233-CM) via the U.S. Postal Service. Such health care registrants will be scheduled to report to a MEPS at least 20 days from the date of issuance. No travel warrant is included; the order instructs the health care registrant to travel at his own expense and claim reimbursement from Selective Service.
- d. Health care registrants residing in Canada or Mexico will be allowed 15 days from the date the SSS Form Letter 1 (Notice of Acceptability) is mailed notifying him (refers to male and female registrants) that he has been found qualified for military service, to file claims for postponement or reclassification. With the exception of time-limits imposed, the provisions of Chapter 5 of this manual apply equally to the processing of claims and appeals made by health care registrants residing in Canada or Mexico. Health care registrants will be given at least 15 days notice of any scheduled personal appearance before a Local or Appeal Board in the United States. If a health care registrant fails to appear for his scheduled personal appearance, he will be allowed 10 days to provide an explanation.

3. ALTERNATIVE SERVICE

Class 1-OM health care registrants residing in Canada or Mexico will be ordered for Alternative Service, reclassified 1-WM, and processed in the same manner as health care registrants residing in the United States.

4. TRAVEL

- a. A health care registrant whose current address is in Canada or Mexico is authorized to travel at government expense from his place of residence to the MEPS. He is responsible for arranging his own travel by the most reasonable and economical means available. Travel by air is authorized only where necessary due to distance and time requirements.
- b. AOs will provide information and assistance to health care registrants in arranging their travel, as appropriate, if the health care registrant lacks funds to travel.
- c. Health care registrants returned to Canada or Mexico after MEPS processing will be entitled to return travel.
- d. Travel reimbursement requests will be submitted using a Registrant Travel Reimbursement Request (SSS Form 350) or Alternative Service Worker (ASW) Travel Reimbursement Request (SSS Form 164) as appropriate. Health care registrants submitting claims for reimbursement in accordance with this paragraph will be required to furnish a receipt for any single expense of \$5.00 or more, and for converting all amounts claimed to U.S. dollars at the rate of exchange in effect when the claim is submitted.

5. SUSPECTED VIOLATORS

A health care registrant identified as a suspected violator, whose last reported current address is within Canada or Mexico, will be allowed 15 days to comply with his obligation or provide an acceptable reason for not doing so. In all other respects, the processing of suspected violators who reside in Canada or Mexico will be identical to that of suspected violators residing in the United States.

APPENDIX A - JURISDICTION OF OVERSEAS LOCAL BOARDS

TO BE DEVELOPED/DETERMINED



CHAPTER 10 ALTERNATIVE SERVICE

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CHAPTER 10 ALTERNATIVE SERVICE

SECTION A GENERAL INFORMATION

1. PURPOSE AND AUTHORITY

- a. This chapter provides guidance for the administration of the Alternative Service Program (ASP). Congressional authority for this Program is in the deferment and exemption section of the legislation contained in the Military Selective Service Act (MSSA), 50 U.S.C. App. 456, Conscientious Objectors, Section 6(j). The guiding policies for the Program are set forth in the Selective Service System (SSS) regulations, 32 CFR, Chapter XVI, Part 1656. Section 6(j) of the MSSA provides that the Director of SSS will be responsible for finding civilian work for registrants who have been exempted from military service and training because of a conscientious objection to both combatant and noncombatant military training and service. The Director is responsible, under the Act, for the placement of such registrants in appropriate civilian work contributing to the maintenance of the national health, safety, or interest. These requirements place responsibility upon the SSS to start and administer an ASP for registrants who are classified Class 1-OM and Class 1-O-SM. Registrants must satisfy the obligation imposed by the MSSA by doing alternative service. In lieu of military service, their civilian alternative service must contribute to the maintenance of the national health, safety, or interest.
- b. The ASP establishes a pool of eligible employers, the Alternative Service Employer Network (ASEN), who will provide jobs for registrants classified as Alternative Service Workers (ASWs). Administration of the ASP utilizes the Central Registrant Processing Portal (CRPP). The law charges the SSS with the administration of the ASP, including the oversight of ASWs and employers in the Program.
- c. A registrant classified in Class 1-OM must do Alternative Service work for twenty-four months in a job contributing to national health, safety, or interest. This time is equivalent to the period of military service required of inductees into the Armed Forces.
- d. A registrant classified in Class 1-O-SM must do a period of alternative service equivalent to the remainder of his (refers to both male and female registrants) active duty military obligation, not to exceed twenty-four months.
- e. The Area Office (AO) supporting the Local Board that classifies a registrant into Class 1-OM or Class 1-O-SM will retain processing responsibility for the registrant until the board has reclassified him (refers to both male and female registrants) into Class 1-WM, which class requires the registrant to do Alternative Service.
- f. The Class 1-WM registrant's Alternative Service Office (ASO) of jurisdiction will have processing responsibility. Responsibility for the ASW's processing will transfer to the receiving ASO if the registrant's job placement or supervision changes from one ASO to another.

- g. Prior to forwarding SSS Form 101A (Alternative Service File Folder), AOs will enter address changes for ASWs into the Registrant Information Bank (RIB) in the same manner as address changes for all other registrants. Once the SSS Form 101A arrives at the ASO, this task will be performed by the ASO until the ASW is released from Alternative Service.
- h. ASOs will establish a Uniform Filing System (UFS) in accordance with Chapter 1, Appendix G of this manual.

2. THE ORDER TO PERFORM ALTERNATIVE SERVICE

- a. When the Random Sequence Number (RSN) of a registrant who is classified as 1-OM is reached, the Class 1-OM registrant will be administratively classified into Class 1-WM and issued, i.e., mailed, an Order to Perform Alternative Service (SSS Form 155) by the Local Board.
- b. Registrants in Class 1-O-SM will be issued an Order to Perform Alternative Service (SSS Form 155) when AO administrative support to the Local Board of jurisdiction forwards the appropriate paperwork to it.

3. THE PREPARATION, FORWARDING, AND MAINTENANCE OF ALTERNATIVE SERVICE FILES (SSS FORM 101A)

- a. The entry in the CRPP (HCPDS) will reflect the registrant's reclassification into Class 1-WM and transfer of his records to ASP operational control. Thereafter, further registrant processing becomes the responsibility of the appropriate ASO having jurisdiction over the geographic area served by the registrant's AO.
- b. The AO will prepare an Alternative Service File Folder (SSS Form 101A) for each registrant reclassified into Class 1-WM. The originating AO of jurisdiction will retain the original Registrant File Folder (SSS Form 101).
- c. All documents and information pertinent to the ASW will be filed in the SSS Form 101A. This file serves as a repository for information pertaining to the ASW and the performance of his Alternative Service obligation.
- d. The SSS Form 101A, with any materials relating to an ASW's conscientious objector (CO) classification, will be sent from the AO by the most secure means available to the ASO of assignment immediately after the issuance of the SSS Form 155.
- e. SSS Form 101A is maintained at the ASO and is returned to the AO of jurisdiction when the ASW has completed his obligation, has had his time suspended because of hardship, or is to be reported to the U.S. Attorney as a suspected violator.

4. TERMINOLOGY AND DEFINITIONS

ALTERNATIVE SERVICE. Civilian work performed by conscientious objectors that contributes to the maintenance of the national health, safety, or interest.

ALTERNATIVE SERVICE EMPLOYER NETWORK (ASEN). Those associations and individual employers with agreements with the SSS to employ or to encourage their members' organizations to employ Alternative Service Workers.

ALTERNATIVE SERVICE LEGISLATION. Section 6 (j) of the Military Selective Service Act; 50 U.S.C. App. 456 as amended, and 32 CFR, Chapter 16, Part 1656.1 through 1656.20.

ALTERNATIVE SERVICE OFFICE (ASO). An office designated by the Director to administer the Alternative Service Program in a specified geographic area, or the compensated employees of that office, depending on the context in which the term is used.

ALTERNATIVE SERVICE OFFICE MANAGER (ASOM). The compensated employee of the SSS who performs specific office functions and who is responsible for the performance of all duties and functions assigned to the ASO.

ALTERNATIVE SERVICE PROGRAM SYSTEM (ASPS). A computer-based system supporting the placement and management of registrants assigned as Alternative Service Workers. In the future, this system will be a subsystem of the Central Registrant Processing Portal (CRPP).

ALTERNATIVE SERVICE WORKER (ASW). A registrant ordered by his Local Board to perform Alternative Service.

APPROVED EMPLOYER. An employer whose completed Employment Agreement, SSS Form 152, and Employer Data Sheet, SSS Form 153, has been approved by SSS for participation in the Alternative Service Program.

AREA OFFICE. (AO) The SSS office responsible for all administrative and operational support for the one or more Local Boards within its jurisdiction, or the compensated employees of that office, depending on the context in which the term is used.

BOARD. A Local Board, District Appeal Board, or the National Appeal Board, depending on the context in which the term is used.

BOARD OF TRANSFER. The board to which the Area Office temporarily transfers a registrant's case for student postponement or reclassification action.

CLAIM. A request by a registrant for postponement or reclassification.

CLASSIFICATION. Exercise of the authority to determine claims for exemption or deferment from training and service under the Selective Service law, or the specific category claimed, depending on the context in which the term is used.

CENTRAL REGISTRANT PROCESSING PORTAL (CRPP). The registrant processing system supporting pre-induction, examinations/inductions, and claims and appeals processing, Alternative Service support, forms and letter for generation during an SSS mobilization.

CONSCIENTIOUS OBJECTOR. A registrant who, because of religious, moral, or ethical beliefs, is opposed to participation in war in any form.

CREDITABLE TIME. Time counted toward an Alternative Service Worker's fulfillment of his alternative service.

DAY. A calendar day unless otherwise specified.

DISTRICT APPEAL BOARD (DAB). A group of not less than three civilian members appointed by the President to classify registrants whose cases who have been appealed to it from a Local Board decision, and to review cases in which an Alternative Service Worker requests a job reassignment based on reasons of conscience has been denied.

EARLY RELEASE. The early authorized end of an ASWs term of service.

EMPLOYER. The Federal Government or a state, territory, or possession of the United States or a political subdivision thereof, the District of Columbia or the Commonwealth of Puerto Rico; and, organizations, associations, or corporations primarily engaged in lawful activity either in a charitable activity conducted for the benefit of the general public or in carrying out a program for the improvement of the public health, welfare or environment, including educational or scientific activities in support thereof, when such an activity or program is not principally for the benefit of the employer or membership of the organization.

FULL TIME EMPLOYMENT. At least 35 hours a week.

HEALTH CARE PERSONNEL DELIVERY SYSTEM (HCPDS). The policies and procedures necessary to process registrants for Armed Forces examination, induction or alternative service under a one-step, time-phased response or health care induction scenario. HCPDS information technology processes are subsystems of the CRPP.

JOB ASSIGNMENT. A specific job with an eligible employer to which an ASW is assigned to do his alternative service.

JOB BANK. A list of available ASP job openings.

JOB MATCHING. A comparison of the ASW's work experience, education, training, special skills, and work preferences with the requirements of the positions in the job bank.

JOB PLACEMENT. Assignment of an ASW to an Alternative Service job.

LOCAL BOARD. A group of not less than three civilian members appointed by the President to act on all registrants' claims presented to it.

LOCAL BOARD ASSIGNMENT The process by which the Director of SSS identifies the board with classification authority for a registrant.

MILITARY ENTRANCE PROCESSING STATION (MEPS). The military installation to which ordered registrants report for determination of their acceptability for military service or Alternative Service and for induction processing into the Armed Forces.

OPEN PLACEMENT. The assignment of ASWs without employer interview to employers who have agreed to employ an agreed upon number of ASWs.

POSTPONEMENT. A delay of a registrant's examination, induction or Alternative Service reporting date. It can also refer to a delay in an ASW reporting date for job counseling, a job interview, or a job placement.

PREACCEPTED PLACEMENT. The assignment of an Alternative Service Worker to a job with an employer who has agreed to employ all ASW without an interview.

RECLASSIFICATION. A change of a registrant's status regarding his liability for military service by administrative or judgmental classification action.

REGISTRANT. A person registered as required by SSS law.

REGISTRANT INTEGRATED PROCESSING SYSTEM (RIMS). The policies and procedures necessary to process registrants for Armed Forces examination, induction or alternative service under a one-step, time-phased response or health care induction scenario. RIMS information technology processes are subsystems of the CRPP.

REGISTRANT INTEGRATED PROCESSING SYSTEM (RIPS) Manual. The policies and procedures necessary to process registrants for Armed Forces examination, induction or Alternative Service under a two-step, time-phased response scenario. RIPS information technology processes are subsystems of the CRPP.

RESTORED TIME. A specific number of days for which creditable time was originally denied when the denial is subsequently reversed.

SELECTIVE SERVICE LAW. The Military Selective Service Act, SSS Regulations as captured in the Code of Federal Regulations and internal documents, the Proclamations of the President pertaining to registration under the MSSA, and all other rules pertaining to the processing of registrants.

SUSPENSION. Interruption of an ASW's performance of alternative service due to a hardship condition of his dependents.

TERRITORY. A territorial possession controlled by a ruling state.

THIRTY-DAY RULE. The provision by which an ASW begins to accrue creditable time 30 days after his order to perform alternative service was issued if, through no fault of his own, he (refers to both male and female registrants) has not been placed in an alternative service job.

UNIFORM FILING SYSTEM (UFS). The generic filing system used by the SSS to arrange its files in a unified manner.

SECTION B ALTERNATIVE SERVICE EMPLOYERS

1. TYPES OF ALTERNATIVE SERVICE EMPLOYERS

- a. Section 6(j) of the Military Selective Service Act (MSSA) obligates the Director of SSS to find civilian work in lieu of military service for registrants in Classes 1-OM and 1-O-SM. The Director's mandate is to ensure they are in jobs contributing to the maintenance of the national health, safety, or interest.
- b. Employers eligible to participate in the Alternative Service Program (ASP) are:
 - (1) The Federal Government or a state, territory or possession of the United States or a political subdivision thereof, the District of Columbia or the Commonwealth of Puerto Rico.
 - (2) Firms, institutions, agencies, organizations, associations, or corporations engaged in either a lawful charitable activity conducted for the benefit of the general public, or lawfully carrying out a program for the improvement of the public health, welfare, or environment. The charitable activity or improvement program could include educational or scientific activities in support of either the charitable activity or the improvement program when it they are not principally for the benefit of the employer or membership of the organization.
- c. Alternative Service Work is required by law and regulation to:
 - (1) Be of a civilian nature; and,
 - (2) Contribute to the maintenance of national health, safety or interest.

2. TYPES OF ALTERNATIVE SERVICE JOBS

- a. Acceptable employment for SSS Alternative Service Workers (ASW) includes, but is not limited to the following types of work:
 - (1) Health care services, including but not limited to hospitals, nursing homes, extended care facilities, clinics, mental health programs, hospices, community outreach programs, and hotlines;
 - (2) Educational services, including but not limited to teaching, teacher's aides, counseling, administrative support, parent counseling, recreation, remedial programs, and scientific research;
 - (3) Environmental programs, including but not limited to conservation and firefighting, park and recreational activities, pollution control and monitoring systems; and disaster relief;
 - (4) Social services, including but not limited to sheltered or handicapped workshops, vocational training or retraining programs, senior citizens activities, crisis intervention, and poverty relief;

(5) Community services, including but not limited to fire protection, public works projects, sanitation services, school or public building maintenance, correctional facility support programs, juvenile rehabilitation programs; and,

(6) Agricultural work.

b. The ASO is responsible for placing ASWs with appropriate employers in order to ensure the prompt assignment of ASWs within its jurisdiction.

3. RECRUITING FOR THE ALTERNATIVE SERVICE EMPLOYER NETWORK (ASEN)

a. The recruitment of employers eligible to join the Alternative Service Employer Network (ASEN) will begin in peacetime.

b. All appropriate legal and professional techniques and methods may be applied to the recruitment of eligible employers, including the contracting out of employer recruitment.

c. Prospective employers may self-identify, be identified and recruited to the ASEN by the SSS, or be identified and recruited to the ASEN by ASWs. The ASO will follow the same employer approval process in all cases.

d. The recruitment process will include the identification and recruitment of eligible employers with a national profile.

e. SSS will also identify and recruit eligible employees with state, regional, and local profiles. All recruitment may proceed simultaneously.

f. Employers may request ASEN membership at any time. The approval process is the same as for those recruited for membership.

g. Eligible employers must belong to one of the required groups listed above at 1.b.(1) or 1.b.(2).

4. APPROVING EMPLOYERS FOR THE ASEN

a. Once a prospective employer has been identified, the ASO will contact it to explain the ASP's employer and employee responsibilities. Employer responsibilities are listed in paragraph 5 below.

b. Employers will be asked to complete the Employer Data Sheet (SSS Form 153) as the first step in determining their eligibility to join the ASEN.

c. The ASO will evaluate completed Employer Data Sheets to determine the employer's eligibility to join the ASEN.

d. The ASO will conduct an on-site evaluation once the employer's eligibility has been confirmed. Findings will be recorded on the On-Site Employer Evaluation Form (SSS Form 171).

- e. The ASO may delegate the on-site evaluation of overseas job sites to persons or organizations approved by the State Director. The State Director may also determine to forego the on-site evaluation of overseas job sites at his discretion and with the approval of the Region Director.
- f. Approved employers will be sent the appropriate narrative from Sample Letter 10-B-17 and required to sign an Alternative Service Employment Agreement (SSS Form 152) once the ASO has completed its evaluation. The approval will be recorded in the CRPP (ASPS).
- g. Employers who have not been approved will also be sent the appropriate narrative from Sample Letter 10-B-17. The rejection will be recorded in the CRPP (ASPS).
- h. Employers who wish to appeal the ASO's denial of ASEN membership may appeal that denial to the State Director by submitting copies of their SSS Forms 153 and 171, along with an explanation that refutes the ASO's reason for denial. No appeal from the State Director's decision on this matter is available within SSS.

5. EMPLOYER RESPONSIBILITIES

- a. Employers approved for membership in the ASEN must agree to:
 - (1) Provide clear statements of the ASW's duties, responsibilities, compensation and benefits;
 - (2) Ensure that ASWs are provided with full-time employment;
 - (3) Ensure that ASW wages, hours, and working conditions conform with Federal, state, and local laws;
 - (4) Provide adequate supervision of ASWs in their employ; and,
 - (5) Provide for the nondiscriminatory treatment of ASWs.
- b. Full-time employment is any work schedule that provides a minimum of 35 hours of work per week.

6. EMPLOYMENT AGREEMENTS

- a. SSS shall enter into an Employment Agreement (SSS Form 152) that specifies the duties and responsibilities of the Selective Service System and the employer under the ASP before an ASW is placed with an approved employer.
- b. The exception to the rule above is that ASWs who have identified their own jobs may be assigned by the ASO to that job pending review of the job by the SSS.
- c. SSS must determine the employer's eligibility to join the ASEN within 30 calendar days of the date it assigns the ASW to work with the employer. The ASW will receive creditable time beginning with the date he was placed in the job by the ASO if the employer is subsequently approved.

- d. ASWs placed in jobs with employers who are not subsequently approved to employ them will be reassigned to an approved employer. They will receive no credit for time spent working for the unapproved employer unless more than 30 calendar days has elapsed between the date of the initial placement by the ASO and the final determination of the employer's eligibility review process.
- e. SSS shall not negotiate ASW wages, hours and working conditions except to the extent these are covered in individual employment agreements or stipulated in paragraph 5 above.
- f. The ASO will investigate whenever it appears that an employer is in violation of its responsibilities toward ASWs it employs. The ASO may negotiate with the employer to resolve the violations or terminate the Employment Agreement (SSS Form 152) if a resolution cannot be reached within a reasonable time. ASWs will receive credit for time spent working for employers during this negotiation period.

7. MAINTAINING AN INVENTORY OF AVAILABLE JOBS

- a. The ASO will contact employers periodically to determine whether any changes have been made in their inventory. These would include unlisted vacancies, positions no longer available, and any changes to existing job openings. Reference Checklist 10-A-3.

The ASO will contact employers twice in each quarter to determine whether the employer has any:

- (1) Job vacancies not presently listed in which ASWs could be placed.
 - (2) Positions presently listed which are no longer available.
 - (3) Changes to duties or job requirements for existing job openings.
- b. When a specific job opening has been identified by an employer for whom a signed Employment Agreement (SSS Form 152) is on file, the ASO will follow the procedures outlined in Checklist 10-A-2 to add it to the ASEN.
 - c. The employer may promote or reassign ASWs within his organization, in consultation with the ASO, as long as the job continues to meet the standards for acceptable employment in the ASP.

8. MANAGING ALTERNATIVE SERVICE OFFICE (ASO) EMPLOYER CONTACTS

- a. The ASO is responsible for monitoring the performance of all ASWs assigned to the ASP within its area of jurisdiction. The ASO will contact employers on a regular basis, either electronically or via on-site visits. The ASO will immediately contact an employer when there is a complaint about the performance of an ASW or the employer.
- b. Prior to contacting an employer the ASO will follow the procedures outlined in Checklist 10-A-4.

- c. When the ASO determines that a visit, other than the scheduled on-site visit, to the job site is warranted, the employer may be prior to traveling to the job site. If the ASO believes that the particular circumstances warrant an unannounced visit, the State Director of the state in which the employer is located should be informed in advance of the visit.
- d. The ASO will give the employer as much advance notice as possible when an ASW is to be removed from his job assignment and will confirm whether or not the employer would be interested in accepting the referral of another ASW.
- e. Whenever the ASOM learns that the ASW may have failed to satisfactorily perform his work or he receives a complaint from an employer involving the ASW's work, the Administrative Complaint process outlined at Section C, paragraph 11 of this chapter will be followed.

9. TERMINATION OF EMPLOYMENT AGREEMENTS

- a. Agreements between SSS and employers in the ASP will be terminated when:
 - (1) The employer ceases to operate an approved program or activity; or
 - (2) The employer violates the agreement and no resolution is found; or
 - (3) The employer, using a 30-day written notice to SSS, requests the termination.
- b. When the decision has been made to terminate an employment agreement or any of the reasons specified above, the ASO will follow procedures as outlined in Checklist 10-A-5.

SECTION C

ALTERNATIVE SERVICE WORKERS

1. GENERAL INFORMATION

- a. Receipt of the Order to Perform Alternative Service (SSS Form 155) serves as notification to registrants that they have been reclassified 1-WM and ordered to perform Alternative Service.
- b. The Order to Report outlines the registrant's length of service and identifies his ASO of jurisdiction.
- c. Registrants classified 1-WM are required to comply with all orders issued by their ASOs of jurisdiction.
- d. Registrants without Internet access will be sent the Student Certificate (SSS Form 109), Skills Questionnaire (SSS Form 156), and the Guide to Alternative Service. All others will be asked to access or download these items from the CRPP (ASPS).
- e. The ASO will enter the information from the registrant's completed Skills Questionnaire into the CRPP (ASPS) where it will be matched with recommended employment categories and/or available jobs.
- f. Registrants classified 1-WM will be ordered to report for job counseling. The ASO will make every reasonable effort to place registrants in jobs that make the best use of their skills and abilities.
- g. The ASO's goal is to place an ASW in an Alternative Service job within 30-calendar days or less after the registrant has been reclassified 1-WM.
- h. ASWs may be placed in jobs they find for themselves or that are found for them by the ASO. Employers may require interviews before accepting ASWs as employees. ASWs may be placed in other Open Placement jobs without interviews with prospective employers. In any case, employers must be approved by and sign Employment Agreements with SSS before ASWs can begin to accrue creditable time for their service.
- i. Under certain circumstances, 1-WM registrants may request postponements of orders to report for Alternative Service, job counseling, job interviews, and job placement.
- j. ASWs may request reassignment whenever he believes that his job violates his religious, moral, or ethical beliefs or convictions as to participation in war that led to his classification as a CO or is in violation of the SSS law.
- k. Registrants will receive a Certificate of Release From Alternative Service (SSS Form 169) upon successful completion of their terms of service.

2. JOB COUNSELING SESSION

- a. The ASO will issue an Order to Report for Job Counseling Session (SSS Form 159) to newly assigned ASWs within two working days of the receipt of the ASWs Alternative Service File Folder (SSS Form 101A) from the AO.
- b. The ASO will schedule job counseling sessions, see Checklist 10-A-10, as often as necessary to assure prompt processing of ASWs. In carrying out this requirement the ASO will schedule additional sessions as necessary.
- c. An ASW will be scheduled for a job counseling session for a specific time and date.
 - (1) In no case will the ASW be scheduled for a job counseling session that is to take place less than seven days after he has been issued an Order to Perform Alternative Service (SSS Form 155) unless the ASW requests an earlier reporting date.
 - (2) An ASW is to be scheduled for a job counseling session as soon as possible after being sent the SSS Form 155, but no later than 15 days after being ordered to perform Alternative Service.
- d. The ASO will identify available jobs suitable for each ASW by comparing the skills, work experience, and education listed on the Skills Questionnaire (SSS Form 156) with the position descriptions and requirements and criteria of the available jobs.

Prospective jobs may be chosen by reviewing jobs which:

- (1) Require work experience which is the same as, or very similar to, experience the ASW may have acquired.
 - (2) Require a type of vocational training possessed by the ASW.
 - (3) Require the educational background possessed by the ASW.
 - (4) Require any special skills or licenses which are possessed by the ASW.
 - (5) Whenever possible, fit the preferences expressed by the ASW and for which he is qualified.
- e. Discuss with the ASW the available jobs in relation to his skills and work experience, educational background, and general work preferences.
 - f. Determine whether the ASW has a preference for a particular job and/or employer.
 - g. ASW job assignments as a result of counseling, jobs should be considered in the following order:
 - (1) Any job and employer requested by the ASW in accordance with paragraph 3 of this section.

- (2) The job and employer for which the ASW has expressed a preference and for which the ASW is qualified.
 - (3) The job for which the ASW is most qualified in terms of meeting most or all of the requirements.
- h. Before scheduled job counseling sessions the ASO must:
- (1) Obtain from the CRPP (ASPS) a list of available jobs for use in the job counseling session.
 - (2) Obtain from the CRPP (ASPS) a list of ASWs scheduled for the session.
 - (3) Review the SSS Forms 101A of the ASWs scheduled for job counseling, noting on page 2 of the SSS Form 101A the receipt or non-receipt of the Skills Questionnaire (SSS Form 156).
- i. At job counseling sessions the ASO must:
- (1) Have on hand a supply of Skills Questionnaires (SSS Forms 156) to be provided to any ASW who has not previously submitted completed forms.
 - (2) Have on hand a supply of Interview Referral Orders (SSS Form 161) to be prepared as a result of the counseling session.
 - (3) Have available a supply of Alternative Service Worker Travel Reimbursement Requests (SSS Form 164) to be furnished to ASWs who require reimbursement for their travel to the session.
 - (4) Be prepared to assist ASWs in making travel arrangements to job interviews or job assignments.
- j. During the job counseling session, the ASO will:
- (1) Review the relevant information in the Guide to Alternative Service with the ASW.
 - (2) Inform the ASW of his duty to perform his assigned period of Alternative Service, making sure he understands:
 - (a) That he will not be assigned to work for a member of his immediate family or for a family-owned business or organization.
 - (b) That he must work at the job to which he is assigned.
 - (c) He is required to report any change of address to the ASO within 10 days of change.
 - (d) That he is responsible for adhering to the standards of conduct, attitude, appearance, and job performance established by the employer.
 - (e) How his creditable time will be computed.

- (f) That he will be ordered into an Open Placement position if he does not obtain an acceptable job or is not hired through the normal interview referral process within 30 days after his Order to Perform Alternative Service is issued.
- (g) How requests for job reassignment are processed and when he has the right to request a review by the State Director or a DAB.
- (h) How to apply for reimbursement of expenses for emergency medical care if he should suffer an illness or injury while performing Alternative Service.
- (i) His procedural rights regarding postponements, suspensions, and the administrative complaint and review procedures.
- (j) The penalties for failure to perform his Alternative Service.
- k) The grounds and procedures for early release from Alternative Service.
- (l) What happens when he has successfully completed Alternative Service.

3. ALTERNATIVE SERVICE WORKER PROPOSAL OF A JOB

- a. If the ASW has identified what he believes to be an appropriate job with a specific employer, the ASO will require the ASW to identify the job and employer in writing, either on the Skills Questionnaire (SSS Form 156) or by separate letter.
 - (1) If the employer is already part of the ASEN, but insists on interviewing prospective ASW employees, go to paragraph 4.
 - (2) If the employer has Open Placement positions, go to paragraph 5.
- b. The ASO will inform the ASW that he should not begin work until the job and employer have been approved for Alternative Service. A review of the proposed job and employer will be made to determine acceptability within two weeks from the date the ASW submitted the proposed job.
- c. Inform the ASW that if he is already working for the employer, his credible time will not start until he is officially issued a job Placement Order (SSS Form 162) assigning him to a job with that specific employer.
- d. If the ASW or employer fails to provide the needed information to complete the review within the two week processing period, the ASW will be placed in an approved job.
- e. If the job or employer is found not acceptable or if the employer refuses to sign an employment agreement, the ASW will be placed in an approved job using Checklist 10-A-14 or 10-A-15, as appropriate.
- f. Reference Checklist 10-A-11 for details when an ASW proposes a job.

4. ASO REFERRAL TO JOBS REQUIRING AN INTERVIEW

- a. When the job agreed upon by the ASO and ASW requires a pre-employment interview, the ASO will contact the employer to arrange a time, date, and place for the interview. All other procedures will be performed in accordance with Checklist 10-A-12.
- b. After the ASW reports the outcome of the interview, the ASO will record the results on SSS Form 119. However, if the ASW has not reported the outcome of the interview within one working day after completion of the interview, the ASO will contact the employer to determine whether the ASW reported for the interview and obtain the results of the interview.
- c. If the ASW did not report for the interview, the ASO will reschedule the interview for the ASW. If the ASW fails to report for an interview for a second and third time, the ASO will follow procedures in paragraph 4.e. or f. below.
- d. If the ASW has not been placed in a job within 30 calendar days after his Order to Perform Alternative Service was issued, as a result of lack of jobs or delays in processing, if he has not been granted a postponement, and he does not have a pending application for an overseas assignment, his creditable time will begin on day 31. The ASO will make every effort to avoid or minimize situations by taking the following actions:
 - (1) Have the ASW return to the ASO for further job counseling, or issue a new Interview Referral Order (SSS Form 161) if there are jobs available.
 - (2) Consider assigning the ASW to an Open Placement position if there are no other jobs available.
 - (3) Inquire if other ASOs have available positions to which the ASW could be assigned.
 - (4) Decide whether to reassign the ASW to another ASO in accordance with the procedures in paragraph 6 of this section.
- e. If the ASO has reason to believe that the ASW is intentionally conducting himself (refers to both male and female registrants) in such a manner as to discourage employers from hiring him, or if the ASW fails to report for three scheduled interviews without an acceptable explanation, the ASO will initiate steps to assign the ASW to an Open Placement position. Reference Checklist 10-A-13.
- f. If, as a result of the ASW's adverse behavior or action, he is not hired within 30 calendar days after his Order to Perform Alternative Service is issued, and if there are no Open Placement positions available, the ASO will locate an Open Placement position through another ASO and, reassign the ASW in accordance with paragraph 4 of this section.

5. OPEN PLACEMENT POSITIONS

- a. When it has been determined that an ASW is to be assigned to an Open Placement position, the ASO will review the skills and interests of the ASW and attempt to match those skills and interests with an Open Placement position within the ASO's jurisdiction.
- b. Reference Checklist 10-A-15 for guidance in processing an Open Placement position.

6. ASW REASSIGNMENT TO ANOTHER ASO

- a. An ASW may be reassigned from one ASO to another:
 - (1) If there are no positions available in his jurisdictional ASO.
 - (2) If, due to the ASW's adverse behavior or action, he is not hired within 30 calendar days after his Order to Perform Alternative Service was issued.
 - (3) If he is administratively assigned to the wrong ASO.
- b. When an ASW is reassigned from one ASO to another ASO, the sending ASO will prepare and issue all documents in accordance with Checklist 10-A-8.
- c. The ASO will provide travel assistance as required in accordance with Chapter 4 of this manual.

7. OVERSEAS ASSIGNMENT

- a. The ASO to which the ASW is assigned at the time of request is responsible for the initial processing of an ASW's request for an overseas assignment. Upon receipt of an oral or written request, the ASO will advise the ASW of all requirements which must be met prior to his being approved for an overseas assignment. Reference Checklist 10-A-9 for all requirements.
- b. Ensure the ASW understands that it is his or the employer's responsibility to arrange and to pay for travel to and from the overseas assignment. The employer is also responsible for all the details involved in the travel such as passports, visas, inoculations, baggage, and tickets.
- c. The ASW must be made aware that he should not travel to the overseas assignment until he has been notified that the proposed job has been approved, otherwise he will be in violation of SSS regulations.

8. JOB PLACEMENT ORDER

- a. When the employer and the ASO have agreed upon a starting date and time, the ASO will issue a Job Placement Order (SSS Form 162) to inform the ASW of his job assignment, the location of the job site to which he is to report for work, the name of the person to whom he should report, and the date and time he is to report for work.

- b. The ASW will be advised how to arrange his travel to the job, what procedures to follow if h/she lacks transportation, and what to do if an emergency interferes with reporting as scheduled.
- c. Reference Checklist 10-A-14 for further guidance in processing a job placement order.

9. EMPLOYMENT VERIFICATION

- a. Upon receipt of the Employment Verification Form (SSS Form 163) that confirms the ASW has commenced work in his assigned job, the ASO will enter the starting date into the CRPP (ASPS).
- b. If the ASO fails to receive the SSS Form 163 within 5 days after the scheduled starting date, the ASO will contact the employer to obtain verification that the ASW began work and the date. The ASO at that time will request that the completed SSS Form 163 be returned promptly.
- c. If compliance with the Job Placement Order is not obtained, the ASO will process the ASW as a violator in accordance with Chapter 8 of this manual.
- d. All other steps which should be taken are detailed in Checklist 10-A-15.

10. STANDARDS OF PERFORMANCE OF ALTERNATIVE SERVICE

- a. The ASO is responsible for determining whether ASWs satisfactorily perform their Alternative Service.
- b. The ASW is responsible for adhering to the standards of conduct, attitude, appearance, and job performance required by the employer of his other employees in similar jobs. If there are no other employees, the standards shall conform to those that are reasonable and customary in a similar job.
- c. The ASO, with the assistance of the employer, shall provide oversight and monitoring of the ASW's performance on the job. This monitoring shall include:
 - (1) Requesting quarterly written or oral reports from the employer to determine whether the ASW is meeting job performance standards.
 - (2) Conducting semi-annual on-site visits in accordance with the procedures described in Section B, paragraph 8 of this chapter to observe the ASW's job performance and the employer's expectations, attitude, and treatment of the ASW.
- d. An ASW will be deemed to have failed to perform satisfactorily whenever:
 - (1) He refuses to comply with an order issued under the provisions of this chapter.
 - (2) He refuses employment by an approved employer who agrees to hire him.

- (3) His employer terminates his employment because his conduct, attitude, appearance, or work performance violates reasonable employer standards.
- (4) He quits or leaves his job without ASO approval.
- e. When the ASO becomes aware that an ASW appears to have failed to comply with an Alternative Service order, the ASO will investigate the situation and attempt to obtain compliance before taking one or more of the actions listed in paragraph 10.f. below and Checklist 10-A-17.
- f. Failure to perform satisfactorily can result in:
 - (1) Reassignment to another Alternative Service job.
 - (2) Loss of creditable time.
 - (3) The ASW being reported as a suspected violator.

11. THE ADMINISTRATIVE COMPLAINT AND REVIEW PROCESS

- a. Complaints concerning the performance of an ASW or employer will be fully documented, filed in the appropriate file, and investigated by the ASO within two weeks after receipt.
 - (1) Information concerning performance of an ASW will be filed in the ASW's SSS Form 101A.
 - (2) Information concerning performance of an employer will be filed in the employer's file folder.
 - (3) The SSS Form 101A and employer file will be returned to the Uniform Filing System files pending investigation and resolution of the complaint.
- b. The ASO will conduct its investigation by interviewing the parties concerned, either in person or by other electronic means.
- c. Refer to Checklist 10-A-18 for guidelines on processing administrative complaints.
- d. If there is a complaint about the performance of an employer, the ASO will try to negotiate an acceptable solution to the complaint.
- e. If the complaint is about the performance of the ASW, the ASO will follow the procedures listed in Checklist 10-A-18.
- f. If the ASW is still working but has complained about his job assignment, the ASO will review the problem and take the necessary action(s) as cited in Checklist 10-A-18.

12. JOB REASSIGNMENT

- a. An ASW will be reassigned (see Checklist 10-A-19) from one Alternative Service job to another if it is determined that:

- (1) His present job assignment violates his religious, moral or ethical beliefs or convictions as to participation in war which led to his classification as a CO.
 - (2) The ASW's employer ceases to operate an approved program or activity in accordance with SSS regulations.
 - (3) The ASW's employer fails to comply with the terms and conditions of SSS regulations or the Employment Agreement.
 - (4) The ASW continues to have severe differences with his employer that remains unresolved.
 - (5) The mental or physical condition of the ASW renders him unfit or unable to continue performing satisfactorily in his present job, but reassignment could alleviate the hardship.
 - (6) The ASW's dependents incur a hardship which is not severe enough to justify a suspension of his Order to perform Alternative Service, but which would be alleviated by reassignment.
- b. Either the ASW or his current employer may request his reassignment. A request for reassignment shall be made to the ASO having jurisdiction over the ASW's current job, specifying the reason(s) the reassignment is being requested.
- c. A determination will be made based on the reason(s) given and whether they meet the requirements in paragraph 19.a. above. In making the determination as to whether an ASW should be reassigned, the ASO will first determine:
- (1) If the ASW believes that his job violates his religious, moral, or ethical beliefs or convictions as to participation in war which led to his classification as a conscientious objector.
 - (2) If the request for reassignment is based upon possible non-compliance of SSS regulations by the employer or of the Employment Agreement (SSS Form 152), the ASO will investigate the situation in accordance with paragraph 11 of this section.
 - (3) If the ASW's request is based on a hardship to his dependents which has occurred as a result of his performance of Alternative Service, the ASO will take action in accordance with paragraph 15 of this section.
- d. Whenever a request for reassignment has been denied, the ASO will contact the employer within one week after the decision was transmitted to assure that the ASW has remained on the job in compliance with the decision. If the ASW is not on the job and if he does not file a request for DAB or State Director review, the ASO will process him as a suspected violator. Refer to Chapter 8 of this manual.
- e. When an employer promotes or reassigns an ASW within his organization as set forth in Section B, paragraph 7.c. of this chapter, the ASO will establish the new job in accordance with Section B, paragraph 7.b. of this chapter. If this reassignment is overseas, see Checklist 10-A-11.

13. APPEALS TO THE DISTRICT APPEAL BOARD

a. General

- (1) An ASW may appeal to the DAB when the ASO has denied his request for a job reassignment based on paragraph 12.a. (1) – (6) of this chapter.
- (2) This request must be made within 15 days after the date of the ASO's denial.
- (3) The ASW may personally appear before the DAB at his own expense at the time it considers his case, if he so chooses.
- (4) The decision of the DAB will be binding only in the case before it.
- (5) A decision of the DAB is final and is not subject to review or appeal within the SSS.

b. Principles Governing DAB Functions

- (1) The organization of the DAB and rules governing its meetings are set forth in Chapter 6 of this manual.
- (2) ASW Job Reassignment Cases shall be scheduled for DAB review in the order of the dates on which they were filed.
- (3) When an ASW has requested a personal appearance before the DAB, the procedures for conducting the meeting set forth in Chapter 6, Section B, of this manual shall be followed as they apply to a DAB.
- (4) A quorum of the members of the DAB must be present in order for the DAB to take action.
 - (a) When an ASW personally appears before the DAB, only those members of the DAB before whom he appears shall vote on his case. When a quorum is not present for a scheduled personal appearance, the procedures outlined for the Local Board in Chapter 6, Section B, paragraph 8 of this manual will be followed.
 - (b) If enough members of the DAB are disqualified from voting on a case so a quorum is not possible, the lack of a quorum will be recorded using the Minutes of Local and Appeal Board Meeting (SSS Form 112) and the case will be transferred to the nearest ASO/DAB within the Region using the applicable procedures in Checklist 10-A-20.
- (5) Each DAB will keep a record of every meeting using the Minutes of Local or Appeal Board Meeting - Continuation Sheet (SSS Form 112A). The minutes will be prepared by a DAB member or an ASO employee in attendance at the meeting and shall include the date of the last meeting, the date and time of the meeting, DAB members present by name, the name of the person preparing the minutes, and, for each case considered, the ASW's name and SSS number, employer's name, decision and DAB vote. The minutes will be

read, amended if necessary, and approved at the next meeting of the DAB and signed by a DAB member who was present throughout the meeting to which the minutes pertain.

c. Filing a Request for Review

- (1) A request for DAB review must be filed in writing with the ASO within 15 days of the issuance of the ASO's notice of denial of the ASW's request for a job reassignment.
- (2) A request for review received after the expiration of the review period will be processed if:
 - (a) The postmark clearly shows the request was mailed within the 15-day review period.
 - (b) The request for review is delivered to SSS by the U.S. Postal Service not later than the first work day after the expiration of the 15-day period.
 - (c) The Region Director, for good cause, waives the time limit for a late submission.
- (3) The written request for review does not need to be in any prescribed form but should include:
 - (a) The ASW's name, date of birth, and SSS Number.
 - (b) The ASW's signature.
 - (c) Employer to whom the ASW is assigned.
 - (d) A statement of the reason(s) the ASW believes his reassignment is justified.
 - (e) A request to appear before the DAB, if the ASW desires such an appearance.
- (4) Any written notice filed by the ASW during the 15-day period expressing dissatisfaction with the denial of his request for reassignment will be considered as a request for DAB review unless otherwise stated by the ASW.

d. The ASO will process a request for review by the DAB in accordance with Checklist 10-A-20.

e. The ASW's Rights and Restrictions

- (1) An ASW who requests a review/personal appearance before a DAB may:
 - (a) Submit a written statement specifying the reason(s) he believes his job violates his convictions or the provisions of SSS Regulations, directing attention to any item in the SSS Form 101 or 101A which he believes deserves consideration, and providing more detail on the information which

was previously submitted. Any statement so submitted will be placed in his SSS Form 101A.

- (b) Review his SSS Form 101 and 101A at the ASO during the 10-day period prior to the DAB meeting.
 - (c) Appear before the DAB if he so requests, furnish additional evidence in support of his claim, present oral testimony, discuss his request for review, and direct attention to any information in his SSS Form 101 or 101A which he believes should be considered.
 - (d) Obtain the services of an interpreter, at no cost to the government, if he does not speak English sufficiently to communicate with the board members.
 - (e) Be given as much time for his personal appearance as the DAB determines is reasonable for a fair presentation of his request. Normally, 20 minutes should be sufficient for such an appearance.
 - (f) Furnish the ASO a written summary of the testimony presented, for inclusion in his SSS Form 101A, within five days after the hearing.
- (2) During his personal appearance before the DAB the ASW may not:
- (a) Present witnesses.
 - (b) Be represented by anyone acting as his attorney or legal counsel.
 - (c) Make a verbatim transcript of the proceedings.
 - (d) Use photographic or sound recording devices.
- f. If an ASW files with the ASO a written withdrawal of the personal appearance portion of his request, the ASO will follow procedures outlined in Checklist 10-A-20.
- g. Failure to Appear at Personal Appearance
- (1) Whenever an ASW fails to appear at the scheduled DAB meeting, the DAB will postpone action on the request until the next meeting.
 - (2) If the ASW files a written explanation with the ASO, within five days from the date he failed to appear, stating the reason why he failed to appear at the scheduled board meeting, the following action is required:
 - (a) The ASO will refer the explanation to the board members who will determine whether the ASW's failure to appear was for good cause.
 - (b) When the board determines that the ASW's failure to appear was for good cause, the personal appearance will be rescheduled. The ASO will furnish Sample Letter 10-B-7 to the ASW at least 10 days before the scheduled meeting, unless the ASW requests an earlier date, to:

- 1) Notify him of the date, time, and place he has been rescheduled to appear before the DAB.
- 2) Inform him that if he fails to appear the DAB will review his case and take action based on the documentation in his SSS Forms 101 and 101A. No future rescheduling will occur.
- 3) Should the ASW file the explanation after the fifth day but prior to the next board meeting, the ASO, in consultation with the board members, may determine that the reason was for good cause and reschedule the ASW's personal appearance before the board in the same manner as prescribed in paragraph 13.g.(2)(b) above.

(c) When the ASW does not furnish a timely written explanation for his failure to appear, or the explanation was furnished and the DAB determines that the reason was not for good cause, the DAB will decide his case based on the evidence in the file.

h. Decision of the DAB

- (1) It shall be the function of the DAB to determine whether an ASW's job assignment:
 - (a) Violates the ASW's religious, moral or ethical beliefs or convictions as to participation in war which led to his classification as a conscientious objector.
 - (b) Is in violation of the provisions of the SSS regulations and laws.
- (2) In making a determination, the DAB must be convinced by the information available that if the ASW performed the job, his convictions as to participation in war would be violated in a similar way as if he had actually participated in war.
- (3) A DAB will make one of the following decisions concerning an ASW's request for review of the ASO's denial of his request for a job reassignment:
 - (a) The DAB may uphold the decision of the ASO that a job reassignment is not justified.
 - (b) The DAB may reverse the decision of the ASO and determine that a job reassignment is justified.
- (4) When the ASW's request cannot be decided because of a tie vote, the DAB shall record the vote on the SSS Form 170A and postpone action until the next meeting, noting the postponement on the Minutes of District Appeal Board (ASW) Meeting (SSS Form 170). If the case remains unresolved at the next meeting, the DAB will record that fact in the minutes and the case will be transferred to the nearest ASO/DAB within the Region using the applicable procedures in Checklist 10-A-20.

- i. When the DAB has made a decision on the ASW's request for review, the DAB will:
 - (1) Record the board action on Minutes of Minutes of Local and Appeal Board Meeting (SSS Form 112) and Minutes of Local and Appeal Board Meeting (SSS Form 112A) according to the instructions on the reverse of the forms.
 - (2) Prepare a District Appeal Board Decision Record (SSS Form 168) to notify the Alternative Service Worker:
 - (a) Of the decision and vote of the DAB.
 - (b) Of the reason(s) his request for reassignment was denied, if appropriate.
 - (c) That if the DAB approved his request for reassignment he will be reassigned to another alternative service job with no loss of creditable time.
 - (d) That he must continue working in his current assignment until reassigned, but not longer than 10 days if he wants to avoid loss of creditable time.
 - (e) That if the DAB denied his request for assignment he must continue working in his present job assignment.
 - (f) That the decision of the DAB is final and not subject to review or appeal within the SSS.
 - (3) Return the SSS Forms 101, 101A, and 168 to the ASO which has jurisdiction over the ASW.
- j. Following the DAB's action on the ASW's request, the ASO will process the data in accordance with Checklist 10-A-20.
 - (1) If the DAB has ordered the reassignment of the ASW, the ASO will reassign the ASW in accordance with paragraph 12 of this section.
 - (2) If the DAB has not ordered the reassignment of the ASW, the ASO will contact the employer within one week following the mailing of the DAB Decision Record (SSS Form 168) to the ASW to request a written confirmation of whether or not the ASW is working at his assigned job. If the ASW is not on the job, the ASO will refer the case to the Area Office for processing as a suspected violator in accordance with Chapter 8 of this manual.
- k. When it becomes necessary to transfer an ASW's case to another DAB, the sending ASO will do so in accordance with Checklist 10-A-20.

14. STATE DIRECTOR REVIEW

- a. A request for review may be made to the State Director of the state or territory, in which the ASW is working when:
 - (1) It has been determined that the ASW has failed to perform satisfactorily as described in paragraph 10 of this section.

- (2) The ASO has taken action to resolve the matter in accordance with paragraph 11 of this section.
- b. Requests for review may be made by either the ASW or the employer. The ASW may request a review based on any of the reasons cited in paragraph 12.a.(2)-(6). The employer may request a review of a decision which identifies the employer and the organization as being in non-compliance with SSS rules and regulations. A request for review must:
 - (1) Be made in writing.
 - (2) Specify the reason(s) for the request.
 - (3) Be submitted to the ASO within 10 days after the date the notice of the decision to be reviewed was transmitted to the ASW.
- c. The State Director, based on the information in the file and any additional material requested and received from the ASW or the ASO, will take one of the following actions within two weeks after receipt of the Alternative Service Worker's file:
 - (1) Uphold the decision of the ASO in whole or in part.
 - (2) Reverse the decision of the ASO in whole or in part.
- d. The ASO shall process the ASW in accordance with the State Director's decision. Refer to Checklist 10-A-21.

15. REQUEST FOR REASSIGNMENT OR SUSPENSION OF SERVICE DUE TO HARDSHIP

- a. Whenever a condition develops, after an ASW has begun work which results in a hardship to his dependent(s) as defined in Chapter 5 of this manual, the SSS will review his case to determine whether:
 - (1) ASO reassignment to another Alternative Service job will alleviate the hardship condition.
 - (2) Suspension of the Order to Perform Alternative Service because of hardship is warranted.
- b. Requests for suspension of the Order to Perform Alternative Service due to hardship must:
 - (1) Be in writing.
 - (2) State clearly the basis for the request.
 - (3) Be signed by the ASW and dated.

- c. If the ASO determines that a hardship exists, it will then determine whether the hardship can be alleviated by a job reassignment. When the ASO determines that the hardship can be alleviated by a job reassignment, the ASO will reassign the ASW in accordance with Checklist 10-A-22.
- d. If reassignment is denied by the ASO, the file will be returned to the Area Office of jurisdiction for Local Board action.
- e. ASWs must continue working in their assigned jobs until or unless their requests to suspend their Orders to Perform Alternative Service are suspended.
- f. At the Local Board meeting at which the ASW's request is to be considered, the board will:
 - (1) Follow the procedures in HCPDS Manual Chapter 5, Section C.6.a. through C.6.f. to the extent they apply to the consideration of the ASWs request.
 - (2) Determine whether the ASW would be entitled to reclassification to Class 3AM, assuming he were eligible to file a claim for that class.
 - (3) Establish a termination date, not to exceed 365 days from the date of the board's action, for any suspension granted.
- g. Extensions of a hardship suspension may be granted for up to 365 days each until the reason for the hardship ceases to exist or the ASW attains the 26th anniversary of his date of birth, whichever occurs first. Each request for extension will be considered by the Local Board as though it were an original request for suspension. All requests for extension of a suspension will be made, in writing, to the Local Board.
- h. A suspension will be terminated prior to its scheduled expiration date if the hardship condition upon which the suspension was based ceases to exist.
- i. Refer to Checklist 10-A-22 for guidance.

16. EARLY RELEASE FROM ALTERNATIVE SERVICE

- a. The ASO may grant an ASW an early release from Alternative Service based on any of the following conditions:
 - (1) The ASW is planning to return to school, has been accepted by the school, and is scheduled to enter within 30 days prior to the scheduled completion of his Alternative Service obligation.
 - (2) The ASW has been accepted for employment, is scheduled to begin work within 30 days prior to the scheduled completion of his Alternative Service obligation, and the employment will not be available if he must wait until the completion of his Alternative Service.
 - (3) The ASW no longer meets the performance standards of available Alternative Service employment because of physical, mental, or moral reasons as determined by the MEPS or other SSS-designated location.

- (4) The ASW has enlisted or been inducted onto the Armed Forces of the United States.
- b. A request for early release to return to school must be supported by the following documents:
 - (1) A written request from the ASW to the ASO.
 - (2) A formal letter of acceptance from the school specifying the starting date of the course of instruction for which the ASW has been accepted.
 - c. A request for early release to accept employment must be supported by the following documents:
 - (1) A written request from the ASW to the ASO.
 - (2) A letter from the prospective employer specifying the:
 - (a) Starting date of the employment.
 - (b) Description of the job.
 - (c) Fact that the job cannot be held open until the ASW completes his service.
 - d. A request for early release because of the ASW's inability to meet the performance standards must be supported by the following documents:
 - (1) A written request from the ASW to the ASO.
 - (2) A signed statement from the employer specifying the:
 - (a) Performance standards of the job to which the ASO is assigned.
 - (b) ASW's present employment status; i.e, at work, terminated, or on sick leave.
 - (c) Exact nature of the ASW's inability to meet the standards.
 - (3) A physician's statement or comparable written documentation of the ASW's physical, mental, or moral condition issued at a MEPS or other location designated by SSS.
 - e. When an ASW is unable to meet the performance standards of his Alternative Service job, the ASO will first evaluate his status and attempt to reassign him to a job which requires performance standards he is capable of meeting.
 - f. Before the ASW can be granted an early release for physical, mental, or moral reasons, his condition must be evaluated by a MEPS or other location approved designated by SSS to determine whether the ASW meets the standards required for retention in the Armed Forces.

- g. Reference Checklist 10-A-23 for additional guidance in processing an early release from Alternative Service.

17. COMPUTATION OF CREDITABLE TIME

- a. An ASW's creditable time begins to accrue on the day he commences work at an approved Alternative Service job in compliance with a Job Placement Order (SSS Form 162). Creditable time is also granted when the ASW, through no fault of his own, is not placed in an approved job during the 30-day period after his Order to Perform Alternative Service was issued.
- b. Refer to Checklist 10-A-16 for specific guidance on computing creditable time.
- c. Calendar days of creditable time may be awarded for other than actual employment in certain situations, even though the ASW is not actually working at an assigned Alternative Service job. Creditable time shall be awarded for:
 - (1) Periods in which the ASW is satisfactorily performing his assigned job by working a minimum of 35 hours per week, or the equivalent of the employer's full-time work week, whichever is greater.
 - (2) Leave granted by an employer for the ASW's attendance at a personal appearance before the DAB.
 - (3) Holidays normally observed by the employer.
 - (4) Annual leave; e.g., vacation time granted according to the employer's leave practices for other similar employees.
 - (5) Normal employee days off during the week.
 - (6) Sick leave granted according to the employer's established policy for similarly situated employees.
 - (7) Training periods required of similarly situated employees.
 - (8) Each day the ASW is in approved travel status for a period of four hours or more. Travel time of less than four hours will not count as creditable time unless other ASW related activities such as a job interview, examination, or personal appearance, occur on the same day.
 - (9) Time required for examination at a MEPS or other location designated by SSS to determine the ASW's condition in connection with a request for reassignment or early release from alternative service.
 - (10) Leaves of absence for up to five days granted by the employer for the employee to attend to a personal emergency.
 - (11) Time beginning 30 days after issuance of the Order to Perform Alternative Service (SSS Form 155) when the ASO has failed to place the ASW in an approved job through no fault of the ASW.

- (12) Time previously denied but restored as a result of a decision of the DAB Director.
 - (13) Periods of unemployment while the ASW is being reassigned under the procedures in paragraph 12 of this section, when the reassignment is not a result of ASW's misconduct.
- d. Calendar days of creditable time are not awarded for the time required by SSS for administrative processing and initial job placement during the first 30 days after issuance of the Order to Perform Alternative Service. Creditable time is also not awarded when:
- (1) The ASO determines that the ASW has performed unsatisfactory work due to his failure to comply with the reasonable requirements of his employer.
 - (2) When the ASO determines that the ASW is not employed in an approved job as a result of his own actions.
 - (3) For the time an ASW works in a job for an employer which qualifies to join the ASEN, but before the issuance of his SSS Form 162 (Job Placement Order).
 - (4) For leave without pay in excess of five days granted by an employer to attend to a personal emergency.
 - (5) The ASW's Order to Perform Alternative Service has been suspended.
- e. Creditable time will be restored to an ASW for the time lost after he leaves his job assignment following his request for reassignment only if the request is approved by the ASO, DAB and/or the State Director, as appropriate.

18. COMPLETION AND RELEASE FROM ALTERNATIVE SERVICE

- a. Upon completion of the required term of service, the ASO will process the ASW's release from the Program. At this time, the Director shall issue to the ASW a Certificate of Completion and the ASW will be reclassified in Class 4-WM. The ASW's records will be returned to the AO supporting the Local Board of jurisdiction to which the ASW is assigned, after the ASW has completed his obligation.
- b. Reference Checklist 10-A-24.

19. SUSPECTED VIOLATORS

- a. Whenever an ASO learns or has reason to believe that an ASW has violated the Selective Service law by failing to comply with an order issued under the Alternative Service Program (ASP), it will make a reasonable effort to contact the ASW and obtain compliance or a valid explanation. Sample Letter 10-B-6 will be used for this purpose through the CRPP (ASPS). See Checklist 10-A-27.
- b. If a valid explanation or compliance is obtained, normal processing will continue.

- c. If the ASO cannot make a decision based on the validity of the reason for noncompliance the explanation received shall be forwarded for review to the State Director of the state in which the ASW is located. If compliance or a valid explanation is not obtained within ten days after the ASO learns of the ASW's suspected violation, or if the State Director determines that the explanation furnished is not for good cause the ASO shall transfer the ASW's case to the AO of original jurisdiction, which shall report the case to the SSS General Counsel.
- d. Upon receipt of an ASW's file, the AO of jurisdiction will process the alleged violation in accordance with the provisions of Chapter 8 of the HCPDS manual.

SECTION D POSTPONING THE ORDER TO REPORT

1. POSTPONEMENT OF ALTERNATIVE SERVICE - GENERAL PROVISIONS

- a. A registrant reclassified to Class 1-WM may request postponement of an Order to Report (SSS Form 155 – Order to Perform Alternative Service) for job counseling, a job interview, or job placement for any of the reasons set forth in paragraphs 2, 3, and 4 below.
- b. A postponement does not cancel the original Order to Report. Each postponement granted will include a specific expiration date and the Alternative Service Worker (ASW) will be expected to report on the next working day following that date. The ASW will not receive creditable time while he is in a postponed status.
- c. A request for the postponement of any Order to Report should be considered without regard to any past postponement, except that additional postponements will not be given for reason(s) previously used.
- d. An ASW may file a request for postponement after the issuance of an order to perform Alternative Service, an order to report for job counseling, a job interview or job placement, and before the date he is scheduled to report. Only under emergency circumstances over which the ASW has no control may a request be filed on, or after, the date he is scheduled to report.
- e. An ASW's request for postponement of his Order must be made in writing to the Alternative Service Office (ASO) to which he has been assigned, no later than midnight on the day before the day he is to report. The request may be made by letter or the submission of a Student Certificate (SSS Form 109) which is sent with the SSS Form 155, (Order to Perform Alternative Service). No request will be granted until a completed SSS Form 109 is received by the ASO. The date of receipt at any SSS office or the dated postmark, whichever is earlier, will establish the date of filing the claim.
- f. If the ASW fails to respond to a request from the ASO for further information concerning his request for postponement within the time allowed, or to furnish the evidence necessary to support the request, the postponement will be denied.
- g. Claims for a postponement received at any SSS office other than the ASO to which the ASW is assigned will be transmitted to the ASO by the fastest means available. As soon thereafter as possible, the transmitting office shall notify the ASO by telephone of the transmittal of the claim. A Sample Letter 10-B-5, Postponement Action, will be sent to the ASW notifying him of the decision on his request.
- h. If at any time during the period of postponement the reason for which it was granted ceases to exist, it is the ASW's duty to notify his ASO in writing so the postponement can be terminated. When information from any source concerning an ASW's postponement is received by an ASO other than the assigned ASO, the information and the source of the information will be transmitted to the proper ASO by the fastest, most secure means possible. If the information is provided by someone other than the ASW, the ASO will notify the ASW of its existence using Sample Letter 10-B-5, Postponement Action, giving him 10 days to review the

information and provide an explanation. If no explanation is given or the explanation is not acceptable, he will be issued another Sample Letter 10-B-5 notifying him that his postponement is terminated and he will be rescheduled to report in accordance with the order from which he was originally postponed.

2. POSTPONEMENT OF AN ORDER TO PERFORM ALTERNATIVE SERVICE FOR A STUDENT.

a. Postponement of a registrant's Order to Perform Alternative Service will be granted to an ASW who is in one of the following categories at the time his order is issued:

- (1) Under the age of 20 and satisfactorily pursuing a full-time course of instruction at a high school or other secondary school.
- (2) Attains age 20 after beginning his last academic year of high school or other secondary school and is satisfactorily pursuing a full-time course of instruction at the school.
- (3) Is satisfactorily pursuing a full-time course of instruction at a college, university, or similar institution of learning.

b. The following documentation is required to support a claim for student postponement:

- (1) When an ASW requests postponement on the basis that he is satisfactorily pursuing a full-time course of instruction at a high school or other secondary school, he must submit a Student Certificate (SSS Form 109) and any other documentary evidence signed by an authorized school official which verifies that the ASW is enrolled and satisfactorily pursuing a full-time course of instruction at the school, and the projected date of his graduation.
- (2) When an ASW requests postponement on the basis that he is satisfactorily pursuing a full-time course of instruction at a college, university, or similar institution of learning, he must submit a Student Certificate (SSS Form 109) and any other documentary evidence signed by an authorized school official. Such documentation will verify that the registrant is enrolled and satisfactorily pursuing a full-time course of instruction at the school; provide the date of the last day of the school's academic term or semester in which the registrant is enrolled; and, if the registrant is enrolled in his last academic year, the projected date of his graduation.

c. The following time limits apply to student postponements:

- (1) If a registrant is pursuing a course of instruction at a high school or other secondary school, the postponement shall terminate immediately when any one of the following occurs:
 - (a) The last day on which the registrant is satisfactorily pursuing a full-time course of instruction; or,
 - (b) The day the registrant graduates; or,

- (c) The day on which the registrant attains age 20, unless he attains age 20 in his last academic year, in which case the postponement shall not extend past the last day of the academic year.
- (2) If the registrant is not in the last academic year associated with the course of instruction he is pursuing at a college, university or similar institution of learning, the postponement shall terminate on:
 - (a) The last day on which the registrant is satisfactorily pursuing a full-time course of instruction; or,
 - (b) The last day of the school's academic term or semester in which the registrant was enrolled at the time his Order to Perform Alternative Service was issued; whichever occurs first.
- (3) If the registrant is in his last academic year associated with the course of instruction he is pursuing at a college, university, or similar institution of learning, the postponement shall terminate on:
 - (a) The last day on which the registrant is satisfactorily pursuing a full-time course of instruction; or,
 - (b) The last day of the academic year of the course of instruction the registrant is pursuing; whichever occurs first.
- d. When a registrant's request for a student postponement is denied, the registrant may request a Local Board review of the denial in the same manner as for the review of a denial of an administrative classification. Information pertaining to the denied postponement will be sent to the Area Office of jurisdiction in accordance with the procedures in Chapter 1, Section B, paragraph 3, for adjudication. Denial of any other claim for postponement is not subject to review or appeal.

3. FILING OF EMERGENCY POSTPONEMENTS

- a. A registrant reclassified into Class 1-WM may request an emergency postponement of an order to report for job counseling, a job interview, or job placement. To process a request for postponement, reference Checklist 10-A-7 for guidance.
- b. Postponement of an ASW's scheduled reporting date may be granted by the ASO when the registrant is unable to report as scheduled because he has incurred a temporary disabling illness or injury, or because a member of his immediate family has died or is involved in an extreme emergency that is beyond the control of the registrant and his presence is required.
- c. A registrant may file a new claim for postponement because of a temporary emergency or disabling illness or injury when the new claim is based on events that arose during the expiring postponement period and the request is filed no later than the last day of the expiring postponement.

- d. A registrant who is rescheduled for job counseling, job interview or job placement after his postponement expires or is terminated may file a claim for postponement because of extreme emergency involving him or a member of his immediate family prior to his rescheduled reporting date.
- e. When a registrant requests postponement of his reporting for Alternative Service because of an emergency, he must submit documentation as indicated below:
 - (1) Family member death: A request for a specific period of postponement, including the reason his presence is required if the requested period exceeds the time required to attend the funeral; a written statement of a reliable third party attesting from personal knowledge to the family relationship of the registrant to the decedent; and one of the following documents to verify the family member's death:
 - (a) A written statement of a medical practitioner attesting to the date and place of death of the decedent;
 - (b) A written statement of a licensed funeral director who handled the disposition of the decedent's remains, attesting to the date and place of death of the decedent; or,
 - (c) A certified copy of the death certificate of the decedent.
 - (2) Registrant or family member emergency: A written statement of a reliable third party attesting from personal knowledge to the nature and probable duration of the emergency, the relationship to the registrant of any immediate family member affected, and the necessity for the registrant's presence during the emergency.
 - (3) Registrant illness: A written statement of a medical practitioner based upon a physical examination of the registrant, attesting to the nature of the registrant's illness, the nature of the limitation on the physical activity of the registrant during the illness, and the expected duration of the illness.
- f. The following time limits apply to emergency postponements:
 - (1) The ASO may grant an emergency postponement for up to 60 days from the reporting date on the Order.
 - (2) A registrant's request for extension of an emergency postponement granted by the ASO must be filed, in writing, with the ASO prior to the expiration of the granted postponement. Extensions may be granted when the basis for the request is the same as for the original postponement and the total postponement, including extensions, does not exceed 90 days from the reporting date on the Order from which he was postponed. A registrant will not be granted a second postponement for the same reason(s) for which he was originally postponed.

4. OTHER POSTPONEMENTS OF ALTERNATIVE SERVICE ORDERS

- a. An ASW may file a request for postponement after the issuance of his order to report for job counseling, a job interview or job placement, and before the date he is scheduled to report. Only in emergency circumstances, shown by the ASW to be beyond his control, may he file a request for postponement on or after the date he is scheduled to begin his Alternative Service.
- b. Postponement of the ASW's reporting date may be granted when the request is based on the following:
 - (1) The ASW qualifies and is scheduled for a state or national examination in a profession or occupation which requires licensing or certification before a person is authorized to practice that profession or occupation (only one postponement for state or national board examination will be granted).
 - (2) The scheduled reporting date conflicts with a religious holiday historically observed by a recognized church, religious sect or religious organization of which the ASW is a member.
- c. An ASW's request for postponement of his scheduled reporting date, as provided in this paragraph, must be supported by documentation as indicated below:
 - (1) Scheduled State or National Examination: A written statement, signed by an authorized administrative officer of the state or national agency, board or commission responsible for administering the examination, attesting to the fact that the registrant is scheduled to take the examination and the date it is to be given.
 - (2) Religious Holiday: The ASO may grant an ASW's written or oral request for a religious holiday postponement without requiring supporting documentation if it is generally known in the area to be a religious holiday, the holiday occurs or is occurring on the date he is scheduled to report and the postponement does not exceed five days from the reporting date shown on the Order. If the claim is for more than five days or the holiday is not generally known in the area, the ASO may require the ASW to provide supporting evidence. However, if the holiday always extends beyond five days and is generally known in the area, the postponement may be granted without further supporting documentation.
- d. The following time limits apply to postponements granted under the provisions of this paragraph:
 - (1) A postponement granted for a state or national examination in a profession or occupation shall not extend beyond the last day of the examination, but in no case shall it extend beyond 60 calendar days from the reporting date on the Order.
 - (2) Religious holiday postponements shall not extend past the last day of the religious holiday except as provided for in paragraph 6.c. (2) above.

5. TERMINATION OF POSTPONEMENTS

- a. A student postponement granted by the ASO or the Local Board may be terminated by the ASO before the scheduled expiration date when the basis for the postponement ceases to exist. However, no such termination shall be effective less than 10 calendar days after the notice of termination is mailed to the ASW. When the ASO terminates a student postponement, the decision may be reviewed by the Local Board upon the registrant's request. The decision of the Local Board is final and is not subject to review or appeal.
- b. Other postponements may be terminated by the ASO before the scheduled expiration date when the basis for the postponement ceases to exist. The termination will be effective upon such date as the ASO shall decide. The decision of the ASO to terminate a postponement under the provisions of this subparagraph is not subject to review or appeal.
- c. When an ASW's postponement is terminated, he shall be informed in writing of the decision, the effective date, and the reason(s) for the termination. Sample Letter 10-B-5 (Postponement Action) will be used to notify the registrant.
- d. An ASW whose postponement is terminated will be rescheduled to report to the activity to which he was originally ordered and subsequently postponed.

SECTION E

ASW TRAVEL AND EMERGENCY MEDICAL COMPENSATION AND REIMBURSEMENT

1. ASW TRAVEL COMPENSATION AND REIMBURSEMENT

- a. In certain circumstances, select travel, emergency medical and related expenses incurred by the Alternative Service Worker (ASW) may be reimbursed by SSS.
- b. Travel expenses are reimbursable to the ASW only under the procedures described below. ASO personnel, after confirming that the travel is required to comply with a valid SSS order, will provide ASWs with as much assistance as possible in making travel arrangements. Travel will be authorized and provided or reimbursed as follows:
 - (1) Travel to and from any job counseling sessions needed to place the ASW in an Alternative Service job assignment.
 - (2) Travel to and from an interview required by an employer and authorized by an ASO before assigning an ASW to a job assignment.
 - (3) Travel to a job assignments outside the ASW's area of residence when assigned or reassigned, unless the job is an overseas assignment.
 - (4) Travel to a new ASO when jurisdiction has been transferred to that ASO.
 - (5) Travel to and from a MEPS station for a retention examination when required.
 - (6) Travel from the ASO at completion of Alternative Service to the ASW's permanent residence, or to any other place designated by him, when the cost of such transportation would not exceed the cost of travel to his permanent residence.
- c. Some travel that may become necessary, but will not be reimbursable, is travel to and from an overseas job assignment, required personal appearances before Local or District Appeal Boards, or any other reason travel may be performed to and from an Area Office or an ASO.
- d. Travel required for daily attendance at the work site is prohibited. ASW travel costs to and arrangements for approved overseas assignments are the sole responsibility of the ASW's employer.
- e. Reference Checklist 10-A-25.

2. PROCESSING ASW CLAIMS FOR REIMBURSEMENT FOR EMERGENCY MEDICAL CARE AND RELATED EXPENSES

- a. ASWs may be reimbursed for actual and reasonable emergency medical care, including hospitalization, for illness or injury.

- b. Reimbursement may also be made for actual and reasonable expenses for the transportation and burial of the remains of the ASW who suffers death as a direct result of the illness or injury referenced above.
- c. Requests for reimbursement or compensation of emergency medical care and/or transportation and burial costs may be filed by:
 - (1) The ASW.
 - (2) His duly authorized personal representative, if the ASW is unable to file the claim.
 - (3) His heirs, next of kin, or the executor of his estate if the ASW is deceased.
- d. Emergency medical care, including a hospital, refers to such medical care or hospitalization as is normally rendered promptly after the occurrence of an illness or injury requiring such treatment. Discharge by a physician or facility after they render such emergency care will end the period of the emergency.
- e. Actual and reasonable emergency medical care and or burial expenses will be reimbursed when the following conditions have been met:
 - (1) The expense results directly from an illness or injury incurred by the ASW as a result of his performance of his Alternative Service Work assignment or while he was engaged in travel in accordance with an order issued by SSS.
 - (2) The ASW will not be reimbursed from another source for the amount claimed.
 - (3) The claim is filed within one year after the expense was incurred.
- f. Claims for reimbursement will not be paid:
 - (1) When it has been determined that the illness, injury, or death occurred because of the negligence or misconduct of the ASW.
 - (2) When the illness, injury, or death occurred while the ASW was neither traveling nor working in accordance with an order issued by SSS.
 - (3) When the claim is not presented to SSS within one year after the date on which the expense was incurred.
 - (4) For amounts in excess of those specified in paragraph 2.g. below.
- g. The following limitations apply to claims made under this section:
 - (1) Reimbursement for the cost of emergency medical care, including hospitalization, is limited to that amount which does not exceed the usual and customary fees for service established by the Social Security Administration.
 - (2) Reimbursement for the cost of transportation and burial of the remains of an ASW is limited to that amount which does not exceed the maximum that the Administrator of Veterans' Affairs may pay.

h. When allowed, payment shall be made only:

- (1) Only to the person or facility with whom the expenses were incurred; or
- (2) By reimbursement to the parties listed at 1.a. and 1.b. of paragraph 1 of this section.

APPENDIX A
CHECKLISTS

CHECKLIST 10-A-1 - RECRUITING PROSPECTIVE ALTERNATIVE SERVICE EMPLOYERS

1. To recruit employers in peacetime and upon mobilization the Alternative Service Division will:
 - a. Prepare profiles of every state, territory, possession, and the District of Columbia. Profiles will include:
 - (1) List of names, addresses, and contact information for national and local non-profit charitable and other organizations located in the state, territory, et al.
 - (2) Economic profiles which list major industries, employers, and natural resources.
 - (3) Profiles of the conscientious objector-advocacy groups in the state, et al, to include any historic and other peace churches, political, or social groups.
 - (4) A list of Federal, state, and local government, to include names, addresses of headquarters and satellite offices, and contact information.
 - (5) Copies of sample and signed memoranda of understanding (MOUs) or employment agreements about Alternative Service employment.
 - b. Train SSS State Directors (SDs), Reserve Force Officers (RFOs), and Region Headquarters personnel to assist in contacting potential employers identified in the state profiles.
 - c. Negotiate with potential Federal employers.
 - d. Assure that all regulatory and interagency agreements are in place to facilitate the mobilization implementation of employment agreements.
 - e. Provide sample MOUs, Employment Agreements, and protocols for negotiating all agreements.
 - f. Assure that agreements readied for signature has been reviewed and approved by the Agency's General Counsel.
 - g. Assure that a record is created in the Central Registrant Processing Portal (CRPP) for each employer added to the Alternative Service Employer Network (ASEN).
 - h. Assure that the job counseling, matching, and other responsibilities of the Alternative Service Program (ASP) are appropriately automated.
2. To recruit employers in a mobilization the Alternative Service Manager will:
 - a. Ask ASEN members to encourage their members' organizations or networks to employ Alternative Service Workers (ASWs).
 - b. Update State profiles, as necessary.

CHECKLIST 10-A-1 - RECRUITING PROSPECTIVE ALTERNATIVE SERVICE EMPLOYERS (cont)

- c. Launch a public relations campaign to explain the ASP and solicit the assistance of political, educational, and social/community leaders to help recruit appropriate employers.
3. When a prospective employer has been identified, the ASO will:
 - a. Contact the employer in person, electronically, or by telephone to:
 - (1) Explain the requirements of the ASP as contained in SSS laws and regulations.
 - (2) Outline the responsibilities of both the employer and the SSS.
 - (3) Explain that an Alternative Service Employment Agreement (SSS Form 152) must be signed before any Alternative Service Workers (ASWs) will be placed with an employer.
 - (4) Explain that the employer may:
 - (a) Interview ASWs before agreeing to hire them.
 - (b) Accept ASWs without requiring an interview using Open Placement.
 - (c) Specify certain jobs which will require an interview and other jobs which may be filled without an interview.
 - (d) Remove ASWs for failing to perform.
 - (5) Explain that the employer may not:
 - (a) Treat ASWs differently than other workers with respect to pay, benefits, or standards of conduct, and performance.
 - (b) Show a preference for ASWs with specific religious, moral, or ethical beliefs.
 4. If the employer is interested, the ASO will:
 - a. Furnish the employer an SSS Form 153 (Employer Data Sheet) for completion. The form may be mailed to the employer for completion and return, or completed in the telephone interview or in person.
 - b. Enter all information into the CRPP (ASPS) when the Forms have been returned.
 - c. Also establish a paper file in the employer's name. Place the employer's documents in his file in the Uniform Filing System (UFS) at 704.2 (Prospective Employers).

CHECKLIST 10-A-1 - RECRUITING PROSPECTIVE ALTERNATIVE SERVICE EMPLOYERS (cont)

5. Upon completion or return of the SSS Form 153 the ASO will:
 - a. Evaluate the employer's eligibility.
 - b. Record evaluation findings on the On-Site Employer Evaluation Form (SSS Form 171). To evaluate the employer and job site:
 - (1) Ensure that the employer meets the qualifications and requirements of SSS laws and regulations.
 - (2) Discuss what the duties of ASWs will be and obtain written job descriptions.
 - (3) Determine how many ASWs this employer would be willing to hire.
 - (4) Advise the employer of any possible discrepancies between employer practices and the employment agreement provisions, and obtain clarification of such.
 - c. Approve or deny the application.
6. If the application is denied, the ASO will:
 - a. Notify the employer in writing using Sample Letter 10-A-17.
 - b. Attach the employer's SSS Form 153 to the office copy of the notification letter.
 - c. File the office copy of the notification in the UFS at 704.6 (Employers Denied).
7. If the application is approved, the ASO will:
 - a. Provide an SSS Form 152 to the employer for signature and return.
 - b. Sign and date the SSS Form 152 as the representative of the SSS.
 - c. Using Sample Letter 10-B-17, send a copy of the signed SSS Form 152. Refer the employer to the CRPP (ASPS) for review of employer information on the Alternative Service Program or send a copy of the Guide to Alternative Service with the Sample Letter.
 - d. Update any information in the employer's record in the CRPP (ASPS) from information from SSS Form 152.
 - e. Review Section III of the SSS Form 152 to see if any potential jobs are available in geographic areas covered by other ASOs and, if so, send a copy of the SSS Form 152 and SSS Form 153 to any ASO so identified by the most secure means available.

CHECKLIST 10-A-1 - RECRUITING PROSPECTIVE ALTERNATIVE SERVICE EMPLOYERS (cont)

- f. Return the SSS Forms 152 and 153 in the employer's file.
- g. File the employer's file in the UFS at 704.1 (Employers on Roster).

CHECKLIST 10-A-2 - PROCESSING JOB OPENINGS

When a specific job opening has been identified by an employer for whom a signed Alternative Service Employment Agreement (SSS Form 152) is on file, the Alternative Service Office will:

1. Obtain detailed information from the employer about the job using SSS Form 157 (Job Data Form).
2. Enter the job information into the CRPP (ASPS).
3. File the SSS Form 157 in the employer's file.
4. Return the employer's file to the Uniform Filing System at 704.1 (Employers on Roster).

CHECKLIST 10-A-3 - MAINTAINING AN INVENTORY OF AVAILABLE JOBS

1. The Alternative Service Office (ASO) will contact the employer as necessary, but no less frequently than once per quarter, to determine whether:
 - a. Any job vacancies not presently listed are available in which Alternative Service Workers (ASWs) could be placed.
 - b. Any positions presently listed are no longer available.
 - c. Any changes in duties or job requirements in existing job openings.
2. If an existing job must be modified because of changes in duties or responsibilities:
 - a. Summarize the modifications by amending the original SSS Form 157, Job Data Form.
 - b. Input modifications to job database in the CRPP (ASPS).
 - c. File the employer's file in the Uniform Filing System (UFS) at 704.1 (Employers on Roster).
3. If a job which was previously established in the job inventory no longer exists:
 - a. Note that the job no longer exists and summarize information on the SSS Form 157, Job Data Form.
 - b. Delete the job in the CRPP (ASPS).
 - c. File the documentation in the employer's file.
 - d. Return employer's file to the UFS at 704.1 (Employers on Roster).

CHECKLIST 10-A-4 - VISITS TO ALTERNATIVE SERVICE EMPLOYERS

1. The Alternative Service Office (ASO) is responsible for monitoring the performance of all Alternative Service Workers (ASWs) assigned to the Alternative Service Program (ASP) within its area of jurisdiction. The ASO will contact employers on a regular basis. Contacts will consist of:
 - a. Regular contact, once every two months at a minimum, with the employer and/or the ASW's supervisor.
 - b. Semi-annual on-site visits to observe the performance of employers and ASWs.
 - c. Corresponding with the employer as necessary.
2. Prior to contacting an employer, the ASO will:
 - a. Enter the scheduled date of the contact in the CRPP (ASPS).
 - b. Review the applicable CRPP (ASPS) reports to determine which ASWs are assigned to the employer and what jobs they are assigned to perform.
 - c. Review the employer's file and the SSS Forms 101A of the ASWs assigned to the employer for any relevant information concerning the employer or ASW performance.
 - d. Identify and note any potential problem areas which should be discussed.
3. When the ASO contacts the employer, either as part of an electronic or telephone interview or an on-site visit, the ASO should:
 - a. Discuss the employer's participation in the ASP to ensure that the employer continues to meet the qualifications and requirements of SSS laws and regulations.
 - b. Review the performance of ASWs assigned to the employer to ensure that each is adequately supervised, performing satisfactorily, and working full time (at least 35 hours per week).
 - c. Take note of exceptional circumstances of a positive nature which are worthy of mention.
 - d. Identify any problem areas, disciplinary actions, or potential changes which need to be addressed.
 - e. Seek the employer's evaluation of the ASP as a whole and his own participation in it.
 - f. Encourage feedback from the employer and follow up contacts as may be necessary.
4. During an on-site visit, the ASO should:
 - a. Observe ASWs while they are actually working.
 - b. Talk with the immediate supervisor(s) to discuss and evaluate their performance.

CHECKLIST 10-A-4 - VISITS TO ALTERNATIVE SERVICE EMPLOYERS (cont)

- c. Discuss their performance, overall objectives, and any potential problem areas with ASWs.
5. After contact with the employer:
 - a. Summarize the contact on an SSS Form 171A (On-Site Employer (Enrolled) Form).
 - b. Input to the CRPP (ASPS) the date of the contact and whether any problems were encountered.
 - c. File the SSS Form 171A, and any other relevant information obtained as a result of the contact, in the employer's file.
 - d. File the employer's file in the Uniform Filing System at 704.1 (Employers on Roster).
6. Information received during a contact which pertains exclusively to a particular ASW will be filed in that ASW's SSS Form 101A only.

CHECKLIST 10-A-5 - TERMINATING AN EMPLOYMENT AGREEMENT

1. When the decision has been made to terminate an employment agreement, the Alternative Service Office (ASO) will:
 - a. Document the reason for the action, summarizing all information on an SSS Form 119.
 - b. Issue written notification using Sample Letter 10-B-1, which states:
 - (1) That the employment agreement is being terminated.
 - (2) The reason(s) for the termination.
 - (3) The effective date of the termination.
 - (4) That all Alternative Service Workers (ASWs) in his employ are being reassigned and the effective date.
 - c. Send copies of notification and supporting documentation to other ASOs with whom the employer has potential job openings listed.
 - d. Record the termination of the employment agreement in the CRPP (ASPS).
 - e. Proceed to reassign all ASWs assigned to the employer, with no loss of creditable time, in accordance with paragraph 12, Section C of this chapter.
 - f. File the documents supporting the termination and a copy of the notification to the employer in the employer's file folder.
 - g. File the employer's file folder in the Uniform Filing System (UFS) at 704.4 (Employment Agreements Terminated).
2. When the employer requests, in writing, that the employment agreement be terminated, the ASO will:
 - a. Agree on a termination date at least 30 days in the future.
 - b. Acknowledge the employer's request in writing using Sample Letter 10-B-1.
 - c. Send copies of employer's request and ASO's acknowledgment to any other ASOs with whom the employer has potential job openings listed.
 - d. Record the termination of the agreement in the CRPP (ASPS). The 30 calendar day termination is recorded in the CRPP (ASPS) as soon as it is received.
 - e. Proceed to reassign all ASWs assigned to the employer in accordance with paragraph 12, Section C of this chapter, with no loss of creditable time.
 - f. File the employer's request and the ASO's acknowledgment in the employer's file folder and make the appropriate entry in the CRPP (ASPS).

CHECKLIST 10-A-5 - TERMINATING AN EMPLOYMENT AGREEMENT (cont)

- g. File the employer's file folder at Uniform Filing System (UFS) 704.4 (Employment Agreements Terminated).
- 3. When an ASO is notified by another ASO that an employment agreement is being terminated, the ASO being notified will:
 - a. Reassign all ASWs within its jurisdiction who are assigned to the employer, in accordance with paragraph 12, Section C, with no loss of creditable time.
 - b. Record the termination in the CRPP (ASPS). The 30 calendar day termination can be recorded in the CRPP (ASPS) as soon as it is received by the ASO.
 - c. File the information received from the sending ASO in the employer's file.
 - d. File the employer's file in the UFS at 704.4 (Employment Agreements Terminated).

CHECKLIST 10-A-6 – FORWARDING AND RECEIVING ASW FILE FOLDERS

1. Whenever the SSS Form 101A (Alternative Service File Folder) is being forwarded to another SSS office, the sending office will:
 - a. Prepare in duplicate, a chronological list of documents listing all documents contained in the SSS Form 101A, with the latest document on top. The list shall include the date and type of document. Draw a horizontal red line immediately below the last entry.
 - b. Go to CRPP (ASPS). Identify the Alternative Service Worker (ASW) record the date and the transmission of the file on the automated page 2 of the SSS Form 101A.
 - c. While still in CRPP (ASPS) complete the entries on the SSS Form 123.
 - d. Staple the original list of file documents and all copies of the SSS Form 123, except the last copy, which will be retained pending a receipted copy, to the front of the SSS Form 101A.
 - e. Staple the open sides of the SSS Form 101A to secure all documents.
 - f. Prepare a duplicate SSS Form 101A by entering the registrant information on the face of the form and the word “DUPLICATE” across the face of the folder.
 - g. Place a copy of the chronological list of documents and the SSS Form 123 in the duplicate SSS Form 101A pending return of a receipted copy from the ASO.
 - h. File the duplicate SSS Form 101A at Uniform Filing System (UFS) 800.1 (Duplicate SSS Forms 101A) pending return of the original.
 - i. Forward the SSS Form 101A to the assigned Alternative Service Office (ASO) by First Class mail or other secure method.
2. Upon receipt of the SSS Form 101A, the receiving office shall:
 - a. Immediately acknowledge receipt of the SSS Form 123 and return the last copy to the sending office in accordance with the procedures outlined in Chapter 1, Section B.3.b.
 - b. Verify the contents of the file with the chronological list of documents. The sending Area Office should be contacted immediately if documents are missing. Missing documents should be forwarded to the ASO by the fastest, most secure means possible.
 - c. Go to CRPP (ASPS) and record the date of receipt on page 2 of the SSS Form 101A.
 - d. File the SSS Form 101A 800.1 (Pending ASO Action)
3. When returning the file to the sending office:
 - a. Record the return of the file on the SSS Form 123 or prepare a new form if necessary.
 - b. Record the date the file is returned on page 2 of the SSS Form 101A.

CHECKLIST 10-A-6 - FORWARDING AN ALTERNATIVE SERVICE FILE FOLDER (cont)

- c. Staple the original and all copies of the SSS Form 123, except the last copy, which will be retained pending a receipted copy, to the front of the file folder.
 - d. Staple the open sides of the file folder to secure all documents.
 - e. File a copy of the SSS Form 123 at (UFS) 800.1 pending receipt of an acknowledgment copy from the receiving office. The receipted copy will then be filed and the retained copy destroyed.
 - f. Forward the SSS Form 101A to the Area Office of jurisdiction by First Class mail unless another method is required.
4. Upon receipt of the returned SSS Form 101A, the office of jurisdiction will:
- a. Acknowledge receipt of the SSS Form 101A on the SSS Form 123 and return a copy to the sending office.
 - b. Go to CRPP (ASPS). Identify the registrant, click on the Page 2 tab, select Add New Entry and record the date of receipt on automated page 2 of the SSS Form 101A.
 - c. Remove the “DUPLICATE” file folder from UFS 800.1.
 - d. Verify the contents of the file with the chronological list of documents.
 - e. Place both the original and the copy of the chronological list of documents in the original SSS Form 101A to be added to and used for any subsequent transmission.
 - f. Place all remaining copies of the SSS Form 123 in the original file folder to be used for any subsequent transmission of the file or to serve as a record of transmission actions.
 - g. Destroy the duplicate file folder.
 - h. File the original file folder at UFS 800.

CHECKLIST 10-A-7 - PROCESSING A REQUEST FOR POSTPONEMENT

A registrant reclassified into Class 1-WM may request a postponement of an order to report for job counseling, a job interview, or job placement.

1. When a registrant receives the SSS Form 155, Order to Report for Alternative Service, and submits, a timely request for postponement:
 - a. If received by the Area Office it will: Place the request in the SSS Form 101A if it has not already been sent to the Alternative Service Office (ASO), or Forward the request to the ASO if the SSS Form 101A has already been sent.
 - b. When a request for postponement is received at the Alternative Service Office (ASO), the ASO will:
 - (1) Enter the request for postponement into the CRPP (ASPS). Note the date on page 2 of the SSS Form 101A that a postponement was requested.
 - (2) Issue Sample Letter 10-B-5 if additional information or documentation is necessary to make a decision on the postponement request.
 - (3) If the ASW fails to respond to the request for further information, the ASO will deny the request and record the action on page 2 of the SSS Form 101A and enter into CRPP (ASPS).
 - (4) Record all oral information relating to ASW's request on SSS Form 119, Report of Information, and place in the registrant's SSS Form 101A.
 - (5) Make a decision on the request within one working day after receipt of the required information.
 - (6) Enter the decision into the CRPP (ASPS) at the time the request is granted or denied, and enter on the automated page 2 of the SSS Form 101A.
2. When it has been determined that the Alternative Service Worker does not qualify for a postponement, the ASO will:
 - a. Input the denial of postponement to the CRPP (ASPS);
 - (1) If the denial is for other than a Student Postponement, issue Sample Letter 10-B-5 to the ASW, informing him that his request for postponement has been denied and the reason(s) for the denial, that the decision is final and is not subject to review, and that he must report as ordered.
 - (2) If the denial is for a Student Postponement, issue Sample Letter 10-B-5, informing the ASW that his request for postponement has been denied, the reason(s) for the denial, and that he may request a review by his Local Board within 15 days from the date of the Sample Letter. Information pertaining to the denied postponement will be sent to the Area Office of jurisdiction in accordance with the procedures in Chapter 1, Section B, paragraph 3, for adjudication if a review is requested.

CHECKLIST 10-A-7 - PROCESSING A REQUEST FOR POSTPONEMENT (cont)

- b. Record the action taken on page 2 of the ASW's SSS Form 101A.
 - c. File a copy of Sample Letter 10-B-5 in his SSS Form 101A.
 - d. If the denial is for a Student Postponement, file the SSS Form 101A at Uniform Filing System (UFS) 802.1 (Postponement Pending), otherwise; file the SSS Form 101A at UFS 802 (Scheduled for Job Counseling), UFS 803.1 (Interview - In Progress), or UFS 804 (Job Placement Order issued).
3. When a postponement is to be terminated prior to the expiration date, the ASO will:
- a. Input the termination of postponement to the CRPP (ASPS).
 - b. Issue Sample Letter 10-B-5, Postponement Action, to ASW informing him that his postponement is being terminated, the date the postponement is being terminated, the reason(s) for the termination, and where to report for resumption of his Alternative Service processing.
 - c. Record the action taken on page 2 of the ASW's SSS Form 101A.
 - d. File a copy of Sample Letter 10-B-5 in his SSS Form 101A.
 - e. File the SSS Form 101A at UFS 800 (Alternative Service Worker file folders).
4. When it has been determined that the ASW qualifies for postponement of a job counseling session, and the length of time for which the postponement is to be granted has been established, the ASO will:
- a. Input the postponement action to the CRPP (ASPS).
 - b. Issue Sample Letter 10-B-5, Postponement Action, to the ASW, informing him:
 1. That his request for postponement has been granted.
 2. The date the postponement will expire.
 3. Where to report upon expiration of the postponement.
 - c. Record the action taken on page 2 of the ASW's SSS Form 101A.
 - d. File a copy of Sample Letter 10-B-5 in the SSS Form 101A.
 - e. File the SSS Form 101A at UFS 805 (Postponed).
5. When it has been determined that the ASW qualifies for postponement of a job interview, the ASO will:
- a. Contact the employer to determine if a postponement of the interview is acceptable.

CHECKLIST 10-A-7 - PROCESSING A REQUEST FOR POSTPONEMENT (cont)

- (1) If a postponement is acceptable to the employer, agree on the first available date after the postponement expires to reschedule the ASW for an interview.
 - (2) If a postponement is not acceptable to the employer, direct the ASW to report to the ASO upon expiration of the postponement, at which time a new interview will be scheduled.
- b. Input the postponement action to CRPP (ASPS).
 - c. Issue Sample Letter 10-B-5 to the ASW, informing him:
 - (1). That his request for postponement has been granted.
 - (2) The date the postponement will expire.
 - (3) Where to report upon expiration of the postponement.
 - d. Record the action taken on page 2 of the ASW's SSS Form 101A.
 - e. File a copy of Sample Letter 10-B-5 in the SSS Form 101A.
 - f. File the SSS Form 101A at UFS 805 (Postponed).
6. When it has been determined that the ASW qualifies for postponement of his job placement order, the ASO will:
- a. Contact the employer to determine if a postponement of the ASW's starting date is acceptable.
 - (1) If a postponement is acceptable to the employer, schedule a new starting date at the end of the postponement and change the start date in the CRPP (ASPS).
 - (2) If a postponement is not acceptable to the employer:
 - (a) Cancel the job placement order in the CRPP (ASPS).
 - (b) Direct the ASW to report to the ASO upon expiration of the postponement, at which time a new interview will be scheduled.
 - b. Input the postponement action to the CRPP (ASPS).
 - c. Issue Sample Letter 10-B-5, Postponement Action, to the ASW, informing him:
 - (1) That his request for postponement has been granted.
 - (2) Of the date the postponement will expire.
 - (3) Where to report upon expiration of the postponement.

CHECKLIST 10-A-7 - PROCESSING A REQUEST FOR POSTPONEMENT (cont)

- d. Record the action taken on page 2 of the ASW's SSS Form 101A
- e. File a copy of Sample Letter 10-B-5 in the SSS Form 101A.
- f. File the SSS Form 101A at UFS 805 (Postponed).

CHECKLIST 10-A-8 - PROCESSING ASSIGNMENT TO ANOTHER ALTERNATIVE SERVICE OFFICE

1. When an Alternative Service Worker (ASW) is to be reassigned from one Alternative Service Office (ASO) to another ASO, the sending ASO will:
 - a. Prepare and issue to the ASW a SSS Form 165 (Notice of ASO Reassignment) to advise him of his new ASO and the reason(s) for the reassignment.
 - b. Input the action to the CRPP (ASPS).
 - c. Place a copy of the SSS Form 165 in the ASW's SSS Form 101A.
 - d. Record the reassignment and the identity of the new ASO on page 2 of the SSS Form 101A.
 - e. Transfer the SSS Form 101A in accordance with procedures in paragraph 3, Section A.
2. Upon receipt of the SSS Form 101A, the receiving ASO will:
 - a. Acknowledge receipt of the SSS Form 101A on the SSS Form 123 (Document Transmittal Receipt).
 - b. Return a copy of the receipted SSS Form 123 to the sending ASO.
 - c. Enter the identification of the new ASO in Item 12 on the front of the SSS Form 101A below the preceding entry.
 - d. Provide travel assistance as required in accordance with Chapter 4 of this manual.
 - e. Process the ASW in the same manner as any other ASW assigned to the ASO.

CHECKLIST 10-A-9 - PROCESSING AN OVERSEAS ASSIGNMENT

1. Upon receipt for approval of an overseas assignment, the Alternative Service Office (ASO) will:
 - a. Issue Sample Letter 10-B-15, with a copy of SSS Form 160 (Request for Overseas Job Assignment), advising ASW that he and the employer must submit a joint application on the SSS Form 160 and furnish the form to the ASO.
 - b. Advise the ASW, using Sample Letter 10-B-15, that the employer must:
 - (1) Have its headquarters in the United States.
 - (2) Certify that the job contributes to national health, safety or interest.
 - (3) Have the capability to supervise and monitor his overseas work.
 - c. Record the mailing of Sample Letter 10-B-15 and the SSS Form 160 on the automated page 2 of the SSS Form 101A.
 - d. File the SSS Form 101A at Uniform Filing System (UFS) 812 (Overseas Assignment Pending), pending receipt of the SSS Form 160.
2. Upon receipt of the completed SSS Form 160, the ASO will:
 - a. Review the request for completeness.
 - b. Record the receipt of the SSS Form 160 and the date on page 2 of the SSS Form 101A.
 - c. Prepare a SSS Form 123 (Document Transmittal and Receipt) to forward the original SSS Form 160 to National Headquarters for determination.
 - d. File a copy of the SSS Form 123 in the registrant's SSS Form 101A pending return of a receipted copy from National Headquarters.
 - e. File a copy of the SSS Form 160 in the SSS Form 101A pending return of the original from National Headquarters.
 - f. File the SSS Form 101A at UFS 812 (Overseas Assignment Pending).
 - g. Forward the original of the SSS Form 160 to National Headquarters for determination.
3. Upon receipt of the original SSS Form 160, National Headquarters will:
 - a. Acknowledge receipt of the SSS Form 160 on SSS Form 123.
 - b. Return a copy of the receipted SSS Form 123 to the sending ASO.
 - c. Review the application.

CHECKLIST 10-A-9 - PROCESSING AN OVERSEAS ASSIGNMENT (cont)

4. If the request is approved, National Headquarters will:
 - a. Notify the ASO, in writing, that the request has been approved.
 - b. Return the original SSS Form 160, using the SSS Form 123, to the ASO for inclusion in the ASW's SSS Form 101A.
 - c. Advise the ASO to reassign the ASW to the ASO serving National Headquarters.
5. Upon receipt of notification from National Headquarters that the request has been approved, the ASO will:
 - a. Insert the original SSS Form 160 in the ASW's SSS Form 101A and destroys the copy of the SSS Form 160.
 - b. Place a copy of the notification from National Headquarters in the SSS Form 101A.
 - c. Reassign the ASW.
 - d. Transfer the SSS Form 101A to the ASO serving National Headquarters using SSS Form 123.
 - e. Record on the automated page 2 of the SSS Form 101A, the decision on the application, the date of the decision, the date the ASW was reassigned and the date the SSS Form 101A was forwarded to the ASO serving the National Headquarters.
6. When the ASW has been reassigned, his SSS Form 101A has been received, and its receipt acknowledged by the ASO serving NHQ, the ASO will:
 - a. Have the employer sign an SSS Form 152 (Alternative Service Employment Agreement).
 - b. Use information contained in the SSS Form 160 to complete an SSS Form 153 (Employer Data Sheet) and a SSS Form 157 (Alternative Service Job Data Sheet).
 - c. Enter the employer and job data into the CRPP (ASPS).
 - d. File the SSS Forms 152, 153, and 157 in the UFS at 704.1 (Employers on Roster).
 - e. Issue a SSS Form 162 (Job Placement Order) and enter into CRPP (ASPS).
 - f. Advise the ASW that he must begin work on his assignment overseas within 30 days from the date the Job Placement Order was issued or the approval will be withdrawn.
7. If the request is denied, National Headquarters will:
 - a. Notify the ASO, in writing, that the request has been denied and specify the reason(s) for the denial.
 - b. Return the original SSS Form 160 to the ASO for inclusion in the ASW's SSS Form 101A.

CHECKLIST 10-A-9 - PROCESSING AN OVERSEAS ASSIGNMENT (cont)

8. Upon notification by National Headquarters that the request has been denied, the ASO will:
 - a. File the original SSS Form 160 in the ASW 's SSS Form 101A and destroy the copy of the SSS Form 160.
 - b. Notify the ASW and the employer using Sample Letter 10-B-19 (Denial Of Request For Overseas Assignment), of the decision and the reason(s) for the denial.
 - c. File a copy of the notification from National Headquarters and a copy of Sample Letter 10-B-19 to the Alternative Service Worker and the employer in the SSS Form 101A.
 - d. Record on page 2 of the SSS Form 101A the actions taken and the date of each action.
 - e. Schedule the ASW for job counseling in CRPP (ASPS).

CHECKLIST 10-A-10 - SCHEDULING A JOB COUNSELING SESSION

The Alternative Service Office (ASO) will issue an SSS Form 159 (Order to Report for Job Counseling Session) to newly assigned Alternative Service Worker (ASW).

1. At the time the ASW is scheduled for job counseling, the ASO will:
 - a. Issue an SSS Form 159, specifying:
 - (1) The specific location, date and time of the session which he is scheduled to report.
 - (2) How he is to travel to the session and what procedures are to be followed if he does not have transportation.
 - (3) What he is to bring to the session, including his Skills Questionnaire, if he has not previously returned it.
 - (4) What will happen at the session.
 - (5) What to do if an emergency interferes with his reporting for the session as scheduled.
 - b. Record the action taken on the automated page 2 of the SSS Form 101A including the time and date of the scheduled session.
 - c. Input the date of the job counseling session to the CRPP (ASPS).
 - d. File the copy of the SSS Form 159 in the SSS Form 101A.
 - e. File the SSS Form 101A at Uniform Filing System (UFS) 802 (Scheduled for counseling).
2. On the day scheduled for the job counseling session, the ASO will:
 - a. Record the ASW's arrivals by checking the list of ASWs scheduled for the session and noting any absences.
 - b. Furnish a SSS Form 156 (Skills Questionnaire) to any ASW who has not previously submitted a completed form.
3. If the ASW fails to report for a job counseling session, the ASO will:
 - a. Make every reasonable effort to contact the ASW, by telephone and/or registered mail, using Sample Letter 10-B-6, to obtain his compliance.
 - b. Record the actions taken on a SSS Form 119 (Report of Information).
 - c. Record on page 2 of the SSS Form 101A the actions taken and the dates taken.
 - d. File the SSS Form 119 in the SSS Form 101A.
 - e. File the SSS Form 101A at UFS 806 (Failed to Report).

CHECKLIST 10-A-10 - SCHEDULING A JOB COUNSELING SESSION (cont)

4. If compliance is not obtained within 10 days after the scheduled job counseling date, the ASO will process the ASW as a suspected violator. Reference Chapter 8 of this manual.
5. When it has been determined that the ASW qualifies for postponement of a job counseling session, and the time for which the postponement is to be granted has been established, the ASO will:
 - a. Reschedule the ASW for the next available job counseling session after the postponement expires.
 - b. Input the postponement action into the CRPP (ASPS).
 - c. Issue Sample Letter 10-B-5, Postponement Action, to the ASW, informing him that his request for postponement has been granted, the date the postponement will expire, and where to report upon expiration of the postponement.
 - d. Record the action taken on the automated page 2 of the ASW's SSS Form 101A.
 - e. File a copy of Sample Letter 10-B-5 in the SSS Form 101A.
 - f. File the SSS Form UFS 101A at 805 (Postponement).

CHECKLIST 10-A-11 - PROCEDURES WHEN ALTERNATIVE SERVICE WORKERS PROPOSE A JOB

1. If the Alternative Service Worker (ASW) has identified or obtained his own job with a specific employer, the ASO will:
 - a. Require the ASW to identify the job and employer in writing, either on the SSS Form 156 (Skills Questionnaire) or by separate letter.
 - b. Inform the ASW, using Sample Letter 10-B-16, that he should not begin work until the job and employer have been approved for Alternative Service.
 - c. Review the proposed job and employer and make a determination of acceptability within two weeks from the date the ASW submitted the proposed job.
2. In reviewing the job and employer for acceptability, the Alternative Service Office (ASO) will:
 - a. Determine if a signed SSS Form 152 (Alternative Service Employment Agreement) is already on file.
 - b. If approved, establish the employer and job in the ASPSP and assign the ASW to the employer.
 - c. Place a copy of SSS Form 162 in the SSS Form 101A.
 - d. Record on page 2 of the 101A the date(s) and the actions taken.
 - e. File the SSS Form 101A in the Uniform Filing System at 800 (Alternative Service Worker file folders).
3. If the job or employer is found not acceptable, schedule the ASW for job counseling and enter into CRPP (ASPS) or issue a job placement order and assign ASW to an approved job. Notify the employer that the application is denied using Sample Letter 10-B-17, including the reason(s) for denial.

CHECKLIST 10-A-12 - PROCESSING A REFERRAL TO JOBS REQUIRING AN INTERVIEW

1. When the job agreed upon by the Alternative Service Office (ASO) and Alternative Service Worker (ASW) requires a pre-employment interview between the ASW and the employer, the ASO will:
 - a. Contact the employer by telephone and arrange a time, date and place for the interview.
 - b. Issue an SSS Form 161 (Interview Referral Order) to inform the ASW of the following:
 - (1) Name and address of the employer to which the ASW is to report.
 - (2) The person to contact for the interview.
 - (3) The title of the position.
 - (4) The date and time of the interview.
 - (5) How to arrange his travel to the interview and what procedures are to be followed if he lacks transportation.
 - (6) What to do if an emergency interferes with his reporting as scheduled.
 - (7) That he is to contact the ASO by telephone within one working day after completion of the interview and report the outcome of the interview.
 - c. Record on page 2 of the SSS Form 101A the employer, date and place of the interview.
 - d. File a copy of the SSS Form 161 in the SSS Form 101A.
 - e. File the SSS Form 101A in the Uniform Filing System (UFS) at 803.1 (Interviewing - In Progress).
2. When the ASW reports the outcome of the interview, the ASO will:
 - a. Record the ASW's report on a SSS Form 119 (Report of Information).
 - b. Record on page 2 of the SSS Form 101A the date and the information obtained.
 - c. File the SSS Form 119 in the SSS Form 101A.
 - d. File the SSS Form 101A in the UFS at 803.1 (Interview - In Progress).
3. If the ASW has not reported the outcome of the interview within one working day after completion of the interview, the ASO will:
 - a. Contact the employer by telephone to determine whether the ASW reported for the interview and obtain the results of the interview, if any.
 - b. If the Alternative Service Worker did not report for interview, the ASO will:

**CHECKLIST 10-A-12 - PROCESSING A REFERRAL TO JOBS REQUIRING AN INTERVIEW
(cont)**

- (1) Reschedule a second or third interview for the ASW.
 - (2) Record the information obtained on a SSS Form 119.
 - (3) Record on page 2 of the SSS Form 101A the date the information was obtained.
 - (4) File the SSS Form 119 in the SSS Form 101A.
 - (5) File the SSS Form 101A in the UFS at 806 (Failed to Report).
4. If the ASW is hired, the ASO will:
- a. Contact the employer and agree to a specific starting date.
 - b. Issue a SSS Form 162 (Job Placement Order).
5. If the ASW is not hired, the ASO will:
- a. Refer to the original list of jobs identified as part of the job counseling session or obtain a list of jobs from the CRPP (ASPS).
 - b. Issue the ASW another SSS Form 161 (Interview Referral Order) without requiring him to return to the ASO.
 - c. Summarize the oral information exchanged on a SSS Form 119.
 - d. Record the information and the date on page 2 of the SSS Form 101A; file the SSS Form 119 in the SSS Form 101A.
 - e. File the SSS Form 101A in the UFS at 803.1 (Interview - In Progress).
6. If the ASO has reason to believe that the ASW is intentionally conducting himself in such a manner as to discourage employers from hiring him, or if the ASW fails to report for an interview, the ASO should limit the number of unsuccessful or missed job interviews (normally not to exceed three). The ASO will:
- a. Make every reasonable effort to obtain compliance by contacting the ASW via telephone and/or registered mail.
 - b. Record the compliance attempts taken on a SSS Form 119 (Report of Information).
 - c. Record the action(s) and date(s) on page 2 of the SSS Form 101A.
 - d. File the SSS Form 119 in the SSS Form 101A.
 - e. Review with the ASW the pre-accepted placement procedures.
 - f. Issue the ASW a Job Placement Order (SSS Form 162) to a pre-accepted placement position.

**CHECKLIST 10-A-12 - PROCESSING A REFERRAL TO JOBS REQUIRING AN INTERVIEW
(cont)**

7. If, as a result of the ASW's adverse behavior or action, he is not hired within 30 days after his Order to Perform Alternative Service was issued, and if there are no Open Placement positions available, the ASO will:
 - a. Locate an Open Placement position through another ASO.
 - b. Reassign the ASW in accordance with paragraph 6, Section of this section.
8. When it has been determined that the ASW qualifies for postponement of a job interview, and the time for which the postponement is to be granted has been established, the ASO will:
 - a. Contact the employer to determine if a postponement of the interview is acceptable.
 - (1) If a postponement is acceptable to the employer, agree on the first available date after the postponement expires to reschedule the ASW for an interview.
 - (2) If a postponement is not acceptable to the employer, direct the ASW to report to the ASO upon expiration of the postponement, at which time a new interview will be scheduled.
 - b. Input the postponement action to CRPP (ASPS).
 - c. Issue Sample Letter 10-B-5 to the ASW, informing him that his request for postponement has been granted, the date the postponement will expire, and where to report upon expiration of the postponement.
 - d. Record the action taken on page 2 of the ASW's SSS Form 101A.
 - e. File a copy of Sample Letter 10-B-5 in the SSS Form I01A.
 - f. File the SSS Form 101A in the UFS at 805 (Postponement).

CHECKLIST 10-A-13 - PROCESSING AN OPEN PLACEMENT POSITION

1. When it has been determined that an Alternative Service Worker (ASW) is to be assigned to a pre-accepted placement position, the Alternative Service Office (ASO) will:
 - a. Review the ASW's skills and interests, and attempt to match those skills and interests with a pre-accepted placement position within the ASO's jurisdiction.
 - b. Contact the employer by telephone to assure the position is available.
 - c. When it has been determined that a position is available, establish in consultation with the employer a specific starting date and time.
 - d. Issue a SSS Form 162 (Job Placement Order).
 - e. Furnish an SSS Form 163 (Employment Verification Form) to the employer.
 - f. Record the action(s) and date on page 2 of the SSS Form 101A.
 - g. File the SSS Form 101A in the Uniform Filing System (UFS) at 804 (Job Placement Order Issued; awaiting employer verification).
2. When no pre-accepted placement positions are available within the ASO's jurisdiction, the ASO will go to Checklist 10-A-12 and process the ASW into a job which requires an interview.
3. If there are no jobs currently available within the ASO's area of jurisdiction, the ASO will:
 - a. Contact other ASOs by telephone to locate any available positions within another ASO's jurisdiction.
 - b. Reassign the ASW to the ASO where an available position is located.

CHECKLIST 10-A-14 - PROCESSING A JOB PLACEMENT ORDER

1. When the employer and the Alternative Service Office (ASO) have agreed upon a starting date and time, the ASO will:
 - a. Issue a SSS Form 162 (Job Placement Order) to inform the Alternative Service Worker (ASW) of:
 - (1) Job assignment to which he has been ordered.
 - (2) Employer to which he is being assigned.
 - (3) Location of the job site to which he is to report for work.
 - (4) Name of the person to whom he should report.
 - (5) Date and time he is to report for work.
 - (6) How to arrange his travel to the job and what procedures are to be followed if he lacks.
 - (7) What to do if an emergency interferes with his reporting as scheduled.
 - b. Input the job placement information to the CRPP (ASPS).
 - c. Record on page 2 of the SSS Form 101A the name of the employer, the date the SSS Form 162 was issued, and the date the ASW is to report.
 - d. File the copy of the SSS Form 162 in the SSS Form 101A.
 - e. File the SSS Form 101A at the Uniform Filing System (UFS) at 804 (Job Placement Order Issued).
2. At the time the ASW is issued an SSS Form 162, the ASO will prepare and mail an SSS Form 163 (Employment Verification Form) to the employer, requesting that the form be completed and returned after the ASW commences work.
 - a. Record the mailing of the SSS Form 163 on the automated page 2 of the SSS Form 101A.
 - b. Place a copy of the SSS Form 163 in the SSS Form 101A and file at UFS 804.
3. When it has been determined that the ASW qualifies for postponement of his job placement order, and the time for which the postponement is to be granted has been established, the ASO will:
 - a. Contact the employer to determine if a postponement of the ASW's starting date is acceptable.
 - (1) If a postponement is acceptable to the employer, schedule a new starting date at the end of the postponement and change the start date in the CRPP (ASPS).

CHECKLIST 10-A-14 - PROCESSING A JOB PLACEMENT ORDER (cont)

- (2) If a postponement is not acceptable to the employer, cancel the job placement order in the CRPP (ASPS) and direct the ASW to report to the ASO upon expiration of the postponement, at which time a new interview will be scheduled.
 - b. Input the postponement action to the CRPP (ASPS).
 - c. Issue Sample Letter 10-B-5, Postponement Action, to the ASW, informing him that his request for postponement has been granted, the date the postponement will expire, and where to report upon expiration of the postponement.
 - d. Record the action taken on page 2 of the ASW's SSS Form 101A.
 - e. File a copy of Sample Letter 10-B-5 in the SSS Form 101A.
 - f. File the SSS Form 101A at UFS 805 (Postponement).

CHECKLIST 10-A-15 - EMPLOYMENT VERIFICATION

1. When the Alternative Service Office (ASO) receives the SSS Form 163 (Employment Verification Form) that confirms the Alternative Service Worker (ASW) commenced work in his assigned job, the ASO will:
 - a. Date stamp the SSS Form 163.
 - b. Input the starting date to the CRPP (ASPS).
 - c. Record on the front of the SSS Form 101A the employer's name and address and the starting date.
 - d. Record the date the SSS form 163 was received and employer's name and starting date on the automated page 2 of the SSS Form 101A.
 - e. File the SSS Form 163 in the SSS Form 101A.
 - f. File the SSS Form 101A in the Uniform Filing System (UFS) at 800 (Alternative Service Worker file folders).
2. If the ASO does not receive the SSS Form 163 within 5 days after the scheduled starting date, the ASO will:
 - a. Contact the employer by telephone and obtain the date the ASW commenced work.
 - b. Request that the employer return the SSS Form 163.
 - c. Summarize the oral information exchanged by phone on a SSS Form 119.
 - d. Repeat steps 1.a through e. above.
3. If the ASW has failed to report for a job assignment, the ASO will immediately:
 - a. Make every reasonable effort to obtain compliance by contacting the ASW by telephone, registered mail, or other electronic means.
 - b. Record the compliance attempts taken on a SSS Form 119.
 - c. File the SSS Form 119 in the SSS Form 101A.
 - d. File the SSS Form 101A in UFS 806 (Failed to Report 5-Day Holding Period).
4. If compliance with the Job Placement Order is not obtained, the ASO will process the ASW as a suspected violator in accordance with Chapter 8 of this manual.

CHECKLIST 10-A-16 - COMPUTING CREDITABLE TIME

1. Creditable time will be recorded in CRPP (ASPS) and on the front of the SSS Form 101A. The Alternative Service Office (ASO) will record:
 - a. The actual beginning and ending dates of all periods of employment in Alternative Service jobs.
 - b. Time granted when the Alternative Service Worker (ASW) Worker, through no fault of his own, is not placed in an approved job during the 30-day period after his Order to Perform Alternative Service (SSS Form 155) was issued.
 - c. The time restored when the DAB or the State Director reverses an ASO's decision to deny creditable time.
2. An ASW's creditable time begins to accrue on the day he commences work at an approved Alternative Service job in compliance with a SSS Form 162 (Job Placement Order).
 - a. Calendar days of creditable time are awarded for employment in an alternative service job when:
 - (1) ASW is performing satisfactorily in his assigned job.
 - (2) ASW is working a minimum of 35 hours per week, or the equivalent of the employer's full-time work week, whichever is the greater.
 - b. During periods of employment, creditable time shall be awarded for:
 - (1) Holidays normally observed by the employer.
 - (2) Annual leave; e.g., vacation time, granted according to the employer's leave practices for other similar employees.
 - (3) Normal employee days off during the week.
 - (4) Sick leave granted according to the employer's established policy for similar employees.
 - (5) Training periods required as normal procedures for similar employees.
 - c. Creditable time will be restored to an ASW for the time lost after he leaves his job assignment following his request for reassignment only if the request is approved by the ASO, DAB and/or the State Director, as appropriate. The ASW, after requesting a reassignment, should remain in position until a decision has been reached on his request.
3. Calendar days are not awarded as creditable time:
 - a. When the ASO determines that the work of the ASW is unsatisfactory due to his failure to comply with the reasonable requirements of his employer.

CHECKLIST 10-A-16 - COMPUTING CREDITABLE TIME (cont)

- b. When the ASO determines that the ASW is not employed in an approved job as a result of his own actions.
- c. For the time an ASW may be working in a job which would qualify for Alternative Service prior to the issuance of his SSS Form 162 (Job Placement Order).
- d. For leave granted by the employer to attend to a personal emergency in excess of five days.
- e. While the ASW is in a postponement period after he has been classified 1-WM.
- f. During a period of suspension of the Order to Perform Alternative Service.
- g. While an ASW is traveling to or from an overseas assignment.
- h. For the time required by SSS for administrative processing and initial job placement during first 30 days after issuance of the Order to Perform Alternative Service.

CHECKLIST 10-A-17 - EVALUATING STANDARDS OF PERFORMANCE OF ALTERNATIVE SERVICE

Standards of performance are those rules and regulations which must be complied with to satisfactorily complete the prescribed period of Alternative Service.

1. When the efforts to obtain compliance are unsuccessful, the Alternative Service Office (ASO) will:
 - a. Record on page 2 of the SSS Form 101A that the Alternative Service Worker (ASW) is under investigation as a suspected violator.
 - b. Input the action to the CRPP (ASPS).
 - c. Issue Sample Letter 10-B-6, Notice of Intent to Refer as Suspected Violator, to notify the ASW that:
 - (1) He may be in violation of the Military Selective Service Act (MSSA) because of his failure to perform satisfactorily in his alternative service job.
 - (2) He has 10 days in which to request a review by the State Director.
 - d. File a copy of Sample Letter 10-B-6 in the SSS Form 101A.
 - e. File the SSS Form 101A in the Uniform Filing System (UFS) at 807 (Suspected Violators, 10-Day Holding Period).
2. If a request for review by the State Director is filed, the ASO will process the request in accordance with paragraph 14, Section C of this chapter.
3. At the end of the 10-day appeal period, if no request for review has been filed, the ASO will:
 - a. Record on page 2 of the SSS Form 101A that the file is being forwarded to the area office for violator processing.
 - b. Input the action to the CRPP (ASPS).
 - c. Transfer the SSS Form 101A to the ASW's area office of jurisdiction in accordance with Chapter 1, Section B, paragraph 3.b. of this manual, noting in the "Remarks" paragraph of the SSS Form 123 (Document Transmittal and Receipt) that the ASW is being reported as a suspected violator.

CHECKLIST 10-A-18 - COMPLAINTS ABOUT ALTERNATIVE SERVICE WORKERS OR EMPLOYERS

1. Complaints concerning the performance of an Alternative Service Worker (ASW) or employer will be fully documented, filed in appropriate file, and investigated by the Alternative Service Office (ASO) within two weeks after receipt of the complaint.
 - a. Information concerning the performance of an ASW will be filed in the ASW's SSS Form 101A. The ASO will issue Sample Letter 10-B-3, Advising Alternative Service Worker of Information in File, to the ASW. The fact of the complaint and the date the information was received will be recorded on page 2 of the SSS Form 101A.
 - b. Information concerning the performance of an employer will be filed in the employer's file folder. The ASO will notify the employer, using Sample Letter 10-B-2, of the receipt of adverse information which has been placed in his file.
 - c. The SSS Form 101A and employer file will be returned to the Uniform Filing System (UFS) pending investigation and resolution of the complaint.
2. The following procedures will be used to document complaints received by the ASO:
 - a. If the information is received in writing, the ASO will:
 - (1) Date stamp the documentation in accordance with Chapter 1, Section B, paragraph 2.b. of this manual.
 - (2) File the documentation in accordance with paragraph 11, Section C of this chapter.
 - b. If the information is received by a personal visit, telephone, or other means, the ASO will:
 - (1) Summarize the oral information on SSS Form 119, noting the following data:
 - (a) Name of the ASW.
 - (b) Name of the employer.
 - (c) Reported circumstances of the problem or complaint.
 - (d) Where the ASW and/or employer can be contacted, if known.
 - (e) Name, address, and telephone number of the individual providing the information, or a notation if the individual requests anonymity.
 - (2) Make paper copies of any electronically submitted documentation.
 - (3) File the documentation, including any materials submitted by mail, in accordance with paragraph 11, Section C of this chapter.
 - c. The ASO will conduct its investigation by interviewing the parties concerned, either in person or by telephone, within two weeks after receipt of the complaint. In all such interviews, the ASO will:

CHECKLIST 10-A-18 - COMPLAINTS ABOUT ASW's OR EMPLOYERS (cont)

- (1) Summarize oral information on a SSS Form 119.
 - (2) File the SSS Form 119 in the ASW's SSS Form 101A or in the employer's file folder, as appropriate.
 - (3) Inform the parties, at the conclusion of the interview, that they may submit to the ASO, within five days following the interview, a written statement concerning the problem and it will be made a part of the appropriate file.
- d. If there is a complaint about the performance of an employer (employer should have received Sample Letter 10-B-2, Advising AS Employer of Information in File), the ASO will follow the steps below.
- (1) Input to the CRPP (ASPS) the fact that the employer is being investigated.
 - (2) Hold in abeyance the assignment of ASWs to jobs with the employer pending the completion of the investigation.
 - (3) Contact the employer and review the requirements of the Alternative Service Program (ASP) as set forth in SSS laws and regulations, and as specified in the Alternative Service Employment Agreement (SSS Form 152).
 - (4) Try to negotiate an acceptable solution to the complaint:
 - (a) If a satisfactory resolution to the problem is reached, the ASO will input the fact of the resolution, and the date, to the CRPP (ASPS).
 - (b) If the decision is made to terminate the employment agreement, the ASO will take action as specified in Section B, paragraph 9 of this chapter.
- e. If the complaint is about the performance of the ASW, and the ASW is no longer working, the ASO will:
- (1) Attempt to determine:
 - (a) Whether the ASW quit or was fired from the job.
 - (b) The reason(s) he quit or was fired.
 - (c) Where the ASW can be contacted.
 - (2) Stop the ASW's creditable time in the ASPs as of the date his employment was terminated.
 - (3) Decide whether to reassign the ASW to another Alternative Service job.

CHECKLIST 10-A-18 - COMPLAINTS ABOUT ASW's OR EMPLOYERS (cont)

- (a) If it is the first time the ASW's employment has been terminated because of poor performance, the ASO may reassign him (refers to both male and female gender) and to another Alternative Service job in accordance with the procedures in paragraph 12, section C of this chapter.
 - (b) If the decision is made not to reassign the ASW, the ASO will process the ASW as a suspected violator.
- f. If the ASW is still working but his (refers to both the male and female gender) complaint is about his job assignment, the ASO will review the problem and take the necessary action(s).
- (1) If the complaint is about wages, hours or working conditions, the ASO will inform the ASW that he must make his complaints through established employer/employee channels.
 - (2) If the complaint qualifies the ASW for reassignment under the provisions of paragraph 12, Section C of this chapter, the ASO will advise him of the process for requesting a job reassignment.
 - (3) If the complaint does not qualify the ASW for reassignment, the ASO will counsel him on the performance expected of an ASW and what changes could be made to solve the problem.

CHECKLIST 10-A-19 - PROCESSING JOB REASSIGNMENTS

1. When a request for reassignment is received, the Alternative Service Office (ASO) will:
 - a. Advise the Alternative Service Worker (ASW), using Sample Letter 10-B-11, Action on Request for Job Reassignment, that he must continue in his assigned job until the request for reassignment is approved.
 - b. Record on page 2 of the SSS Form 101A the fact of the request and the date it was received.
 - c. File documentation of the request in the ASW's SSS Form 101A.
 - d. Input the facts of the request to the CRPP (ASPS).
 - e. Determine, within two weeks after receipt of the request, whether the reason(s) given meets the requirements in paragraph 12, Section C of this chapter.
 - f. In making its determination as to whether an ASW should be reassigned, the ASO will take the following actions:
 - (1) If the ASW believes that his job violates his religious, moral or ethical beliefs or convictions as to participation in war which led to his classification as a conscientious objector, the ASO will:
 - (a) Request a transfer of the ASW's SSS Form 101(Registrant File Folder) from his area office of jurisdiction in accordance with Section C, paragraph 13 of this chapter.
 - (b) Review the SSS Form 101 to determine the grounds on which the conscientious objector classification was granted.
 - (2) If the request for reassignment is based upon possible non-compliance of SSS regulations by the employer or of the SSS Form 152 (Employment Agreement), the ASO will investigate the situation in accordance with paragraph 11, Section C of this chapter.
 - (3) If the ASW continues to have severe differences with his employer that remains unresolved, the ASO will:
 - (a) Review the ASW's SSS Form 101A to determine the efforts which were made previously to resolve the problem.
 - (b) Contact the employer to obtain any additional information needed to make a determination on the request for reassignment; document the interaction using the SSS Form 119.
 - (c) Contact the ASW by using Sample Letter 10-B-4 if more information is needed from him in order to make a determination.
 - (4) If the ASW's request is based on his inability to perform satisfactorily in his assigned job because of a change in his mental or physical condition, the ASO will:

CHECKLIST 10-A-19 - PROCESSING JOB REASSIGNMENT (cont)

- (a) Contact the employer and review the requirement of the job.
 - (b) Using Sample Letter 10-B-4, request the ASW to provide documentation of his mental or physical condition and the changes as they relate to the requirements of his job.
 - (c) Take action in accordance with paragraph 12, Section C of this chapter.
- (5) If the ASW's request is based on a hardship to his dependents which has occurred as a result of his performance of Alternative Service, the ASO will take action in accordance with paragraph 15, Section C of this chapter.
- g. When the ASO has determined that the ASW should be reassigned In accordance with paragraph 13, Section C of this chapter, the ASO will:
- (1) Issue a Sample Letter 10-B-11, Action on Request for Job Reassignment, to inform the ASW that he will be reassigned to another job.
 - (2) Record the decision on page 2 of the SSS Form 101A.
 - (3) Place a copy of Sample Letter 10-B-11 in the SSS Form 101A.
 - (4) Notify the current employer by telephone, with a follow-up letter, that the ASW is being reassigned.
 - (5) Input the approval of the request for reassignment to the CRPP (ASPS).
 - (6) Terminate the current job assignment in the ASPS as of the last day of the ASW's employment in that job.
 - (7) Obtain a list of available jobs from the CRPP (ASPS).
 - (8) Contact the ASW and refer him directly to another job or job interview, without having him return to the ASO, by taking the following steps:
 - (a) Summarize information provided by the ASW on a SSS Form 119 (Report of Information).
 - (b) Issue one of the following to the ASW:
 - 1) An SSS Form 161 (Interview Referral Order) in accordance with paragraph 4, Section C of this chapter.
 - 2) An SSS Form 162 (Job Placement Order) in accordance with paragraph 8, Section C of this chapter.
 - (9) File a copy of the SSS Form 119 and the SSS Form 161 or 162 in the SSS Form 101A.

CHECKLIST 10-A-19 - PROCESSING JOB REASSIGNMENT (cont)

- (10) File the SSS Form 101A in the Uniform Filing System (UFS) at 809 (Job Reassignment Actions Pending).
- h. If the ASW's request was based on paragraph 12, Section C of this chapter, and if the ASO determines that a job reassignment is not justified, the ASO will:
 - (1) Issue Sample Letter 10-B-11, Action on Request for Job Reassignment, to inform the ASW:
 - (a) That his request has been denied.
 - (b) The reason(s) for the denial.
 - (c) How he may request a District Appeal Board (DAB) review of the denial.
 - (2) Record the decision on page 2 of the SSS Form 101A.
 - (3) Input the decision and date to the ASPs.
 - (4) File a copy of Sample Letter 10-B-11 in the SSS Form 101A.
 - (5) File the SSS Form 101A in the UFS at 810 (Appeal of Denial of Job Reassignment) until a request for DAB review is filed or the 15-day period for filing such a request has ended.
 - (a) If a request for DAB review is filed, the ASO will take action as prescribed in paragraph 13, Section C of this chapter.
 - (b) If no request for State Director review is filed, the ASO will:
 - 1) Return the SSS Form 101A to the area office in accordance with Chapter 1, Section B, and this manual.
 - 2) Return the SSS Form 101A to the UFS at 808 (Performing Alternative Service).
- i. If the ASW's request was based on allegations of conditions set forth in paragraph 12, Section C of this chapter, and if the ASO determines that a job reassignment is not justified, the ASO will:
 - (1) Issue Sample Letter 10-B-11, Action on Request for Job Reassignment, to inform the Alternative Service Worker:
 - (a) That his request has been denied.
 - (b) The reason(s) for the denial.
 - (2) Record the decision on page 2 of the SSS Form 101A.

CHECKLIST 10-A-19 - PROCESSING JOB REASSIGNMENT (cont)

- (3) Input the decision and date to the CRPP (ASPS).
- (4) File a copy of Sample Letter 10-B-11 in the SSS Form 101A.
- (5) File the SSS Form 101A in the UFS at 810 (Appeal of Denial of Job Reassignment) until a request for State Director review is filed or the 10-day period for filing such a request has ended.
 - (a) If a request for State Director review is filed, the ASO will take action as prescribed in paragraph 14, Section C of this chapter.
 - (b) If no request for State Director review is filed, the ASO will:
 - 1) Return the SSS Form 101A to the area office in accordance with Chapter 1, Section B, and this manual.
 - 2) Return the SSS Form 101A to the Uniform Filing System (UFS) at 808 (Performing Alternative Service).
- j. Whenever a request for reassignment has been denied, the ASO will contact the employer within one week after the decision was transmitted to assure that the ASW has remained on the job in compliance with the decision. If the ASW is not on the job and if he does not file a request for DAB or State Director review, the ASO will process him as a suspected violator in accordance with Chapter 8 of this manual.
- k. When an employer promotes or reassigns an ASW within his organization as set forth in Section B, paragraph 7 of this chapter, the ASO will:
 - (1) Establish the ASW's new job in accordance with Section B, paragraph 6.g. of this chapter.
 - (2) Document the promotion/reassignment of the ASW by completing a new SSS Form 162 (Job Place Order).
 - (3) Terminate the ASW from the old job in the CRPP (ASPS).
 - (4) Assign the ASW to the new job in the CRPP (ASPS).
 - (5) Record on page 2 of the SSS Form 101A the fact that the ASW is being reassigned to another job with the same employer.
 - (6) File the SSS Form 162 in the SSS Form 101A.
 - (7) File the SSS Form 101A in the UFS at 808 (Performing Alternative Service).

CHECKLIST 10-A-20 - PROCESSING REQUEST FOR DAB REVIEW

1. When a request for DAB review has been received within the time guidelines from the Alternative Service Worker (ASW), see paragraph 13, Section C of this chapter, the Alternative Service Office (ASO) will:
 - a. Request the ASW's SSS Form 101 from the respective Area Office.
 - b. Record the receipt of the request and the date of the receipt on page 2 of the SSS Form 101A.
 - c. Schedule the case for review at the first available District Appeal Board (DAB) meeting, allowing at least 10 days notice to the ASW.
 - d. Issue Sample Letter 10-B-7 to notify the ASW of the date his case will be considered by the DAB and to inform him of his procedural rights in connection with the DAB review.
 - e. Input the facts of the review and the date of the scheduled DAB meeting to the CRPP (ASPS).
 - f. Record on page 2 of the SSS Form 101A the scheduled date of the meeting and whether a personal appearance is scheduled.
 - g. File a copy of Sample Letter 10-B-7 in the SSS Form 101A.
 - h. File the SSS Form 101A in the UFS at 801.1 (DAB Action Pending).
2. If an ASW files with the ASO a written withdrawal of the personal appearance portion of his request, the ASO will:
 - a. Issue Sample Letter 10-B-7 to acknowledge the withdrawal.
 - b. Input the withdrawal to the CRPP (ASPS).
 - c. Record on page 2 of the SSS Form 101A the date action taken.
3. If the ASW files with the ASO a written withdrawal of his request for review, the ASO will:
 - a. Issue Sample Letter 10-B-7 to acknowledge the withdrawal.
 - b. Input the withdrawal to the CRPP (ASPS).
 - c. Record on page 2 of the SSS Form 101A the date action taken.
 - d. Remove the ASW's case from the DAB schedule.
 - e. File the 101A in the UFS at 801, District Appeal Board Action Pending.

CHECKLIST 10-A-20 - PROCESSING REQUEST FOR DAB REVIEW (cont)

4. Following the DAB's action on the ASW, the ASO will:
 - a. Prepare a written summary of the testimony presented when there was a personal appearance, using the SSS Form 119 (Report of Information).
 - b. Record the decision, date and vote on page 2 of the ASW's SSS Form 101A.
 - c. Input the DAB decision to the CRPP (ASPS).
 - d. Forward to the ASW his copy of the SSS Form 168 (DAB's Decision Record).
 - e. Place the SSS Form 168 and the SSS Form 119, if one was prepared, in the SSS Form 101A.
 - f. File the SSS Form 101A in the UFS at 800 (Registrant File Folder).
 - g. Return the SSS Form 101 to the area office of jurisdiction.
5. If the DAB ordered the reassignment of the ASW, the ASO will reassign the ASW in accordance with Checklist 10-A-21.
6. If the DAB has not ordered the reassignment of the ASW, the ASO will contact the employer within one week following the mailing of the SSS Form 168 to the ASW to request a written confirmation of whether or not the ASW is working on his assigned job. If the ASW is not on the job, the ASO will refer the case to the area office for processing as a suspected violator in accordance with Chapter 8 of this manual.
7. If the ASW fails to appear at the DAB hearing, the ASO will:
 - a. Prepare a written record on a SSS Form 119 of the circumstances and place it in the SSS Form 101A.
 - b. Furnish Sample Letter 10-B-7 to advise the ASW that he has forfeited his right to a personal appearance before the DAB and that the DAB will act on his request based on the information in his file.
 - c. Record on page 2 of the SSS Form 101A the date the Sample Letter 10-B-7 was issued.
 - d. Place a copy of Sample Letter 10-B-7 in the SSS Form 101A.
 - e. Input the action to the CRPP (ASPS).
 - f. Refer the ASW's SSS Form 101A to the DAB for action at its next meeting.
8. When it becomes necessary to transfer an ASW's case to another DAB, the sending ASO will:
 - a. Input to the CRPP (ASPS) that the case is being transferred to another DAB.

CHECKLIST 10-A-20- PROCESSING REQUEST FOR DAB REVIEW (cont)

- b. Record on page 2 of the SSS Form 101A the transfer and the reason(s) identifying the DAB to which the case is being transferred.
 - c. Issue a Sample Letter 10-B-7 to the ASW advising him of the transfer.
 - d. Place a copy of the Sample Letter 10-B-7 in the SSS Form 101A.
 - e. Forward the ASW's duplicate SSS Form 101 and SSS Form 101A to the receiving ASO in accordance with Checklist 10-A-8, noting in the 'Remarks' paragraph of the SSS Form 123 (Document Transmittal and Receipt) that the files are being transferred for DAB action.
9. Upon receipt of an ASW's files transferred for DAB action, the receiving ASO will:
- a. Acknowledge receipt of the files on SSS Form 123 and return a copy to the sending office.
 - b. Process the ASW's request for review before its DAB in the same manner as it would one of its own ASWs.
 - c. Prepare a written summary of the testimony presented when there was a personal appearance, using the Report of Information (SSS Form 119); record the decision, date and vote on page 2 of the ASW's SSS Form 101A.
 - d. Return the files with the SSS Form 168 (DAB Decision Record) to the sending ASO.
10. When the efforts to obtain compliance are unsuccessful, the ASO will:
- a. Record on page 2 of the SSS Form 101A that the ASW is under investigation as a suspected violator.
 - b. Input the action to the CRPP (ASPS).
 - c. Issue Sample Letter 10-B-6, Notice of Intent to Refer as Suspected Violator, to notify the ASW that he may be in violation of the Military Selective Service Act (MSSA) because of his failure to perform satisfactorily in his Alternative Service job, and that he has 10 days in which to request a review by the State Director.
 - d. File a copy of Sample Letter 10-B-6 in the SSS Form 101A.
 - e. File the SSS Form 101A in the UFS at 807 (Suspected Violators, 10-Day Holding Period).
11. If a request for review by the State Director is filed, the ASO will process the request in accordance with Checklist 10-A-21. At the end of the 10-day appeal period, if no request for review has been filed, the ASO will:
- a. Record on page 2 of the SSS Form 101A that the file is being forwarded to the Area Office for violator processing.

CHECKLIST 10-A-20 - PROCESSING REQUEST FOR DAB REVIEW (cont)

- b. Input the action to the CRPP (ASPS).
- c. Transfer the SSS Form 101A to the ASW's area office of jurisdiction in accordance with Checklist 10-A-6, noting in the "Remarks" paragraph of the Document Transmittal and Receipt that the ASW is being reported as a suspected violator.

CHECKLIST 10-A-21 - PROCESSING A REQUEST FOR STATE DIRECTOR REVIEW

Requests for review may be made to the State Director of the state or territory, in which the Alternative Service Worker (ASW) is working, by either the ASW or the employer.

1. If the ASW files the request, the UFS at 801, Alternative Service Office (ASO) will:
 - a. Issue a Sample Letter 10-B-8 to inform the ASW that his request was received.
 - b. Record the request and date on the automated page 2 of the SSS Form 101A.
 - c. Input the filing of the request and date to the CRPP (ASPS).
 - d. File the written request and a copy of Sample Letter 10-B-8 in the SSS Form 101A.
 - e. Record any additional information relevant to the case on SSS Form 119 (Report of Information) and file it in the SSS Form 101A.
 - f. Forward the ASW's SSS Form 101A to the State Director in accordance with Checklist 10-A-6, noting in the 'remarks' paragraph of the SSS Form 123 that the file is being transferred to the State Director for review of the ASO's decision.

2. If the employer requests a review, the ASO will:
 - a. Acknowledge receipt of the request in writing.
 - b. Notify the ASW in writing that the employer has filed a request.
 - c. Record on page 2 of the ASW's SSS Form 101A the request and the date.
 - d. Input the filing of the request and date to the CRPP (ASPS).
 - e. File the written request and a copy of the notification to the ASW in the SSS Form 101A.
 - f. Record any additional information relevant to the case on a SSS Form 119 and file it in the SSS Form 101A.
 - g. Forward the SSS Form 101A to the State Director noting in the remarks paragraph of the SSS Form 123 that the file is being transferred to the State Director for review.
 - h. File the ASO's copy of the SSS Form 101A in the Uniform Filing System (UFS) at 809 (Job Reassignment Actions Pending).

3. When a decision has been reached, the State Director will:
 - a. Notify the ASO in writing of the decision, specifying the reason(s) for any reversal of the ASO's decision.
 - b. Record the decision on page 2 of the SSS Form 101A.

CHECKLIST 10-A-21 - PROCESSING A REQUEST FOR STATE DIRECTOR REVIEW (cont)

- c. Place a copy of the decision in the SSS Form 101A file.
 - d. Return the file to the ASO, noting in the remarks paragraph of the SSS Form 123 that the file is returned after review by the State Director.
 - e. State Director will keep a copy of the Form 123 for the SHQ records.
4. Upon receipt of the ASW's file from the State Director, the ASO will:
- a. Acknowledge receipt of the file on the SSS Form 123 and return a copy to the State Director.
 - b. Issue Sample Letter 10-B-8 to notify the ASW of the decision and the reason(s) for any denial.
 - c. Furnish a copy of Sample Letter 10-B-8 to the employer.
 - d. Input the decision and date to the CRPP (ASPS).
 - e. Record the issuance of Sample Letter 10-B-8 on page 2 of the SSS Form 101A.
 - f. File a copy of Sample Letter 10-B-8 in the SSS Form 101A.
 - g. File the SSS Form 101A in the UFS at 808 (Performing Alternative Service) or 809 (Job Reassignments Actions Pending).

CHECKLIST 10-A-22 - PROCESSING A REASSIGNMENT OR SUSPENSION DUE TO HARDSHIP

1. When an Alternative Service Worker (ASW) advises the ASO that a hardship condition exists, the Alternative Service Office (ASO) will:
 - a. Summarize oral information on a SSS Form 119 (Report of Information) and file all information pertaining to the request in the ASW's SSS Form 101A.
 - b. Furnish the ASW a Sample Letter 10-B-4, Request for Information or Documentation:
 - (1) Acknowledge receipt of the request.
 - (2) Provide instructions for submitting documentation in support of the request.
 - (3) Inform the ASW that his request will be:
 - (a) Considered by the ASO to determine whether the hardship can be alleviated by a job reassignment.
 - (b) Forwarded to the ASW's local board for action if the ASO determines that a job reassignment will not alleviate the hardship.
 - c. Record the request and the fact that the Sample Letter 10-B-4 was furnished, and the dates, on page 2 of the SSS Form 101A.
 - d. File the SSS Form 101A in the Uniform Filing System (UFS) at 809 (Job Reassignment Actions Pending).
2. When the requested documents are received from the ASW, the ASO will:
 - a. Record on page 2 of the SSS Form 101A the receipt of the supporting documents.
 - b. File the supporting documents in the SSS Form 101A.
 - c. Evaluate within one week the information provided by the ASW to determine whether the request meets the criteria of hardship to dependents as defined in Chapter 5 of this manual.
3. If the ASO determines that a hardship exists, it will then determine whether the hardship can be alleviated by a job reassignment.
 - a. When the ASO determines that the hardship can be alleviated by a job reassignment, the ASO will reassign the ASW in accordance with Checklist 10-A-19.
 - b. When the ASO determines that the hardship cannot be alleviated by a job reassignment, the ASO will:
 - (1) Prepare Sample Letter 10-B-10 to notify the ASW that his case is being forwarded to his Local Board for review.

CHECKLIST 10-A-22 - PROCESSING A REASSIGNMENT OR SUSPENSION DUE TO HARDSHIP (cont)

- (2) Record the decision to forward the case on page 2 of the SSS Form 101A.
 - (3) Input the action and date to the CRPP (ASPS).
 - (4) File a copy of Sample Letter 10-B-10 in the SSS Form 101A.
 - (5) Transfer the SSS Form 101A to the Local Board, which issued the ASW's Order to Perform Alternative Service, in accordance with Chapter 1, Section B, paragraph 3 of this manual, noting in the remarks paragraph of the SSS Form 123 that the file is being forwarded for hardship review.
4. Upon receipt of the SSS Form 101A, the Area Office will:
 - a. Acknowledge receipt of the file on the SSS Form 123, returning a copy to the ASO.
 - b. Present the case to the local board at its next meeting.
 5. At the local board meeting at which the ASW's request is to be considered, the Board will:
 - a. Determine, in accordance with 5.C.6. of this manual, whether the ASW would be entitled to reclassification to Class 3A, assuming he were eligible to file a claim for that class.
 - b. Establish a termination date, not to exceed 365 days from the date of the board's action, for any suspension granted.
 - c. Prepare a SSS Form 167 (Hardship Review Record) to inform the ASW that his suspension is approved for the period of time specified by the board, or that his request has been denied stating the reason(s) for the denial, informing him that he must continue in his present job assignment, and that the board's decision is not subject to review or appeal. Also, inform him that he may obtain the vote of the board on his request.
 6. Following the Local Board action, the Area Office will:
 - a. Record the decision, date, and vote of the board on page 2 of the SSS Form 101A.
 - b. Place the SSS Form 167 in the SSS Form 101A.
 - c. Return the SSS Form 101A to the ASO, noting in the remarks paragraph of the SSS Form 123 that the file is being returned after Local Board review.
 7. When the file is received from the area office, the ASO will:
 - a. Acknowledge receipt of the file on the SSS Form 123 and return a copy to the Area Office.
 - b. Input the decision, date, and vote of the Local Board to the CRPP (ASPS).
 - c. Send the copy of the SSS Form 167 (Hardship Review Record) to the ASW.

CHECKLIST 10-A-22 - PROCESSING A REASSIGNMENT OR SUSPENSION DUE TO HARDSHIP (cont)

- d. Record on page 2 of the SSS Form 101A the date the SSS Form 167 was sent.
 - e. File the original of the SSS Form 167 in the SSS Form 101A.
 - f. File the SSS Form 101A in the UFS at 809 (Job Reassignment Actions Pending).
8. If the Local Board grants a suspension of the ASW's Order to Perform Alternative Service, the ASO will:
- a. Notify the employer using Sample Letter 10-B-18 that the ASW's performance is being suspended.
 - b. File a copy of the notification in the SSS Form 101A.
 - c. Terminate the ASW's employment in the CRPP (ASPS).
 - d. Obtain from the ASPSP a summary of the ASW's creditable time.
 - e. File the summary in the SSS Form 101A.
 - f. Return the SSS Form 101A to the Area Office serving the ASW's Local Board, noting in the remarks paragraph of the SSS Form 123 that the ASW's Order to Perform Alternative Service has been suspended.
9. The following procedures apply to the area office and the local board during the time a hardship suspension is in effect:
- a. When the SSS Form 101A is received in accordance with Checklist 10-A-6, the Area Office will:
 - (1) Acknowledge receipt of the file on the SSS Form 123 and return a copy to the ASO.
 - (2) Update the ASW's record in CRPP (ASPS) to show that his Order to Perform Alternative Service has been suspended and jurisdiction has been returned to the Area Office.
 - (3) File the SSS Form 101A in the SSS Form 101.
 - (4) Note the suspension on page 2 of the SSS Form 101.
 - (5) File the SSS Form 101 in the UFS at 801.3 (Suspensions).
 - b. Extensions of a hardship suspension may be granted for up to 365 days each until the reason for the hardship ceases to exist or the ASW attains the 26th anniversary of his date of birth, whichever occurs first. Each request for extension will be considered by the local board as though it were an original request for suspension. All requests for extension of a suspension will be made, in writing, to the Local Board.

CHECKLIST 10-A-22 - PROCESSING A REASSIGNMENT OR SUSPENSION DUE TO HARDSHIP (cont)

- c. A suspension will be terminated prior to its scheduled expiration date if the hardship condition upon which the suspension was based ceases to exist.
- d. Upon expiration or termination of a suspension granted to an ASW who has not attained the 26th anniversary of his date of birth, the Area Office will:
 - (1) Update CRPP (ASPS) to remove the suspension and reassign the ASW to an ASO.
 - (2) Consult the creditable time report in the ASW's SSS Form 101A to determine the amount of Alternative Service he has remaining on his original obligation.
 - (3) Record on page 2 of the SSS Form 101A the date the ASW is being reordered to perform Alternative Service.
 - (4) Issue an amended SSS Form 155A (Order to Perform Alternative Service).
 - (5) File Copy 1 of the SSS Form 155A in the SSS Form 101A.
 - (6) File Copy 2 of the SSS Form 155A in the SSS Form 101.
 - (7) Record on page 2 of the SSS Forms 101 and 101A the date the SSS Form 155A was issued.
 - (8) File the SSS Form 101 in the UFS at 800.
 - (9) Forward the SSS Form 101A to the ASO of assignment as outlined in Checklist 10-A-6.

CHECKLIST 10-A-23 - PROCESSING EARLY RELEASE FROM ALTERNATIVE SERVICE

1. When the documents to support the Alternative Service Worker's (ASW's) request are received, the Alternative Service Office (ASO) will:
 - a. Input the request in the CRPP (ASPS).
 - b. Record the request and date on page 2 of the SSS Form 101A.
 - c. File all documents in the SSS Form 101A.
 - d. Evaluate the ASW's request within one week by comparing the information submitted with the criteria contained in paragraph 16, Section C of this chapter.
2. If the early release request is made in accordance with paragraph 16.d., Section C of this chapter, the ASO will attempt to reassign the ASW in accordance with paragraph 12a.(5), Section C of this chapter.
3. If no appropriate job to which the ASW may be reassigned is available, the ASO will:
 - a. Notify the ASW that his case is being evaluated for early release from Alternative Service.
 - b. Process the ASW's request for early release through an evaluation of his condition in accordance with paragraph 16, Section C of this chapter.
4. Before the ASW can be granted an early release for physical, mental or moral reasons, his condition must be evaluated by a Military Entrance Processing Station (MEPS) to determine whether the ASW meets the standards required for retention in the Armed Forces. In this regard, the ASO will:
 - a. Send to the MEPS the documents specified at 16.d.(1)-(3), Section C, requesting a "Papers Only" evaluation by the MEPS.
 - b. Note on page 2 of the SSS Form 101A the date the documents were forwarded.
 - c. File the SSS Form 101A in the UFS at 800.2 (MEPS Actions Pending) pending a response from the MEPS.
 - d. When the MEPS evaluation is completed, the MEPS will input the results to Registrant Integrated Processing System through the CRPP (RIMS) and return the documents to the MEPS Liaison (ML) personnel for return to the jurisdictional Area Office.
5. If the MEPS is unable to make a "Papers Only" evaluation, the ASO will:
 - a. Arrange with the MEPS Liaison personnel for the ASW to undergo an examination at the MEPS at a specified date and time.
 - b. Record on page 2 of the SSS Form 101A the date, time and place of the scheduled examination.
 - c. Issue a Sample Letter 10-B-9 to notify the ASW of the date, time and place he is to report for the examination.

**CHECKLIST 10-A-23 - PROCESSING EARLY RELEASE FROM ALTERNATIVE SERVICE
(cont)**

- d. Place a copy of Sample Letter 10-B-9 in the SSS Form 101A.
 - e. File the SSS Form I0IA in the UFS at 800.3 (Examination Results Pending) pending receipt of the results of the examination.
6. When it has been determined that the ASW is to be granted an early release from Alternative Service, the ASO will:
- a. Notify ASW in writing, Sample Letter 10-B-14 that his request is granted and the date he is to be released.
 - b. Notify the employer of the ASW's pending release. When possible, the employee should be given a two weeks notice of the ASW's departure.
 - c. Process the release in accordance with Checklist 10-A-24.
7. When it has been determined that the ASW will not be granted an early release from Alternative Service, the ASO will:
- a. Record the decision on page 2 of the SSS Form I0IA.
 - b. Enter the denial and date in the CRPP (ASPS).
 - c. Notify ASW in writing, Sample Letter 10-B-13, Denial of Early Release from Alternative Service, specifying the reason(s) for the denial and informing him that he must continue working in his present assignment.
 - d. Place a copy of the correspondence in the SSS Form 101A.
 - e. File the SSS Form 101A in the UFS at 808 (Performing Alternative Service).

CHECKLIST 10-A-24 - PROCESSING COMPLETION AND RELEASE FROM ALTERNATIVE SERVICE

1. When the Alternative Service Worker (ASW) has completed his assigned period of alternative service, or when he has been granted an early release in accordance with paragraph 16, Section C of this chapter, the Alternative Service Office (ASO) will:
 - a. Terminate the ASW's employment in the CRPP (ASPS).
 - b. Notify the employer, by way of Sample Letter 10-B-14, that the ASW is being released.
 - c. Place a copy of the notification in the ASW's SSS Form 101A.
 - d. Record the date of release, including the reasons for an early release if applicable, on page 2 of the SSS Form 101A.
 - e. Obtain from the CRPP (ASPS) a Job History Report for the ASW and place it in the SSS Form 101A.
 - f. Issue a Certificate of Release from Alternative Service (SSS Form 169) to the ASW.
 - g. Record the issuance of the SSS Form 169 on page 2 of the SSS Form 101A.
 - h. Transmit the SSS Form 101A to the ASW's area office of original jurisdiction, noting in the remarks paragraph of the SSS Form 123 that the ASW is being released from Alternative Service.
2. When the SSS Form 101A is received, the Area Office will:
 - a. Acknowledge receipt of the file on the SSS Form 123 (Document Transmittal & Receipt) and return a copy to the ASO.
 - b. Record on page 2 of the ASW's Registrant File Folder (SSS Form 101) the date he was released from Alternative Service.
 - c. Reclassify the ASW into Class 4-WM.
 - d. Input the reclassification to the CRPP (HCPDS) in accordance with Chapter 5.
 - e. Record the reclassification on the front and on page 2 of the SSS Form 101.
 - f. File the SSS Form 101A in the SSS Form 101.
 - g. File the SSS Form 101 in the Uniform Filing System at 811 (Released from Alternative Service).

CHECKLIST 10-A-25 - TRAVEL REIMBURSEMENT FOR ALTERNATIVE SERVICE WORKERS

1. The following procedures will be used for providing travel or reimbursement to Alternative Service Workers (ASWs) for the authorized travel expenses, except travel to and from a Military Entrance Processing Station (MEPS) station to determine initial acceptability.
 - a. If the ASW does not have the funds to perform his travel, the Alternative Service Office (ASO) will:
 - (1) Follow standard procedures to arrange for the ASW's transportation on a charter bus or commercial carrier, then issue documentation to the ASW allowing him to pick up the tickets at the carrier's station.
 - (2) Furnish the ASW with a pre-purchased bus or train coach ticket, or bus or subway token.
 - b. The ASO will provide the SSS Form 164 (Alternative Service Worker Travel Reimbursement Request) for travel expenses personally paid for while under orders of the Selective Service System.
 - (1) If the travel is done in a privately-owned vehicle (POV), allowable expenses will be based on procedures described in paragraph 1, Section E of this chapter, except the ASO will use an SSS form 164.
 - (2) The ASW will be informed that his SSS Form 164 will be sent by the ASO to the SSS, Financial Management Division/Alternative Service, National Headquarters, who will process it and mail the reimbursement to the ASW at the address shown on the SSS Form 164.
2. Refer to paragraph 1, Section E of this chapter for additional information.

CHECKLIST 10-A-26 - CLAIMS FOR REIMBURSEMENT FOR EMERGENCY MEDICAL CARE

1. When a claimant contacts the Alternative Service Office (ASO) as specified in paragraph 2.a., Section E, regarding the death, illness or injury of an Alternative Service Worker (ASW) while engaged in travel or Alternative Service work following an order issued by SSS, the ASO will:
 - a. Furnish the claimant a SSS Form 166 (Claim for Reimbursement for Emergency Medical Care).
 - b. Advise the claimant that the completed form must be filed within one year after the expenses were incurred.
 - c. Instruct the claimant to return the completed form and all supporting documentation to the ASO.
2. When the completed SSS Form 166 and its supporting documentation are received, the ASO will:
 - a. Review the claim to determine whether it meets the general guidelines set forth in paragraph 2.c. and 2.e. Section E of this chapter.
 - b. Investigate the incident to determine whether any negligence or misconduct on the part of the ASW contributed to the illness, injury or death, by taking any or all of the following actions as appropriate:
 - (1) Reviewing any insurance claims attached to the SSS Form 166.
 - (2) Contacting the employer, if the incident occurred at the job site.
 - (3) Contacting the medical personnel who performed the treatment.
 - (4) Talking to any witnesses to the incident.
 - c. Summarize any oral information obtained on the Report of Information (SSS Form 119).
 - d. Forward the SSS Form 119, its supporting documentation and any information obtained during the investigation to National Headquarters, ATTN: Alternative Service Worker Reimbursement, by means of a SSS Form 123, noting in the remarks paragraph that the information being forwarded relates to an emergency medical care claim.
 - e. File a copy of the SSS Form 123 in the SSS Form 101A pending return of a receipted copy from National Headquarter.
 - f. File the SSS Form 101A in the Uniform Filing System (UFS) at 707 (Emergency Medical Care Claims).
3. When the SSS Form 166 and supporting documents are received, National Headquarters will:
 - a. Acknowledge receipt of the claim on the SSS Form 123 and return a copy to the ASO.

**CHECKLIST 10-A-26 - CLAIMS FOR REIMBURSEMENT FOR EMERGENCY MEDICAL CARE
(cont)**

- b. Evaluate the claim and take one of the following actions:
 - (1) If the claim is approved, payment will be made directly to the ASW or his estate unless written authorization of the ASW or his personal representative has been received to pay another person.
 - (2) If the claim is denied, National Headquarters will notify the claimant in writing, specifying the reason(s) for the denial.
 - c. Inform the ASO of the decision.
4. When notification of the decision is received from National Headquarters, the ASO will:
- a. Attach the copy of the notification to the receipted copy of the SSS Form 123.
 - b. File the documents in the SSS Form 101A.
 - c. File the SSS Form 101A in the UFS at 707 (Emergency Medical Care).

CHECKLIST 10-A-27 - PROCESSING SUSPECTED VIOLATORS

1. When a registrant fails to comply with a SSS order, the Alternative Service Office (ASO) will prepare and mail Sample Letter 10-B-6 (Notice of Intent to Refer as Suspected Violator) to the registrants last known address.
 - a. Go to CRPP (ASPS), click on Manage Alternative Service Workers, identify the registrant, click on Letters at the top of the window and select Suspected Violator. Fill in the information on the resulting screen. The system will:
 - (1) Create Sample Letter 10-B-6 (Notice of Intent to Refer as Suspected Violator) giving the registrant 10 days to reply.
 - (2) Record the issuance of the Sample Letter on the automated Page 2 of the SSS Form 101A.
 - b. Mail the Notice to the registrant by Registered Mail.
 - c. Place a copy of the Notice and the automated Page 2 in the SSS Form 101A.
 - d. File the SSS Form 101A at 807 (Suspected Violator).
2. If all reasonable efforts to contact the ASW fail, the ASO will:
 - a. Prepare an SSS Form 119 outlining the efforts made to contact the ASW and place in the SSS Form 101A.
 - b. Prepare an SSS Form 123 and return the SSS Form 101A to the Area Office of original jurisdiction together with any additional information developed during the time the registrant was under the jurisdiction of the ASO.
3. If contact is made but compliance or a valid reason is not obtained within ten days from the date of the suspected violation, the ASO will:
 - a. Prepare an SSS Form 119 outlining the results of the efforts made to contact the ASW and place in the SSS Form 101A.
 - b. Prepare an SSS Form 123 and return the SSS Form 101A to the Area Office of original jurisdiction together with any additional information developed during the time the registrant was under the jurisdiction of the ASO.
4. If an explanation for his violation is received it will be forwarded to the State Director of the state in which the ASW is located.
 - a. If the State Director determines that the explanation furnished is not for good cause, it will be returned to the originating ASO with the reasons for the determination. The ASO will:
 - (1) Prepare an SSS Form 119 describing the actions taken.
 - (2) Place the letter from the State Director and the SSS Form 119 in the SSS Form 101A.

CHECKLIST 10-A-27 - PROCESSING SUSPECTED VIOLATORS (cont)

- (3) Prepare an SSS Form 123 and return the SSS Form 101A to the Area Office of original jurisdiction together with any additional information developed during the time the registrant was under the jurisdiction of the ASO.

- b. If the State Director determines that the explanation furnished is valid, the ASW will be advised and, if currently assigned an Alternative Service job, notified to return to work. If the ASW is not currently assigned to an Alternative Service job, he will be issued a Job Placement Order.

APPENDIX B
SAMPLE LETTERS

SAMPLE LETTER 10-B-1 - TERMINATING AN ALTERNATIVE SERVICE EMPLOYER

[date]

[address]

Dear _____:

- #1 This is to inform you that the Selective Service System is terminating its Alternative Service Employment Agreement with your company/organization because (state reasons).
- #2 We are in receipt of your request to terminate your Employment Agreement with the Selective Service System because (state reason(s) as cited in employer's correspondence)

[select the appropriate paragraph above]

The effective date of termination of the Agreement is (date). The following Alternative Service Workers will be terminated on the termination date specified above.

(list Alternative Service Workers and their SSS Numbers)

Sincerely,

(Signature)
(Typed Name and Title)

SAMPLE LETTER 10-B-2 - ADVISING ALTERNATIVE SERVICE EMPLOYER OF INFORMATION IN FILE

[date]

[address]

Dear _____:

This is to advise you that information relative to you/your company has been received by this Office and has been placed in your SSS Employer file.

You may be unaware of this information, and it is important that you know it has been furnished in the event you desire to respond. If you wish to respond, you should furnish your comments to this office immediately.

Enclosed is (a copy) (a description) of the information.

Sincerely,

(Signature)
(Typed Name, and Title)

Enclosure

**SAMPLE LETTER 10-B-3 - ADVISING ALTERNATIVE SERVICE WORKER OF INFORMATION
IN FILE**

[date]

[address]

Dear _____:

Selective Service No: _____

This is to advise you that information relative to your status has been received by this Office and has been placed in your Selective Service file.

You may be unaware of this information, and it is important that you know it has been furnished in the event you desire to respond. If you wish to respond, you should furnish your comments to this office immediately.

Enclosed is (a copy) (a description) of the information.

Sincerely,

(Signature)
(Typed Name, and Title)

Enclosure

SAMPLE LETTER 10-B-4 - REQUEST FOR INFORMATION OR DOCUMENTATION

[date]

[address]

Dear Mr. _____:

On _____ [date] _____, you notified this Office of a condition resulting in hardship to your dependent(s) which has developed during your performance of Alternative Service.

The following information/documentation is required to determine your eligibility for hardship status:

_____ [list of materials/documents needed from ASW]

When we receive the information, we will be able to make a decision on your request. This office will determine whether the hardship can be alleviated by a job reassignment. If it is determined that a job reassignment will not alleviate the hardship, your request will be forwarded to your Local Board for final determination.

A postage-free, pre-addressed return envelope is enclosed. Please provide this material as promptly as you can but not later than _____.

Sincerely,

(Signature)
(Typed Name, and Title)

Enclosure

SAMPLE LETTER 10-B-5 - POSTPONEMENT ACTION

[date]

[address]

Dear Mr. _____:

On [date] this office received a request to postpone your reporting date for [select one of the following]: (job counseling) (a job interview) (starting your Alternative Service job). The statement marked below indicates the action which has been taken on your request:

Please provide this office with (describe the specific documentation needed) in support of your request for postponement. You have until (date 10 days from the date ASO received the original request) to provide the information to this office. Upon receipt, we will be able to make a decision on your request. If we do not receive it, or we receive it after the above date, you will be expected to report as ordered.

You have been granted a postponement of your reporting date until (date) . This postponement does not cancel the original order. You must report to (the Alternative Service Office) (the employer) on the newly assigned date. If the reason for your postponement ceases to exist, notify this office immediately.

Your request for a Student postponement has been denied for the following reason(s): _____
_____. You may request a review of this decision by your local board if you mail such a request within 15 days from the date of this letter which is shown above.

Your request for a postponement of your reporting date has been denied for the following reason(s): _____
_____. This decision is final and cannot be appealed. You must report as scheduled.

The postponement granted to you on (date) will be terminated on (date) because: _____
You are now scheduled to report to (the ASO) (the employer) on (date) at (time) .

Sincerely,

(Signature)
(Typed Name, and Title)

SAMPLE LETTER 10-B-6 - NOTICE OF INTENT TO REFER AS SUSPECTED VIOLATOR

[date]

[addressee]

Dear Mr. _____:

This is to inform you that you may be in violation of the Military Selective Service Act because of your failure to perform satisfactorily in the Alternative Service Program as indicated below:
[Select applicable sentence]

- #1 You have been reported as having failed to comply with an order issued by the Selective Service System under the provisions of the Alternative Service Program.
- #2 You have been reported as having refused Alternative Service employment by an approved employer who agreed to hire you.
- #3 You have been reported as having been terminated from your Alternative Service employment because your conduct, attitude, appearance, or work performance violated reasonable employer standards.
- #4 You have been reported as having quit or left your Alternative Service job without the approval of this office.

Please provide this office with an explanation of your apparent failure to perform satisfactorily as indicated above. Your explanation must be received at this office within 10 days from the date of mailing shown on this letter. When your explanation is received, it will be sent for consideration to the State Director of Selective Service for the state/territory/possession in which your Alternative Service job is located.

If you do not file a written explanation within 10 days, your file will be sent to the Area Office supporting the Local Board which issued your Order to Perform Alternative Service. The Area Office will then determine whether to refer your name to the Department of Justice as a suspected violator of the Military Selective Service Act.

Sincerely,

(Signature)
(Typed Name, and Title)

SAMPLE LETTER 10-B-7 – REQUEST FOR REVIEW BY DISTRICT APPEAL BOARD

[date]

[address]

Dear Mr. _____:

This is to inform you of the action taken on your request for a review of your job assignment. [Select applicable statement(s)].

- # 1 The District Appeal Board (DAB) will review your case on (date) . Prior to the date of review, you may visit this office during normal business hours to inspect your file and/or submit any additional information you wish the DAB to consider.
- # 2 You have been scheduled to appear before the DAB on (date) at (time) at (location) . At this appearance you will not be permitted to present witnesses or be represented by anyone acting as attorney or legal counsel. SSS has the responsibility to provide interpreter services if those services are required. Travel to and from the DAB meeting will be at your own expense. If you do not keep this appointment, the DAB will consider your case based on the information in your file.
- # 3 Your case has been transferred to another DAB because . The Alternative Service Office which supports that DAB will contact you to let you know when that DAB will review your case.
- # 4 Your withdrawal of the personal appearance portion of your request for review is hereby acknowledged. The DAB will consider your case based on the information in your file.
- # 5 Your withdrawal of your request for review is hereby acknowledged. As a result, no further action will be taken on your case. You must continue in your present job assignment.
- # 6 Because you failed to appear before the DAB as scheduled and did not submit an acceptable reason for your non-appearance, you have forfeited your right to a personal appearance. The DAB will consider your case based on the information in your file.
- # 7 Your request is not acceptable because .

Sincerely,

(Signature)
(Typed Name, and Title)

SAMPLE LETTER 10-B-8 - ACTION ON REQUEST FOR STATE DIRECTOR REVIEW

[date]

[address]

Dear Mr. _____:

This is with reference to your request that the State Director of Selective Service review the decision made by the Alternative Service Office concerning [your job performance] or [the performance of the Alternative Service Worker assigned to your organization]. [Select applicable statement(s)]

Acknowledgment of Request

[select paragraph #1 - Alternative Service Worker or #2 - Employer]

#1 Your file will be forwarded to the State Director of the state in which your Alternative Service job is located. You will be advised in writing by this office of the results of the State Director's review of your case.

#2 Your file, along with your assigned Alternative Service Worker's file, will be forwarded to the State Director of the state in which your Alternative Service Worker is assigned. You will be advised in writing by this office of the results of the State Director's review of your case.

Result of Review

[select paragraph #1 - Alternative Service Worker or #2 - Employer]

#1 The State Director has reversed the decision of the Alternative Service Office that you are a suspected violator of the Military Selective Service Act for the following reason(s):

_____ You will be issued a (Job Placement Order) (Interview Referral Order) (Order to Report for Job Counseling Session) in the near future. You will receive creditable time for any job counseling sessions and job interviews in addition to actual employment periods. Any creditable time denied to you by the Alternative Service Office will be restored.

#2 The State Director has reversed the decision of the Alternative Service Office that you and your company are in non-compliance with Selective Service rules and regulations pertaining to Alternative Service Workers. All Alternative Service Workers assigned to you, specifically (if applicable) _____, will remain in your employ.

Denial of Request [used for Alternative Service Worker and Employer]

The State Director is upholding the ASO's decision because _____.

Sincerely,

(Signature)
(Typed Name, and Title)

SAMPLE LETTER 10-B-9 - NOTICE TO REPORT FOR EXAMINATION FOR AN EARLY RELEASE

[date]

[address]

Dear Mr. _____:

You are hereby ordered to report to the Military Entrance Processing Station (MEPS) located at _____ (address) _____ on _____ (date) _____ at _____ (time) _____ for an examination. The results of this examination will be used to determine whether you may be granted an early release from alternative service in accordance with your request of _____ (date) _____. Take this letter with you when you go to the MEPS.

Arrange your own travel to and from the MEPS using commercial transportation or a privately owned vehicle. If you are unable to arrange transportation, contact the Alternative Service Office for assistance.

Notify your employer that you have been ordered to report for this examination and the date it is scheduled to take place. You will receive creditable time in the Alternative Service Program for the examination and for your travel to and from the MEPS.

You will be informed in writing of the results of this examination.

Sincerely,

(Signature)
(Typed Name, and Title)

SAMPLE LETTER 10-B-10 - ACTION ON REQUEST FOR HARDSHIP REVIEW

[date]

[address]

Dear Mr. _____:

On _____ (date), you notified this office of a condition resulting in hardship to your dependent(s) which has developed during your performance of Alternative Service.

Your request has been forwarded to your Local Board for determination of whether your Order to Perform Alternative Service should be suspended. You must continue in your present job until you are notified of the Local Board's decision.

If you wish to appear personally before the Local Board when it considers your case, you should request a personal appearance by writing to (Area Office mailing address and telephone number). Your request for a personal appearance should be postmarked not later than the 10th day following the date of mailing shown on this letter.

You will be notified in writing of the Local Board's decision.

Sincerely,

(Signature)
(Typed Name, and Title)

SAMPLE LETTER 10-B-11 - ACTION ON REQUEST FOR JOB REASSIGNMENT

[date]

[address]

SSS No. _____

Dear Mr. _____:

This is to inform you of the action taken on your request for a job reassignment. The statement(s) checked below apply to you:

- Your request for reassignment has been approved. You will be issued a (Job Placement Order) (Interview Referral Order) in the near future. You must remain in your present job until the reassignment has been processed. You will not lose any creditable time as a result of this reassignment.
- Your request for reassignment has been denied because _____
_____.
- You must continue in your present job assignment.
- You may request a review of this denial by writing to this office, specifying the reason(s) you believe your reassignment is justified. The review will be conducted by the District Appeal Review Board in this area.
- If you wish to appear personally before the Board when it considers your case, include your request for a personal appearance in your original request for review. The request should be dated, signed and returned not later than the 15th day after the date of mailing shown on this letter.

Sincerely,

(Signature)
(Typed Name, and Title)

SAMPLE LETTER 10-B-12 - TRANSMITTAL OF INFORMATION/CLAIM

[date]

Area Office No._____
Alternative Service Office No._____

[address]

Dear Sir or Madam:

Registrant Name: _____
SSS No: _____
Address: _____

The enclosed information/claim concerning the above named registrant/Alternative Service Worker was received by this office. It appears to pertain to a registrant/Alternative Service Worker under your jurisdiction. This information/claim (has) (has not) been called to your attention by telephone.

Sincerely,

(Signature)
(Typed Name, and Title)

Enclosure(s):

SAMPLE LETTER 10-B-13 - DENIAL OF EARLY RELEASE FROM ALTERNATIVE SERVICE

[date]

[address]

Dear Mr. _____:

This is to advise you that your request for an early release from Alternative Service has been denied because:

_____.

You must continue working in your present job assignment

Sincerely,

(Signature)
(Typed Name, and Title)

SAMPLE LETTER 10-B-14 - RELEASE FROM ALTERNATIVE SERVICE

[date]

[address]

Dear Mr. _____:

#1 This is to advise you that your request for an early release from Alternative Service is being evaluated. You will be advised as soon as possible as to the status of your request.

You must continue working in your present job assignment.

#2 This is to advise you that you have been granted an early release from the Alternative Service Program because you [select paragraph (a), (b) or (c) from below]:

(a) are returning to school within 30 days prior to the scheduled completion of your alternative service obligation and have been accepted by the school.

(b) have been accepted for employment, is scheduled to begin work within 30 days prior to the scheduled completion of your alternative service obligation, and the employment will not be available if you must wait until the completion of your Alternative Service.

(c) no longer meet the performance standards of available Alternative Service employment because of physical, mental or moral reasons as determined by the MEPS.

Our records show that you have provided all necessary documents to support your request. Your release date is stated below.

#3 This is to advise you that you will be released from the Alternative Service Program because you will soon have completed the months of creditable time necessary for your Alternative Service obligation.

[use #4 with paragraph #2 or #3]

#4 You have been given a release date of (date) . Enclosed is a Certificate of Release from Alternative Service, SSS Form 169, for your records.

Sincerely,

(Signature)
(Typed Name, and Title)

Enclosure:
SSS Form 169, (date)

cc: Alternative Service Worker's Employer

SAMPLE LETTER 10-B-15 - REQUEST FOR OVERSEAS JOB ASSIGNMENT

[date]

[address]

Dear _____:

The Selective Service System is in receipt of your request for an overseas job assignment in the Alternative Service Program. The following information/documentation is required to determine your eligibility for an overseas job assignment:

- You and the employer in question must submit a joint application on a Request for Overseas Job Assignment (SSS Form 160) and furnish the form to this office.
- The employer must:
 - Have its headquarters in the United States;
 - Attest that the job contributes to national health, safety or interest; and,
 - Have the capability to supervise and monitor your overseas work.
- It will be your responsibility and/or the employer's responsibility to arrange, and to pay for:
 - Travel to and from the overseas assignment; and,
 - All details involved in the travel, such as passports, visas, inoculations, baggage and tickets.

After receipt of all required documents, and upon notification from National Headquarters as to whether the request has been approved or denied, this office will respond accordingly.

Sincerely,

(Signature)
(Typed Name, and Title)

SAMPLE LETTER 10-B-16 - INSTRUCTIONS FOR ASW PROPOSAL OF A JOB

[date]

[address]

Dear _____:

You have identified a job with an employer which you believe would be appropriate for an Alternative Service assignment. In order for the Selective Service System to make a determination as to the qualifications of this employer, please have them contact this office, in writing, stating the organization's desires to hire Alternative Service Workers. The letter should identify the type of organization, the work to be performed and any other pertinent information needed to determine its suitability as an Alternative Service employer. The potential employer should address the Alternative Service Worker's selection for possible assignment and request the necessary forms to qualify this prospective employer.

You should not begin work with the employer until the job and the employer have been approved for Alternative Service. If you are already working for the employer, your credible time will not start until you are officially issued a Job Placement Order (SSS Form 162) assigning you to that job with that employer.

This office will make a determination of acceptability by (a date two weeks from the date the ASO received the proposed job), provided the completed documentation is received from the employer promptly. If the employer fails to provide the information needed to complete the review process within the time period specified, you will be placed in an approved job in accordance with SSS regulations.

Reference the Guide to Alternative Service for additional information regarding this issue.

Sincerely,

(Signature)

(Typed Name, and Title)

SAMPLE LETTER 10-B-17 – ACCEPTANCE/DENIAL OF POTENTIAL ALTERNATIVE SERVICE EMPLOYER

[date]

[address]

Dear _____:

(Select the appropriate option below)

This is to inform you that the Selective Service System, after careful consideration of your application, must deny your participation in the Alternative Service Program because (state reasons).

Should your organization meet the requirements of the Program in the future, you may submit a new application for consideration.

(OR)

This is to inform you that since you have not returned your application to be an Alternative Service Employer we must deny your participation in the program. If, in the future, you again desire to take part in the Alternative Service Program, you may do so by submitting a new application for consideration.

(OR)

Your application to provide jobs for Alternative Service workers has been approved. Enclosed is a copy of the Alternative Service Employment Agreement between your organization and the Selective Service System together with a copy of the Guide to For Alternative Service.

We look forward to working with you in this very worthwhile endeavor.

Sincerely,

(Signature)
(Typed Name, and Title)

SAMPLE LETTER 10-B-18 – EMPLOYER NOTIFICATION OF ASW HARDSHIP SUSPENSION

[date]

[address]

Dear Mr. _____:

This is to advise you that your assigned Alternative Service Worker, _____ (name of worker), _____ (SSS No.), has been approved for a Hardship suspension of his Alternative Service work. The suspension will remain in effect until _____ (date).

Sincerely,

(Signature)
(Typed Name, and Title)

SAMPLE LETTER 10-B-19 - DENIAL OF REQUEST FOR OVERSEAS ASSIGNMENT

[date]

[address]

Dear Mr. _____:

This is to advise you and _____ [Employer's name] _____ that your request for an overseas assignment has been denied because:

_____.

You must continue working in your present job assignment.

Sincerely,

(Signature)
(Typed Name, and Title)

cc: Employer



**CHAPTER 11
FORMS**

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**PROCEDURAL DIRECTIVE
CLAIM FOR RECLASSIFICATION
SSS FORM 8
(HCPDS)**

1. PURPOSE

This form is designed to provide the registrant a means for filing a claim for reclassification. It is used in periods of less than full mobilization. The HCPDS forms are processed through the CRPP (HCPDS).

2. PREPARATION

This form is computer produced in original only, by laser printer at the Data Management Center, at the time a registrant is notified that he has been found acceptable for service by the Military Entrance Processing Station and that he has been classified 1-A (Available for Unrestricted Military Service). It is completed by the registrant and submitted to the Area Office.

3. DISTRIBUTION

This form is sent to the registrant as an enclosure to Notice of Acceptability (Form Letter 1).

The completed form is mailed or presented for review to the Area Office where it is placed in a Registrant File Folder (SSS Form 101) prepared by the Area Office.

4. DISPOSAL

The form is retained in and destroyed with the Registrant File Folder.

Local Board/Area Office
Street Address
City, State, ZIP Code

**SELECTIVE SERVICE SYSTEM
CLAIM FOR RECLASSIFICATION
(HCPDS)**

Registrant's Name and SSN
Street Address
City, State, ZIP Code

Date of Issuance
Social Security Number
Random Sequence Number
Telephone Number w/ Area Code

Do we have your correct address? If not, cross out the incorrect information above and write in the correct information.

- If you made corrections to your address above, and if you wish to have your claim considered by the office nearest this new address, place a check in box.

PART I: CLAIM FOR RECLASSIFICATION

All claims for reclassification must be made at the same time. Check each statement below which applies to you, sign and date the form, and return it to the Area Office shown above within ten days from the date of issuance.

- | | |
|---|---|
| <input type="checkbox"/> Conscientious objector | <input type="checkbox"/> State or federal elected public official or judge of court of record |
| <input type="checkbox"/> CO discharge | <input type="checkbox"/> Active military or uniformed service |
| <input type="checkbox"/> Hardship to dependents | <input type="checkbox"/> Prior military or uniformed service |
| <input type="checkbox"/> Hardship discharge | <input type="checkbox"/> Reserve or National Guard member (including ROTC) |
| <input type="checkbox"/> Ministerial student | <input type="checkbox"/> Surviving son or brother |
| <input type="checkbox"/> Minister of religion | |
| <input type="checkbox"/> Alien or dual national | |

Do not send any supporting documents with this form to prove your claim. Your Area Office will contact you if any documents are needed and will provide instructions on where and when they should be forwarded.

PART II: STUDENT STATUS

- If you are not making a claim for reclassification, but are attending high school or college full time, place a check in box.

PART III: CERTIFICATION

I certify that the information I have provided on this form is true, accurate and complete to the best of my knowledge and belief.

(Registrant's Signature)

(Date)

SSS FORM 8 (APR 2009)

**CLAIM DOCUMENTATION FORM - ADMINISTRATIVE
SSS FORM 21
(HCPDS)**

1. PURPOSE

This form is provided to a registrant to assist in documenting claims for certain administrative classifications. The HCPDS forms are processed through the CRPP (HCPDS). Those classifications are:

- Class 1-C: Member of the Armed Forces of the U.S., the National Oceanic and Atmospheric Administration, or the Public Health Service
- Class 1-D-D: Deferment for Certain Members of a Reserve Component or Student Taking Military Training
- Class 1-D-E: Exemption of Certain Members of a Reserve Component or Student Taking Military Training
- Class 1-O-S: Conscientious Objector to all Military Service (Service Discharged/Separated)
- Class 3-A-S: Registrant Deferred Because of Hardship to Dependents (Service Discharged/Separated)
- Class 4-A: Registrant Who Has Completed Military Service
- Class 4-A-A: Registrant Who Has Performed Military Service for a Foreign Nation
- Class 4-B: Official Deferred by Law
- Class 4-F: Registrant Not Acceptable for Military Service
- Class 4-G: Registrant Exempted from Service Because of the Death of His Parent or Sibling While Serving in the Armed Forces or Whose Parent or Sibling is in a Captured or Missing in Action Status

2. PREPARATION

The form is prepared in original only following the timely submission of a claim for one of the administrative classifications. The Area Office fills in the information in the heading of the form. The registrant completes Parts I through III, following instructions on the form.

3. DISTRIBUTION

The registrant returns the completed form to the Area Office for action.

4. DISPOSAL

The form is retained in and destroyed with the Registrant File Folder (SSS Form 101).



Selective Service System – Pre-decisional document – NOT Releasable Under FOIA

**SELECTIVE SERVICE SYSTEM
CLAIM DOCUMENTATION FORM - ADMINISTRATIVE
(HCPDS)**

Date Issued

Complete and Return Not Later than

Registrant's Selective Service No. Full Name Complete Address

Local Board No. Area Office Address

[]

[]

[]

[]

INSTRUCTIONS TO REGISTRANT: The purpose of this form is to help you furnish the proof to support your claim for classification. Check the box beside as many statements as apply to you, and furnish the information requested under each statement you claim. Return this form with the documents attached, to the Area Office shown above by the date also indicated above. If you address is different from that shown, line out the incorrect information and print or type the correct information.

WILLFUL SUBMISSION OF FALSE INFORMATION IS A VIOLATION OF THE LAW AND, UPON CONVICTION, IS PUNISHABLE BY IMPRISONMENT FOR UP TO FIVE YEARS OR A FINE OR NOT MORE THAN \$250,000 OR BOTH

f. I have been separated from active duty in the Armed Forces of the United States because of hardship to my dependents and that hardship still exists.
(Attach a copy of your Certificate of Release or Discharge from Active Duty (DD Form 214) or other proof.)

5. OFFICIAL DEFERRED BY LAW

I am a statewide elected public official, an elected member of a legislative body, or a judge of a court of record of the United States or of a State, Territory or Possession.
(Attach a copy of Your Certification of Election or Appointment, or other proof.)

6. SURVIVING SON OR BROTHER

I am a surviving son or brother whose parent, brother or sister died in the line of duty while serving in the Armed Forces of the United States or who died later as a result of injuries received or disease incurred during such service, or whose parent, brother or sister is in a captured or missing in action status.
(Attach a Report of Casualty (DD Form 1300) from the Family Members Branch of service or written verification from the Veterans Administration, and proof of your relationship to the family member.)

7. CONFINEMENT OR DISABILITY

a. I am confined in the correctional facility, hospital or institution specified below.

Name and address of institution: _____

Expected date of release:

(Attach written proof from the chief administrative official of the institution in which you are confined.)

b. I have a disabling physical or mental disorder.

(Attach written verification from your doctor or hospital or equivalent proof.)

PART II. LIST BELOW ALL LETTERS AND DOCUMENTS YOU ARE SUBMITTING WITH THIS FORM

PART III. REGISTRANT CERTIFICATE

I certify that all information I have provided on this form and upon other documents that I am submitting to support this claim are true, accurate and complete to the best of my knowledge and belief.

(Signature of Registrant)

(Date)

Privacy Act Statement

The Military Selective Service Act and Selective Service Regulations authorize the Selective Service System to receive the information requested on this form. However, you are not required to provide that information.

The principal use of the requested information is to assist the Selective Service to adjudicate your claim for postponement and/or reclassification promptly and equitably. This information may be furnished to the following agencies for the purposes indicated:

Department of Justice - to review and process suspected violations of the Military Selective Service Act and to litigate civil actions occurring under or incident to the Military Selective Service Act.

Federal Bureau of Investigation - to locate an individual suspected of violation of the Military Selective Service Act.

Citizenship and Immigration Services - to provide information for use in determining an individual's eligibility for reentry into the United States and for United States citizenship.

Department of State - for determination of an alien's eligibility for possible entry into the United States and United States citizenship.

Department of Health and Human Services - to locate parents pursuant to the Child Support Enforcement Act (42 U.S.C. 651 et seq).

Your failure to provide the requested information may result in denial of your claim for postponement and/or reclassification because of insufficient information.

**PROCEDURAL DIRECTIVE
CLAIM DOCUMENTATION FORM - CONSCIENTIOUS OBJECTOR
SSS FORM 22
(HCPDS)**

1. PURPOSE

This form is provided to a registrant to assist him in documenting his claim for reclassification as a conscientious objector. The HCPDS forms are processed through the CRPP (HCPDS).

2. PREPARATION

This form is completed by a registrant in original only following the timely submission of a claim for reclassification as a conscientious objector. The Area Office fills in the information in the heading. The registrant completes Parts I through IV, following instructions on the form. The registrant is allowed 10 days from the date the form is issued to return it to the Area Office.

3. DISTRIBUTION

The partially prepared form is provided to the registrant as indicated. The registrant returns the completed form to the Area Office for action. The completed form is filed in the Registrant File Folder (SSS Form 101).

4. DISPOSAL

The form is retained in and destroyed with the Registrant File Folder (SSS Form 101).



SELECTIVE SERVICE SYSTEM CLAIM DOCUMENTATION FORM CONSCIENTIOUS OBJECTOR (HCPDS)

Date Issued

Complete and Return Not Later than

Registrant's Selective Service No. Full Name Complete Address

Local Board No. Area Office Address

[

]

[

]

[

]

[

]

INSTRUCTIONS TO REGISTRANT: The purpose of this form is to help you provide the information needed by your Local Board to determine if you qualify for reclassification as a Conscientious Objector. Your objection may be based on religious, moral or ethical beliefs, or a combination of these beliefs.

Before you prepare the information requested on this form, we recommend that you read the Conscientious Objector section of the Information for Registrants Booklet, which is available at your U.S. Post Office or Selective Service System Area Office. You must complete this form, attach your statement (Part II) to the form, and mail or deliver it to your Area Office no later than the return date shown above or your claim will not be considered. You may also attach letters from persons who have personal knowledge of your conscientious objection.

You will be required to appear before your Local Board at the time it considers your claim.

SSS FORM 22 (APR 2009) OMB APPROVAL 3240-0028

PART II

Prepare and attach written responses to the information requested below. If you wish, you may attach letters from persons who know you and are familiar with your beliefs. You may also attach any other pertinent information you would like the Local Board to consider.

1. Describe your beliefs which are the reasons for you claiming conscientious objection to combatant military training and service or to all military training and service.
2. Describe how and when you acquired these beliefs. Your answer may include such information as the influence of family members or other persons; training, if applicable; your personal experiences; membership in organizations; books and readings which influenced you.
3. Explain what most clearly shows that your beliefs are deeply held. You may wish to include a description of how your beliefs affect the way you live.

PART III

List below, the names of individuals and organizations whose letters or documents (papers) you are submitting with this form to insure that all letters or documents have been received.

PART IV REGISTRANT CERTIFICATION

I certify that all information I have provided on this form and other documents that I am submitting to support this claim are true, accurate and complete to the best of my knowledge and belief.

(Signature of Registrant)

(Date)

WILLFUL SUBMISSION OF FALSE INFORMATION IS A VIOLATION OF LAW AND, UPON CONVICTION, IS PUNISHABLE BY IMPRISONMENT FOR UP TO FIVE YEARS OR A FINE OF NOT MORE THAN \$250,000, OR BOTH.

PRIVACY ACT STATEMENT

The Military Selective Service Act and Selective Service Regulations authorize the Selective Service System to receive the information requested on this form. However, you are not required to provide that information.

The principal use of the requested information is to assist the Selective Service to adjudicate your claim for postponement and/or reclassification promptly and equitably. This information may be furnished to the following agencies for the purposes indicated:

Department of Justice - to review and process suspected violations of the Military Selective Service Act and to litigate civil actions occurring under or incident to the Military Selective Service Act.

Federal Bureau of Investigation - to locate an individual suspected of violation of the Military Selective Service Act.

Citizenship and Immigration Services - to provide information for use in determining an individual's eligibility for reentry into the United States and for United States citizenship.

Department of State - for determination of an alien's eligibility for possible entry into the United States and United States citizenship.

Department of Health and Human Services - to locate parents pursuant to the Child Support Enforcement Act (42 U.S.C. 651 et seq).

Your failure to provide the requested information may result in denial of your claim for postponement and/or reclassification because of insufficient information.

**PROCEDURAL DIRECTIVE
CLAIM DOCUMENTATION FORM - DIVINITY STUDENT
SSS FORM 23
(HCPDS)**

1. PURPOSE

This form is provided to a registrant to assist in documenting a claim for classification as a Divinity Student (Class 2-D) and in requesting a personal appearance in connection with his claim. The HCPDS forms are processed through the CRPP (HCPDS).

2. PREPARATION

The form is prepared in original only following the timely submission of a claim for Class 2-D by the registrant. The Area Office fills in the information in the heading of the form.

The registrant completes Part I.

The theological or divinity school completes Part II.

When appropriate, the college, university or similar institution of learning completes Part III.

3. DISTRIBUTION

The form is provided to the registrant as indicated. The registrant and the school(s) return the completed form to the Area Office. The completed form will be filed in the Registrant File Folder (SSS Form 101).

4. DISPOSAL

The form is retained in and destroyed with the Registrant File Folder (SSS Form 101).



**SELECTIVE SERVICE SYSTEM
CLAIM DOCUMENTATION FORM - DIVINITY STUDENT
(HCPDS)**

Date Issued _____ Complete and Return Not Later than _____

Registrant's Selective Service No.	Full Name	Complete Address	Local Board No.	Area Office Address
[]]	[]
[]]	[]

INSTRUCTIONS TO REGISTRANT: This form is provided to help you furnish the proof to support your claim for classification as a divinity student. Complete Part I and sign and date the form. Have your school complete and submit Part II (and Part III if required) as indicated by the type of claim you file. Return this form, with documents attached, to the Area Office shown above. If your address is different from that shown above, line out the incorrect information and print or type the correct information.

Willful submission of false information is a violation of the law and, upon conviction, is punishable by imprisonment for up to five years or a fine of not more than \$250,000, or both.

PART I. TO BE COMPLETED BY REGISTRANT

1. Provide the name and address of the church or religious organization under whose direction you are preparing for the ministry. Attach proof from an administrative official of the church or religious organization.

2. Check the box that applies to you and furnish the information requested.

a. I am currently pursuing a full-time course of instruction in a recognized theological or divinity school, and my progress is satisfactory. (SUBMIT PART II)

(Name and Address of Theological or Divinity School)

b. I am currently pursuing a full-time course of instruction leading to entrance into a recognized theological or divinity school in which I have been pre-enrolled or accepted for admission, and my progress is satisfactory. (Submit Part II and Part III)

(Name and Address of the School Currently Attending)

(Name and Address of the Theological or Divinity School)

c. I have completed theological or divinity school. I am currently pursuing a full-time graduate program, and my progress is satisfactory. My studies are related to and leading to entry into service as a minister of religion. (Submit Part II)

(Name and Address of School)

d. I have completed theological or divinity school. I am currently pursuing a full-time internship which is related to and leading to entry into service as a minister of religion, and my progress is satisfactory. (Submit Part II)

(Name and Address of School)

3. Provide the date by which you expect to complete your course of study or internship:

4. You are entitled to request a personal appearance before the Local Board and present information about your claim for reclassification as a divinity student. If you wish to appear in person, check the box below.

I wish to appear in person and present my claim to the Local Board.

5. **CERTIFICATION:** I certify that all of the information I have provided on this form and upon other documents that I am submitting to support this claim are true, accurate and complete to the best of my knowledge and belief.

(SIGNATURE OF REGISTRANT)

(DATE)



**SELECTIVE SERVICE SYSTEM
CLAIM DOCUMENTATION FORM - DIVINITY STUDENT
(HCPDS)**

Date Issued _____ Complete and Return Not Later than _____

Registrant's Selective Service No.	Full Name	Complete Address	Local Board No.	Area Office Address
[_____]	[_____]	[_____]	[_____]	[_____]
[_____]	[_____]	[_____]	[_____]	[_____]

INSTRUCTIONS: Check the box which describes the status of the person identified on this form and provides the information requested. Return this form to the Area Office shown above as promptly as possible.

WILLFUL SUBMISSION OF FALSE INFORMATION IS A VIOLATION OF THE LAW AND, UPON CONVICTION, IS PUNISHABLE BY IMPRISONMENT FOR UP TO FIVE YEARS OR A FINE OF NOT MORE THAN \$250,000, OR BOTH.

PART II. TO BE COMPLETED BY THEOLOGICAL OR DIVINITY SCHOOL

1. STUDENT STATUS

- a. The person identified above is satisfactorily pursuing a full-time course of instruction in the theological or divinity school indicated above.

_____	_____
(Date Entered)	(Term Ends)

- b. The person identified above has been pre-enrolled or accepted for admission in the theological or divinity school identified below.

_____	_____
(Date Pre-enrolled or Accepted)	(Date this Instruction Begins)

- c. The person identified above has completed theological or divinity school and is satisfactorily pursuing a full-time graduate program in the institution identified below. The internship is related to entry into service as a minister of religion.

_____	_____
(Date Entered)	(Program Ends)

- d. The person identified above has completed theological or divinity school and is satisfactorily pursuing a full-time internship in the institution identified below. The internship is related and leading to entry into service as a minister of religion.

_____	_____
(Date Internship Begin)	(Scheduled Completion Date)

2. CERTIFICATION

I certify that all of the information I have provided on this form is true, accurate and complete to the best of my knowledge and belief.

(Signature and Title of Authorized Official)

_____	_____
(Name and Address of Institution)	(Date)

Privacy Act Statement

The Military Selective Service Act and Selective Service Regulations authorize the Selective Service System to receive the information requested on this form. However, you are not required to provide that information. The principal use of the requested information is to assist the Selective Service to adjudicate your claim for postponement and/or reclassification promptly and equitably. This information may be furnished to the following agencies for the purposes indicated:

Department of Justice - to review and process suspected violations of the Military Selective Service Act and to litigate civil actions occurring under or incident to the Military Selective Service Act.

Federal Bureau of Investigation - to locate an individual suspected of violation of the Military Selective Service Act.

Citizenship and Immigration Services - to provide information for use in determining an individual's eligibility for reentry into the United States and for United States citizenship.

Department of State - for determination of an alien's eligibility for possible entry into the United States and United States citizenship.

Department of Health and Human Services - to locate parents pursuant to the Child Support Enforcement Act (42 U.S.C. 651 et seq).

Your failure to provide the requested information may result in denial of your claim for postponement and/or reclassification because of insufficient information.



**SELECTIVE SERVICE SYSTEM
DOCUMENTATION FORM - DIVINITY STUDENT
(HCPDS)**

Date Issued _____ Complete and Return Not Later than _____

Registrant's Selective Service No. Full Name Complete Address Local Board No. Area Office Address
[_____] [_____]
[_____] [_____]

INSTRUCTIONS: Provide the information requested concerning the person identified on this form and return it to the Area Office shown above as promptly as possible.

WILLFUL SUBMISSION OF FALSE INFORMATION IS A VIOLATION OF THE LAW AND, UPON CONVICTION, IS PUNISHABLE BY IMPRISONMENT FOR UP TO FIVE YEARS OR A FINE OF NOT MORE THAN \$250,000, OR BOTH.

PART III. TO BE COMPLETED BY SCHOOL CURRENTLY ATTENDED IF OTHER THAN THEOLOGICAL OR DIVINITY SCHOOL
(Submitted only on behalf of those registrant pre-enrolled or accepted for admission in a recognized theological or divinity school)

1. STUDENT STATUS

The student identified above is satisfactorily pursuing a full-time course of instruction in the _____ year of a _____ program at the college, university or similar institution of learning identified below.
(Number) (Number)

(Date Entered) (Date Semester or Quarter Ends)

(Date Expected to Complete Last Year) (Field of Study)

2. CERTIFICATION

I certify that all of the information I have provided on this form is true, accurate and complete to the best of my knowledge and belief.

(Name and Address of Institution) (Signature and Title of Authorized Official)

(Date)

Privacy Act Statement

The Military Selective Service Act and Selective Service Regulations authorize the Selective Service System to receive the information requested on this form. However, you are not required to provide that information.

The principal use of the requested information is to assist the Selective Service to adjudicate your claim for postponement and/or reclassification promptly and equitably. This information may be furnished to the following agencies for the purposes indicated:

Department of Justice - to review and process suspected violations of the Military Selective Service Act and to litigate civil

actions occurring under or incident to the Military Selective Service Act.

Federal Bureau of Investigation - to locate an individual suspected of violation of the Military Selective Service Act.

Citizenship and Immigration Services - to provide information for use in determining an individual's eligibility for reentry into the United States and for United States citizenship.

Department of State - for determination of an alien's eligibility for possible entry into the United States and United States citizenship.

Department of Health and Human Services - to locate parents pursuant to the Child Support Enforcement Act (42 U.S.C. 651 et seq).

Your failure to provide the requested information may result in denial of your claim for postponement and/or reclassification because of insufficient information.

**PROCEDURAL DIRECTIVE
CLAIM DOCUMENTATION FORM - HARDSHIP TO DEPENDENTS
SSS FORM 24
(HCPDS)**

1. PURPOSE

This form is provided to a registrant to assist in documenting a claim for reclassification on the basis of hardship to dependents (Class 3-A) that would be caused by registrant's induction, and in requesting a personal appearance in connection with the claim. The HCPDS forms are processed through the CRPP (HCPDS).

2. PREPARATION

The form is prepared in original only following the timely submission by a registrant of a claim for Class 3-A. The Area Office fills in the information in the heading of the form. The registrant completes Part I through IV, following instructions on the form.

3. DISTRIBUTION

The form is provided to the registrant as indicated. The registrant returns the completed form to the Area Office for action. The completed form will be filed in the Registrant File Folder (SSS Form 101).

4. DISPOSAL

The form is retained in and destroyed with the Registrant File Folder (SSS Form 101).



SELECTIVE SERVICE SYSTEM

CLAIM DOCUMENTATION FORM - HARDSHIP TO DEPENDENTS (HCPDS)

Date Issued _____

Complete And Return Not Later Than _____

Registrant's Selective Service No. Full Name Complete Address

Local Board No. Area Office Address

[_____]

[_____]

[_____]

[_____]

INSTRUCTIONS TO REGISTRANT: This form is provided to help you furnish the proof to support your claim for classification on the basis of hardship to your dependents. If more space is needed, use additional sheets of paper. Return this form, with the documents attached, to the Area Office shown above. If your address is different from that shown above, line out the incorrect information and print or type the correct information.

WILLFUL SUBMISSION OF FALSE INFORMATION IS A VIOLATION OF THE LAW AND, UPON CONVICTION, IS PUNISHABLE BY IMPRISONMENT FOR UP TO FIVE YEARS OR A FINE OF NOT MORE THAN \$250,000, OR BOTH.

PART I. COMPLETE ITEMS 1, 2 AND 5. CHECK THE BOX AND FURNISH THE INFORMATION REQUIRED FOR ITEMS 3 AND/OR 4 THAT APPLIES TO YOUR CLAIM. FURNISH PROOF FOR ALL HARDSHIP CONDITIONS YOU CLAIM.

My marital status is (check one): Married Legally separated Divorced Widowed Never married

2. My induction into the Armed Forces would result in hardship to my dependent(s) listed below:

Name and address of dependent(s)

Date of birth

Date became my dependent

Wife: _____

Child(ren): _____

Parent(s): _____

Other (specify): _____

(If you have listed your wife only, explain why the hardship to her would be extreme.)

My claim is based upon hardship to my dependent(s) because of the absence of my personal care or companionship which would result from my service in the Armed Forces, and to my knowledge there is no one who can and will assume my responsibility toward my dependent(s) if I were inducted.

(If you check the above statement, explain below. If age, handicap or physical condition is a consideration, furnish written proof from a doctor.)

(continued on reverse)

4. My claim is based upon a financial hardship to my dependent(s) which would result from my service in the Armed Forces, and to my knowledge there is no one who can and will assume my responsibility toward my dependent(s) if I were inducted.

(If you check this statement, furnish the information below.)

Employer's name and address: _____

My personal average monthly income before taxes is: \$ _____

Source of income: _____

My average monthly expenses (not including expenses of dependent(s) living outside my household) are:

Rent/house payments	\$ _____	Clothing	\$ _____	Auto payments	\$ _____
Utilities	\$ _____	Medical	\$ _____	Gasoline	\$ _____
Food	\$ _____	Insurance	\$ _____	Other	\$ _____
Taxes	\$ _____				

(Explain any unusual expenses which are not on a monthly basis below.)

5. I expect the circumstances upon which this claim is based to terminate on or about _____
(Date)

PART II. LIST BELOW ALL LETTERS AND DOCUMENTS YOU ARE SUBMITTING WITH THIS FORM.

PART III. REQUEST FOR PERSONAL APPEARANCE

You are entitled to request a personal appearance before the Local Board and present information about your claim for a hardship deferment. If you wish to appear in person, check the box below.

I wish to appear in person and present my claim to the Local Board.

PART IV. CERTIFICATION

I certify that the information I have provided on this form and upon other documents that I am submitting to support this claim is true, accurate, and complete to the best of my knowledge and belief.

(SIGNATURE OF REGISTRANT)

(DATE)

Privacy Act Statement

The Military Selective Service Act and Selective Service Regulations authorize the Selective Service System to receive the information requested on this form. However, you are not required to provide that information.

The principal use of the requested information is to assist the Selective Service to adjudicate your claim for postponement and/or reclassification promptly and equitably. This information may be furnished to the following agencies for the purposes indicated:

Department of Justice - to review and process suspected violations of the Military Selective Service Act and to litigate civil actions occurring under or incident to the Military Selective Service Act.

Federal Bureau of Investigation - to locate an individual suspected of violation of the Military Selective Service Act.

Citizenship and Immigration Services - to provide information for use in determining an individual's eligibility for reentry into the United States and for United States citizenship.

Department of State - for determination of an alien's eligibility for possible entry into the United States and United States citizenship.

Department of Health and Human Services - to locate parents pursuant to the Child Support Enforcement Act (42 U.S.C. 651 et seq).

Your failure to provide the requested information may result in denial of your claim for postponement and/or reclassification because of insufficient information.

**PROCEDURAL DIRECTIVE
CLAIM DOCUMENTATION FORM - MINISTER OF RELIGION
SSS FORM 25
(HCPDS)**

1. PURPOSE

This form is provided to a registrant to assist in documenting a claim for reclassification as a Minister of Religion (Class 4-D) and in requesting a personal appearance in connection with the claim. The HCPDS forms are processed through the CRPP (HCPDS).

2. PREPARATION

The form is prepared in original only following the timely submission by a registrant of a claim for Class 4-D. The Area Office fills in the information in the heading of the form. The registrant completes the remainder of the form following the instructions provided.

3. DISTRIBUTION

The form is provided to the registrant as indicated. The registrant returns the completed form to the Area Office for action. The completed form will be filed in the Registrant File Folder (SSS Form 101).

4. DISPOSAL

The form is retained in and destroyed with the Registrant File Folder (SSS Form 101).



SELECTIVE SERVICE SYSTEM

CLAIM DOCUMENTATION FORM - MINISTER OF RELIGION (HCPDS)

Date Issued _____

Complete and Return Not Later than _____

Registrant's Selective Service No. Full Name Complete Address

Local Board No. Area Office Address

[_____] [_____]

[_____] [_____]

INSTRUCTIONS TO REGISTRANT: This form is provided to help you furnish the proof to support your claim for classification as a Minister of Religion. If more space is needed, use additional sheets of paper. Return this form, with the documents attached, to the Area Office shown above. If your address is different from that shown above, line out the incorrect information and print or type the correct information.

WILLFUL SUBMISSION OF FALSE INFORMATION IS A VIOLATION OF THE LAW AND, UPON CONVICTION, IS PUNISHABLE BY IMPRISONMENT FOR UP TO FIVE YEARS OR A FINE OF NOT MORE THAN \$250,000, OR BOTH.

1. Provide the name and address of the church, religious sect or organization which you are presently serving as a minister of religion.

2. Check the box that applies to you and furnish the information requested.

a. I have been formally ordained in accordance with the ceremonial ritual or discipline of a church, religious sect or organization established on the basis of a community of faith and belief, doctrines and practices of a religious character and I am authorized to perform rites and ceremonies of that church, religious sect or organization.

Date Ordained: _____

_____ (Name and address of church, religious sect or organization by which you were ordained)

(Attach a copy of your ordination certificate.)

b. Without having been formally ordained, I am recognized as a minister by a church, religious sect or organization.

Date You Became a Minister: _____

_____ (Name and address of church, religious sect or organization by which you are recognized)

(Attach a letter or other supporting documentation from a church official attesting to your status as a minister.)

3. Describe the frequency and regularity of your teaching and preaching of the doctrines of your church, religious sect or organization. If the ministry is not your only occupation, explain below.

(continued on reverse)

4. List below all letters and documents you are submitting to support this claim.
5. You are entitled to request a personal appearance before the Local Board and present information about your claim for classification as a Minister of Religion. If you wish to appear in person, check the box below.

I wish to appear in person and present my claim to the Local Board.

6. CERTIFICATION

I certify that the information I have provided on this form and upon other documents that I am submitting to support this claim is true, accurate, and complete to the best of my knowledge and belief.

(SIGNATURE OF REGISTRANT)

(DATE)

Privacy Act Statement

The Military Selective Service Act and Selective Service Regulations authorize the Selective Service System to receive the information requested on this form. However, you are not required to provide that information.

The principal use of the requested information is to assist the Selective Service to adjudicate your claim for postponement and/or reclassification promptly and equitably. This information may be furnished to the following agencies for the purposes indicated:

Department of Justice - to review and process suspected violations of the Military Selective Service Act and to litigate civil actions occurring under or incident to the Military Selective Service Act.

Federal Bureau of Investigation - to locate an individual suspected of violation of the Military Selective Service Act.

Citizenship and Immigration Services - to provide information for use in determining an individual's eligibility for reentry into the United States and for United States citizenship.

Department of State - for determination of an alien's eligibility for possible entry into the United States and United States citizenship.

Department of Health and Human Services - to locate parents pursuant to the Child Support Enforcement Act (42 U.S.C. 651 et seq).

Your failure to provide the requested information may result in denial of your claim for postponement and/or reclassification because of insufficient information.

**PROCEDURAL DIRECTIVE
CLAIM DOCUMENTATION FORM - ALIEN OR DUAL NATIONAL
SSS FORM 26
(HCPDS)**

1. PURPOSE

This form is provided to a registrant to assist in documenting a claim for reclassification as an Alien or Dual National (Class 4-C), or treaty alien (Class 4-T). The HCPDS forms are processed through the CRPP (HCPDS).

2. PREPARATION

The form is prepared in original only following the timely submission by a registrant of a claim for Class 4-C or Class 4-T. The Area Office fills in the information in the heading of the form. The registrant completes Parts I through III, following instructions on the form.

3. DISTRIBUTION

The form is provided to the registrant as indicated. The registrant returns the completed form to the Area Office for action. The completed form will be filed in the Registrant File Folder (SSS Form 101).

4. DISPOSAL

The form is retained in and destroyed with the Registrant File Folder (SSS Form 101).



SELECTIVE SERVICE SYSTEM CLAIM DOCUMENTATION FORM - ALIEN OR DUAL NATIONAL (HCPDS)

Date Issued _____

Complete and Return Not Later than _____

Registrant's Selective Service No. Full Name Complete Address

Local Board No. Area Office Address

[_____]

[_____]

[_____]

[_____]

INSTRUCTIONS TO REGISTRANT: This form is provided to help you furnish the proof to support your claim for classification as an alien or dual national. Check the box beside each statement in Part I that applies to you and furnish the information requested. Request this form, with the documents attached, to the Area Office shown above. If your address is different from that shown above, line out the incorrect information and print or type the correct information.

WILLFUL SUBMISSION OF FALSE INFORMATION IS A VIOLATION OF THE LAW AND, UPON CONVICTION, IS PUNISHABLE BY IMPRISONMENT FOR UP TO FIVE YEARS OR A FINE OF NOT MORE THAN \$250,000, OR BOTH.

PART I. CHECK THE BOXES THAT APPLY TO YOU AND FURNISH THE INFORMATION REQUESTED.

1. ALIEN

I am a citizen of _____
(Name of Country)

I was admitted to the United States as (check one) an immigrant
 a non-immigrant. My registration number (INS Form 151 or 551) or alien registration number (INS Form 1-9-4) is _____

a. I departed from the United States on _____
(Date)

My address outside the United States is _____

b. After I registered with Selective Service I acquired status within one of the groups exempt from registration.
Attach proof from the diplomatic agency of your country of citizenship, written in English, describing the exempt status)

c. I am subject to adjustment to non-immigrant status because of my employment with:

(Name and Address of Employer)

In connection with this employment I (check one) have
 have not executed a waiver of rights, privileges, exemptions and immunities in accordance with Section 247(b) of the Immigration and Nationality Act (8 U.S.C. 1257(b)).
Attach proof from the diplomatic agency of your country of citizenship, written in English, describing the exempt status)

d. I have resided in the United States for a total of less than one year
(Dates Entered the U.S.) (Dates Departed the U.S.)

Attach proof from the diplomatic agency of your country of citizenship, written in English, describing the exempt status)

2. DUAL NATIONAL

I am a national of the United States and of _____
(Name of Country)

(Attach a consumer certificate attesting to your nationality other than that of the United States.) (continued on reverse)

3. TREATY ALIEN

Note: Nationals of the following countries may apply for relief from military service in the Armed Forces of the United States:

Argentina
Austria
Costa Rica
Estonia

Honduras
Ireland
Italy
Latvia

Liberia
Norway
Paraguay
Spain

Switzerland
Taiwan

I am a national of _____ and wish to apply for relief from military service in the Armed
(Name of Country)

Forces of the United States. Please send me an application by Alien for Relief from Training and Service in the Armed Forces of the United States (SSS Form 130).

(Attach a consular certificate attesting to your nationality.)

PART II. LIST ALL LETTERS AND DOCUMENTS YOU ARE SUBMITTING WITH THIS FORM.

PART III. CERTIFICATION

I certify that the information I have provided on this form and upon other documents that I am submitting to support this claim is true, accurate and complete to the best of my knowledge and belief.

(SIGNATURE OF REGISTRANT)

(DATE)

Privacy Act Statement

The Military Selective Service Act and Selective Service Regulations authorize the Selective Service System to receive the information requested on this form. However, you are not required to provide that information.

The principal use of the requested information is to assist the Selective Service to adjudicate your claim for postponement and/or reclassification promptly and equitably. This information may be furnished to the following agencies for the purposes indicated:

Department of Justice - to review and process suspected violations of the Military Selective Service Act and to litigate civil actions occurring under or incident to the Military Selective Service Act.

Federal Bureau of Investigation - to locate an individual suspected of violation of the Military Selective Service Act.

Citizenship and Immigration Services - to provide information for use in determining an individual's eligibility for reentry into the United States and for United States citizenship.

Department of State - for determination of an alien's eligibility for possible entry into the United States and United States citizenship.

Department of Health and Human Services - to locate parents pursuant to the Child Support Enforcement Act (42 U.S.C. 651 et seq).

Your failure to provide the requested information may result in denial of your claim for postponement and/or reclassification because of insufficient information.

**PROCEDURAL DIRECTIVE
CLAIM DOCUMENTATION FORM - POSTPONEMENT OF INDUCTION
SSS FORM 27
(HCPDS)**

1. PURPOSE

This form is provided to a registrant to assist in documenting a claim for postponement of induction. The HCPDS forms are processed through the CRPP (HCPDS).

2. PREPARATION

The form is prepared in original only following the timely submission of a request for postponement. The Area Office fills in the information in the heading. The registrant completes Parts I through III, following instructions on the form.

3. DISTRIBUTION

The form is provided to the registrant as indicated. A Student Certificate (SSS Form 109) will be enclosed as appropriate. The registrant returns the completed form(s) to the Area Office. The completed form(s) will be filed in the Registrant File Folder (SSS Form 101).

4. DISPOSAL

The form is retained in and destroyed with the Registrant File Folder (SSS Form 101).



SELECTIVE SERVICE SYSTEM

CLAIM DOCUMENTATION FORM POSTPONEMENT OF INDUCTION (HCPDS)

Date Issued _____

Complete and Return Not Later than _____

Registrant's Selective Service No. Full Name. Complete Address

Local Board No. Area Office Address

[_____] [_____]

[_____] [_____]

INSTRUCTIONS TO REGISTRANT: This form is provided to help you furnish the proof to support your claim for postponement of your induction. Check the box beside as many statements as apply to you and furnish the proof requested. If more space is needed, use additional sheets of paper. Return this form, with the documents attached, to the Area Office shown above. If your address is different from that shown above, line out the incorrect information and print or type the correct information.

WILLFUL SUBMISSION OF FALSE INFORMATION IS A VIOLATION OF THE LAW AND, UPON CONVICTION, IS PUNISHABLE BY IMPRISONMENT FOR UP TO FIVE YEARS, A FINE OF NOT MORE THAN \$250,000 OR BOTH.

PART I. CHECK ANY OF THE FOLLOWING BOXES THAT APPLY TO YOU AND FURNISH THE PROOF REQUESTED FOR EACH BOX YOU CHECK.

1. I AM A FULL-TIME STUDENT. (Check the box below which applies to your student status.)
 - I am under age 20 and satisfactorily pursuing a full-time course of instruction at a high school or similar institution of learning.
 - I am age 20 and satisfactorily pursuing a full-time course of instruction in my last academic year at a high school or similar institution of learning.
 - I am satisfactorily pursuing a full-time course of instruction at a college, university or similar institution of learning.

(A Student Certificate (SSS Form 109) is enclosed. Have it completed and signed by an authorized official of your school and returned to the Area Office.)
2. DEATH IN MY IMMEDIATE FAMILY.

(Furnish a copy of the death certificate or a written statement signed by the attending physician and a written statement signed by a person other than yourself, attesting to your relationship to the deceased.)
3. MY ILLNESS OR INJURY.

(Furnish the attending physician's written statement of your condition and the date you can be expected to report for induction.)
4. EMERGENCY BEYOND MY CONTROL.

(Furnish your written statement and that of another person describing the emergency condition, the expected duration of that emergency, and why a postponement of your induction is necessary.)
5. I AM QUALIFIED AND SCHEDULED FOR A STATE OR NATIONAL EXAMINATION IN A PROFESSION OR OCCUPATION THAT REQUIRES LICENSING OR CERTIFICATION BEFORE I CAN BE AUTHORIZED TO PRACTICE THAT PROFESSION OR WORK AT THAT OCCUPATION.

(Furnish a statement signed by an authorized official certifying that you have been schedule to take the examination and the date of the examination.)
6. I HAVE BEEN ACCEPTED INTO THE NEXT SUCCEEDING CLASS AS A CADET OR MIDSHIPMAN AT ONE OF THE U.S. SERVICE ACADEMIES.

(Furnish a copy of your Enlistment/Reenlistment document - Armed Forces of the United States (DD Form 4) or statement signed by an official certifying that you have been accepted and the date on which you are to report.)
7. I HAVE BEEN ACCEPTED FOR THE NEXT SUCCEEDING ROTC FIELD TRAINING PROGRAM PRIOR TO MY ENROLLMENT IN THE ROTC PROGRAM.

(Furnish a copy of your Enlistment/Reenlistment document - Armed Forces of the United States (DD Form 4) or written proof signed by an officer of the ROTC program in which you are to be enrolled.)

(Continued on reverse)

8. I HAVE BEEN ACCEPTED AS A SCHOLARSHIP STUDENT IN THE NEXT SUCCEEDING ROTC PROGRAM AT A COLLEGE OR UNIVERSITY.
(Furnish written proof signed by an official of the ROTC Program in which you have been accepted.)
9. I HAVE BEEN ORDERED TO REPORT FOR INDUCTION ON A RELIGIOUS HOLIDAY WHICH IS HISTORICALLY OBSERVED BY THE CHURCH, RELIGIOUS SECT OR RELIGIOUS ORGANIZATION OF WHICH I AM A MEMBER.
(Furnish the date(s) and identify the holiday, and the church, religious sect or religious organization.)
10. OTHER REASONS. (Describe the reason(s) and furnish documentary proof to substantiate those reasons.)

PART II. LIST BELOW ALL LETTERS AND DOCUMENTS YOU ARE SUBMITTING WITH THIS FORM.

PART III. CERTIFICATION

I certify that all of the information I have provided on this form and upon other documents I am submitting to support this claim is true, accurate and complete to the best of my knowledge and belief.

(SIGNATURE OF REGISTRANT)

(DATE)

Privacy Act Statement

The Military Selective Service Act and Selective Service Regulations authorize the Selective Service System to receive the information requested on this form. However, you are not required to provide that information.

The principal use of the requested information is to assist the Selective Service to adjudicate your claim for postponement and/or reclassification promptly and equitably. This information may be furnished to the following agencies for the purposes indicated:

Department of Justice - to review and process suspected violations of the Military Selective Service Act and to litigate civil actions occurring under or incident to the Military Selective Service Act.

Federal Bureau of Investigation - to locate an individual suspected of violation of the Military Selective Service Act.

Citizenship and Immigration Services - to provide information for use in determining an individual's eligibility for reentry into the United States and for United States citizenship.

Department of State - for determination of an alien's eligibility for possible entry into the United States and United States citizenship.

Department of Health and Human Services - to locate parents pursuant to the Child Support Enforcement Act (42 U.S.C. 651 et seq).

Your failure to provide the requested information may result in denial of your claim for postponement and/or reclassification because of insufficient information.

**PROCEDURAL DIRECTIVE
REGISTRANT FILE FOLDER
SSS FORM 101
(HCPDS)**

1. PURPOSE

This form provides a means for retaining data pertaining to a registrant and for recording actions relating to the registrant's claim or circumstances. (Note: The images of the SSS Form 101 that follow are pages 1 and 2 of the Registrants File Folder, which is made from beige colored card stock).

2. PREPARATION

Area Office personnel prepare the SSS Form 101 as necessary by entering the available registrant information on the front of the file folder.

3. DISTRIBUTION

The file folder (SSS Form 101) is filed in accordance with the Uniform Filing System, the specific location depending upon the registrant's status.

4. DISPOSAL

Filed in and destroyed with the Registrant File Folder (SSS Form 101). Destruction will occur six months after liability for induction ceases (age 26 and 35 maximum liability with deferment). Under Healthcare, induction ceases at 44 and with deferment at 55.

**PROCEDURAL DIRECTIVE
ALTERNATIVE SERVICE FILE FOLDER
SSS FORM 101A
(HCPDS)**

1. PURPOSE

This form provides a means for retaining data about an individual Alternative Service Worker (ASW) and for recording information about the ASW and the worker's performance of Alternative Service. (Note: The images of the SSS Form 101 that follow are pages 1 and 2 of the Alternative Service File Folder, which is made from beige colored card stock).

2. PREPARATION

Area Office personnel will complete Items 1 through 4. Alternative Service Office personnel make other entries during the ASW's Alternative Service assignment.

3. DISTRIBUTION

The file folder (SSS Form 101A) is sent from the Area Office to the ASO of assignment when the ASW is ordered to do Alternative Service. The file is maintained at the ASO having jurisdiction over the ASW's performance of Alternative Service is returned to the Area Office of original jurisdiction when the ASW is released from Alternative Service.

4. DISPOSAL

Filed in and destroyed with the Registrant File Folder (SSS Form 101). Destruction will occur six months after liability for induction ceases (age 26 or 35 maximum liability with deferment). Under Healthcare, induction ceases at 44 or with deferment at 55.

Selective Service System – Pre-decisional document – NOT Releasable Under FOIA

					MONTH	DAY	YEAR					
1. SELECTIVE SERVICE NO.					2. NAME (LAST) (FIRST) (MIDDLE)			3. DATE OF BIRTH			4. RSN	
5. REMARKS												
										DATE		
7. EMPLOYMENT					8. EMPLOYER ADDRESS							
FROM	TO	YEARS	MONTHS	DAYS								
9. OTHER CREDITABLE TIME						10. NON-CREDITABLE TIME						11. LOCAL BOARD/ AREA OFFICE
REASON						REASON						
FROM	TO	YEARS	MONTHS	DAYS		FROM	TO	YEARS	MONTHS	DAYS		
SSS FORM 101A (APRIL 2009) FOLDER											12. ALTERNATIVE SERVICE OFFICE	
						HCPDS			ALTERNATIVE SERVICE FILE			

**PROCEDURAL DIRECTIVE
STUDENT CERTIFICATE
SSS FORM 109
(HCPDS)**

1. PURPOSE

This form is used to provide a means for a registrant to submit information substantiating his claim for student postponement of induction.

2. PREPARATION

This form will be furnished to the registrant together with the Claim Documentation Form - Postponement of Induction (SSS Form 27) upon receipt of a student postponement claim. The form will be prepared in an original only. This form will be prepared through the Central Registrant Processing Portal (CRPP). Parts I and II will be completed by an authorized school official whose duties include verification of a student's status.

3. DISTRIBUTION

The registrant is responsible for providing his school with the form. The school will complete the form and return to the Area Office for action. The completed form will be filed in the Registrant File Folder (SSS Form 101).

4. DISPOSAL

The form is retained in, and destroyed with, the Registrant File Folder (SSS Form 101).



**SELECTIVE SERVICE SYSTEM
STUDENT CERTIFICATE
(HCPDS)**

Date Issued

Complete and Return Not Later than

Registrant's Selective Service No. Full Name Complete Address
[]

Local Board No. Area Office Address
[]

[]

[]

INSTRUCTIONS TO REGISTRANT: This form is provided to help you furnish the necessary proof to support your claim for student postponement. Request your school complete the form and mail it to the Area Office shown above by the date indicated above. Failure to provide this information, appropriately authenticated, may result in the inability of the Selective Service System to comply with your request for postponement of induction based on your student status

WILLFUL SUBMISSION OF FALSE INFORMATION IS A VIOLATION OF THE LAW AND, UPON CONVICTION, IS PUNISHABLE BY IMPRISONMENT FOR UP TO FIVE YEARS OR A FINE OF NOT MORE THAN \$250,000 OR BOTH.

PART I. STUDENT STATUS

Check the box in this part that pertains to your claim.

- 1. He is expected to graduate _____
(Date)
- 2. The student identified above is satisfactorily pursuing a full-time course of instruction in the _____ year
(Number)
of a _____ year program in the college, university or similar institution of learning shown in Part II.
(Number)

(Date Entered) _____
(Date Semester/Quarter Ends)

(Date Expected to Complete Last Year)

PART II. CERTIFICATION

I certify all of the information I have provided on this form is true, accurate and complete to the best of my knowledge and belief.

(Name and Address of Institution)

(Signature and Title of Authorized Official)

(Date)

(See Privacy Act on Reverse)

PRIVACY ACT STATEMENT

The Military Selective Service Act and the Selective Service Regulations, authorize the Selective Service System to receive the information requested on this form. However, you are not required to provide that information.

The principal use of the requested information is to assist the Selective Service to adjudicate your claim for reclassification promptly and equitably. This information may be furnished to the following agencies for the purposes indicated:

Department of Justice - to review and process suspected violations of the Military Selective Service Act and to litigate civil actions occurring under or incident to the Military Selective Service Act;

Federal Bureau of Investigation - to locate an individual suspected of violation of the Military Selective Service Act;

Citizenship and Immigration Services - to provide information for use in determining an individual's eligibility for reentry into the United States and United States citizenship;

Department of State - for determination of an alien's eligibility for possible entry into the United States and United States citizenship;

Department of Health and Human Services - to locate parents pursuant to the Child Support Enforcement Act (42 U.S.C. 651 et seq.);

Your failure to provide the requested information may result in denial of your claim for reclassification because of insufficient information.

**PROCEDURAL DIRECTIVE
NOTICE OF CLASSIFICATION
SSS FORM 110
(HCPDS)**

1. PURPOSE

This form is used to notify a registrant of the decision on his claim(s) for reclassification and to provide a means by which he can appeal a denial when eligible to do so.

2. PREPARATION

Parts I and II are completed by the classifying authority making the decision(s) on the claim(s):

PART I

Column 1: Each claim filed is shown by a mark in the box next to the classification.

Column 2: The decision on each claim is indicated by a mark in the column opposite the classification. If the "Deny" column (2b) is marked, the reason for the denial is shown in column 6.

Column 3: Classifications are considered in the reverse order in which they are listed in column 1. Once a claim is granted (see column 2a), no other claims are considered and a mark will be placed in column 3 for those classes.

Column 4: This column shows which Selective Service classifying authority made the decision on each claim; the Area Office (column 4a), the Local Board (column 4b), the District Appeal Board (column 4c), or the National Appeal Board (column 4d).

Column 5: This column shows the number of board members who voted to grant (column 5a), or to deny (column 5b) the claim. If the Area Office made the decision, no vote is shown because Area Office decisions are made without a vote.

Column 6: The reason for the denial of a particular claim appears in this column opposite the classification or in an attachment to the form.

PART II

Enter the Classification granted and, if applicable, the expiration date. The original and Copy 1 will be signed by a member of the board present when the classification action took place.

PART III

The registrant completes Part III on Copy 2 if he wishes to request a review or appeal of a denial. Since a Personal Appearance, if desired, must be requested at the same time as a review or appeal, Part III is also used to make such a request.

3. DISTRIBUTION

The original and Copy 2 are provided to the registrant. Copy 1 is filed in the Registrant File Folder (SSS Form 101). When the registrant requests a review or appeal of a denial, he returns Copy 2 to the Area Office and it is filed in the SSS Form 101.

4. DISPOSAL

Retention of the original and Copy 2 is at the discretion of the registrant. Copy 1 is retained in, and destroyed with, the SSS Form 101. If the registrant appeals, Copy 2 is also retained in, and destroyed, with the SSS Form 101.



**SELECTIVE SERVICE SYSTEM
NOTICE OF CLASSIFICATION
(HCPDS)**

Date of Mailing:

Registrant's Selective Service No. Full Name, Complete Address Office Identification and Address
 [] []
 [] []

PART I. SUMMARY OF CLASSIFICATION ACTION

1. Classifications	2 Decisions		3 Not Considered	4 Classified By				5. Board Vote		6 Reason(s) for Denial
	a Grant	b Deny		a A O	b LB	c DA B	d NA B	a Grant	b Deny	
<input type="checkbox"/> 1-A-O										
<input type="checkbox"/> 1-O										
<input type="checkbox"/> 1-O-S										
<input type="checkbox"/> 2-D										
<input type="checkbox"/> 3-A										
<input type="checkbox"/> 3-A-S										
<input type="checkbox"/> 4-D										
<input type="checkbox"/> 1-D-D										
<input type="checkbox"/> 4-B										
<input type="checkbox"/> 4-C										
<input type="checkbox"/> 4-G										
<input type="checkbox"/> 4-A										
<input type="checkbox"/> 4-A-A										
<input type="checkbox"/> 4-W										
<input type="checkbox"/> 1-D-E										
<input type="checkbox"/> 1-C										
<input type="checkbox"/> 1-W										
<input type="checkbox"/> 4-T										

(Explanations are shown on the reverse of this page.)

PART II. YOUR PRESENT CLASSIFICATION IS: _____

Expiration Date (if applicable): _____

Authorized Signature _____

Title _____

EXPLANATION OF PART I

Column 1: Each claim you filed is shown by a mark in the box next to the classification. Only those classifications marked apply to your claim. For an explanation of each classification, see the Selective Service Information for Registrants Book or Contact your Area Office.

Column 2: The decision on each claim is indicated by a mark in the column opposite the classification. If the “Deny” column (2b) is marked, the reason for the denial is shown in column 6.

Column 3: Classifications are considered in the reverse order in which they are listed in column 1. Once a claim is granted (see column 2a), no other claims are considered.

Column 4: This column shows which Selective Service classifying Authority made the decision on each claim; the Area Office (column 4a), the Local Board (column 4b), the District Appeal Board (column 4c), or the National Appeal Board (column 4d).

Column 5: This column shows the number of board members who voted to grant (column 5a), or to deny (column 5b) the claim. If the Area Office made the decision, no vote is shown because Area Office decisions are made without a vote.

Column 6: You have a right to know why any claim you filed was denied. The reason for the denial of a particular claim appears in this column opposite the classification or in an attachment to the form.

EXPLANATION OF PART II

Your Selective Service record has been updated to show that you have been placed in this class. If you did not qualify for any claim you filed, you have been classified in Class 1-A (available for unrestricted military service).

If an expiration date is shown for your classification, Selective Service will contact you at that time to give you an opportunity to re-apply for the classification. If no expiration date is shown, your classification will remain in effect indefinitely.

IF YOUR CLAIM WAS DENIED

Refer to column 2b in Part I of this form and then read the information below to learn whether you have the right to ask for a review or appeal of a denied claim.

If the claim was denied (column 2b) by the Area Office (column 4a), **YOU MAY ASK THE LOCAL BOARD TO REVIEW YOUR CLAIM.**

If the claim was denied (column 2b) by the Local Board (column 4b), **YOU MAY APPEAL TO THE DISTRICT APPEAL BOARD** under the following conditions:

Any Local Board denial of a claim for Class 1-A-O, 1-O, 2-D, 3-A or 4-D may be appealed.

Local Board denial of a claim for all other classifications may be appealed if at least one board member voted to grant the claim.

If the claim was denied (column 2b) by the District Appeal Board (column 4c), and at least one board member voted to grant the claim (column 5a), YOU MAY APPEAL TO THE NATIONAL APPEAL BOARD.

If the claim was denied (column 2b) by the National Appeal Board (column 4d), THE DECISION IS FINAL AND MAY NOT BE APPEALED.

If you have the right to ask for a review or appeal and wish to take advantage of this right, complete Part III on Copy 2 of this form and return it to your AREA OFFICE WITHIN 15 DAYS FROM THE DATE OF MAILING SHOWN ON THIS FORM. You may also ask for a personal appearance before the board at the time it meets to consider your claim. IF YOU WISH A PERSONAL APPEARANCE, IT MUST BE REQUESTED AT THE SAME TIME YOU REQUEST A REVIEW OR APPEAL AND PART III OF COPY 2 MAY ALSO BE USED FOR THIS PURPOSE.



SELECTIVE SERVICE SYSTEM
NOTICE OF CLASSIFICATION
(HCPDS)

Date of Mailing:

Registrant's Selective Service No. Full Name, Complete Address Office Identification and Address
[] []
[] []

PART I. SUMMARY OF CLASSIFICATION ACTION

1. Classifications	2 Decisions		3 Not Considered	4 Classified By				5. Board Vote		6 Reason(s) for Denial
	a Grant	b Deny		a AO	b LB	c DAB	d NAB	a Grant	b Deny	
<input type="checkbox"/> 1-A-O										
<input type="checkbox"/> 1-O										
<input type="checkbox"/> 1-O-S										
<input type="checkbox"/> 2-D										
<input type="checkbox"/> 3-A										
<input type="checkbox"/> 3-A-S										
<input type="checkbox"/> 4-D										
<input type="checkbox"/> 1-D-D										
<input type="checkbox"/> 4-B										
<input type="checkbox"/> 4-C										
<input type="checkbox"/> 4-G										
<input type="checkbox"/> 4-A										
<input type="checkbox"/> 4-A-A										
<input type="checkbox"/> 4-W										
<input type="checkbox"/> 1-D-E										
<input type="checkbox"/> 1-C										
<input type="checkbox"/> 1-W										
<input type="checkbox"/> 4-T										

PART II. YOUR PRESENT CLASSIFICATION IS: _____
 Expiration Date (if applicable): _____
 Authorized Signature _____
 Title _____



SELECTIVE SERVICE SYSTEM
NOTICE OF CLASSIFICATION
(HCPDS)

Date of Mailing:

Registrant's Selective Service No. Full Name, Complete Address Office Identification and Address

[] [] [] []

[] [] [] []

PART I. SUMMARY OF CLASSIFICATION ACTION

1. Classifications	2 Decisions		3 Not Considered	4 Classified By				5. Board Vote		6 Reason(s) for Denial
	a Grant	b Deny		a AO	b LB	c DAB	d NAB	a Grant	b Deny	
<input type="checkbox"/> 1-A-O										
<input type="checkbox"/> 1-O										
<input type="checkbox"/> 1-O-S										
<input type="checkbox"/> 2-D										
<input type="checkbox"/> 3-A										
<input type="checkbox"/> 3-A-S										
<input type="checkbox"/> 4-D										
<input type="checkbox"/> 1-D-D										
<input type="checkbox"/> 4-B										
<input type="checkbox"/> 4-C										
<input type="checkbox"/> 4-G										
<input type="checkbox"/> 4-A										
<input type="checkbox"/> 4-A-A										
<input type="checkbox"/> 4-W										
<input type="checkbox"/> 1-D-E										

- 1-C
- 1-W
- 4-T

PART II. YOUR PRESENT CLASSIFICATION IS: _____

Expiration Date (if applicable): _____

Authorized Signature _____

Title _____

PROCEDURAL DIRECTIVE
MINUTES OF LOCAL OR APPEAL BOARD MEETING - SSS FORM 112
and
MINUTES OF LOCAL OR APPEAL BOARD MEETING CONTINUATION SHEET
SSS FORM 112A
(HCPDS)

1. PURPOSE

This form provides a means for recording the minutes of Local or Appeal Board meetings, and to furnish notice to the public of Local Board classification actions.

2. PREPARATION

Minutes of Local or Appeal Board Meeting (SSS Form 112) and Minutes of Local or Appeal Board Meeting Continuation Sheet (SSS Form 112A) will be typed when possible after each board meeting, generally within three working days. The SSS Form 112 is prepared in original and one copy according to the instructions contained on the back of the form. The SSS Form 112A is prepared in original and one copy by an appeal board. The SSS Form 112A is prepared in original and two copies by a local board, according to the instructions contained on the back of the form. Use additional SSS Forms 112 and/or SSS Forms 112A if the minutes require more than one page.

3. DISTRIBUTION

The originals of the SSS Form 112 and 112A are filed at the office having jurisdiction of these documents. A copy of the SSS Form 112 and SSS Form 112A is forwarded to the State Director having jurisdiction over the Local or Appeal Board. The Local Board will post a copy of its SSS Form 112A in its jurisdictional SSS office in a place where it is accessible to the public.

4. DISPOSAL

The originals will be retained by the Local or Appeal Board for five years. The State Director's copy will be destroyed after six months. The Local Board posted copy of the SSS 112A will be destroyed after having been posted for 60 days.

COMPLETION INSTRUCTIONS

SSS FORM 112 - the local or appeal board identification (stamp if available) shall appear on all pages of the original and the copy of the form. The pages shall be numbered consecutively beginning with Page 1 for each meeting. The total number of pages of the SSS Form 112 shall be shown on each page. All entries in the heading portion of the form on Page 1 shall be completed: the heading portion of subsequent pages need only contain the "Date of This Meeting" entry. "Prescribed Membership" shall be the number of members prescribed for that board. The name of each member attending shall be recorded in the space "Name of Members Present." The SSS Form 112 shall be presented to the board at the next meeting and authenticated by the signature of a member of the board who was present throughout the meeting.

A compensated employee in attendance at the meeting shall make notes of the proceedings. The notes shall be transcribed and recorded on the SSS Form 112 as soon as possible after the meeting, generally within 3 working days. The notes from which the minutes were transcribed shall be retained with the newly prepared SSS Form 112 and shall be destroyed immediately after the SSS Form 112 is approved and signed. The name of the person transcribing shall be entered in the space "NOTES TRANSCRIBED BY."

The minutes shall be a complete record of the board's proceedings and shall include, but not be limited to:

1. The election of board officers.
2. The identification of new official issuances received since the last meeting and reviewed by the board at this meeting.
3. Registrants who appeared before the board, by name, Selective Service Number, and claim type.
4. Names of witnesses, advisors, and interpreters, by claim considered.
5. Disqualification of any member and the reasons therefore.
6. A record of all registrants who failed to appear as scheduled, by name and Selective Service Number.
7. Claims abandoned because of the registrant's failure to appear for personal appearance, by name and Selective Service Number.
8. Classification actions taken by the board on registrants of other boards.
9. Appeal board classification actions received since the last meeting.
10. Special requests or actions.
11. Resolutions adopted.

12. Any other matters considered by the board.



**SELECTIVE SERVICE SYSTEM
MINUTES OF LOCAL OR APPEAL BOARD MEETING
CONTINUATION SHEET**

[]

[]

Date of This Meeting		Page No. _____ of _____ Pages			(Board Stamp)		
(1) SELECTIVE SERVICE NUMBER	(2) Name			(3) Claim	(4) Action	(5) Vote	
	Last	First	Initial			Granted	Denied

SSS FORM 112A (APRIL 2009)

PREVIOUS EDITIONS ARE OBSOLETE. STOCK WILL BE DESTROYED

COMPLETION INSTRUCTIONS

SSS Form 112A - The local or appeal board identification (stamp if available) and date of the meeting will be shown on all pages of the original and all copies of the form. The pages of SSS Form 112A shall be numbered consecutively commencing with Page 1 for each meeting. The total number of pages of the SSS Form 112A shall be shown on each page.

Registrants will be listed in alphabetical order. The Selective Service Number, registrant's name, claim made, action taken, and the vote will be entered for each registrant. When multiple claims are presented to the board for a registrant, a separate entry must be made for each claim action. A registrant's multiple claim actions will be listed in the order in which they are considered. Claims not considered because a lower classification is granted will be listed and identified in the "Action" column as "Not Considered". Claims determined "abandoned" at the meeting will be listed and identified as "Abandoned."

Classification actions concerning registrants transferred into the board for classification shall not be listed on the SSS Form 112A. Classification actions by an appeal board concerning registrants of the local board shall not be entered on the SSS form 112A. All classification actions received from a transfer local board since the last meeting shall be entered on the SSS Form 112A. These actions need not be entered in any particular order but should be listed immediately following the board of record's last entry under the heading "Classified by other local boards."

**PROCEDURAL DIRECTIVE
TRANSFER FOR CLASSIFICATION
SSS FORM 114
(HCPDS)**

1. PURPOSE

This form serves as a record of the transfer of a registrant's claim for classification to a Local Board other than the Local Board of jurisdiction, or the transfer of a registrant's appeal to a District Appeal Board other than the one of original jurisdiction.

2. PREPARATION

The original is prepared by the registrant's Area Office of jurisdiction or by the office supporting the District Appeal Board of jurisdiction, as appropriate, and signed by a compensated employee of that office. Two photocopies are made of the original signed SSS Form 114.

3. DISTRIBUTION

The original is forwarded to the Board of Transfer along with the Registrant File Folder (SSS Form 101). A copy is sent to the registrant and a copy is retained with the duplicate SSS Form 101. It is filed in the original SSS Form 101 when it is returned to the office of original jurisdiction.

4. DISPOSAL

The original is filed by the board of transfer with the minutes of the meeting at which the classification was considered. It is at the discretion of the registrant how long he retains his copy. The copy in the UFS is retained in and destroyed with the SSS Form 101.



**SELECTIVE SERVICE SYSTEM
TRANSFER FOR CLASSIFICATION
(HCPDS)**

DATE ISSUED

Board of Transfer and Address

Board of Jurisdiction and Address

[]

[]

[]

[]

You are requested to classify _____
(LAST) (FIRST) (MI.)

Selective Service Number _____

whose present address is _____

Reason for transfer:

- Registrant's request
- Board of jurisdiction unable to act
- Order of SSS Director
- Other (Specify) _____

Subject to the applicable portions of Selective Service Regulations, you are requested to perform all necessary acts to classify this registrant in the same manner as though registrant was originally under your jurisdiction.

(AUTHORIZED SIGNATURE)

**PROCEDURAL DIRECTIVE
REPORT OF INFORMATION
SSS FORM 119
(HCPDS)**

1. PURPOSE

This form provides a means for recording current information concerning a registrant. Personal visits, telephone calls, or other means can retrieve the information, and can come from registrants, their relatives, employers, and others. It is also used for recording information from original documents that the Area Office/Alternative Service Office receives and is required to return to the sender. When recording a description of something offered in support of a claim that is too heavy or bulky to file, such as a book or a set of books or other documents, use this form.

2. PREPARATION

Prepare in original only by Area Office/Alternative Service Office personnel, who will complete Items 1 through 6. Record all information submitted in Item 7, either typewritten or legibly handwritten or printed. The person furnishing the information will sign at the bottom of the message in Item 7, when available. The person receiving the information will complete Items 8 through 11.

3. DISTRIBUTION

File the SSS Form 119 in the SSS Form 101 (Registrant File Folder) for the registrant to whom the information pertains.

4. DISPOSAL

Retained in and destroyed with the SSS Form 101.



**SELECTIVE SERVICE SYSTEM
REPORT OF INFORMATION
(HCPDS)**

[]

[]

Office Stamp

REGISTRANT IDENTIFICATION:

1. SELECTIVE SERVICE NUMBER	2. DATE OF BIRTH MO DAY YEAR	3. RSN (LOTTERY NUMBER)
4. Name (Last, First, Middle)		5. TELEPHONE (Include Area Code)
6. Present Mailing Address		
7. INFORMATION		
<div style="text-align: right; margin-top: 10px;"> _____ (Signature of Person Furnishing Information (If Available)) </div>		
8. SOURCE OF INFORMATION: <input type="checkbox"/> REGISTRANT <input type="checkbox"/> OTHER (INDICATE)		
9. INFORMATION RECEIVED BY: <input type="checkbox"/> PERSONAL VISIT <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL <input type="checkbox"/> Other (Indicate)		
10. DATE RECEIVED	11. SIGNATURE OF PERSON RECEIVING INFORMATION	TITLE

SSS FORM 119 (APR 2009)

PREVIOUS EDITIONS MAY BE USED UNTIL EXHAUSTED

**PROCEDURAL DIRECTIVE
DOCUMENT TRANSMITTAL AND RECEIPT
SSS FORM 123
(HCPDS)**

1. PURPOSE

This form is used to record the transmittal of a Registrant File Folder (SSS Form 101) or other documents when it is forwarded from one Selective Service office to another and to acknowledge receipt of the document when it is received.

2. PREPARATION

The form is prepared in original only. Each subsequent transmitting or receiving office will make the appropriate entries required for its action. The form will remain associated with the document until all action items are completed. Additional forms may be initiated whenever the original has been completely used.

3. DISTRIBUTION

When they mail the document, the transmitting office will make a photocopy of the original(s) and retain for its records, pending an acknowledgment of receipt. The original and other copies are to be forwarded with the document. Receiving offices will enter the "DATE RECEIVED" and return a copy to the previous transmitting office.

4. DISPOSAL

This form is retained and destroyed with the document to which it pertains.



**SELECTIVE SERVICE SYSTEM
DOCUMENT TRANSMITTAL AND RECEIPT
(HCPDS)**

Description of Document _____

From: _Date Forwarded _____

To: _Date Received _____

Received by (signature and title): _____

Remarks

From: _Date Forwarded _____

To: _Date Received _____

Received by (signature and title): _____

Remarks

From: _Date Forwarded _____

To: _Date Received _____

Received by (signature and title): _____

Remarks

From: _Date Forwarded _____

To: _Date Received _____

Received by (signature and title): _____

Remarks

**PROCEDURAL DIRECTIVE
APPLICATION BY ALIEN FOR RELIEF FROM TRAINING AND
SERVICE IN THE ARMED FORCES OF THE UNITED STATES
SSS FORM 130
(HCPDS)**

1. PURPOSE

This form provides the means for a treaty alien to request relief from training and service, pursuant to an Order to Report for Induction, based on his status as a national of a country with which an applicable treaty is in effect.

2. PREPARATION

Prepare original only. A photocopy is made of the complete form. The upper portion of the form is completed by the Area Office upon receipt of notification from the registrant that he is requesting consideration of a claim for exemption based on treaty alien status. The registrant completes and returns both the original and the copy to the Area Office by the return date specified on the form, along with the completed Claim Documentation Form - Alien or Dual National (SSS Form 26) and any other documentation necessary to support his entitlement to such exemption.

3. DISTRIBUTION

Immediately upon receipt, the Area Office will mail the original to: United States Citizenship and Immigration Services. The Selective Service copy of the completed form is filed in the Registrant File Folder (SSS Form 101) following review by the Area Office.

4. DISPOSAL

The Selective Service copy is retained in and destroyed with the Registrant File Folder.

**PROCEDURAL DIRECTIVE
ALTERNATIVE SERVICE EMPLOYMENT AGREEMENT
SSS FORM 152
(HCPDS)**

1. PURPOSE

This form is a record of the execution of a formal agreement between the Selective Service System (SSS) and the employer of Alternative Service Workers (ASWs).

2. PREPARATION

This document is prepared in the original only. The document is to be signed by an authorized representative of the employer and by an authorized representative of the SSS. Entries may be typed or handwritten. Except for the respective signature blocks, entries may be made by either party to the agreement.

3. DISTRIBUTION

The completed original form is filed in accordance with the Uniform Filing System at the Alternative Service Office (ASO) in whose geographical area the employer is located. A photocopy of the agreement is sent to the employer.

4. DISPOSAL

Retained in the ASO until five years after termination of the agreement, at which time it is destroyed. However, if the employer's approval is revoked the form is destroyed 30 days after the decision is taken.

**SELECTIVE SERVICE SYSTEM
ALTERNATIVE SERVICE EMPLOYMENT AGREEMENT
(HCPDS)**

SECTION I -- PARTIES

This agreement is between the Selective Service System (SSS) and:

(EMPLOYER)

(STREET)

(CITY)

(STATE)

(ZIP CODE)

SECTION II -- RESPONSIBILITIES OF THE PARTIES

A. The Selective Service will:

- administer the Alternative Service Program in accordance with the Military Selective Service Act (50 U.S.C. APP 451 et seq) and the Alternative Service regulations (32 CFR Part 1656);
- refer Alternative Service Workers to the employer for appropriate employment;
- provide transportation for Alternative Service Workers from their permanent residence address to the location where they will perform their Alternative Service, and return them to their residence to commence work at an assigned job and return home upon completion of their Alternative Service obligation;
- request periodic reports from the employer and make occasional visits to the employer and the assigned Alternative Service Worker(s); and
- reassign or otherwise process any Alternative Service Worker released by the employer.

B. The above named employer will:

- notify the Selective Service System of job openings for Alternative Service Workers;
- employ and provide nondiscriminatory treatment of Alternative Service Workers who agree to serve under the conditions specified by the employer;
- provide full-time employment (at least 35 hours per week) for each Alternative Service Worker employed;
- explain to the Alternative Service Worker his duties, responsibilities, compensation, and benefits;
- immediately report to the Selective Service System the names of Alternative Service Workers who fail to serve in accordance with agreement;
- comply with the applicable provisions of the Selective Service regulations; and,
- submit reports to the Selective Service System as requested.

SECTION III -- LOCATION OF EMPLOYMENT

The employer represents that Alternative Service Worker(s) employed will work at the following location(s):

SECTION IV -- SPECIAL PROVISIONS

SECTION V TERMINATION

This agreement may be terminated at any time by the Selective Service System in accordance with SSS laws and regulations or by the employer after not less than 30 days written notice to the Selective Service System.

SECTION VI -- SIGNATURES

For the Employer :

For the Selective Service System:

(AUTHORIZED SIGNATURE)

(AUTHORIZED SIGNATURE)

Privacy Act Statement

The Military Selective Service Act and Selective Service regulations authorize the Selective Service System to receive the information requested by this form. Your failure to provide this information may result in the lack of referrals of Alternative Service Workers for employment.

The principal use of the requested information is to assist the Selective Service System in placing Alternative Service Workers in appropriate jobs.

**PROCEDURAL DIRECTIVE
EMPLOYER DATA SHEET
SSS FORM 153
(HCPDS)**

1. PURPOSE

This form is used to record information about prospective employers of Alternative Service Workers (ASWs). Employers approved to hire Selective Service ASWs will sign an Alternative Service Program Employer Agreement.

2. PREPARATION

This document will be completed in original copy by the employer or by a Selective Service representative in consultation with the employer.

3. DISTRIBUTION

This document will be maintained at the Alternative Service Office (ASO) in whose geographical area the employer is located.

4. DISPOSAL

This document will be retained in the ASO until five years after termination of the employer agreement with Selective Service, at which time it is to be destroyed.

However, if the employer is not approved to employ ASWs, the form is destroyed 30 days after such notification. .

SELECTIVE SERVICE SYSTEM

EMPLOYER DATA SHEET (HCPDS)

SECTION I IDENTIFICATION OF EMPLOYER

ASP Employer No. _____
(To Be Entered by ASO)

Enter the official name of the organization that will be employing Alternative Service Workers, the street address, ZIP Code, and telephone number. The Key Contact is the person who will oversee the program for the employer.

EMPLOYER _____
(NAME)

ADDRESS _____
(STREET)

(CITY) (STATE) (ZIP CODE)

KEY CONTACT _____ TITLE/POSITION _____
(NAME)

TELEPHONE (INCLUDE AREA CODE) FAX TELEPHONE (INCLUDE AREA CODE) E-MAIL ADDRESS

WORK _____
SITE (NAME)

ADDRESS _____
(STREET)

(CITY) (STATE) (ZIP CODE)

KEY CONTACT _____ TITLE/POSITION _____
(NAME)

TELEPHONE (INCLUDE AREA CODE) FAX TELEPHONE (INCLUDE AREA CODE) E-MAIL ADDRESS

COMMENTS

PREPARED BY _____ Date PREPARED _____

PRIVACY ACT STATEMENT

The Military Selective Service Act and Selective Service Regulations authorize the Selective Service System to receive the information requested by this form. Your failure to provide this information may result in the lack of referrals of Alternative Service Workers for employment.

The principal use of the requested information is to assist the Selective Service System in placing Alternative Service Workers in appropriate jobs.

**PROCEDURAL DIRECTIVE
ORDER TO PERFORM ALTERNATIVE SERVICE
SSS FORM 155
(HCPDS)**

1. PURPOSE

This form is used to notify a registrant of his reclassification from Class 1-O to Class 1-W, and that he has been ordered to perform Alternative Service work.

2. PREPARATION

The Area Office (AO) personnel will prepare an original which will be signed by a member of the local board of jurisdiction. The Local Board will return the signed SSS Form 155 to the AO, at which time two photocopies of the signed original will be made by the AO.

3. DISTRIBUTION

The original form is mailed to the registrant at his last reported current mailing address. A record of its issuance is recorded on page 2 of the SSS Form 101 and input to the CRPP/HCPDS.

The SSS Form 109, Student Certificate, is forwarded with each SSS Form 155.

A copy of this form is placed in the registrant's SSS Form 101 (Registrant File Folder) and in the SSS Form 101A (Alternative Service File Folder).

4. DISPOSAL

Disposal of the original Order is at the discretion of the registrant. The other copies will be destroyed at the same time the respective file folders are destroyed.

Local Board/Area Office
Street Address
City, State, ZIP Code

Selective Service System – Pre-decisional document – NOT Releasable Under FOIA

SELECTIVE SERVICE SYSTEM ORDER TO PERFORM ALTERNATIVE SERVICE (HCPDS)

Date of Issuance: _____

Registrant's Name
Street Address
City, State, ZIP Code

Selective Service Number: _____
Random Sequence Number: _____

This is your Order to Perform Alternative Service in lieu of induction into the Armed Forces of the United States.

You have been reclassified 1-W (Conscientious Objector ordered to perform Alternative Service). Under the authority of the Military Selective Service Act you are ordered to perform Alternative Service for _____ consecutive months, to begin on the date to be determined by the Director.

Your performance of service will be monitored by the Alternative Service Office (ASO) located at: _____.

Representatives of that Office will contact you in the near future to schedule a job counseling session and assist you in locating a suitable job. During your performance of Alternative Service, any contact with the Selective Service System should be with the ASO having jurisdictional responsibility for you.

1 a. Insert the following paragraph if registrant does not have Internet access:

Enclosed is a Guide to Alternative Service which provides general information about the type of work you will perform. Also enclosed is a Skills Questionnaire (SSS Form 156) which asks for information to assist the ASO in placing you in an appropriate Alternative Service job. Please complete and return the SSS Form 156 as soon as your job counseling session is scheduled.

1 b. Insert the following paragraph if registrant does have internet access:

Please go to www.crpp.asp.1w.gov to review the general information there about the type of work you will perform. Also review and complete the Skills Questionnaire (SSS Form 156) there. It asks for information that will be used to assist the ASO in placing you in an appropriate Alternative Service job. Contact us immediately if you have any problems viewing this material or providing the information requested.

2 Revise the following paragraph as necessary:

If you are a student pursuing a full-time course of instruction at a high school, college or similar institution of learning, have the enclosed SSS Form 109 (Student Certificate) completed and signed by an authorized school official/print off and take a copy of the SSS Form 109 to an authorized school official for completion. The SSS Form 109 must be returned to the Alternative Service Office shown above by midnight of the day proceeding the date you are scheduled by the ASO to report for job counseling.

(SIGNATURE)

LOCAL BOARD MEMBER

PRINTED NAME

Warning: If you fail to follow the directions in this Order, you may be reported as a suspected violator of the Military Selective Service Act and, if convicted, be subject to imprisonment for up to five years, a fine of up to \$250,000, or both.

SSS FORM 155 (APR 2009) ORIGINAL

DRAFT HCPDS MANUAL
FORMS

11-65

JULY 2009

**PROCEDURAL DIRECTIVE
NOTICE OF RESCHEDULED ORDER TO PERFORM ALTERNATIVE SERVICE
SSS FORM 155A
(HCPDS)**

1. PURPOSE

This form is used to notify Class 1-W registrants that, as a result of the expiration of their student postponement, they are ordered to perform Alternative Service at a newly assigned time and place.

2. PREPARATION

Area Office (AO) personnel will prepare an original which will be signed by a member of the Local Board of jurisdiction. The Local Board will return the signed SSS Form 155A to the AO. The AO will make two copies of the signed form.

3. DISTRIBUTION

The original form is mailed to the registrant at his last reported current mailing address. A record of its issuance is recorded on page 2 of the SSS Form 101 and input to CRPP/HCPDS.

A copy is placed in the SSS Form 101 (Registrant File Folder) and in the SSS Form 101A (Alternative Service File Folder).

4. DISPOSAL

Disposal of the original is at the discretion of the registrant. The copy in the SSS Form 101 file and the copy in the SSS Form 101A file will be destroyed when the respective files are destroyed.

**SELECTIVE SERVICE SYSTEM
NOTICE OF RESCHEDULE
ORDER TO PERFORM ALTERNATIVE SERVICE
(HCPDS)**

DATE ISSUED

Registrant's Selective Service No. Full Name, Complete Address

[]

[]

Local Board No./Area Office Address

[]

[]

This is your Reschedule Order to Perform Alternative Service.

On _____, you were granted a student postponement of your Order to Perform Alternative
(DATE)

Service originally issued to you on _____. The period for which your postponement of Alternative
(DATE)

Service was granted has expired and the provisions of your original Order remain in effect. Therefore, you are hereby ordered to resume performance of Alternative Service in accord with Section 6(j) of the Military Selective Service Act (50 U.S.C. App. 456(j)). You are ordered to perform alternative service for _____ consecutive months, to begin on the date specified by the Director.

Your performance of Alternative Service will be monitored by the Alternative Service Office (ASO) located at:

_____,
which will contact you in the near future to schedule a job counseling session and assist you in locating a suitable job. During your performance of Alternative Service, any contact with the Selective Service System should be with the ASO having jurisdictional responsibility for you.

Please return your completed Skills Questionnaire (SSS Form 156), received with your original Order, to the ASO as soon as your job counseling session is scheduled.

(Signature) Member of Local Board

Printed Name

Warning: If you fail to follow the directions in this Order, you may be reported as a suspected violator of the Military Selective Service Act and, if convicted, be subject to imprisonment for up to five years, a fine of up to \$250,000, or both.

**PROCEDURAL DIRECTIVE
ALTERNATIVE SERVICE WORKER (ASW) SKILLS QUESTIONNAIRE
SSS FORM 156
(HCPDS)**

1. PURPOSE

This form is used to obtain information concerning an Alternative Service Worker's (ASW'S) education, training and experience. The data will facilitate the Alternative Service Office's (ASO's) placement of the ASW in an appropriate Alternative Service job.

2. PREPARATION

Prepared in original only by the ASW.

3. DISTRIBUTION

The Area Office (AO) provides this SSS Form 156 to the ASW as an attachment to the Order to Report for Alternative Service (SSS Form 155). The AO sends the completed form to the ASO to which they have assigned the ASW.

4. DISPOSAL

Retained in and destroyed with the Alternative Service File Folder (SSS Form 101A).

**SELECTIVE SERVICE SYSTEM
SKILLS QUESTIONNAIRE
(HCPDS)**

Date Issued

Complete and Return Not Later Than

ASW's Selective Service No., Full Name, Complete Address

Alternative Service Office Number and Address

[]

[]

[]

[]

PURPOSE: This form is provided to help you furnish information about your education, skills, and work experience that will help the Selective Service System place you in an Alternative Service job.

INSTRUCTIONS: COMPLETE Sections I, II, III and IV by providing as much information as applies to you. SIGN and DATE the form in Section V and RETURN the completed form to the Alternative Service Office.

NOTE: A prospective employer may require you to complete other documents during the interview/hiring process

Willful submission of false information is a violation of the law and, upon conviction, is punishable by imprisonment for up to five years or a fine of not more than \$250,000, or both.

SECTION I-EDUCATION

I completed: _____ years of high school _____ years of vocational/trade school _____ years of college

My major field(s) of study in college was: _____

My minor field(s) of study in college was: _____

SECTION II-JOB PREFERENCES

On a scale of 1 to 5, here is how I feel about the following general aspects of potential jobs. (Circle the appropriate number in each case.)

	Strongly Dislike	Dislike	Neutral or Somewhat Don't Know	Like	Strongly Like
Outdoors	1		2		3 4 5
Using tools or equipment	1		2		3 4 5
Contact with public	1		2		3 4 5
Stay in one place	1		2		3 4 5
Hazardous	1		2		3 4 5
Detail work	1		2		3 4 5
Part of a team	1		2		3 4 5
Physical exertion	1		2		3 4 5
Mental exertion	1		2		3 4 5

(Continue on reverse)

I would like to be considered for the following types of jobs:

(Circle the numbers that apply. If you have previous experience in any of these jobs, indicate how many months of experience you have and approximately how many hours per week you worked.)

Months Hours/Weeks MonthsHours/Weeks

O - Office

- 1 - Clerical worker _____
- 2 - Bookkeeper _____
- 3 - Typist _____
- 4 - Computer programmer _____
- 5 - Computer operator _____

S - Service

- 0 - Dietary aide _____
- 1 - Waiter _____
- 2 - Housekeeper _____
- 3 - Messenger _____
- 4 - Grocery clerk _____
- 5 - Cook _____
- 6 - Child care worker _____
- 7 - Firefighter _____
- 8 - Gas station attendant _____
- 9 - Janitor _____

E - Education

- 1 - Teacher aide _____
- 2 - Librarian _____
- 3 - Tutor _____
- 4 - Recreation aide _____

I - Industrial

- 1 - Machinist _____
- 2 - Printer _____

D - Transportation

- 1 - Car driver _____
- 2 - Boat operator _____
- 3 - Truck driver _____
- 4 - Bus driver _____

T - Technical

- 1 - Laboratory aide _____
- 2 - Draftsman _____
- 3 - Surveyor _____
- 4 - Farmer _____

N – Non-construction Crafts & Maintenance

- 1 - Telephone repairman _____
- 2 - Heating and air conditioning worker _____
- 3 - Office equipment repairman _____
- 4 - Automobile repairman _____
- 5 - Grounds worker _____

H - Health

- 1 - Licensed practical nurse _____
- 2 - Physical therapist _____
- 3 - Orderly/nurses' aide _____
- 4 - Emergency medical technician _____
- 5 - X-Ray technician _____

W - Social Service

- 1 - Counselor _____
- 2 - Social Worker _____
- 3 - Coach _____

A - Art Design and Communication

- 1 - Artist _____
- 2 - Photographer _____
- 3 - Interpreter _____
- 4 - Cameraman (TV or Cinema) _____

G - General

- 1 - Administrator or Manager _____
- 2 - Salesman _____
- 3 - Laborer _____
- 4 - Religious group _____
- 5 - Other volunteer _____

C - Construction

- 1 - Mason _____
- 2 - Carpenter _____
- 3 - Electrician _____
- 4 - Plumber _____
- 5 - Metal worker _____
- 6 - Heavy equipment operator _____

(Continue on reverse)

SECTION III - SKILLS AND SPECIAL QUALIFICATIONS

I have the following skills, training and/or special qualifications: (Check as many as may apply.)

EDU = Education Level

- | | | | |
|-----------------------------------|------------|-----------------------------|------------|
| | Check Here | | Check Here |
| GED = General Equivalency Diploma | ___ | MTH = Mathematics | ___ |
| HS = High School Graduate | ___ | NSC = Natural Science | ___ |
| AA = Associate Degrees | ___ | PAD = Public Administration | ___ |
| BA = Bachelor of Arts | ___ | SSC = Social Science | ___ |
| BS = Bachelor of Science | ___ | | |
| MA = Master of Arts | ___ | SKL = Special Skill | |
| MS = Master of Science | ___ | | |
| MED = Master or Education | ___ | PHG = Photography | ___ |
| MBA = Master of Business Admin. | ___ | MDL = Model Building | ___ |
| PHD = Doctorate | ___ | WWK= Woodworking | ___ |

HSC = High School Courses

- | | | | |
|----------------------|-----|-----------------------------------|-----|
| PHY = Physics | ___ | MTL = Machine Tools | ___ |
| CHM = Chemistry | ___ | MCH = Mechanics | ___ |
| TRG = Trigonometry | ___ | ELT = Electronics | ___ |
| AGR = Agriculture | ___ | PBS = Public Speaking | ___ |
| HME = Home Economics | ___ | CKG = Cooking | ___ |
| BIO = Biology | ___ | SEW = Sewing | ___ |
| TYP = Typing | ___ | CHC = Child Care | ___ |
| WWK= Woodworking | ___ | OEO = Office Equipment Operations | ___ |
| WLD = Welding | ___ | DRW = Drawing | ___ |
| MCH = Mechanics | ___ | | |
| CMP = Computers | ___ | LNG = Foreign Language | |
| BKP = Bookkeeping | ___ | | |

VT = Vocational Training

- | | | | |
|-------------------------------|-----|--------------------|-----|
| TYP = Typing | ___ | | |
| BKP = Bookkeeping | ___ | MUS = Music | |
| CPG = Computer Programming | ___ | | |
| OEM = Office Equipment Maint. | ___ | VCL = Vocal | ___ |
| SVY = Surveying | ___ | INS = Instrumental | ___ |
| ETC = Engineering Technology | ___ | | |
| HAC = Heating and Air Cond. | ___ | ATH = Athletics | |
| WWK= Woodworking | ___ | | |
| ELT = Electronics | ___ | SWM = Swimming | ___ |
| PLB = Plumbing | ___ | TNS = Tennis | ___ |
| MSN = Masonry | ___ | FTB = Football | ___ |
| ENM = Engine Mechanics | ___ | BSK = Basketball | ___ |
| DSM = Diesel Mechanics | ___ | TRK = Track | ___ |

CC = College Course

- | | | | |
|---------------------------|-----|----------------------------------|-----|
| AGR = Agriculture | ___ | | |
| BUS = Business | ___ | LIC = License or Certificate | |
| COM = Computer | ___ | | |
| EDU = Education | ___ | LSC = Life Saving Certificate | ___ |
| ENG = Engineering | ___ | CPR = Cardio-Pulmonary | ___ |
| FAD = Fine Arts and Drama | ___ | Resuscitation | ___ |
| HSC = Health Science | ___ | DRL = Driver's License | ___ |
| HUM = Humanities | ___ | CHL = Chauffeur's License | ___ |
| LAN = Language | ___ | BOL = Bus Operator's License | ___ |
| | | PIL = Pilot's License | ___ |
| | | SCL = State Contractor's License | ___ |

(Continue on reverse)

SECTION IV - PROPOSED ALTERNATIVE SERVICE JOB

(Complete this section only if you have located a job which meets the standards for alternative service work.)

I would like to be considered for a job with the employer listed below. I have made tentative arrangements with this employer subject to your acceptance.

Name of Employer: _____

Contact Person: _____

Address: _____

_____ TELEPHONE (INCLUDE AREA CODE) _____ FAX NUMBER _____ EMAIL ADDRESS

SECTION V - CERTIFICATION

I certify that all of the information I have provided on this form is true, accurate, and complete to the best of my knowledge and belief.

(DATE)

(ALTERNATIVE SERVICE WORKER'S SIGNATURE)

Privacy Act Statement

The Military Selective Service Act and Selective Service regulations authorize the Selective Service System to receive the information requested on this form. However, you are not required to provide that information.

The principal use of the requested information is to assist the Selective Service to adjudicate your claim for postponement and/or reclassification promptly and equitably. This information may be furnished to the following agencies for the purposes indicated:

Department of Justice - to review and process suspected violations of the Military Selective Service Act and to litigate civil actions occurring under or incident to the Military Selective Service Act.

Federal Bureau of Investigation - to locate an individual suspected of violation of the Military Selective Service Act.

Citizenship and Immigration Services - to provide information for use in determining an individual's eligibility for reentry into the United States and for United States citizenship.

Department of State - for determination of an alien's eligibility for possible entry into the United States and United States citizenship.

Department of Health and Human Services - to locate parents pursuant to the Child Support Enforcement Act (42 U.S.C. 651 et seq). Your failure to provide the requested information may result in denial of your claim for postponement and/or reclassification because of insufficient information.

**PROCEDURAL DIRECTIVE
ALTERNATIVE SERVICE JOB DATA FORM
SSS FORM 157
(HCPDS)**

1. PURPOSE

This form is used to obtain pertinent information on specific jobs available from employers with whom a current Alternative Service Employment Agreement (SSS Form 152) is in effect.

2. PREPARATION

The form is completed in original only, either by a representative of the employer or by an employee of the Alternative Service Office in consultation with the employer. A separate form is required for each different job category and title, although multiple job openings with identical requirement and standards may be recorded on one form.

3. DISTRIBUTION

Retained in the employer's file folder at the Alternative Service Office within whose geographical area the employer is located.

4. DISPOSAL

Destroyed 30 days after termination of the agreement between the Selective Service and the employer.



SELECTIVE SERVICE SYSTEM
ALTERNATIVE SERVICE JOB DATA FORM
(HCPDS)

DATE _____

SECTION I-EMPLOYER IDENTIFICATION

ASP Employer No. _____

ASP Job No. _____
(To be entered by ASO)

NAME OF EMPLOYER _____

INFORMATION FURNISHED BY _____

DATE INFORMATION FURNISHED _____

SECTION II-JOB CATEGORY AND TITLE

Circle the number which most accurately describes the job (Circle only one response)

A - Art Design and Communications

- 1 - Artist
- 2 - Photographer
- 3 - Interpreter
- 4 - Cameraman (TV or Cinema)

E - Education

- 1 - Teacher aide
- 2 - Librarian
- 3 - Tutor
- 4 - Recreation aide

D - Transportation

- 1 - Car driver
- 2 - Boat operator
- 3 - Truck driver
- 4 - Bus driver

O - Office

- 1 - Clerical worker
- 2 - Bookkeeper
- 3 - Typist
- 4 - Computer programmer
- 5 - Computer operator

H - Health

- 1 - Licensed practical nurse
- 2 - Physical therapist
- 3 - Orderly/nurses' aide
- 4 - Emergency medical technician
- 5 - X-Ray technician

T - Technical

- 1 - Laboratory aide
- 2 - Draftsman
- 3 - Surveyor
- 4 - Farmer

N - Non-construction Craft & Maintenance

- 1 - Telephone repairman
- 2 - Heating & air conditioning worker
- 3 - Office equipment repairman
- 4 - Automobile repairman
- 5 - Grounds worker

S - Service

- 0 - Dietary aide
- 1 - Waiter
- 2 - Housekeeper
- 3 - Messenger
- 4 - Grocery clerk
- 5 - Cook
- I - Industrial
- 7 - Firefighter
- 8 - Gas station attendant
- 9 - Janitor

C - Construction

- 1 - Mason
- 2 - Carpenter
- 3 - Electrician
- 4 - Plumber
- 5 - Metal worker
- 6 - Heavy equipment operator
- 6 - Child care worker

- 1 - Machinist
- 2 - Printer

G - General

- 1 - Administrator or manager
- 2 - Salesman
- 3 - Laborer
- 4 - Religious group
- 5 - Other volunteer
- 3 - Coach

W - Social Service

- 1 - Counselor
- 2 - Social worker

Continued on reverse)

SECTION III- JOB CHARACTERISTICS

Rate the general characteristics of this job on a scale of 1 to 5. (Circle the appropriate number in each case.)

	Has little relation to this job	Has some relation to this job	Neutral	Relatively important in this job	Very important in this job
Outdoors	1	2	3	4	5
Using tools or equipment	1	2	3	4	5
Contact with public	1	2	3	4	5
Stay in one place	1	2	3	4	5
Hazardous	1	2	3	4	5
Detail work	1	2	3	4	5
Part of a team	1	2	3	4	5
Physical exertion	1	2	3	4	5
Mental exertion	1	2	3	4	5

SECTION IV - JOB DETAILS

No. of openings in this job category: _____ Average hours per week: _____ Salary: _____

Term of employment must be at least _____ months Interview Required? Yes _____ No _____

Date Available: _____ Must Fill By: _____ Job Duration: _____

Person to Contact for Interview: _____
(Name) (Telephone)

Job Location: _____
(Organization) (Full Address) (City & State)

Supervisor: _____
(Name) (Title)

(Street)

(City) (State) (ZIP Code)

Telephone (include area code)

SECTION V - JOB REQUIREMENTS

Number of years of education required: _____

Number of months of experience required: _____

Desired major field of study: _____

Desired minor field of study: _____

SECTION VI - SPECIAL SKILLS

Check as many skills, training and special qualifications listed below as may be required for this job.

EDU = Education Level

- GED = General Equivalency Diploma
- HS = High School Graduate
- AA = Associates
- BA = Bachelor of Arts
- BS = Bachelor of Science
- MA = Master of Arts
- MS = Master of Science
- MED = Master or Education
- MBA = Master of Business Admin.
- PHD = Doctorate

Check Here

- MTH = Mathematics
- NSC = Natural Science
- PAD = Public Administration
- SSC = Social Science

Check Here

SKL = Special Skill

- PHG = Photography
- MDL = Model Building
- WWK= Woodworking
- MTL = Machine Tools
- MCH = Mechanics
- ELT = Electronics
- PBS = Public Speaking
- CKG = Cooking
- SEW = Sewing
- CHC = Child Care
- OEO = Office Equipment Operations
- DRW = Drawing

HSC = High School Courses

- PHY = Physics
- CHM = Chemistry
- TRG = Trigonometry
- AGR = Agriculture
- HME = Home Economics
- BIO = Biology
- TYP = Typing
- WWK = Woodworking
- WLD = Welding
- MCH = Mechanics
- CMP = Computers
- BKP = Bookkeeping

LNG = Foreign Language

- SPN = Spanish
- FRN = French
- GMN = German
- OTH = Other (Specify below)

VT = Vocational Training

- TYP = Typing
- BKP = Bookkeeping
- CPG = Computer Programming
- OEM = Office Equipment Maint.
- SVY = Surveying
- ETC = Engineering Technology
- HAC = Heating and Air Cond.
- WWK = Woodworking
- ELT = Electronics
- PLB = Plumbing
- MSN = Masonry
- ENM = Engine Mechanics
- DSM = Diesel Mechanics

MUS = Music

- VCL = Vocal
- INS = Instrumental

ATH = Athletics

- SWM = Swimming
- TNS = Tennis
- FTB = Football
- BSK = Basketball
- TRK = Track
- BSB = Baseball

CC = College Course

- AGR = Agriculture
- BUS = Business
- COM = Computer
- EDU = Education
- ENG = Engineering
- FAD = Fine Arts and Drama
- HSC = Health Science
- HUM = Humanities
- LAN = Language

LIC = License or Certificate

- LSC = Life Saving Certificate
- CPR = Cardio-Pulmonary Resuscitation
- DRL = Driver's License
- CHL = Chauffeur's License
- BOL = Bus Operator's License
- PIL = Pilot's License
- SCL = State Contractor's License

(Continued on reverse)

SECTION VII - COMMENTS

PRIVACY ACT STATEMENT

The Military Selective Service Act and Selective Service Regulations authorize the Selective Service System to receive the information requested by this form. Your failure to provide this information may result in the lack of referrals of Alternative Service Workers for employment.

The principal use of the requested information is to assist the Selective Service System in placing Alternative Service Workers in appropriate jobs.

**PROCEDURAL DIRECTIVE
ORDER TO REPORT FOR JOB COUNSELING SESSION
SSS FORM 159
(HCPDS)**

1. PURPOSE

This form is used to notify an Alternative Service Worker (ASW) that he is to report for a job counseling session at a specified place, time and date.

If the registrant requests a postponement after receipt of this Order, Letter 10-B-5, Postponement Action, will be forwarded to him and provide if postponement is granted with a new reporting date and location.

The 10-B-5 will also be used to notify the registrant that his request for a postponement has been denied.

2. PREPARATION

Prepared in duplicate by an employee of the Alternative Service Office (ASO) and signed by the Alternative Service Office Manager (ASOM).

3. DISTRIBUTION

The ASO will mail the original to the Alternative Service Worker (ASW) at his last reported current mailing address. The copy is placed in the Alternative Service File Folder (SSS Form 101A).

4. DISPOSAL

Disposal of the original is at the discretion of the ASW. The ASO copy is retained in and destroyed with the Alternative Service File Folder (SSS Folder 101A).

**SELECTIVE SERVICE SYSTEM
ORDER TO REPORT FOR JOB COUNSELING SESSION
(HCPDS)**

Date Issued:

Alternative Service Worker's SS No., Full Name, Complete Address [_____]	Alternative Service Office Number & Complete Address [_____]
[_____]	[_____]

Under the authority of the Military Selective Service Act, you are hereby ordered to report for an Alternative Service job counseling session.

You are to report to the Alternative Service Office listed above on _____ at _____.
(DATE) (TIME)

Travel

Arrange your own travel to report to this session using commercial transportation or a privately-owned vehicle. If you are unable to arrange transportation, contact the Alternative Service Office for assistance.

What To Bring

Bring any personal articles you may need to remain overnight in case you have to travel to a job site for an interview. Also bring your completed Skills Questionnaire (if you have not already returned it).

What Happens At the Job Counseling Session

Your responsibilities will be reviewed and discussed with you. Unless you have obtained a job acceptable to the Alternative Service Program, an interview will be arranged with an employer.

Emergency Action

If you have an extreme emergency involving you or a member of your immediate family, and the emergency will interfere with your reporting for this session, contact your Alternative Service Office immediately at the following telephone number: _____.

(Alternative Service Office Manager)

WARNING: If you disobey this Order, you are subject, upon conviction, to imprisonment for up to 5 years or a fine of not more than \$250,000, or both, for violation of the Military Selective Service Act.

**PROCEDURAL DIRECTIVE
REQUEST FOR OVERSEAS JOB ASSIGNMENT
SSS FORM 160
(HCPDS)**

1. PURPOSE

This form is used to provide a means for an Alternative Service Worker (ASW) and an employer to submit a joint application for an overseas job assignment.

2. PREPARATION

Prepared in original only. Provided to ASW and the employer for completion.

3. DISTRIBUTION

The completed form and attachments are returned to the Alternative Service Office (ASO) where three photocopies are made of application and all attachments, and distributed as follows:

Copy 1: State Headquarters of the state in which the ASO is located.

Copy 2: Region Headquarters having jurisdiction over ASO.

Copy 3: Place in the Alternative Service File Folder (SSS Form 101A).

The original is sent to National Headquarters, Operations Directorate. When the decision has been made, the original is returned to the ASO of jurisdiction.

4. DISPOSAL

Upon receipt of the original from National Headquarters, the copy in the Alternative Service File Folder (SSS Form 101A) is removed and destroyed. The original is retained in and destroyed with the Alternative Service File Folder (SSS Form 101A). Disposal of the remaining copies is at the discretion of the State Director and the Region Director.

**SELECTIVE SERVICE SYSTEM
REQUEST FOR OVERSEAS JOB ASSIGNMENT
(HCPDS)**

Selective Service System – Pre-decisional document – NOT Releasable Under FOIA
DATE ISSUED

ASW's Selective Service No., Full Name, Complete Address Alternative Service Office Number and Address
[_____] [_____]

[_____] [_____]

This form is the first page of a joint application for assignment of the above named Alternative Service Worker (ASW) to an overseas job with the employer identified below:

Employer's Name: _____

Address: _____

Contact Person: _____ (TELEPHONE) _____ (E-MAIL)

It is understood that:

1. The applicants must attach to this form a letter, signed by both the ASW and the employer identified above, describing the proposed job and arrangements in sufficient detail to permit the Selective Service System to make a decision on the request.
2. The employer must have its headquarters in the United States, be able to provide the ASW with work which contributes to the national health, safety, or interest, provide regular assignments on a full-time basis, and have the capability to supervise and monitor the overseas work of an ASW.
3. It is the responsibility of the ASW or the employer to arrange and pay for travel to and from any overseas assignment, including all details involved in the travel such as passport, visas, inoculations, baggage and tickets.
4. The ASW and the employer will be notified as soon as a decision on this application has been made by the Selective Service System. The ASW should not travel to the proposed overseas assignment or commence work until the proposed job has been approved.

_____ pages describing the details of this request are attached.
(Number)

For the Employer:

Alternative Service Worker:

(SIGNATURE AND TITLE)

(DATE)

(SIGNATURE)

(DATE)

RETURN THIS APPLICATION TO THE ALTERNATIVE SERVICE OFFICE IDENTIFIED ABOVE.

PRIVACY ACT STATEMENT

The Military Selective Service Act and Selective Service regulations authorize the Selective Service System to receive the information requested by this form.

SSS FORM 160 (APR 2009) OMB APPROVAL 3240-0034

**PROCEDURAL DIRECTIVE
INTERVIEW REFERRAL ORDER
SSS FORM 161
(HCPDS)**

1. PURPOSE

This form is used to notify an Alternative Service Worker (ASW) that he is to report to a designated employer for an interview at a specified place, time, and date. Also, he will be required to contact a specified representative of the employer concerning a particular position that is available.

2. PREPARATION

This document is prepared in original and one photocopy made by and for the Alternative Service Office (ASO).

3. DISTRIBUTION

The original is provided to the ASW. The copy is filed in the Alternative Service File Folder (SSS Form 101A).

4. DISPOSAL

Disposal of the original is at the discretion of the ASW. The copy is retained in and destroyed with the Alternative Service File Folder (SSS Form 101A).

**SELECTIVE SERVICE SYSTEM
INTERVIEW REFERRAL ORDER
(HCPDS)**

Date Issued ASP Employer No. _____ ASP Job No. _____

ASW's Selective Service No., Full Name, Complete Address

[_____]

Alternative Service Office Number and Address

[_____]

[_____]

[_____]

Under the authority of the Military Selective Service Act, you are hereby ordered to report for an employment interview at the _____

(EMPLOYER)

(EMPLOYER FULL ADDRESS)

_____ on _____ at _____
(CITY, STATE, ZIP) (DATE) (TIME)

The person to contact for the interview is _____

(NAME)

(TELEPHONE NO.)

(EMAIL)

The title of the position available is _____

Arrange your own travel to this interview using commercial transportation or a privately-owned vehicle. If you are unable to arrange transportation, contact the Alternative Service Office cited above for assistance.

If you have an extreme emergency involving you or a member of your immediate family, and the emergency will interfere with your reporting for this interview, contact your above Alternative Service Office immediately.

Contact the Alternative Service Office at _____ and report the outcome of the
(TELEPHONE NUMBER)
interview within one working day after completion of the interview. If you are hired, you will be issued a Job Placement Order.

WARNING: If you disobey this Order, you are subject, upon conviction, to imprisonment for up to five years or a fine of not more than \$250,000, or both, for violation of the Military Selective Service Act.

(Alternative Service Office Manager)

**PROCEDURAL DIRECTIVE
JOB PLACEMENT ORDER
SSS FORM 162
(HCPDS)**

1. PURPOSE

This form is used to notify an Alternative Service Worker (ASW) that he is ordered to report for work in a specified position at a specified place, time, and date.

2. PREPARATION

Prepared in original and one photocopy at the Alternative Service Office (ASO) and signed by the Alternative Service Office Manager (ASOM).

3. DISTRIBUTION

The original is provided to the ASW. The copy is filed in the Alternative Service File Folder (SSS Form 101A).

4. DISPOSAL

Disposal of the original is at the discretion of the ASW. The copy is retained in and destroyed with the Alternative Service File Folder (SSS Form 101A).

**SELECTIVE SERVICE SYSTEM
JOB PLACEMENT ORDER
(HCPDS)**

Selective Service System – Pre-decisional document – NOT Releasable Under FOIA

Date Issued ASP Employer No. _____ ASP Job No. _____

ASW's Selective Service No., Full Name, Complete Address Alternative Service Office Number and Address
[_____] [_____]

[_____] [_____]

Under the authority of the Military Selective Service Act, you are hereby ordered to report for Alternative

Service work at the _____
(EMPLOYER)

(EMPLOYER FULL ADDRESS)

for the position of _____

You are to begin this job on _____ at _____
(DATE) (TIME)

The person you are to contact is _____
(NAME) (TELEPHONE NO.) (E-MAIL)

Arrange your own travel to this job using commercial transportation or a privately owned-vehicle. If you are unable to arrange transportation, contact the above Alternative Service Office (ASO) for assistance.

If you have an extreme emergency involving you or a member of your immediate family, and the emergency will interfere with your reporting for work as scheduled, contact your above ASO immediately.

If you are granted a postponement of your reporting date and that postponement is not acceptable to the employer, you will be ordered to report for a new job counseling session or interview at the end of your postponement.

(ALTERNATIVE SERVICE OFFICE MANAGER)

WARNING: If you disobey this Order, you are subject, upon conviction, to imprisonment for up to 5 years or a fine of not more than \$250,000, or both, for violation of the Military Selective Service Act.

**PROCEDURAL DIRECTIVE
EMPLOYMENT VERIFICATION FORM
SSS FORM 163
(HCPDS)**

1. PURPOSE

This form is used to verify the employment of a specific Alternative Service Worker (ASW) by a designated employer on a specified date.

2. PREPARATION

Prepared in original only by the Alternative Service Office (ASO). The employer signs the form as verification of ASW's employment.

3. DISTRIBUTION

The form is mailed to the Employer at the time the Job Placement Order (SSS Form 162) is issued to the ASW. The Employer completes the form and return it to the ASO once the ASW commences work.

4. DISPOSAL

Retained in and destroyed with the Alternative Service File Folder (SSS 101A).

**SELECTIVE SERVICE SYSTEM
EMPLOYMENT VERIFICATION FORM
(HCPDS)**

Date Issued

Employer's Name, Complete Address
[]
[]

Alternative Service Office Number and Address
[]
[]

This is to request verification that _____
(NAME OF ALTERNATIVE SERVICE WORKER)

Selective Service Number _ began his employment with the above-named
employee on _____ .
(DATE)

Comments (if needed): _____

If this information is correct, please sign below and return this form to the Alternative Service Office identified above.

(AUTHORIZED SIGNATURE)

(TITLE) (DATE)

If there is an error in this information or if you have any questions, please contact the Alternative Service Office.

(ALTERNATIVE SERVICE OFFICE MANAGER)

=====

PRIVACY ACT STATEMENT

The Military Selective Service Act and Selective Service Regulations authorize the Selective Service System to receive the information requested by this form. Your failure to provide this information may result in the lack of referrals of Alternative Service Workers for employment.

The principal use of the requested information is to assist the Selective Service System in placing Alternative Service Workers in appropriate jobs.

**PROCEDURAL DIRECTIVE
NOTICE OF ALTERNATIVE SERVICE OFFICE REASSIGNMENT
SSS FORM 165
(HCPDS)**

1. PURPOSE

This form is used to notify the Alternative Service Worker (ASW) that he is being reassigned to the jurisdiction of a different Alternative Service Office (ASO), which will contact him concerning his performance of Alternative Service.

2. PREPARATION

Prepared in original and one copy by the transferring ASO and signed by the Alternative Service Office Manager (ASOM).

3. DISTRIBUTION

The original is mailed to the ASW at his last reported current mailing address. The copy is placed in the Alternative Service File Folder (SSS Form 101A) prior to its transmittal to the receiving Alternative Service Office.

4. DISPOSAL

Disposal of the original is at the discretion of the ASW. The copy is retained in and destroyed with the Alternative Service File Folder (SSS Form 101A).

**SELECTIVE SERVICE SYSTEM
NOTICE OF ALTERNATIVE SERVICE
OFFICE REASSIGNMENT
(HCPDS)**

Date Issued

ASW's Selective Service No., Full Name, Complete Address

[]

Alternative Service Office Number and Address

[]

[]

[]

You have been reassigned from the Alternative Service Office (ASO) identified above to ASO _____ located at the address below:
(ASO IDENTIFICATION NUMBER)

(ASO AND ITS FULL ADDRESS)

The name of your contact person at the new ASO is:

(NAME) (TELEPHONE)

The new ASO will contact you to schedule a job counseling session, job interview(s), or job placement, as appropriate.

(ALTERNATIVE SERVICE OFFICE MANAGER)

**PROCEDURAL DIRECTIVE
CLAIM FOR REIMBURSEMENT FOR EMERGENCY MEDICAL CARE
SSS FORM 166
(HCPDS)**

1. PURPOSE

This form provides a means for the Alternative Service Worker (ASW) or his estate, to initiate a claim for reimbursement of expenses for emergency medical care incurred during the course of an Alternative Service assignment.

2. PREPARATION

Prepared in original copy by the Alternative Service Worker, his estate, and/or his designated representative. A photocopy is made at the Alternative Service Office.

3. DISTRIBUTION

The completed form is submitted by the claimant to the Alternative Service Office. The original is forwarded to the appropriate Region Headquarters for action, and the copy is filed in the Alternative Service File Folder (SSS Form 101A).

4. DISPOSAL

The original is retained in accordance with disposition instructions for other financial claims made against the U. S. Government. The copy is retained in and destroyed with the Alternative Service File Folder (SSS Form 101A).



SELECTIVE SERVICE SYSTEM

CLAIM FOR REIMBURSEMENT FOR EMERGENCY MEDICAL CARE (HCPDS)

ASW's Selective Service No., Full Name, Complete Address

[]

Alternative Service Office Number and Address

[]

[]

INSTRUCTIONS: This form should be completed by the Alternative Service Worker (ASW); by his duly authorized representative if he is unable to complete the form; or, if the ASW is deceased, by his next of kin or the Executor of his estate. Attach supplemental sheets, if necessary, to answer the questions in sufficient detail for the Selective Service System to evaluate the claim. Sign and date the form and return it with any supporting documents to the Alternative Service Office identified above.

Payment for emergency medical care, including hospitalization, will not exceed the usual and customary fees for service established by the Social Security Administration. Payment for burial expenses will not exceed the maximum that the Secretary of Veterans' Affairs may pay according to Title 38, U.S.C. 902(a).

Payment shall be made directly to the ASW or his estate unless written authorization of the ASW or his personal representative has been received to pay another person.

Willful submission of false information is a violation of the law and, upon conviction, is punishable by imprisonment for up to five years or a fine of not more than \$250,000, or both.

SECTION I-NATURE OF CLAIM

What is the nature and amount of your claim to Selective Service?

SECTION II-DESCRIPTION OF EMERGENCY

Describe the nature and cause of the medical emergency.

When did it occur?

Were there any witnesses? If so, provide their names and addresses.

What is the name, address and telephone number of the attending physician?

(continued on reverse)

SECTION III-ACTIONS TAKEN

Describe the actions taken to have the employer or the employer's insurance carrier cover the costs of the emergency. Include the name and address of the insurance carrier.

What were the results?

Describe the actions taken to have the ASW's insurance carrier cover the costs of the emergency. Include the name and address of the insurance carrier.

What were the results?

SECTION IV-SUPPORTING DOCUMENTATION

Attach copies of all insurance claims filed in connection with this emergency, a record of any payments received from the insurance carrier, and any written report of the circumstances surrounding the emergency. List below all supporting documents you are submitting with this form so we can verify receipt of the information.

SECTION V-CERTIFICATION

I certify that all the information I have provided on this form and upon other documents that I am submitting to support this claim are true, accurate, and complete to the best of my knowledge and belief, and that payment in the amount claimed has not been made by any other individual or organization.

(SIGNATURE OF CLAIMANT) (DATE)

(ALTERNATIVE SERVICE OFFICE MANAGER, AUTHORIZING OFFICIAL) (DATE)

=====
PRIVACY ACT STATEMENT

The Military Selective Service Act and Selective Service Regulations authorize the Selective Service System to receive the information requested by this form. You are not required to provide this information; however, your failure to provide it may result in denial of your claim for reimbursement.

The principal use of the requested information is to assist the Selective Service System in evaluating your claim for reimbursement.

**PROCEDURAL DIRECTIVE
HARDSHIP REVIEW RECORD
SSS FORM 167
(HCPDS)**

1. PURPOSE

This form records the decision of the Local Board in regard to an Alternative Service Worker's (ASW) request for suspension of his order to perform Alternative Service due to a hardship to his dependents.

2. PREPARATION

Prepared in an original and one photocopy by an Area Office employee following the board's official action. When the request is denied, the reason(s) for the denial must be stated. After the required information is entered on the form, it is signed and dated by the Chairperson or another member of the Local Board.

3. DISTRIBUTION

The Area Office returns both copies of the form to the Alternative Service Office (ASO), where the original is filed in the Alternative Service File Folder (SSS Form 101A). The copy is mailed to the Alternative Service Worker by the Alternative Service Office.

4. DISPOSAL

The original is retained in and destroyed with the Alternative Service File Folder (SSS Form 101A). Disposal of the copy is at the discretion of the Alternative Service Worker.



SELECTIVE SERVICE SYSTEM HARDSHIP REVIEW RECORD (HCPDS)

ASW's Selective Service No. Full Name, Complete Address
[]

Alternative Service Office Number and Address
[]

[]

[]

The Local Board identified above has considered your request for suspension of your Order to Perform Alternative Service. The Board's decision is indicated below:

Approval of Request for Suspension

The Local Board has approved your request for suspension of your Order to Perform Alternative Service.

The suspension will be granted until _____

When the period of suspension has terminated, you will resume work toward completion of your Alternative Service obligation. If the hardship that the suspension was based on still exists, you are required to notify the Alternative Service Office. If the hardship ceases to exist prior to the end date of suspension, you are required to notify the Alternative Service Office.

Denial of Request for Suspension

The Local Board has determined that your request for suspension of your Order to Perform Alternative Service is not justified by the evidence submitted. You must continue in your present assignment.

Reason(s) for denial: _____

The decision of the Local Board is not subject to review or appeal within the Selective Service System.

Date of ASW's request: _____

Date of LB decision: _____

(SIGNATURE OF LOCAL BOARD MEMBER)

Votes for granting: _____

Votes for denying: _____

(TITLE)

(DATE)

**PROCEDURAL DIRECTIVE
DISTRICT APPEAL BOARD DECISION RECORD (ASW)
SSS FORM 168
(HCPDS)**

1. PURPOSE

This form records the decision of the District Appeal Board (DAB) on an Alternative Service Worker's (ASW's) appeal of the denial of his request for a job reassignment which he believes violates his convictions.

2. PREPARATION

An Alternative Service Office (ASO) employee or a member of the DAB will prepare an original of this form at the time of the board's official action. When the request is denied, the reason(s) for the denial must be stated. After the required information is entered on the form, it is signed and dated by the Chairperson or another member of the DAB, and one photocopy will be made of the original.

3. DISTRIBUTION

The original is filed in the Alternative Service File Folder (SSS form 101A). The copy is provided to the ASW.

4. DISPOSAL

The original is retained in and destroyed with the Alternative Service file Folder (SSS Form 101A). Disposal of the copy is at the discretion of the ASW.



SELECTIVE SERVICE SYSTEM

DISTRICT APPEAL BOARD DECISION RECORD (ASW)

(HCPDS)

ASW's Selective Service No.	Full Name, Complete Address	Alternative Service Office Number and Address
[]	[
[]	[

The District Appeal Board (DAB) has considered your request for a review of your job assignment. The Board's decision is indicated below:

Approval of Request for Job Reassignment

The District Appeal Board has determined that your request for job reassignment is justified by the evidence submitted. You will be reassigned to another Alternative Service job with no loss of creditable time. The Alternative Service Office will advise you further.

Denial of Request for Job Reassignment

The District Appeal Board has determined that your request for a job reassignment is not justified by the evidence submitted. You must remain at your present assignment.

Reason(s) for Denial:____

The decision of the District Appeal Board is final and may not be reviewed within the Selective Service System.

Date of ASW's request:_____

Date of DAB decision:_____ (SIGNATURE OF BOARD MEMBER)

Votes for granting:_____ --

Votes for denying:_____ (TITLE) (DATE)

**PROCEDURAL DIRECTIVE
CERTIFICATE OF RELEASE FROM ALTERNATIVE SERVICE
SSS FORM 169
(HCPDS)**

1. PURPOSE

This form provides official documentation of an Alternative Service Worker's (ASW's) satisfactory completion of his assigned period of Alternative Service.

2. PREPARATION

Prepared in original only by an employee of the Alternative Service Office (ASO). This certificate is to be signed by the Alternative Service Office Manager (ASOM).

3. DISTRIBUTION

The completed certificate is furnished to the ASW.

4. DISPOSAL

Disposal is at the discretion of the ASW.



SELECTIVE SERVICE SYSTEM

CERTIFICATE OF RELEASE FROM ALTERNATIVE SERVICE

This is to certify that

[NAME]

#1

has satisfactorily completed his _____ months of creditable time in Alternative Service in accordance with the provisions of the Military Selective Service Act.

-----OR-----

#2

has been given an early release from performing Alternative Service in accordance with the provisions of the Military Selective Service Act.

Awarded this _____ day of _____, _____

AUTHORIZED SIGNATURE AND TITLE

PROCEDURAL DIRECTIVE
MINUTES OF DISTRICT APPEAL BOARD MEETING (ASWs) -SSS FORM 170
AND
MINUTES OF DISTRICT APPEAL BOARD MEETING CONTINUATION SHEET (ASWs)
SSS FORM 170A
(HCPDS)

1. PURPOSE

This form provides a means for recording the minutes of District Appeal Board (DAB) adjudications of Alternative Service Worker (ASW) appeals of Alternative Service Office (ASO) denials of job reassignment requests.

2. PREPARATION

The minutes shall be typed as soon as possible after each board meeting, generally within three working days. The SSS Forms 170 and 170A will be prepared in the original only. A photocopy will be made of the original upon its completion. If the minutes require more than one page, additional SSS Forms 170 and/or 170A will be used.

3. DISTRIBUTION

The original is filed at the Alternative Service Office (ASO) which provides administrative support to the DAB handling the ASW's appeal. The copy is sent to the State Director in whose state the DAB is located. A notice of board classification actions will be available for public review in the Alternative Service Office.

4. DISPOSAL

The original SSS Forms 170 and 170A will be retained by the ASO for five years after the date of the meeting and then destroyed by tearing or shredding. The State Director's copy will be destroyed after six months.

SELECTIVE SERVICE SYSTEM
Minutes of Alternative Service Worker Hearings and Deliberations
District Appeal Board Meetings
(HCPDS)

Page No. ____ of ____ Pages

Date of Last Meeting:

Date of this Meeting:

Prescribed Membership:

Names of Members Present:

Minutes of previous meeting read, approved, and signed.

The decisions on requests for review of the job assignment of ____ Alternative Service Workers (ASWs), listed on SSS Form 170A, were determined by a majority vote of the members present.

Other Board minutes:

NOTES TRANSCRIBED BY: _____ (authorized signature)

COMPLETION INSTRUCTIONS

SSS Form 170 -The District Appeal Board identification stamp, if available, will appear on all pages of the original and the copy of the form. They will number the pages consecutively, beginning with Page No. 1 for each meeting. They will show the total number of pages of the SSS Form 170 on each page. All entries in the heading portion of the form on Page 1 will be completed. The heading portion of subsequent pages need only contain the "Date of This Meeting" entry. "Prescribed Membership" will be the number of members prescribed for that board.

The name of each member attending will be recorded in the space "Name of Members Present."

The signature of a member present throughout the meeting will authenticate the SSS Form 170 which pertains to the meeting minutes in question and which will be presented to the Board at the next meeting.

A compensated employee at the meeting will make notes of the proceedings. The compensated employee will transcribe and record the notes on the SSS Form 170 as soon as possible after the meeting, generally within three working days. They will retain the minute notes, after transcription, with the newly prepared SSS Form 170 and destroy them immediately after they have been approved by and signed. The name of the person transcribing the minutes will be entered at "NOTES TRANSCRIBED BY."

The minutes shall be a complete record of the board's proceedings and shall include, but not be limited to:

- 1.The election of board officers;
- 2.The identification of new official issuances received since the last meeting and reviewed by the board at this meeting;
- 3.A record of all ASWs who file to appear as scheduled, by name and Selective Service Number;
- 4.Actions taken by the board on ASWs of other boards;
- 5.Special requests or actions;
- 6.Resolutions adopted; and,
- 7.Any other matters considered by the board.

SSS FORM 170 (APRIL 2009)

COMPLETION INSTRUCTIONS

SSS FORM 170A -

The District Appeal Board identification stamp, if available and the date of the meeting will be shown on all pages of the original and all copies of the form. The pages of SSS Form 170A will be numbered consecutively, commencing with Page 1 for each meeting. The total number of pages of the SSS Form 170A will be shown on each page.

ASWs will be listed in alphabetical order. Next, enter the Selective Service Number, employer, and vote taken for each ASW.

Use the SSS Form 170A only to record actions taken on requests by ASWs assigned to the DAB. Decisions concerning ASWs transferred to the DAB for consideration will not be listed on the SSS Form 170A, but will appear on the SSS Form 170. All decisions received from a transfer DAB since the last meeting will be entered on the SSS Form 170A. These decisions need not be entered in any particular order, but should be listed immediately following the board of record's last entry under the heading "Decisions by other DABs."

SSS FORM 170A (APRIL 2009)

**PROCEDURAL DIRECTIVE
TRANSFER FOR INDUCTION/EXAMINATION
SSS FORM 230
(HCPDS)**

1. PURPOSE

This form is used to record a registrant's application for a transfer of induction/examination when reporting in accordance with his order would be unduly burdensome, and to record the approval or disapproval of his request.

2. PREPARATION

Prepare in original and two copies. The registrant completes Part I and submits the form to the Area Office to which he is requesting a transfer. Circle "Induction" or "Examination" as appropriate. The Area Office decision is recorded in Part II.

3. DISTRIBUTION

The original is furnished to registrant to inform him of the decision on his request. Copy 1 is furnished to the registrant's Area Office of assignment, where it is filed in his Registrant File Folder (SSS Form 101). Copy 2 is retained by the Area Office of transfer.

4. DISPOSAL

Disposal of the original is at the discretion of the registrant. Copy 1 is retained in and destroyed with the Registrant File Folder (SSS Form 101). Copy 2 is destroyed six months after the date of issuance.



**SELECTIVE SERVICE SYSTEM
TRANSFER FOR INDUCTION/EXAMINATION
(HCPDS)**

Registrant's SS No. Full Name & Complete Address

[_____]

[_____]

Area Office Identification and Address

[_____]

[_____]

PART I: APPLICATION

I hereby request transfer to the jurisdiction of the Area Office shown above for induction/examination into the Armed Forces of the United States.

I am presently scheduled to report for induction/examination on _____.
(DATE)

My Local Board of assignment is _____, which is served by the
(NAME & NUMBER OF LOCAL BOARD)

Area Office at _____.
(COMPLETE ADDRESS OF AREA OFFICE)

I am requesting that my induction/examination be transferred because _____
_____.

(REGISTRANT'S SIGNATURE)

(DATE)

PART II: DECISION

Request for transfer is approved.

Report to: _____
(DESIGNATED ASSEMBLY POINT)

on _____ at _____ for transportation to the Military Entrance
(DATE) (TIME)

Processing Station (MEPS) located at _____.
(ADDRESS)

Request for transfer is disapproved because _____. You must report as originally ordered, or request a postponement of induction/examination from your Area Office of assignment.

(AUTHORIZED SIGNATURE AND TITLE)

(DATE)

**PROCEDURAL DIRECTIVE
ORDER TO REPORT FOR ARMED FORCES EXAMINATION
SSS FORM 233
(HCPDS)**

1. PURPOSE

This form is used to order registrants for examination during periods of less than full mobilization. The form notifies him of his scheduled reporting date and instructs him where and when to report for transportation to the Military Entrance Processing Station (MEPS).

2. PREPARATION

The form is computer produced in original only, by laser printer at the Data Management Center, from records contained in the Registrant Information Bank (RIB) at the time the registrant's Random Sequence Number is reached for examination.

3. DISTRIBUTION

The form is mailed to the registrant at his last reported current mailing address. A record of its issuance is recorded in CRPP/HCPDS. The registrant presents the form to the MEPS at the time he reports for examination.

4. DISPOSAL

Forms collected at the MEPS will be retained for 30 days and then destroyed by burning or shredding.

Local Board/Area Office
Street Address
City, State, ZIP Code

**SELECTIVE SERVICE SYSTEM
ORDER TO REPORT FOR ARMED FORCES EXAMINATION
(HCPDS)**

Date of Issuance _____

Registrant's Name
Street Address
City, State, ZIP Code

Selective Service Number _____
Social Security Number _____
Random Sequence Number _____

This is your Order to report for and submit to an Armed Forces Examination for the purpose of determining your potential acceptability for military service.

You are hereby directed to report, with this Order, to: _____
(DESIGNATED ASSEMBLY POINT)

on _____ at _____ for transportation to the Military Entrance Processing Station (MEPS)
(DATE) (TIME)

in _____
(CITY AND STATE)

Upon completion of your examination, you will be returned to the place of reporting shown above.

If you are closer to the MEPS than to the place you are ordered to report, and if you wish to go directly to the MEPS, contact the Area Office shown above for instructions.

If you are so far from your Area Office that reporting in compliance with this Order would be a hardship, and if you wish to report to the Area Office where you are now located, contact that Area Office and request a transfer for examination.

You will be furnished transportation, and meals and lodging when necessary, from the designated place of reporting to the MEPS and return. It is possible that you may be retained at the MEPS for more than one day for the purpose of further processing. If you have any physical or mental condition which you believe may disqualify you for service, or if you are physically incapable of reporting to the MEPS, contact your Area Office for instructions.

If you believe you qualify for a postponement of your examination, complete the attached Request for Postponement of Armed Forces Examination (SSS Form 233P) and return it to your Area Office before the date you are scheduled to report.

Read the Important Information Sheet provided with this Order. If you fail to obey this Order you may be reported as a suspected violator of the Military Selective Service Act and, if convicted, subject to imprisonment for up to five years, a fine of up to \$250,000, or both.

Director of Selective Service

Attachment

FOR INFORMATION AND ADVICE, CONTACT ANY SELECTIVE SERVICE AREA OFFICE.

SSS FORM 233

**IMPORTANT INFORMATION
(HCPDS)**

THE PURPOSE OF THIS EXAMINATION IS TO DETERMINE WHETHER YOU MEET THE STANDARDS OF ACCEPTABILITY FOR MILITARY SERVICE AS ESTABLISHED BY THE SECRETARY OF DEFENSE. YOU WILL NOT BE INDUCTED INTO THE ARMED FORCES AT THIS TIME. WHEN YOUR EXAMINATION IS COMPLETED, YOU WILL BE AUTHORIZED TO RETURN HOME.

YOU WILL BE NOTIFIED IN WRITING OF THE RESULTS OF YOUR EXAMINATION. IF YOU ARE FOUND QUALIFIED, YOU WILL BE GIVEN AN OPPORTUNITY TO MAKE A CLAIM FOR A CLASSIFICATION OTHER THAN CLASS 1-A (AVAILABLE FOR MILITARY SERVICE). IF YOU ARE FOUND NOT QUALIFIED, YOU WILL BE CLASSIFIED 4-F.

IF YOU HAVE RECEIVED AN ARMED FORCES EXAMINATION WITHIN THE PREVIOUS 24 MONTHS, PLEASE INFORM YOUR AREA OFFICE, WITHIN 10 DAYS, FROM THE DATE OF THIS LETTER, OF THE DATE AND MEPS LOCATION OF THE EXAMINATION.

WHAT TO BRING TO THE MEPS: COMFORTABLE CLOTHING AND TOILET ARTICLES FOR THREE DAYS WHICH CAN BE CONTAINED IN A TRAVEL BAG NO LARGER THAN 9" X 13" X 24" AND ALL OF THE FOLLOWING THAT APPLY TO YOU: DOCTOR'S STATEMENT AND HOSPITAL RECORDS IF YOU HAVE A HISTORY OF PHYSICAL OR MENTAL DISORDER; EYEGASSES, CONTACT LENSES AND NECESSARY DRUGS PRESCRIBED FOR YOU; PRIOR SERVICE RECORD (DD FORM 214).

DO NOT BRING FAMILY, FRIENDS, PETS, WEAPONS/KNIVES, NONPRESCRIPTION DRUGS, LARGE SUMS OF MONEY OR EXPENSIVE JEWELRY.

IF YOU ARE EMPLOYED, YOU SHOULD INFORM YOUR EMPLOYER OF THIS ORDER AND THAT THE EXAMINATION IS MERELY TO DETERMINE WHETHER YOU ARE ACCEPTABLE FOR MILITARY SERVICE. TO PROTECT YOUR RIGHT TO RETURN TO YOUR JOB, YOU MUST REPORT FOR WORK AT THE BEGINNING OF YOUR NEXT REGULARLY SCHEDULED WORKING PERIOD AFTER THE COMPLETION OF YOUR EXAMINATION.

SSS FORM 233

**PROCEDURAL DIRECTIVE
REQUEST FOR POSTPONEMENT OF
ARMED FORCES EXAMINATION
SSS FORM 233P
(HCPDS)**

1. PURPOSE

This form is used to enable a registrant to request a postponement of his Armed Forces examination and request a waiver of examination if claiming Conscientious Objector, 1-O only. It is used during periods of less than full mobilization.

2. PREPARATION

The form is produced in original only, on the laser printer at the Data Management Center at the time a registrant's Order to Report for Armed Forces Examination (SSS Form 233) is issued. The registrant completes the form and submits it to the Area Office.

3. DISTRIBUTION

The form is mailed to the registrant as an attachment to his SSS Form 233. The completed form is retained by the Area Office and filed in the Registrant File Folder.

4. DISPOSAL

Retained in and destroyed with the Registrant File Folder (SSS Form 101).

Local Board/Area Office
Street Address
City, State, ZIP Code

SELECTIVE SERVICE SYSTEM
REQUEST FOR POSTPONEMENT OF ARMED FORCES EXAMINATION
(HCPDS)

Date of Issuance _____

Registrant's Name _____
Street Address _____
City, State, ZIP Code _____

Selective Service Number _____
Social Security Number _____
Random Sequence Number _____

(MAKE ANY NECESSARY ADDRESS CORRECTIONS ABOVE)

I request a postponement of my Armed Forces examination for the reason(s) checked below:

- My injury or illness
- Death in my immediate family
- Emergency beyond my control (Describe)

Religious holiday which I normally observe
 Name of holiday: _____
 Date holiday begins: _____
 Date holiday ends: _____

Scheduled for state or national board licensing/certification examination, required before I can practice my profession or occupation
 Name of examination: _____
 Date of examination: _____

I expect the condition on which this request is based to end on or about: _____ .
(DATE)

(SIGNATURE OF REGISTRANT)

(DATE)

As an individual who is conscientiously opposed to both combatant and noncombatant military training and service, I hereby request consideration for conscientious objector status and wish to have my Armed Forces examination waived until a decision is made on my claim for Class 1-O. I understand receiving this waiver will prohibit me from filing a claim for any other class and if my 1-O claim is denied I will be rescheduled for examination. I further understand that if my claim for Class 1-O is granted, I will not be given another opportunity to undergo an Armed Forces examination.

(SIGNATURE OF REGISTRANT)

(DATE)

**PROCEDURAL DIRECTIVE
NOTICE OF RESCHEDULED ARMED FORCES
EXAMINATION REPORTING DATE
SSS FORM 234
(HCPDS)**

1. PURPOSE

This form is used to notify a registrant that his Armed Forces examination is being rescheduled. The form notifies him of his rescheduled reporting date and instructs him where and when to report for transportation to the Military Entrance Processing Station (MEPS).

2. PREPARATION

The form is computer produced in original only, by laser printer at the Data Management Center, from records contained in the Registrant Information Bank (RIB).

3. DISTRIBUTION

The form is mailed to the registrant at his last reported mailing address. A record of its issuance is recorded in CRPP/HCPDS. The registrant presents the form to the MEPS at the time he reports for examination.

4. DISPOSAL

Forms collected at the MEPS will be retained for 30 days and then destroyed by tearing or shredding.

Local Board/Area office
Street Address
City, State, ZIP Code

**SELECTIVE SERVICE SYSTEM
NOTICE OF RESCHEDULED ARMED FORCES EXAMINATION REPORTING DATE
(HCPDS)**

Date of Issuance

Registrant's Name
Number Street Address
City, State, ZIP Code

Selective Service Number _____
Social Security Number _____
Random Sequence Number _____

The provisions of the Order to Report for Armed Forces Examination issued to you on _____ are still in effect,
(DATE)

except that your examination reporting date has been rescheduled. You are hereby directed to report, with this Order, to

_____ on _____ at _____
(DESIGNATED ASSEMBLY POINT) (DATE) (TIME)

for transportation to the Military Entrance Processing Station (MEPS) in _____.
(CITY AND STATE)

Upon completion of your examination, you will be returned to the place of reporting shown above.

If you are closer to the MEPS than to the place you are ordered to report, and if you wish to go directly to the MEPS, contact the Area Office shown above for instructions.

If you are so far from your Area Office that reporting in compliance with this Order would be a hardship, and if you wish to report to the Area Office where you are now located, contact that Area Office and request a transfer for examination.

You will be furnished transportation, meals, and lodging when necessary, from the designated place of reporting to the MEPS and return. It is possible that you may be retained at the MEPS for more than one day for the purpose of further processing. If you have any physical or mental condition which you believe may disqualify you for service, or if you are physically incapable of reporting to the MEPS, contact your Area Office for instructions.

If you believe you qualify for a postponement of your examination, complete the attached Request for Postponement of Examination (SSS Form 233P) and return it to your Area Office before the date you are scheduled to report.

Read the Important Information Sheet provided with this Order. If you fail to obey this Order you may be reported as a suspected violator of the Military Selective Service Act, and, if convicted, subject to imprisonment for up to five year, a fine or up to \$250,000 or both.

Director of Selective Service

FOR INFORMATION AND ADVICE, CONTACT ANY SELECTIVE SERVICE AREA OFFICE

SSS FORM 234

**IMPORTANT INFORMATION
(HCPDS)**

THE PURPOSE OF THIS EXAMINATION IS TO DETERMINE WHETHER YOU MEET THE STANDARDS OF ACCEPTABILITY FOR MILITARY SERVICE AS ESTABLISHED BY THE SECRETARY OF DEFENSE. YOU WILL NOT BE INDUCTED INTO THE ARMED FORCES AT THIS TIME. WHEN YOUR EXAMINATION IS COMPLETED, YOU WILL BE AUTHORIZED TO RETURN HOME.

YOU WILL BE NOTIFIED IN WRITING OF THE RESULTS OF YOUR EXAMINATION. IF YOU ARE FOUND QUALIFIED, YOU WILL BE GIVEN AN OPPORTUNITY TO MAKE A CLAIM FOR A CLASSIFICATION OTHER THAN CLASS 1-A (AVAILABLE FOR MILITARY SERVICE). IF YOU ARE FOUND NOT QUALIFIED, YOU WILL BE CLASSIFIED 4-F.

IF YOU HAVE RECEIVED AN ARMED FORCES EXAMINATION WITHIN THE PREVIOUS 24 MONTHS, PLEASE INFORM YOUR AREA OFFICE, WITHIN 10 DAYS, FROM THE DATE OF THIS LETTER, OF THE DATE AND MEPS LOCATION OF THE EXAMINATION.

WHAT TO BRING TO THE MEPS: COMFORTABLE CLOTHING AND TOILET ARTICLES FOR THREE DAYS WHICH CAN BE CONTAINED IN A TRAVEL BAG NO LARGER THAN 9" X 13" X 24" AND ALL OF THE FOLLOWING THAT APPLY TO YOU: DOCTOR'S STATEMENT AND HOSPITAL RECORDS IF YOU HAVE A HISTORY OF PHYSICAL OR MENTAL DISORDER; EYEGASSES, CONTACT LENSES AND NECESSARY DRUGS PRESCRIBED FOR YOU; PRIOR SERVICE RECORD (DD FORM 214).

DO NOT BRING FAMILY, FRIENDS, PETS, WEAPONS/KNIVES, NONPRESCRIPTION DRUGS, LARGE SUMS OF MONEY OR EXPENSIVE JEWELRY.

IF YOU ARE EMPLOYED, YOU SHOULD INFORM YOUR EMPLOYER OF THIS ORDER AND THAT THE EXAMINATION IS MERELY TO DETERMINE WHETHER YOU ARE ACCEPTABLE FOR MILITARY SERVICE. TO PROTECT YOUR RIGHT TO RETURN TO YOUR JOB, YOU MUST REPORT FOR WORK AT THE BEGINNING OF YOUR NEXT REGULARLY SCHEDULED WORKING PERIOD AFTER THE COMPLETION OF YOUR EXAMINATION.

SSS FORM 234

**PROCEDURAL DIRECTIVE
APPLICATION FOR VOLUNTARY INDUCTION
SSS FORM 254
(HCPDS)**

1. PURPOSE

This form is used to record an applicant's desire to volunteer for induction at a time convenient to the Federal Government. If he is found qualified for induction this will invoke his waiver of all rights for personal appearance and appeal. The consent of his parents or guardian is needed if the applicant is under age 18.

2. PREPARATION

The Area Office prepares an original and one photocopy of this form. The applicant completes Items 1 through 9. If the applicant is under age 18, his parents or guardian must complete Item 10 to certify consent to his voluntary induction.

3. DISTRIBUTION

The original is filed in the Registrant File Folder (SSS Form 101). Copy 1 is furnished to the applicant when the decision on his application is made.

4. DISPOSAL

Retained in and destroyed with the SSS Form 101. The registrant presents the photocopy at the Military Entrance Processing Station (MEPS) when he reports for induction.



**SELECTIVE SERVICE SYSTEM
APPLICATION FOR VOLUNTARY INDUCTION
(HCPDS)**

[_____]

[_____]
OFFICE IDENTIFICATION

ALL ENTRIES MUST BE TYPEWRITTEN OR PRINTED EXCEPT SIGNATURES

1. Name of Applicant

_____ (LAST) _____ (FIRST) _____ (MIDDLE)

2. Current Mailing Address

3. Date of Birth (month,day,year)

4. Selective Service Number

5. Social Security No.

6. Were you ever found not qualified for service in the Armed Forces? Yes No
When _____ Where _____

7. Have you ever served in the Armed Forces? Yes No
Date entered _____ Date separated _____ Branch of Service _____

8. If you are an alien, have you resided in the United States for one or more periods totaling at least one year?
Country of citizenship _____ Yes No

9. I am the applicant named above. I hereby apply for voluntary induction into the Armed Forces of the United States under the provisions of the Military Selective Service Act. For this purpose, I waive all rights to file a claim for classification or postponement of induction as a student and I waive all rights to a personal appearance and appeal. I consent to my induction at any time convenient to the Government. I am aware that I may be found not qualified for military service. The information furnished above is true.

(SIGNATURE OF APPLICANT)

(DATE)

10.

CONSENT WHEN APPLICANT IS UNDER 18 YEARS OF AGE

I/we hereby certify that the above applicant has no other legal guardian than me/us and I/we consent to his induction into the Armed Forces of the United States under the provisions of the Military Selective Service Act. I/we understand that he may be assigned to overseas duty immediately upon completion of the required period of training.

(STRIKE OUT ONE) PARENT OR LEGAL GUARDIAN

(ADDRESS)

(DATE)

SSS FORM 254 (APR 2009) OMB APPROVAL: 3240-0015 PREVIOUS EDITIONS ARE OBSOLETE AND WILL BE DESTROYED

**PROCEDURAL DIRECTIVE
ORDER TO REPORT FOR INDUCTION
SSS FORM 262
(HCPDS)**

1. PURPOSE

This form is used to order registrants for induction during periods of less than full mobilization. It notifies the registrant of his scheduled reporting date and informs him when and where to report for transportation to the Military Entrance Processing Station (MEPS).

2. PREPARATION

The form is prepared in original only, by laser printer at the Data Management Center, from records contained in the Registrant Information Bank (RIB).

3. DISTRIBUTION

The form is mailed to the registrant at his last reported current mailing address. A record of its issuance is recorded in CRPP/HCPDS. The registrant presents the form to the MEPS at the time he reports for induction.

4. DISPOSAL

Forms collected at the MEPS will be retained for 30 days and then destroyed by burning or shredding.

Local Board/Area office
Street Address
City, State, ZIP Code

**SELECTIVE SERVICE SYSTEM
ORDER TO REPORT FOR INDUCTION
(HCPDS)**

Date of Issuance

Registrant's Name
Street Address
City, State, ZIP Code

Selective Service Number _____
Social Security Number _____
Random Sequence Number _____

This is your Order to report for and submit to induction into the Armed Forces of the United States. You are hereby directed to report, with this Order, to:

_____ on _____ at _____ for transportation to the
(DESIGNATED ASSEMBLY POINT) **(DATE)** **(TIME)**
Military Entrance Processing Station (MEPS) in _____ for induction into the
(CITY & STATE)
Armed Forces.

If you are closer to the MEPS than to the place you are ordered to report, and if you wish to go directly to the MEPS, contact the Area Office shown above for instructions. Do not plan to travel by privately-owned vehicle unless you make arrangements to have the vehicle returned home.

If you are so far from your Area Office that reporting in compliance with this Order would be a hardship, and if you wish to report to the Area Office where you are now located, contact that Area Office and request a transfer for induction.

You will be furnished transportation, and meals and lodging where necessary, from the designated place of reporting to the MEPS. When you are inducted, you will be administratively reclassified 1-C (Member of the Armed Forces).

If you are a full-time student, if you are scheduled to enter one of the U.S. service academies, or if you have been accepted for certain ROTC programs, you may qualify for a postponement of induction. You may also ask for a postponement if you are scheduled to take a state or national licensing examination, or if your induction is scheduled for the same day as a religious holiday you normally observe. If any of these conditions apply to you, complete the attached Request for Postponement of Induction (SSS Form 262P) and return it to your Area Office prior to the day you are scheduled to report.

Read the Important Information Sheet provided with this Order. If you fail to obey this Order, you may be reported as a suspected violator of the Military Selective Service Act and, if convicted, subject to imprisonment for up to five years, a fine of up to \$250,000, or both.

DIRECTOR OF SELECTIVE SERVICE

FOR INFORMATION AND ADVICE, CONTACT ANY SELECTIVE SERVICE OFFICE

SSS FORM 262

IMPORTANT INFORMATION
(HCPDS)

→ WHAT TO BRING

COMFORTABLE CLOTHING AND TOILET ARTICLES FOR THREE DAYS WHICH CAN BE CONTAINED IN A TRAVEL BAG NO LARGER THAN 9" X 13" X 24" AND ALL OF THE FOLLOWING THAT APPLY TO YOU: BIRTH CERTIFICATE, SOCIAL SECURITY CARD, DRIVER'S LICENSE, LAST SCHOOL RECORD, DOCTOR'S STATEMENT AND HOSPITAL RECORDS IF YOU HAVE A HISTORY OF PHYSICAL OR MENTAL DISORDER, EYEGLASSES OR CONTACT LENSES, PRESCRIPTION DRUGS YOU TAKE, RECORDS OF COURT DECISIONS THAT AFFECT YOUR STATUS, PROOF OF MARITAL STATUS IF OTHER THAN SINGLE, CHILDREN'S BIRTH CERTIFICATES, AND PRIOR SERVICE RECORD (DD FORM 214).

DO NOT BRING FAMILY, FRIENDS, PETS, WEAPONS/KNIVES, NONPRESCRIPTION DRUGS, LARGE SUMS OF MONEY OR EXPENSIVE JEWELRY.

→ IF AN EMERGENCY OCCURS

IF YOU HAVE AN EMERGENCY INVOLVING YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY AND THIS EMERGENCY WILL INTERFERE WITH YOUR REPORTING FOR INDUCTION, CONTACT THE AREA OFFICE IMMEDIATELY.

→ POSTPONEMENT OF INDUCTION INFORMATION

YOU MAY FILE A CLAIM FOR POSTPONEMENT AT ANY TIME PRIOR TO THE DATE YOU ARE SCHEDULED TO REPORT FOR INDUCTION. YOU WILL BE ADVISED BY THE AREA OFFICE OF ADDITIONAL INFORMATION YOU NEED PROVIDE IN SUPPORT OF YOUR CLAIM, AND THE PROCEDURES TO BE FOLLOWED FOR SUBMITTING DOCUMENTATION.

INFORMATION IS AVAILABLE FROM ANY SELECTIVE SERVICE AREA OFFICE, OR THROUGH INFORMATION BOOKLETS FURNISHED FOR REGISTRANTS AT ALL U.S. POST OFFICES, CONSULATES AND EMBASSIES.

**PROCEDURAL DIRECTIVE
NOTICE OF FAILURE TO REPORT FOR INDUCTION
SSS FORM 262A
(HCPDS)**

1. PURPOSE

This form is used during periods of less than full mobilization to notify a registrant who failed to report in compliance with an induction order that the provisions of that original induction order remain in effect. It informs the registrant of his scheduled reporting date and instructs him when and where to report for transportation to the Military Entrance Processing Station (MEPS).

2. PREPARATION

The form is computer produced in original only, by laser printer at the Data Management Center, from records contained in the Registrant Information Bank (RIB).

3. DISTRIBUTION

The form is mailed to the registrant at his last reported permanent residence address. A record of its issuance is recorded in CRPP/HCPDS. The registrant presents the form to the MEPS at the time he reports for induction.

4. DISPOSAL

Forms collected at the MEPS will be retained for 30 days and then destroyed by burning or shredding.

Local Board/Area Office
Street Address
City, State, ZIP Code

**SELECTIVE SERVICE SYSTEM
NOTICE OF FAILURE TO REPORT FOR INDUCTION
(HCPDS)**

Date of Issuance

Registrant's Name
Street Address
City, State, ZIP Code

Selective Service Number _____
Social Security Number _____
Random Sequence Number _____

On _____, you were ordered to report for induction into the Armed Forces of the United States. You did
(DATE)

not report in accordance with that Order. The provisions of that Induction Order continue in effect.

You are hereby directed to report, with this Order, to: _____
(DESIGNATED ASSEMBLY POINT)

on _____ at _____ for transportation to the Military Entrance Processing Station (MEPS) in
(DATE) **(TIME)**
_____ for induction into the Armed Forces.
(CITY AND STATE)

If you are closer to the MEPS than to the place you are ordered to report, and if you wish to go directly to the MEPS, contact the Area Office shown above for instructions. Do not plan to travel by privately owned vehicle unless you make arrangements to have the vehicle returned home.

If you are so far from your Area Office that reporting in compliance with this order would be a hardship, and if you wish to report to the Area Office where you are now located, contact that Area Office and request a transfer for induction.

You will be furnished transportation, and meals and lodging where necessary, from the designated place of reporting to the MEPS. When you are inducted, you will be administratively reclassified 1-C (Member of the Armed Forces).

Read the Important Information Sheet provided with this Order. If you believe you qualify for a postponement of induction, contact your Area Office before the date you are scheduled to report.

If you fail to obey this Order, you may be reported as a suspected violator of the Military Selective Service Act and, if convicted, subject to imprisonment for up to five years, a fine of up to \$250,000 or both.

Director of Selective Service

FOR INFORMATION AND ADVICE, CONTACT ANY SELECTIVE SERVICE AREA OFFICE

SSS FORM 262A

IMPORTANT INFORMATION
(HCPDS)

→ WHAT TO BRING

COMFORTABLE CLOTHING AND TOILET ARTICLES FOR THREE DAYS WHICH CAN BE CONTAINED IN A TRAVEL BAG NO LARGER THAN 9" X 13" X 24" AND ALL OF THE FOLLOWING THAT APPLY TO YOU: BIRTH CERTIFICATE, SOCIAL SECURITY CARD, DRIVER'S LICENSE, LAST SCHOOL RECORD, DOCTOR'S STATEMENT AND HOSPITAL RECORDS IF YOU HAVE A HISTORY OF PHYSICAL OR MENTAL DISORDER, EYEGASSES OR CONTACT LENSES, PRESCRIPTION DRUGS YOU TAKE, RECORDS OF COURT DECISIONS THAT AFFECT YOUR STATUS, PROOF OF MARITAL STATUS IF OTHER THAN SINGLE, CHILDREN'S BIRTH CERTIFICATES, AND PRIOR SERVICE RECORD (DD FORM 214).

DO NOT BRING FAMILY, FRIENDS, PETS, WEAPONS/KNIVES, NONPRESCRIPTION DRUGS, LARGE SUMS OF MONEY OR EXPENSIVE JEWELRY.

→ IF AN EMERGENCY OCCURS

IF YOU HAVE AN EMERGENCY INVOLVING YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY AND THIS EMERGENCY WILL INTERFERE WITH YOUR REPORTING FOR INDUCTION, CONTACT THE AREA OFFICE IMMEDIATELY.

→ POSTPONEMENT OF INDUCTION INFORMATION

YOU MAY FILE A CLAIM FOR POSTPONEMENT AT ANY TIME PRIOR TO THE DATE YOU ARE SCHEDULED TO REPORT FOR INDUCTION. YOU WILL BE ADVISED BY THE AREA OFFICE OF ADDITIONAL INFORMATION YOU NEED PROVIDE IN SUPPORT OF YOUR CLAIM, AND THE PROCEDURES TO BE FOLLOWED FOR SUBMITTING DOCUMENTATION.

INFORMATION IS AVAILABLE FROM ANY SELECTIVE SERVICE AREA OFFICE, OR THROUGH INFORMATION BOOKLETS FURNISHED FOR REGISTRANTS AT ALL U.S. POST OFFICES, CONSULATES AND EMBASSIES.

**PROCEDURAL DIRECTIVE
REQUEST FOR POSTPONEMENT OF INDUCTION
SSS FORM 262P
(HCPDS)**

1. PURPOSE

This form provides a registrant the means for filing a request for postponement of his scheduled induction. It is used during periods of less than full mobilization.

2. PREPARATION

The form is computer produced in original only, by laser printer at the Data Management Center, at the time the registrant's Order to Report for Induction (SSS Form 262) is issued.

3. DISTRIBUTION

The form is sent to the registrant as an enclosure to the SSS Form 262. The registrant submits the completed form to the Area Office, where it is filed in his Registrant File Folder.

4. DISPOSAL

The form is retained in and destroyed with the Registrant File Folder (SSS Form 101).

Local Board/Area Office
Street Address
City, State, ZIP Code

**SELECTIVE SERVICE SYSTEM
REQUEST FOR POSTPONEMENT OF INDUCTION
(HCPDS)**

Date of Issuance

Registrant's Name

Selective Service
Number _____

Street Address

Social Security Number

City, State, ZIP Code

Random Sequence
Number _____

(MAKE ANY NECESSARY ADDRESS CORRECTIONS ABOVE)

I request postponement of my scheduled induction into the Armed Forces of the United States for the reason checked below:

_____ I am a full-time student.

_____ Death in my immediate family.

_____ Emergency in my family.

_____ My illness or injury.

_____ Emergency beyond my control.

_____ I am qualified and scheduled for a state or national examination in a profession or occupation that requires licensing or certification before I can be authorized to practice that profession or work at that occupation.

_____ I have been accepted into the next succeeding class as a cadet or midshipman at one of the U.S. service academies.

_____ I have been accepted for the next succeeding ROTC field training program prior to my enrollment in the ROTC program.

_____ I have been accepted as a scholarship student in the next succeeding ROTC program at a college or university.

_____ I have been ordered to report for induction on a religious holiday which is historically observed by the church, religious sect or religious organization of which I am a member.

_____ Other (Describe): _____

(SIGNATURE OF REGISTRANT)

(DATE)

SSS FORM 262P

**PROCEDURAL DIRECTIVE
NOTICE OF RESCHEDULED INDUCTION
REPORTING DATE
SSS FORM 263
(HCPDS)**

1. PURPOSE

This form is used during periods of less than full mobilization, to notify a registrant that his induction reporting date has been rescheduled. It informs the registrant of his rescheduled induction reporting date and instructs him where and when to report for transportation to the Military Entrance Processing Station (MEPS).

2. PREPARATION

The form is computer produced in original only, by laser printer at the Data Management Center, from records contained in the Registrant Information Bank (RIB).

3. DISTRIBUTION

The form is mailed to the registrant at his last reported current mailing address. A record of its issuance is recorded in CRPP/HCPDS. The registrant presents the form to the MEPS (Military Entrance Processing Station) at the time he reports for induction.

4. DISPOSAL

Forms collected at the MEPS will be retained for 30 days and then destroyed by tearing or shredding.

Local Board/Area Office
Street Address
City, State, ZIP Code

SELECTIVE SERVICE SYSTEM
NOTICE OF RESCHEDULED INDUCTION REPORTING DATE
(HCPDS)

Date of Issuance _____

Registrant's Name _____
Street Address _____
City, State, ZIP Code _____

Selective Service Number _____
Social Security Number _____
Random Sequence Number _____

The provisions of the Order to Report for Induction issued to you on _____, are still in effect, except
(DATE)

that your induction reporting date has been rescheduled. You are hereby directed to report, with this Notice, to:

_____ on _____ at _____.
(DESIGNATED ASSEMBLY POINT) (DATE) (TIME)

for transportation to the Military Entrance Processing Station (MEPS) in _____
for induction into the Armed Forces. (CITY & STATE)

If you are closer to the MEPS than to the place you are ordered to report, and if you wish to go directly to the MEPS, contact the Area Office shown above for instructions. Do not plan to travel by a privately-owned vehicle unless you make arrangements to have the vehicle returned home.

If you are so far from your Area Office that reporting in compliance with this Order would be a hardship, and if you wish to report to the Area Office where you are now located, contact that Area Office and request a transfer for induction.

You will be furnished transportation, and meals and lodging where necessary, from the designated place of reporting to the MEPS. When you are inducted, you will be administratively reclassified Class 1-C (Member of the Armed Forces).

Read the Important Information Sheet provided with your original Order. If you believe you qualify for a postponement of induction, contact your Area Office before the date you are scheduled to report.

If you fail to obey this Order, you may be reported as a suspected violator of the Military Selective Service Act and, if convicted, subject to imprisonment for up to five years, a fine of up to \$250,000, or both.

Director of Selective Service

FOR INFORMATION AND ADVICE, CONTACT ANY SELECTIVE SERVICE AREA OFFICE.

**PROCEDURAL DIRECTIVE
ORDER TO REPORT FOR INDUCTION AS A VOLUNTEER
SSS FORM 264A
(HCPDS)**

1. PURPOSE

This form is used during periods of less than full mobilization to order for induction those registrants who have applied for voluntary induction into the Armed Forces. It notifies the registrant of his scheduled reporting date and informs him when and where to report for transportation to the MEPS (Military Entrance Processing Station).

2. PREPARATION

The form is produced in original only, by laser printer at the Data Management Center, from records contained in the Registrant Information Bank (RIB).

3. DISTRIBUTION

The form is mailed to the registrant at his last reported current mailing address. A record of its issuance is recorded in CRPP/HCPDS. The registrant presents the form to the MEPS at the time he reports for induction.

4. DISPOSAL

Forms collected at the MEPS will be retained for 30 days and then destroyed by tearing or shredding.

Local Board/Area office
Street Address
City, State, ZIP Code

SELECTIVE SERVICE SYSTEM
ORDER TO REPORT FOR INDUCTION AS A VOLUNTEER
(HCPDS)

Date of Issuance _____

Registrant's Name _____
Street Address _____
City, State, ZIP Code _____

Selective Service Number _____
Social Security Number _____
Random Sequence Number _____

As a volunteer you have, by direction of the President, been classified 1-A (Available for Unrestricted Military Service) and are hereby directed to report, with this Order and a copy of your Application for Voluntary Induction (SSS Form 254), to _____ on _____ at _____.
(DESIGNATED ASSEMBLY POINT) (DATE) (TIME)

for transportation to the Military Entrance Processing Station (MEPS) in _____ and submit to examination and induction.
(CITY & STATE)

If you are closer to the MEPS than to the place you are ordered to report, and if you wish to go directly to the MEPS, contact the Area Office shown above for instructions. Do not plan to travel by privately owned vehicle unless you make arrangements to have the vehicle returned home.

If you are so far from your Area Office that reporting in compliance with this order would be a hardship, and if you wish to report to the Area Office where you are now located, contact that Area Office and request a transfer for induction.

You will be furnished transportation, and meals and lodging where necessary, from the designated place of reporting to the MEPS. You will be inducted immediately following your examination unless you fail to qualify for military service under standards established by the Secretary of Defense. When you are inducted, you will be reclassified 1-C (member of the armed forces) and go directly to training. If you are not inducted, you will be sent home.

Read the Important Information Sheet provided with this Order. If an emergency will interfere with your reporting as scheduled, contact your Area Office immediately. By volunteering for induction, you have waived your right to request a classification or student postponement.

If you fail to obey this order, you may be reported as a suspected violator of the Military Selective Service Act and, if convicted, subject to imprisonment for up to five years, a fine of up to \$250,000, or both.

Director of Selective Service

FOR INFORMATION AND ADVICE, CONTACT ANY SELECTIVE SERVICE AREA OFFICE

IMPORTANT INFORMATION
(HCPDS)

→ WHAT TO BRING

COMFORTABLE CLOTHING AND TOILET ARTICLES FOR THREE DAYS WHICH CAN BE CONTAINED IN A TRAVEL BAG NO LARGER THAN 9" X 13" X 24" AND ALL OF THE FOLLOWING THAT APPLY TO YOU: BIRTH CERTIFICATE, SOCIAL SECURITY CARD, DRIVER'S LICENSE, LAST SCHOOL RECORD, DOCTOR'S STATEMENT AND HOSPITAL RECORDS IF YOU HAVE A HISTORY OF PHYSICAL OR MENTAL DISORDER, EYEGLASSES OR CONTACT LENSES, PRESCRIPTION DRUGS YOU TAKE, RECORDS OF COURT DECISIONS THAT AFFECT YOUR STATUS, PROOF OF MARITAL STATUS IF OTHER THAN SINGLE, CHILDREN'S BIRTH CERTIFICATES, AND PRIOR SERVICE RECORD (DD FORM 214).

DO NOT BRING FAMILY, FRIENDS, PETS, WEAPONS/KNIVES, NONPRESCRIPTION DRUGS, LARGE SUMS OF MONEY OR EXPENSIVE JEWELRY.

→ IF AN EMERGENCY OCCURS

IF YOU HAVE AN EMERGENCY INVOLVING YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY AND THIS EMERGENCY WILL INTERFERE WITH YOUR REPORTING FOR INDUCTION, CONTACT THE AREA OFFICE IMMEDIATELY.

→ POSTPONEMENT OF INDUCTION RECLASSIFICATION INFORMATION

YOU HAVE WAIVED YOUR RIGHT TO REQUEST A RECLASSIFICATION OR STUDENT POSTPONEMENT.

**PROCEDURAL DIRECTIVE
NOTICE OF FAILURE TO REPORT FOR INDUCTION AS A VOLUNTEER
SSS FORM 264B
(HCPDS)**

1. PURPOSE

This form is used during periods of less than full mobilization to notify a registrant who failed to report in compliance with a voluntary induction order that the provisions of that original order remain in effect. It informs him of his rescheduled induction reporting date and instructs him when and where to report for transportation to the MEPS (Military Entrance Processing Station).

2. PREPARATION

The form is computer produced in original only, by laser printer at the Data Management Center, from records contained in the Registrant Information Bank (RIB).

3. DISTRIBUTION

The form is mailed to the registrant at his last reported permanent residence address. A record of its issuance is recorded in CRPP/HCPDS. The registrant presents the form to the MEPS at the time he reports for induction.

4. DISPOSAL

Forms collected at the MEPS will be retained for 30 days and then destroyed by tearing or shredding.

Local Board/Area office
Street Address
City, State, ZIP Code

SELECTIVE SERVICE SYSTEM
NOTICE OF FAILURE TO REPORT FOR INDUCTION AS A VOLUNTEER
(HCPDS)

Date of Issuance _____

Registrant's Name _____
Street Address _____
City, State, ZIP Code _____

Selective Service Number _____
Social Security Number _____
Random Sequence Number _____

On _____ you were ordered to report for examination and induction as a volunteer into the Armed Forces
(DATE)

of the United States. You did not report in accordance with that Order. The provisions of that Induction Order continue in effect.

You are hereby directed to report, with this Order and a copy of your Application for Voluntary Induction (SSS Form 264), to: _____ on _____ at _____.
(DESIGNATED ASSEMBLY POINT) **(DATE)**
(TIME)

for transportation to the Military Entrance Processing Station (MEPS) in _____ and submit to
examination and induction. **(CITY AND STATE)**

If you are closer to the MEPS than to the place you are ordered to report, and if you wish to go directly to the MEPS, contact the Area Office shown above for instructions. Do not plan to travel by privately owned vehicle unless you make arrangements to have the vehicle returned home.

If you are so far from your Area Office that reporting in compliance with this order would be a Hardship, and if you wish to report to the Area Office where you are now located, contact that Area Office and request a transfer for induction.

You will be furnished transportation, and meals and lodging where necessary, from the designated place of reporting to the MEPS. You will be inducted immediately following your examination unless you fail to qualify for military service under standards established by the Secretary of Defense. When you are inducted, you will be reclassified 1-C (Member of the Armed Forces) and go directly to training. If you are not inducted, you will be sent home.

Read the Important Information Sheet provided with your original Order. If an emergency will interfere with your reporting as scheduled, contact your Area Office immediately. By volunteering for induction, you have waived your right to request a classification or student postponement.

If you fail to obey this order, you may be reported as a suspected violator of the Military Selective Service Act and, if convicted, subject to imprisonment for up to five years, a fine of up to \$250,000, or both.

Director of Selective Service

OR INFORMATION AND ADVICE, CONTACT ANY SELECTIVE SERVICE AREA OFFICE

SSS FORM 264B

**PROCEDURAL DIRECTIVE
REPORT OF SUSPECTED VIOLATION
SSS FORM 301
(HCPDS)**

1. PURPOSE

This form is used to notify the Office of the General Counsel, Selective Service System, of a suspected violation of the Military Selective Service Act. It is also used to transmit the Registrant File Folder (SSS Form 101) and/or Alternative Service File Folder (SSS 101A) of a registrant being reported as a suspected violator, and to serve as a record of the Office of the General Counsel's action on the suspected violation.

2. PREPARATION

The Area Office completes Part I of the original at the time the Office of the General Counsel is notified of the suspected violation. The Office of the General Counsel completes Part II at the time that the office takes action.

3. DISTRIBUTION

The Area Office retains Copy 3 and sends the original and two photocopies to the Office of the General Counsel. Copy 2 will be returned to the area office to reflect action taken by the Office of the General Counsel. If the case is referred to the Department of Justice, the original will be sent to Justice and Copy 1 retained by the Office of the General Counsel.

4. DISPOSAL

Retained in and destroyed with the SSS Form 101 if the suspected violator is a registrant for whom a file exists. For those suspected violations which do not involve a registrant's file, the form is retained for seven years after the final disposition of the case.



SELECTIVE SERVICE SYSTEM REPORT OF SUSPECTED VIOLATION (HCPDS)

To: Office of the General Counsel
National Headquarters
Selective Service System
Arlington, VA 22209-2425

Date:

From:

PART I REFERRAL

The person identified below is reported as a suspected violator of the Military Selective Service Act.

Name _____ Registrant
Selective Service Number _____ Non-registrant
Social Security Number _____ Unknown
Address _____

Types of alleged violation

- Elopement
- Refused to submit to induction
- Failed to report for induction
- Failed to comply with an alternative service order (specify) _____
- Failed to register
- Late registration
- Other (specify) _____

Date of alleged violation _____

Remarks:

PART II DISPOSITION

- Referred to Justice _____ (DATE)
- Prospective action not recommended
- Other (specify) _____

SSS FORM 301 (APR 2009) PREVIOUS EDITIONS ARE OBSOLETE. STOCK WILL BE DESTROYED (CIRCLE ONE) ORIGINAL - OGC, COPY 1, 2, 3

**PROCEDURAL DIRECTIVE
REGISTRANT TRAVEL REIMBURSEMENT REQUEST
SSS FORM 350
(HCPDS)**

1. PURPOSE

This form provides the means for a registrant to apply for reimbursement for expenses which the registrant paid or is to pay for travel to or from a Military Entrance Processing Station (MEPS) in compliance with an official order issued by the Selective Service System.

2. PREPARATION

This form is prepared in original only following the registrant's reporting to the MEPS. The registrant completes Parts I and III (and Part II if return travel is authorized) in accordance with instructions on the reverse of the form. The MEPS official initials or uses an authorized stamp in Part IV to indicate the registrant is released from the MEPS and return travel is authorized as shown in Part II.

3. DISTRIBUTION

The registrant submits the completed form to the MEPS official who forwards it to National Headquarters, Selective Service System, Attn: Registrant Travel, in accordance with procedures established by agreement of the Commander, U.S. Military Entrance Processing Command (USMEPCOM) and the Director of Selective Service.

4. DISPOSAL

The form is retained by the Selective Service System for three years after payment. Disposal will be by burning or shredding.



SELECTIVE SERVICE SYSTEM

REGISTRANT TRAVEL REIMBURSEMENT REQUEST

Registrant's Selective Service No.

Registrant's Name (Last, First, M.I.)

SEND CHECK TO: COMPLETE ADDRESS

Social Security Number Read Instructions On Back Of This Form First

I. TRAVEL TO MEPS	COST	II. TRAVEL FROM MEPS	
<p>5. <input type="checkbox"/> I traveled at my own expense to the Military Entrance Process Station (MEPS) as shown below:</p> <p>6. <input type="checkbox"/> BUS FROM: _____ TO: _____ \$ _____ FROM: _____ TO: _____ \$ _____</p> <p>7. <input type="checkbox"/> TRAIN FROM: _____ TO: _____ \$ _____</p> <p>8. <input type="checkbox"/> OTHER FROM: _____ TO: _____ \$ _____</p> <p>9. <input type="checkbox"/> PRIVATELY OWNED VEHICLE AT MY EXPENSE TYPE VEHICLE: _____ FROM: _____ TO: _____</p> <p>ENTER ONLY THE NUMBER OF MILES TRAVELED IN PRIVATELY OWNED VEHICLE AT YOUR EXPENSE. THE REIMBURSEMENT WILL BE COMPUTED FOR YOU BY THE SELECTIVE SERVICE SYSTEM AT THE CURRENT GOVERNMENT RATE. ENTER THE AMOUNT OF TOLLS PAID IF ANY.</p> <p>NUMBER OF MILES: _____ \$ _____</p> <p>AMOUNT OF TOLLS: \$ _____</p>		<p><input type="checkbox"/> I will travel at my expense on my return trip from the Military Entrance Process Station (MEPS) as shown below:</p> <p><input type="checkbox"/> BUS FROM: _____ TO: _____ \$ _____ FROM: _____ TO: _____ \$ _____</p> <p><input type="checkbox"/> TRAIN FROM: _____ TO: _____ \$ _____</p> <p><input type="checkbox"/> OTHER FROM: _____ TO: _____ \$ _____</p> <p><input type="checkbox"/> PRIVATELY OWNED VEHICLE AT MY EXPENSE TYPE VEHICLE: _____ FROM: _____ TO: _____</p> <p>ENTER ONLY THE NUMBER OF MILES TRAVELED IN PRIVATELY OWNED VEHICLE AT YOUR EXPENSE. THE REIMBURSEMENT WILL BE COMPUTED FOR YOU BY THE SELECTIVE SERVICE SYSTEM AT THE CURRENT GOVERNMENT RATE. ENTER THE AMOUNT OF TOLLS PAID IF ANY.</p> <p>NUMBER OF MILES: _____</p> <p>AMOUNT OF TOLLS: \$ _____</p>	

III. NOTE: Falsification of an item results in a forfeiture of claim and may result in severe civil penalties and a fine of not more than \$250,000, or imprisonment for not more than 5 years or both.

CERTIFICATION

I HAVE SHOWN ABOVE ONLY THE EXPENSE PAID OR TO BE PAID BY ME TO COMPLY WITH SELECTIVE SERVICE ORDERS TO REPORT TO THE MILITARY ENTRANCE PROCESSING STATION (MEPS). NONE OF THE TRAVEL SHOWN ABOVE WAS FURNISHED OR PAID FOR BY THE U.S. GOVERNMENT.

(Signature of Registrant)

(Date)

IV. FOR MEPS USE

Authorized Official

V. FOR SELECTIVE SERVICE USE

Total from Section I \$ _____

Total from Section II \$ _____

GRAND TOTAL \$ _____

(Signature of Approving Officer)

GENERAL INSTRUCTIONS

This form is provided by the Military Entrance Processing Station (MEPS) to any registrant who reports to the MEPS in compliance with an official order issued by the Selective Service System when he has traveled by a Privately-Owned Vehicle (POV) or when all or a portion of his travel costs to or from the MEPS was or will be paid by the registrant. The form is completed in original copy only at the MEPS and forwarded to the Selective Service System for payment.

INSTRUCTIONS TO REGISTRANT

Do not fill out this form unless your travel to or from the MEPS is by a Privately-Owned Vehicle or is by public transportation at your expense. Do not show on this form any transportation furnished by the Government or which was not at your expense. Attach any receipts you have for the travel performed. After you have completed the form, turn it in to a MEPS official for processing. Your reimbursement check will be sent, as soon as possible after the registrant travel reimbursement request is approved, to the address you give on the face of this form.

If you are requesting reimbursement for all or a portion of your travel expense, you must complete the heading on this form. Complete only those items in Sections I and II that apply. You must sign and date in Section III. You should not complete Section II unless you are informed by a MEPS official that you are returning home.

Heading: You must enter your Selective Service Number, your last name, first name, and middle initial, social security number (if you have one), and the address to which you want your reimbursement check sent.

Section I: Use Section I to show only your one-way travel from your home to the MEPS which was at your personal expense.

Make a check mark (√) in the first box to indicate that you traveled at your own expense as shown in Section I.

Make a check mark (√) in the box beside each mode of travel for which you paid at your own expense and the points you traveled "from" and "to" by that mode.

If you traveled by POV, enter the type of vehicle and the number of miles traveled. Selective Service will compute the reimbursement at the current government rate and enter that amount in the cost column.

Fill in all other costs opposite the applicable mode of travel.

Section II: Use Section II only if you are returning home from the MEPS. Show in Section II only your one-way travel from MEPS to your home which will be at your personal expense.

Make a check mark (√) in the first box to indicate that you will travel at your own expense as show in Section II.

Make a check mark (√) in the box beside the mode of travel for which you will pay your own expense and the points you will travel "from" and "to" by that mode.

If you will travel by POV, enter the type of vehicle and the number of miles you will travel. Selective Service will compute the reimbursement at the current government rate and enter that amount in the cost column.

Fill in all other costs opposite the applicable mode of travel.

Section III: Read the "Note" and "Certification". Sign your name in the space for "Signature of Registrant" and enter today's date on the "Date" line.

INSTRUCTIONS TO MEPS OFFICIALS

Section IV: MEPS officials will use Section IV. The authorized MEPS official will initial only to indicate the registrant actually was released from the MEPS to return home. At the end of each workday, the MEPS will transmit all completed registrant travel reimbursement requests (SSS Form 350) to:

NATIONAL HEADQUARTERS
SELECTIVE SERVICE SYSTEM, ARLINGTON, VA 22209-2425

ATTENTION: REGISTRANT TRAVEL

Section V: The Selective Service System will use Section V. Reimbursement for POVs will be computed at the current rate and entered in the cost columns of Section I and II as appropriate. Total travel to MEPS, total travel from MEPS, and the grand total will be entered. A check for the amount approved in Section V will be sent to the registrant to the address shown on the face of the form.

Privacy Act Statement

The Military Selective Service Act and Selective Service Regulations authorize the Selective Service System to receive the information requested on this form.

The principal use of the requested information is to assist the Selective Service to adjudicate your claim for postponement and/or reclassification promptly and equitably.



DRAFT HEALTH CARE PERSONNEL DELIVERY SYSTEM MANUAL

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