

LIMDU SOP



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Process Name: LIMDU SOP**Document ID: End to End****Document Owner:****Approval:****Revision Date:**

MNCC HRSC, Navy Personnel Command

Navy Pay and Personnel Support Center (NPPSC)

12-Apr-23

PURPOSE:

The purpose of this Standard Operating Procedure (SOP) is to provide a common process for Military Treatment Facilities (MTF), Customer Commands and Transaction Service Centers (TSCs) to follow during management and administration of Service Members in Limited Duty (LIMDU) status.

Roles / Responsibilities:

- TSC/Personnel Office Clerk: The role of 'CLERK' as used in this SOP refers to a civilian Clerk, a contractor, or a Personnel Specialist authorized to *create* NSIPS transactions.
- TSC/Personnel Office Supervisor: The role of 'SUPERVISOR' refers to a civilian MILPERS or MILPAY Supervisor/Lead/Auditor or a senior Personnel Specialist who is normally designated as a person authorized to *release* NSIPS transactions. For the purposes of this SOP, Supervisor is inclusive of TSC Deployability Coordinator.
- Note: "If the designated supervisor is not a MILPAY lead/auditor, then a TSC Deputy Disbursing Officer (DDO), or shipboard senior Personnel Specialist, or other senior designated pay/personnel service representative properly authorized will be required to audit NSIPS transactions and supporting documentation impacting military pay PRIOR to releasing them, so as to ensure accurate and correct DJMS information is transmitted for inclusion into the Master Military Pay Accounts (MMPAs)."
- PERS: PERS-454
- Command Leadership: CO/XO/CMC and key representatives (on large afloat command may include DHs, Dept LCPO, DIVOs, LCPOs, LPOs depending on organizational structure of the command). Command Leadership also includes TSC Command Leadership.
- Command Pay and Personnel Administrator (CPPA): Serves as the primary customer service link between command members and the supporting TSC or Functional Service Center (RSC). Duties and responsibilities are defined in MPM 1000-021. The term CPPA identifies personnel assigned the Navy Enlisted Classification (NEC) code of 791F, but for the purposes of this SOP may include Admin representatives who liaise directly with the ship's Personnel Office/TSC. For the purposes of this SOP, CPPA is inclusive of Command Deployability Coordinator and Command Fitness Leader (CFL).
- Note: Recent and future NSIPS programming releases will continue to expand CPPA roles and capabilities within NSIPS. As such, CPPAs may accomplish TSC Clerk assigned steps within this SOP consistent with expanded NSIPS roles and capabilities and servicing TSC/RSC authorization.
- Military Treatment Facility: MTF. For the purposes of this SOP, MTF is inclusive of MTF Deployability Coordinator.
- Service Member: A person serving in the Armed Forces who may be eligible for the entitlements listed in the SOP

- Per NAVADMIN 239/18 the deployability of Sailors will be tracked by the respective AC/FTS and SELRES Deployability Assessment and Assignment Program Managers. Starting 01 October 2018, Sailors who have been non- deployable for 12 consecutive months will be notified of mandatory processing for administrative separation or referral to the Disability Evaluation System as appropriate. OPNAVINST 1300.20, Deployability Assessment and Assignment Program provides guidance on submitting requests for retention.
- A new branch entitled the Deployability Assessment Office, PERS-454, was established within PERS-4 to consolidate Navy Personnel Command's (NPC) administration of medically restricted personnel. Ensure all required reports identified in MPM 1306-1200 (Series) are submitted to PERS-454 instead of PERS-4821. Additionally, any limited duty reports or requests that were previously submitted to PERS-82 should now be submitted to PERS-454. Refer to NAVADMIN 014/14 for specific requirements.
- o Every command, TSC/personnel office, and Military Treatment Facility (MTF) is required to appoint, in writing, a single point of contact to act as the Deployability Coordinator. The Deployability Coordinator replaces the previous position of LIMDU Coordinator. MTFs shall designate, in writing, an E-6 or higher as the Deployability Coordinator to work in concert with command and TSC Deployability Coordinators to report and track medically restricted Service Members. The Deployability Coordinator replaces the previous position of LIMDU Coordinator.
- o Commands shall designate, in writing, a Deployability Coordinator (E 6 or above) and ensure that contact information of the command Deployability Coordinator is kept current with the servicing MTF and TSC. The Deployability Coordinator shall work in concert with MTF and TSC Deployability Coordinators to report and track medically restricted Service Members.
- o TSCs shall designate in writing an E-5 or higher as the Deployability Coordinator to work in concert with MTF and command Deployability Coordinators to report and track medically restricted Service Members.

- o TSC Deployability Coordinators shall maintain a current roster of all tenant command Deployability Coordinators.
 - o All Transaction Service Centers (TSC), Customer Services Desks, MTFs and clinics shall provide the deployability coordinator's (previously identified as LIMDU coordinator) contact information to PERS-454. This information shall include at a minimum the command name, rank/rate, name, phone number, and e-mail address.
 - o A monthly Deployability Coordinator meeting, coordinated and chaired by the MTF, will be held in order to centrally coordinate, track, and discuss any issues that may impede or delay the LIMDU process. Close liaison between PERS-454, parent command, TSC, and MTF PEB Liaison Officers/Deployability Coordinators is critical to ensure accurate accounting, tracking, and medical treatment of LIMDU personnel. Attendance of all MTF/TSC/Command Deployability Coordinators at the meeting is mandatory.
 - o Deployability Coordinators shall not be in a LIMDU or PEB status themselves.
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- Deployability Coordinators shall track LIMDU Service Members via weekly and monthly messages and review Expired Planned Loss Date (EXPLD) Report in NSIPS daily.
 - Avails Webpage Resource: The Avails Webpage includes a list of all Avail Class Codes, Definitions, Submission Methods, Remarks, and a Decision Logic Table. Refer to NPC Avails Webpage at: <https://www.mynavyhr.navy.mil/Career-Management/Detailing/Enlisted/Avails/>, as required.
 - DP, YH, and YO Avails are the only Class Avails authorized to be sent via email to: pregavail-tld@navy.mil. Do not submit a YO Avail unless authorized by PERS-454.
 - Submit Navy Standard Integrated Personnel System (NSIPS) Transient Tracking Panels to update the TMTR daily, as required.
 - Review and verify the Transient Monitoring Tracking Report (TMTR) weekly, on the first day of each week, and provide a copy to customer commands with a transient population.

- Review Availability Reports as required. Availability Report should be reviewed 24 hours following availability submission to ensure that availability did not reject. Forward Availability Report to CPPA to foster communications and enhance transient tracking.
- Recommend TSC clerks servicing transient populations obtain Navy Interface for Command E-mail (NICE) access.
- Refer to [MPM 1070-111](#), as required, to ensure NSIPS/ESR data is accurate and up-to-date when generating documents for submission to OMPF, information should be verified by commands and/or activities responsible for service record entries before Service Members detach from the old duty station and upon reporting to the new duty station.
- Service record entries are event driven, and individual governing regulations must be reviewed to determine the specific requirements for the event. Refer to [MILPERSMAN 1070-111](#), which identifies those NSIPS/ESR documents that need to be submitted to the OMPF in support of LIMDU processing.
- When NSIPS/ESR data is missing or in error, commands and servicing personnel support offices shall assist the individual Service Member's effort to resolve the issue as soon as possible.
- Maintain frequent communication between the TSC and customer command to properly account for transient personnel.
- Consider/protect the privacy of Service Members' medical information and history throughout the entire process.
- All personnel are required to comply with all PII/CUI policy guidance per required annual GMT. For further information, refer to the DON CIO website: <https://www.doncio.navy.mil/>

Systems:

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#	System	Description
1.	OMPF	<ul style="list-style-type: none"> Official Military Personnel File (OMPF) contains electronic images of documents generated throughout the career of every Officer and Enlisted Service Member, Active and Reserve, from time of entry until final separation. OMPF - My Record View provides the ability to view, download, and print OMPF documents. Login to OMPF via BUPERS Online (BOL) at https://www.bol.navy.mil using CAC and CAC-enabled computer. When asked to verify PKI, choose the DoD CA-XX authentication certificate, not the email certificate.
2.	Electronic-Submission (E-Sub)	<ul style="list-style-type: none"> The Electronic-Submission (E-Sub) application is the system used to submit designated Officer and Enlisted record documents for inclusion into their OMPF. The E-Sub of record documents for inclusion into the OMPF will be fully implemented through BOL and must be E-Sub compliant. All Active Duty and Reserve personnel (less IRR) with a BOL account and a CAC-enabled computer will be able to view online the status of all documents electronically submitted or (closed out) by viewing "Official Military Personnel File (OMPF) - My Record", which is accessed via the BOL Application Menu.
3.	NSIPS/ESR	<ul style="list-style-type: none"> Navy Standard Integrated Personnel System (NSIPS) enables authorized personnel to submit pay and personnel transactions for Officer and Enlisted, Active and Reserve. The NSIPS Electronic Service Record (ESR) provides a display of an individual's pay and personnel information. Login to NSIPS and ESR at https://www.nsips.cloud.navy.mil/my.policy using CAC and CAC-enabled computer. When asked to verify your PKI, choose the DoD CA-XX authentication certificate, not the email certificate.
4.	LIMDU SMART	<ul style="list-style-type: none"> LIMDU SMART is a CAC-enabled, web-based application that leverages electronic workflows to provide active population management of medically restricted personnel in the LIMDU Program. LIMDU SMART automates the core LIMDU Program workflows. These workflows are based on the completion of the following forms: <ul style="list-style-type: none"> - NAVMED 6100/5 - NAVMED 6100/6 - NAVMED 1300/3 - NAVMED 6100/1 and 6100/2 Limited Duty Sailor and Marine Readiness Tracker (LIMDU SMART) provides: <ul style="list-style-type: none"> - A Business Intelligence (BI) solution offering Real-Time Visibility and Active Population Management of Medically Restricted Personnel - Custom Dashboards, Reporting, Analytics, and Active Management Tools from Echelon II down to the Deck Plate - Program stakeholder alignment via a Common Operating Picture Role-Based Automated Alerts & Notifications <ul style="list-style-type: none"> - An easily expandable solution allowing for Systems Integration with existing Medical and Readiness IT Platforms - Case File Creation and Transfer

Systems:

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#	System	Description
5.	Medical Readiness and Reporting System (MRRS)	<ul style="list-style-type: none"> The Medical Readiness and Reporting System (MRRS) is a comprehensive mission-critical tracking system for immunizations and Individual Medical Readiness (IMR) used by the United States Navy, Marine Corps, and Coast Guard. MRRS is a Web-based, real-time application with links to the existing authoritative data systems of the Navy Standard Integrated Personnel System (NSIPS), Reserve Headquarter System (RHS), Coast Guard Business Intelligence (CGBI), and the Marine Corps Total Force System (MCTFS). These system interfaces enable the Navy to reduce data input requirements, improve data accuracy, and track personnel. MRRS provides leadership with command and control visibility of force medical readiness, at the individual, unit, command and headquarters level to ensure that combat-ready personnel can rapidly respond to emergent missions. The system gives headquarters staff and leadership a real-time view of immunization status and force medical readiness. MRRS captures and maintains medical, immunization, injury management, and medical readiness information relating to all Navy, Marine and Coast Guard personnel. Commands will request unit code identification-based access to MRRS by submitting a system access authorization form. (Note: MRRS web address is case sensitive). POC/MRRS program office/email/phone: mrrspo@navy.mil; (901) 874-4682/DSN: 882-4682.
6.	Integrated Disability Evaluation System (IDES)	<ul style="list-style-type: none"> Integrated Disability Evaluation System (IDES) is used to determine if Service Members coping with wounds that may prevent them from performing their duties are able to continue to serve. Previously, Service Members had to navigate two evaluation systems— one for the Defense Department and one for the Department of Veterans Affairs (VA). Now, under the streamlined system, service members receive one medical examination (conducted by VA-certified medical providers) that determines both physical and psychological fitness-for-duty for the Defense Department and disability ratings for VA benefits claims. Veterans Information Portal (VIP)/Veterans Tracking Application (VTA) is a web-based portal used to track and report activities for a Service Member referred to IDDES. Users register for VIP/VTA IDDES access login at: https://vip.vba.va.gov/portal/web/userprofiling/html/registration/userRegHome.jspx
7.	DJMS MMPA	<ul style="list-style-type: none"> The Defense Joint Military Pay System (DJMS) Master Military Pay Account (MMPA) is a database file that contains current and historical data pertaining to a Service Member's pay. All leave and pay activity for Active-Duty Service Members is recorded in this file. The individual accounts contain current entitlements, deductions (including allotments), payments, leave balances, collections, status information, and 11 months' history. MMPA enables authorized users to monitor and verify the status of requested pay and personnel actions submitted by the TSC for processing. MMPA Read Only View enables authorized users to verify the status of requested pay and personnel actions submitted to the TSC for processing. Login to MMPA via the Multi-Host Internet Access Portal (MIAP) at https://miap.csd.disa.mil/portal.html using CAC and CAC-enabled computer.
8.	DWOWS	<ul style="list-style-type: none"> Defense Workload Operations Web System (DWOWS) is a web-based tracking system used by military pay operations (MILPAYOPS) to track workload for Navy Active Duty and Reserve Service Members. https://dwows.csd.disa.mil/dwows/
9.	Enterprise Customer Relations Management System (eCRM)	<ul style="list-style-type: none"> The eCRM console enables designated command personnel to communicate safely and efficiently with the supporting TSC or TPC via the Internet. Customer commands submit, track, and receive feedback on pay, personnel, and travel related transactions. The eCRM console uses secure network protocol to protect Service Members' Personally Identifiable Information (PII) when transferring personnel documents used to update corporate systems. Login to eCRM at: https://navynpc.my.salesforce.mil/ using CAC and CAC-enabled computer.

References:			BACK
#	Doc ID	Title	
1	OPNAVINST 1300.20 (Series)	Deployability Assessment and Assignment Program	
	OPNAVINST 6110.1 (Series)	Physical Readiness Program	
2	SECNAVINST 1850.4 (Series)	Department of the Navy (DON) Disability Evaluation Manual	
	SECNAVINST 6120.3 (Series)	Periodic Health Assessment for Individual Medical Readiness	
3	BUPERS/ BUMEDINST 1306.72 (Series)	Policy and Procedures Concerning Medical Transition Personnel and Medical Transition Company (MTC)	
4	BUMEDINST 1300.2 (Series)	Suitability Screening, Medical Assignment Screening, and Exceptional Family Member Program (EFMP) Identification and Enrollment	
5	NAVMED P-117, Chapter 18	Manual of the Medical Department (MANMED), Chapter 18 Medical Evaluation Boards	
6	MILPERSMAN 1070-111	Submission of Navy Standard Integrated Personnel System (NSIPS) and Electronic Service Record (ESR) Documents to the Official Military Personnel File (OMPF).	
	MILPERSMAN 1300-800	Transfer of Personnel to Operational Duty (Operational Screening)	
	MILPERSMAN 1300-1300	Assignment of Active Duty Personnel with Bloodborne Pathogens (BBP)	
	MILPERSMAN 1300-1306	Active Duty Pregnancy Policy and Placement Procedures	
	MILPERSMAN 1300-1400	Limited Duty	
	MILPERSMAN 1301-010	Transfer of an Officer for Medical Treatment	
	MILPERSMAN 1306-801	Enlisted Assignment Screening	
	MILPERSMAN 1306-1600	Hospitalization of Enlisted Personnel	
	MILPERSMAN 1306-1700	Availability Processing – General Information	
	MILPERSMAN 1306-1702	Availability Processing – Report Submissions	
	MILPERSMAN 1306-1704	Availability Processing – Data Item Descriptions and Remarks for Report Submissions	
	MILPERSMAN 1306-1705	Availability Processing – Tracking Orders Status and Tracer Actions After Report Submission	
	MILPERSMAN 1306-1706	Availability Processing – Changes and Deletions After Initial Report Submission	
	MILPERSMAN 1326-010	Transfer of Enlisted Personnel on Bureau of Naval Personnel Orders	
7	NPPSCINST 5220.2 (Series)	Standard Management Reports	
8	ALNAV 050/15	Department of the Navy Talent Management Initiatives	
9	NAVADMIN 079/05	Changes to the Limited Duty and Assignment Screening Process	
	NAVADMIN 014/14	Sailor Deployability - Medically Restricted Sailors and the Limited Duty (LIMDU) Process	
	NAVADMIN 228/16	Implementation of Limited Duty Sailor and Marine Readiness Tracker System	
	NAVADMIN 239/18	Deployability Assessment and Assignment Program	
	NAVADMIN 230/21	Changes to the Limited Duty Personnel Transactions Process	
	NAVADMIN 251/21	2021 Periodic Health Assessment and Post Deployment Health Re-Assessment in Support of the Physical Readiness Program Policy	
	NAVADMIN 264/21	Physical Readiness Program Update for Calendar Year 2021 and 2022 Physical Fitness Assessments	
	NAVADMIN 040/22	Physical Readiness Program Update for Calendar Year 2022 Physical Fitness Assessments	
	NAVADMIN 251/22	Physical Readiness Program Calendar Year 2023 Physical Fitness Assessment Cycle Announcement	
	NAVADMIN 015/23	U.S. Fleet Forces Command Limited Duty and Disability Evaluation System Improvement SPRINT	
10	PPIB 11-11	Limited Duty (LIMDU) and Retain in Service/Involuntary Extension	
	PPIB 12-06	Monthly Limited Duty (LIMDU) Status Message	
	PPIB 15-06	Guidance on Availability Report (AVAIL) Processing	
	PPIB 15-07	Issue 150703: Procedures for Transfer of Personnel Found Medically Unqualified for Current Operational Assignment	

Online Resources: **BACK**

#	Website Sponsor	Title and Link
1.	MyNAVY HR	Electronic Service Record (ESR) https://www.mynavyhr.navy.mil/Career-Management/Records-Management/Electronic-Service-Record-ESR/
2.	MyNAVY HR	Official Military Personnel File (OMPF) My Record https://www.mynavyhr.navy.mil/Career-Management/Records-Management/OMPF-My-Record/
3.	MyNAVY HR	CPPA Resources https://www.mynavyhr.navy.mil/Support-Services/MyNavy-Career-Center/Pers-Pay-Support/CPPA-Resources/
4.	MyNAVY HR	Deployability Assessment and Assignment Branch Pers-454 https://www.mynavyhr.navy.mil/Career-Management/Detailing/Deployability/
5.	MyNAVY HR	Availability Report Processing (AVAILS) https://www.mynavyhr.navy.mil/Career-Management/Detailing/Enlisted/Avails/
6.	NSIPS	NSIPS https://www.nsips.cloud.navy.mil/my.policy
7.	Defense Finance and Accounting Service (DFAS)	My Pay https://mypay.dfas.mil/mypay.aspx

Command Aids and User Guides Available Online:

#	Sponsor	Document Title and Link
1.	DJMS MMPA Guide	Defense Joint Military Pay System (DJMS) Master Military Pay Account (MMPA) Guide https://www.milsuite.mil/book/groups/navy-djms-procedures-training-guide
2.	CNO/OPNAV	Commanding Officer's Tool Kit: Deployability Assessment and Assignment Program https://www.mynavyhr.navy.mil/Career-Management/Detailing/Deployability/

Help Desks:

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#	Contact Source	Contact Details
1.	NSIPS ESR	<ul style="list-style-type: none"> NSIPS Help Desk 1-833-637-3669 nesd@nesd-mail.onbmc.mil MyNavy Career Center (MNCC) 1-833-330-6622 (MNCC) askmncc@navy.mil
2.	OMPF	<ul style="list-style-type: none"> MyNavy Career Center (MNCC) 1-833-330-6622 (MNCC) askmncc@navy.mil
3.	eCRM	<ul style="list-style-type: none"> eCRM Help Desk https://navynpc.my.salesforce.mil/ eCRM Exception to Policy Help Desk ecrmetp@us.navy.mil

Forms:

#	Form #	Title
1.	NAVPERS 1070/613	Administrative Remarks https://www.mynavyhr.navy.mil/References/Forms/NAVPERS/
2.	NAVPERS 1320/16	Temporary Additional Duty (TEMADD) Travel Orders https://www.mynavyhr.navy.mil/References/Forms/NAVPERS/
3.	NAVPERS 6110/3	Physical Activity Risk Factor Questionnaire (PARFQ) https://www.mynavyhr.navy.mil/References/Forms/NAVPERS/
4.	DD1351-2	Travel Voucher or Subvoucher http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd1351-2.pdf
5.	DD1351-2C	Travel Voucher or Subvoucher (Continuation Sheet) http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd13512c.pdf
6.	NAVMED 1300/3	Medical Assignment Screening http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx
7.	NAVMED 6100/5	Abbreviated Medical Evaluation Board Report http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx
8.	NAVMED 6100/6	Return of a Patient to Medically Unrestricted Duty from Limited Duty http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx

PERS START

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
PERS	1	Correctly identify, track, and classify medically restricted Service Members on Limited Duty (LIMDU)	<p>Correctly identify, track, and classify medically restricted Service Members on Limited Duty (LIMDU).</p> <p>In order to assess how many Service Members are able to support operational requirements, three key pieces of information Navy leadership must know are assignability, distributability, and deployability. The Deployability Assessment Process, as it pertains to Limited Duty, provides an overview and specific responsibilities and procedures for Navy Personnel Command, parent commands, individual Service Members, Transient Monitoring Unit, Navy Bureau of Medicine and Surgery (BUMED) and local Military Treatment Facilities (MTF), and finally local Personnel Support Detachments (TSC) to correctly identify, track, and classify medically restricted Service Members.</p>
	8	Process LIMDU officer	<p>Process LIMDU officer.</p> <p>Note: For Officer Physical Examination Board (PEB) recommendations submit Abbreviated Medical Evaluation Board Request indicating PEB referral or Veteran's Tracking Application Integrated Disability Evaluation System Referral Form to PERS-454 via e-mail at mill_daopers-454@navy.mil. PERS-454 will coordinate with the detailee to write the PCS orders to ACC 105 and then change to ACC 355 after arrival at/Gained By the TSC.</p>
	8.1	Approve LIMDU or refer to PEB	<p>PERS-454 approves LIMDU or refers to PEB.</p> <p>For officers, both first and second limited duty period requests require PERS-454 approval instead of PERS-82. When PERS-454 determines that the officer is expected to return to a medically unrestricted status, LIMDU approval will be authorized. Otherwise, the Service Member's case shall be forwarded to the PEB (enter the IDDES) for adjudication.</p>
	8.2	Will officer remain at current duty station?	<p>Will officer remain at current duty station?</p> <p>Officers in a Limited Duty Status should contact their respective detailee once they are in receipt of a LIMDU Approval Message.</p> <p>If Yes, go to 8.7.</p> <p>If No, go to 8.3.</p>
	8.3	Issue orders	<p>PERS issues orders.</p> <p>For officer who will be detached from their current duty station:</p> <ul style="list-style-type: none"> PCS orders will be issued by the assignment officer detaching the Service Member from present duty station, directing the Service Member to report to a new duty station in an ACC 105 status. Service Member shall not be assigned ACC 105 until gained at the new duty station. When gained, the ACC shall be changed to 105, ensuring that the effective date corresponds to the date the Convening Authority signed the AMEBR.

STOP

COMMAND LEADERSHIP START

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
COMMAND LEADERSHIP	1	Correctly identify, track, and classify medically restricted Service Members on Limited Duty (LIMDU).	Correctly identify, track, and classify medically restricted Service Members on Limited Duty (LIMDU). In order to assess how many Service Members are able to support operational requirements, three key pieces of information Navy leadership must know are assignability, distributability, and deployability. The Deployability Assessment Process, as it pertains to Limited Duty, provides an overview and specific responsibilities and procedures for Navy Personnel Command, parent commands, individual Service Members, Transient Monitoring Unit, Navy Bureau of Medicine and Surgery (BUMED) and local Military Treatment Facilities (MTF), and finally local Personnel Support Detachments (TSC) to correctly identify, track, and classify medically restricted Service Members.
	1.1	Identify program personnel and comply with requirements	MTF/Command Leadership (Customer Command and TSC) identify program personnel and comply with requirements. All commands shall ensure personnel assigned to their units are "medically ready" for deployment. Individual Medical Readiness (IMR) consists of six elements: <ul style="list-style-type: none"> · Periodic Health Assessment and Readiness Labs · Dental Readiness · Medical Equipment · Deployment Limiting Conditions · Post Deployment Health Assessments · Immunizations IMR is updated via the Medical Readiness Reporting System (MRRS).
	1.2	Is command an MTF, parent command or TSC?	Is command an MTF, Service Member parent command or TSC? If MTF, go to 1.2.1. If Parent Command, go to 1.2.2. If TSC, go to 1.2.3.
	1.2.2	Designate a Parent Command Deployability Coordinator	Command Leadership (Customer Command) designates, in writing, a Command Deployability Coordinator (E 6 or above). Update and send designation letters via e-mail to: mill_DAOPers-454@navy.mil . The Command Deployability Coordinator shall work in concert with MTF and TSC Deployability Coordinators to report and track medically restricted Service Members. The Deployability Coordinator replaces the previous position of LIMDU Coordinator. Responsibilities include: <ul style="list-style-type: none"> · Ensure that TLD Service Member is available for appointments and reports to TSC/MTF as required. · Assist TLD Service Members to schedule appointments and keep MTF/TSC Deployability Coordinators informed. · Maintain a case file for each Service Member on Temporary Limited Duty (TLD). · Verify assignment screening is reported to appropriate TSC and/or service headquarters within the same day as RTD from MTF. Go to 2.

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COMMAND LEADERSHIP CONTINUTED

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
COMMAND LEADERSHIP	1.2.3	Designate a TSC Deployability Coordinator	<p>Command Leadership (TSC) designates, in writing, a TSC Deployability Coordinator (E-5 or above).</p> <p>The TSC Deployability Coordinator works in concert with MTF and Command Deployability Coordinators to report and track medically restricted Service Members. Responsibilities include:</p> <ul style="list-style-type: none"> · Maintain a current roster of all tenant Command Deployability Coordinators. · Ensure all required reports are submitted to Pers-454 instead of Pers-4821 as described in MPM 1300-1400 (series). · Track all Service Members assigned to TLD and referred to a PEB. <p>Go to 4.</p>
	2	Continually assess health of individual Service Members	<p>Command Leadership continually assesses the health of individual Service Members.</p> <p>Commanding Officers are responsible for ensuring the individual readiness of the personnel assigned to their units. The Physical Health Assessment (PHA) is the fundamental method by which medical readiness and the health of each unit is measured. Commands will ensure annual PHA completion in compliance with strict Health Insurance Portability and Accountability Act (HIPAA) confidentiality requirements. Command fitness leaders, health promotion personnel, and dental and fleet liaison representatives should coordinate their tasks to assist individuals and commands in achieving and maintaining medical readiness.</p>
	2.4	Monitor Service Member's medical status	Service Member/Command Leadership monitor Service Member's medical status in compliance with strict HIPAA regulations.

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COMMAND LEADERSHIP CONTINUED

 **BACK**

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
COMMAND LEADERSHIP	2.5	Does Service Member self-refer or command leadership refer Service Member for a medical condition/limitation?	Does Service Member self-refer or command leadership refer Service Member for a medical condition/limitation? If Yes, go to 3. If No, go to 2.1. (Continuous Monitoring)
	10.3.5	Does Command/MTF concur with retention in service for treatment?	Does Command and MTF concur with retention in service for treatment? If Yes, go to 10.3.6. If No, go to 10.3.9. Note: The convening authority at MTF must also recommend the retain in service not only the command
	13	Disposition and accounting of personnel upon completion of LIMDU	Disposition and accounting of personnel upon completion of LIMDU.
	13.3	Parent command ensures Assignment Screening is completed	Parent command ensures Assignment Screening is completed. TSC will submit YJ availability and associated tracer actions upon receipt of completion of Assignment Screening. Note: One cannot fail an Assignment Screening. This YJ availability will include one of the following remarks: 1) WORLD WIDE ASSIGNABLE (WWA) 2) ASSIGNMENT LIMITED (requires NAVPERSCOM (PERS 40BB) direction)

STOP

MTF START

BACK

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
MTF	1	Correctly identify, track, and classify medically restricted Service Members on Limited Duty (LIMDU)	<p>Correctly identify, track, and classify medically restricted Service Members on Limited Duty (LIMDU).</p> <p>In order to assess how many Service Members are able to support operational requirements, three key pieces of information Navy leadership must know are assignability, distributability, and deployability. The Deployability Assessment Process, as it pertains to Limited Duty, provides an overview and specific responsibilities and procedures for Navy Personnel Command, parent commands, individual Service Members, Transient Monitoring Unit, Navy Bureau of Medicine and Surgery (BUMED) and local Military Treatment Facilities (MTF), and finally local Personnel Support Detachments (TSC) to correctly identify, track, and classify medically restricted Service Members.</p>
	1.1	Identify program personnel and comply with requirements	<p>MTF/Command Leadership (Customer Command and TSC) identify program personnel and comply with requirements.</p> <p>All commands shall ensure personnel assigned to their units are "medically ready" for deployment. Individual Medical Readiness (IMR) consists of six elements:</p> <ul style="list-style-type: none"> • Periodic Health Assessment and Readiness Labs • Dental Readiness • Medical Equipment • Deployment Limiting Conditions • Post Deployment Health Assessments • Immunizations <p>IMR is updated via the Medical Readiness Reporting System (MRRS).</p>
	1.2	Is command an MTF, parent command or TSC?	<p>Is command an MTF, Service Member parent command or TSC?</p> <p>If MTF, go to 1.2.1.</p> <p>If Parent Command, go to 1.2.2.</p> <p>If TSC, go to 1.2.3.</p>

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MTF CONTINUED

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
MTF	1.2.1	Designate a MTF Deployability Coordinator	<p>MTF designates, in writing, a MTF Deployability Coordinator (E-6 or above).</p> <p>The MTF Deployability Coordinator works in concert with command and TSC Deployability Coordinators to report and track medically restricted Service Members. The Deployability Coordinator replaces the previous position of LIMDU Coordinator. Responsibilities include:</p> <ul style="list-style-type: none"> · Schedule and chair monthly coordination/training meetings (face-to-face when possible) for command and TSC Deployability Coordinators. Attendance at these meetings is mandatory. · Report to PERS-454 via email those Deployability Coordinators who are not in attendance (face-to-face or telephonically) at the monthly meeting and the reason for their absence. · Report the status and disposition of all medically restricted Service Members (i.e., Light Duty, LIMDU, pregnancy/postpartum, Integrated Disability Evaluation System (IDES), etc.) to PERS-454 by the 10th day of each month. Include in the monthly report any Deployability coordinators who are not in attendance (face-to-face or telephonically) at the monthly meeting and the reason for their absence. · Support the management of TLD personnel to include scheduling appointments in increments of at least two months during the TLD period. · Assist Service Member and Service Member's Command Deployability Coordinator in acquiring appointments on a priority basis. · Maintain case files on Service Members; submit weekly message. · Establish local procedures to ensure Service Member reports to Patient Administration Office upon being recommended for placement on, extension of, or removal from TLD. <p>Go to 3.</p>
	3	Evaluate Service Member's medical condition	<p>Evaluate Service Member's medical condition.</p> <p>Health care providers will evaluate a Service Member's medical status with deployability as the primary focus (not the Service Member's current job or type duty) at ALL health care encounters (i.e., Physical Health Assessment (PHA), Performance Appraisal Risk Factor Questionnaire (PARFQ), or any self-referral). Service Members that have any kind of medical limitation must be put into the appropriate administrative status as per NAVMED P-117, Chapter 18.</p>
	3.1	Make medical status determination	<p>MTF makes medical status determination.</p> <p>Periods of "light duty" (as defined in NAVMED P-117, Chapter 18) may be sufficient to allow a return to duty status. Personnel on "light duty" are limited to 90 consecutive days of light duty (inclusive of any convalescent leave period). Light duty shall be ordered in periods not to exceed 30 days each to ensure appropriate patient monitoring and clinical oversight.</p> <p>Regardless of current type duty (i.e. sea, shore, overseas, etc.), NAVMED P-117, Chapter 18 requires Service Members with "a medical condition which will be responsible for their inability to operate in a medically unrestricted duty status for 90 days or greater" be referred to a medical evaluation board for placement in a LIMDU status or referral to a Physical Evaluation Board (PEB). Ensure medical status determination is accurately reflected in Medical Readiness and Reporting System (MRRS)</p>

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MTF CONTINUED

BACK

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
MTF	3.2	Does Service Member's medical condition require referral to a MEB?	<p>Does Service Member's medical condition require referral to a Medical Evaluation Board (MEB)?</p> <p>A MEB shall be initiated when a trained physician or other clinical health care provider certified for MEB membership by the Military Treatment Facility (MTF) Convening Authority determines that:</p> <ul style="list-style-type: none"> · A Service Member's medical condition prohibits the member's ability to fully execute the duties and responsibilities of their rank, rate, specialty, or office including operational/worldwide assignability. The mere presence of a disease does not constitute a disability or necessarily meet the criteria for LIMDU placement. · A Service Member has a condition that will prohibit returning the member to his or her parent command in a medically unrestricted duty status following appropriate light duty or convalescent leave. · A Service Member has a condition that may seriously compromise the member's health or well-being if the member were to remain in the service. · A Service Member has a condition that requires assignment limitations such as geographic restraints or assignment near a particular MTF with specialty services. · The condition for which the Service Member is placed LIMDU is temporary, and the Service Member is expected to return to a medically unrestricted status. · The Service Member meets the criteria as defined in the SECNAVINST 1850.4E, Department of the Navy (DON) Disability Evaluation Manual, and NAVMED P-117, Chapter 18. <p>If Yes, go to 3.3. If No, go to 2.4.</p>
	3.3	Conduct MEB in accordance with NAVMED P-117, Chapter 18	<p>MTF conducts Medical Evaluation Board in accordance with NAVMED P-117, Chapter 18.</p> <p>Navy MTFs shall conduct Medical Evaluation Boards (MEB) per NAVMED P-117, Chapter 18 and verify that Active-Duty Service Members who have "a medical condition which will be responsible for their inability to operate in a medically unrestricted duty status for 90 days or greater" be placed on LIMDU and/or referred to the Physical Evaluation Board (PEB). Enter finding of MEB into the Integrated Disability Evaluation System (IDES).</p> <p>Note: MEBs should be submitted to PERS-454 via functional e-mail box.</p>
	3.4	Make LIMDU or PEB determination	<p>MTF makes LIMDU or PEB determination.</p> <p>An MEB Convening Authority evaluates a patient and produces a Medical Evaluation Board Report/Abbreviated Medical Evaluation Board Report (MEBR/AMEBR) on that patient's condition. The MEB may recommend one of two courses of action:</p> <ul style="list-style-type: none"> · Placing a patient on temporary limited duty (TLD or LIMDU) · Referring a patient to the PEB for a determination of the patient's fitness for continued service <p>The DON PEB does not report to Navy Medicine, but rather reports directly to the Director, Secretary of the Navy Council of Review Boards (DIRSECNAVCORB) formerly DIRNCPB. Delegated by the Secretary of the Navy (SECNAV), the PEB, under DIRSECNAVCORB, has sole authority within the DON to determine a Service Member's fitness for continued Naval service for a condition, which may constitute disability.</p>

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MTF CONTINUED

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
MTF	3.5	Enter all LIMDU and PEB cases into SMART System	MTF enters all LIMDU and Physical Evaluation Board (PEB) cases into Limited Duty (LIMDU) Sailor and Marine Readiness Tracker (SMART) System Those commands that have not transitioned to SMART will continue to enter all LIMDU and Physical Evaluation Board (PEB) cases into Medical Board Online Tracking System (MEDBOLTS).
	3.6	Direct Service Member to report to Patient Administration Office	MTF directs Service Member to report to Patient Administration Office upon being recommended for placement on, extension of, or removal from TLD.
	3.7	Forward LIMDU Medical Board Report documentation	Forward LIMDU Medical Board Report documentation, as required by SECNAVINST 1850.4E , Department of the Navy (DON) Disability Evaluation Manual, and NAVMED P-117, Chapter 18 . MTF notifies Command and servicing TSC of LIMDU determination.
	10.3.5	Does Command/MTF concur with retention in service for treatment?	Does Command and MTF concur with retention in service for treatment? If Yes, go to 10.3.6 . If No, go to 10.3.9 . Note: The convening authority at MTF must also recommend the retain in service not only the command
	13.1	Receive Member Return to Duty (RTD) approval in LIMDU SMART	Clerk receives Member Return to Duty (RTD) approval in LIMDU SMART Regardless of Activity (MTF, TSC, Parent Command, or PERS-454) the Deployability Coordinator who is informed of RTD determination, immediately informs other organization Deployability Coordinators of RTD The Parent Command is immediately made aware in order to initiate any required screenings. Except for Service Member's in the Nuclear ratings and non-nuclear Submariners, Clerk changes ACC from 105 to 100. Process YJ AVAIL.

STOP

SERVICE MEMBER START

← BACK

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
SERVICE MEMBER	1	Correctly identify, track, and classify medically restricted Service Members on Limited Duty (LIMDU)	<p>Correctly identify, track, and classify medically restricted Service Members on Limited Duty (LIMDU).</p> <p>In order to assess how many Service Members are able to support operational requirements, three key pieces of information Navy leadership must know are assignability, distributability, and deployability. The Deployability Assessment Process, as it pertains to Limited Duty, provides an overview and specific responsibilities and procedures for Navy Personnel Command, parent commands, individual Service Members, Transient Monitoring Unit, Navy Bureau of Medicine and Surgery (BUMED) and local Military Treatment Facilities (MTF), and finally local Personnel Support Detachments (TSC) to correctly identify, track, and classify medically restricted Service Members.</p>
	2	Continually assess health of individual Service Members	<p>Command Leadership continually assesses the health of individual Service Members.</p> <p>Commanding Officers are responsible for ensuring the individual readiness of the personnel assigned to their units. The Physical Health Assessment (PHA) is the fundamental method by which medical readiness and the health of each unit is measured. Commands will ensure annual PHA completion in compliance with strict Health Insurance Portability and Accountability Act (HIPAA) confidentiality requirements. Command fitness leaders, health promotion personnel, and dental and fleet liaison representatives should coordinate their tasks to assist individuals and commands in achieving and maintaining medical readiness.</p>
	2.2	Did Service Member report any medical limitations?	<p>Did Service Member report any medical limitations?</p> <p>If Yes, go to 2.2.1. If No, go to 2.3.</p>
	2.2.1	Complete referrals and any IMR requirements	<p>Service Member completes referrals and any Individual Medical Readiness (IMR) requirements.</p>

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SERVICE MEMBER CONTINUED

 **BACK**

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
SERVICE MEMBER	2.2.2	Deliver IMR documentation to the servicing MTF	<p>Service Member delivers IMR documentation to the servicing MTF.</p> <p>Service Member delivers IMR documentation to the military medical center where their medical records are maintained for entry “into an approved electronic data system, as well as in the Service Member’s health record.” Withholding or failure to include all medical documentation in a Service Member’s medical record may result in adverse administrative action and denial of future disability benefits.</p> <p>Go to 3.</p>
	2.3	Participate in semi-annual PRT	<p>CPPA (CFL)/Service Member participate in semi-annual Physical Readiness Test (PRT) in accordance with OPNAVINST 6110.1 (Series).</p> <p>The following NAVADMINs provide Physical Readiness Programs updates/policy changes and should be reviewed and understood by CFLs to ensure program compliance with the latest policy initiatives.</p> <ul style="list-style-type: none"> · NAVADMIN 251/21 2021 Periodic Health Assessment and Post Deployment Health Re-Assessment in Support of the Physical Readiness Program Policy · NAVADMIN 264/21 Physical Readiness Program Update for Calendar Year 2021 and 2022 Physical Fitness Assessments · NAVADMIN 040/22 Physical Readiness Program Update for Calendar Year 2022 Physical Fitness Assessments · NAVADMIN 251/22 Physical Readiness Program Calendar Year 2023 Physical Fitness Assessment Cycle Announcement
	2.3.1	Complete PARFQ	Service Member completes Physical Activity Risk Factor Questionnaire (PARFQ), NAVPERS 6110/3 , in preparation for semi-annual PRT.
	2.4	Monitor Service Member’s medical status	Service Member/Command Leadership monitor Service Member’s medical status in compliance with strict HIPAA regulations.

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SERVICE MEMBER CONTINUED

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
SERVICE MEMBER	2.5	Does Service Member self-refer or command leadership refer Service Member for a medical condition/limitation?	Does Service Member self-refer or command leadership refer Service Member for a medical condition/limitation? If Yes, go to 3. If No, go to 2.1 . (Continuous Monitoring)
	3	Evaluate Service Member's medical condition	Evaluate Service Member's medical condition. Health care providers will evaluate a Service Member's medical status with deployability as the primary focus (not the Service Member's current job or type duty) at ALL health care encounters (i.e., Physical Health Assessment (PHA), Performance Appraisal Risk Factor Questionnaire (PARFQ), or any self-referral). Service Members that have any kind of medical limitation must be put into the appropriate administrative status as per NAVMED P-117, Chapter 18 .
	4	Receive notification from MTF of MEB LIMDU processing	Receive notification from Medical Treatment Facility (MTF) of Medical Evaluation Board (MEB) Limited Duty (LIMDU) processing.
	4.3.1	Review NAVPERS 1070/613	Service Member reviews NAVPERS 1070/613 acknowledgement of LIMDU responsibilities.
	4.3.2	Sign NAVPERS 1070/613	Service Member signs NAVPERS 1070/613 acknowledgement of LIMDU responsibilities. Service Member signs Page 13 acknowledging their responsibilities as being on TLD. Responsibilities include: <ul style="list-style-type: none"> · Report to all scheduled appointments · Make a re-evaluation appointment every 60 days prior to TLD expiration · Complete re-evaluation 30 days prior to the expiration of TLD period · Keep patient administration section of MTF and command informed of any change · Coordinate any leave periods with the MTF

STOP

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CPPA	2	Continually assess health of individual Service Members	<p>Command Leadership continually assesses the health of individual Service Members.</p> <p>Commanding Officers are responsible for ensuring the individual readiness of the personnel assigned to their units. The Physical Health Assessment (PHA) is the fundamental method by which medical readiness and the health of each unit is measured. Commands will ensure annual PHA completion in compliance with strict Health Insurance Portability and Accountability Act (HIPAA) confidentiality requirements. Command fitness leaders, health promotion personnel, and dental and fleet liaison representatives should coordinate their tasks to assist individuals and commands in achieving and maintaining medical readiness.</p>
	2.1	Verify completion of annual PHA	<p>CPPA (Deployability Coordinator) verifies completion of annual PHA.</p> <p>Per SECNAVINST 6120.3, the PHA will be used to review, verify, and correct Individual Medical Readiness (IMR) deficiencies. Therefore, it is imperative that attention be given to the status of all Service Members, sea or shore, when assessing their ability to deploy. Service Members that have any kind of medical limitation must be put into the appropriate administrative status as per NAVMED P-117, Chapter 18.</p>
	2.3	Participate in semi-annual PRT	<p>CPPA (CFL)/Service Member participate in semi-annual Physical Readiness Test (PRT) in accordance with OPNAVINST 6110.1 (Series).</p> <p>The following NAVADMINs provide Physical Readiness Programs updates/policy changes and should be reviewed and understood by CFLs to ensure program compliance with the latest policy initiatives.</p> <ul style="list-style-type: none"> · NAVADMIN 251/21 2021 Periodic Health Assessment and Post Deployment Health Re-Assessment in Support of the Physical Readiness Program Policy · NAVADMIN 264/21 Physical Readiness Program Update for Calendar Year 2021 and 2022 Physical Fitness Assessments · NAVADMIN 040/22 Physical Readiness Program Update for Calendar Year 2022 Physical Fitness Assessments · NAVADMIN 251/22 Physical Readiness Program Calendar Year 2023 Physical Fitness Assessment Cycle Announcement
	2.3.2	Is Service Member's participation in semi-annual PRT limited?	<p>Is Service Member's participation in semi-annual PRT limited?</p> <p>If Yes, go to 2.3.3.</p> <p>If No, go to 2.4.</p>

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CPPA	2.3.3	Refer Service Member to servicing medical staff	<p>CPPA /CFL refers Service Member to servicing medical staff.</p> <p>Ensure that Command Fitness Leaders appropriately refer Service Members with medical conditions limiting participation in the PRT or Service Members who screen positive on the PARFQ to their Primary Care Manager.</p> <p>Ensure that any Service Member who is waived from any portion of the semi-annual PRT has been placed in the appropriate medically restricted status (i.e., light duty, LIMDU, pregnancy/postpartum, IDES, etc.).</p> <p>Go to 3.</p>
	3	Evaluate Service Member's medical condition	<p>Evaluate Service Member's medical condition.</p> <p>Health care providers will evaluate a Service Member's medical status with deployability as the primary focus (not the Service Member's current job or type duty) at ALL health care encounters (i.e., Physical Health Assessment (PHA), Performance Appraisal Risk Factor Questionnaire (PARFQ), or any self-referral). Service Members that have any kind of medical limitation must be put into the appropriate administrative status as per NAVMED P-117, Chapter 18.</p>
	4	Receive notification from MTF of MEB LIMDU processing	Receive notification from Medical Treatment Facility (MTF) of Medical Evaluation Board (MEB) Limited Duty (LIMDU) processing.
	4.3	Prepare NAVPERS 1070/613	CPPA /Deployability Coordinator prepares NAVPERS 1070/613 (Administrative Remarks).
	4.3.3	Submit NAVPERS 1070/613 to TSC Deployability Coordinator	<p>CPPA submits NAVPERS 1070/613 to TSC Deployability Coordinator</p> <p>Effective 19 August 2022 only Commands (excluding surface ships, DESRON and PHIBRON staffs) with an approved Exception to Policy (ETP) will be authorized to utilize Transaction Online Processing System (TOPS) for temporary submission of pay, personnel, and transportation transactions. TOPS transactions submitted without an approved ETP will be marked as "completed" without action and CPPAs will be directed to submit the transaction via enterprise Customer Relations Management (eCRM) or alternatively, request an ETP for temporary use of TOPS. Heretofore, the primary means for submitting pay, personnel, and transportation transactions is via Salesforce/eCRM. Refer to Ops Alert 006/22 for procedures to request an ETP and use TOPS with an approved ETP. All of the NPPSC e-mail Ops Alerts are archived at: https://flankspeed.sharepoint-mil.us.mcas.gov.us/sites/MyNavyHR_MNCC/NPPSC/NPPSC%20OPS%20ALERTS/Forms/AllItems.aspx</p> <p>TSC Deployability Coordinator will review and sign NAVPERS 1070/613, enter NAVPERS 1070/613 in Service Member's official record, and return signed NAVPERS 1070/613 to Service Member.</p> <p>Refer to Step 9.</p>

CPPA CONTINUED

BACK

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CPPA	4.15	Submit ER or OSD/ER, if required	<p>CPPA submits Early Return (ER) or Overseas Screening Deficiency Report/Early Return (OSDR/ER) via BOL, if applicable.</p> <p>Refer to MPM 1306-306 for requirements and procedures as required.</p> <p>IAW MPM 1306-306 an additional step is required for all OCONUS commands. Commands must also submit an Early Return (ER) or Overseas Screening Deficiency Report/Early Return (OSDR/ER). This will delay the PCS orders and the TSC will be unable to see the ER or OSD/ER request as this is done in BOL.</p>
	5	Process LIMDU Service Members that require TDY Orders	Process LIMDU Service Members that require TDY Orders, if applicable
	5.1	Has Service Member been directed TDY by the MTF?	<p>Has Service Member been directed TDY to a Command (ISIC or other command) or TPU/Others Activity specified by the MTF?</p> <p>Note 1: Operational Commands (Type 2/4) will issue TDY orders using command funding to the appropriate UIC (ISIC or other command) that can support the Servicer Member's conditions until PCS orders for ACC 105 (Limited Duty) are issued.</p> <p>Note 2: If required medical care is not available in close proximity to current shore duty station, comply with MTF direction (e.g., transfer to TPU/Others activity) and/or submit a YH availability.</p> <p>If Yes, go to 5.2. If No, go to 6.</p>
	5.2	Prepare TDY orders	<p>CPPA prepares TDY orders</p> <p>Transfer of a member for medical evaluation or treatment in an outpatient status will require the member's command to prepare temporary duty (TDY) orders in accordance with NAVPERS 1320/16 utilizing the member's command funds (OPTAR) in accordance with Department of the Navy Financial Management Policy Manual.</p> <p>Note: Transfer of members in an inpatient status for evaluation or treatment will utilize TDY orders funded by a Bureau of Medicine line of accounting.</p> <ul style="list-style-type: none"> Within 60 days of initial contact with a patient, the treating physician shall make a determination to return the member to duty or recommend reassignment to an area with suitable care. If a medical determination is made that requires reassignment, the member's command shall notify CNPC (PERS-454) via e-mail at mill_DAOPers-454@navy.mil so PCS orders can be issued for transfer.

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CPPA CONTINUED

BACK

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CPPA	5.3	Transfer Service Member to Command or TPU/Others Activity specified by the MTF	CPPA transfers Service Member to Command or TPU/Others Activity specified by the MTF.
	8	Process LIMDU officer	<p>Process LIMDU officer.</p> <p>Note: For Officer Physical Examination Board (PEB) recommendations submit Abbreviated Medical Evaluation Board Request indicating PEB referral or Veteran's Tracking Application Integrated Disability Evaluation System Referral Form to PERS-454 via e-mail at mill_daopers-454@navy.mil. PERS-454 will coordinate with the detailee to write the PCS orders to ACC 105 and then change to ACC 355 after arrival at/Gained By the TSC.</p>
	8.4	Ensure officer has copies of orders and case file	CPPA ensures officer has copies of orders and case file documents prior to transfer.
	10.3.3	Does Service Member have an impending EAOS expiration without having case accepted by PEB/IDES	<p>Does Service Member have an impending EAOS expiration without having case accepted by PEB/IDES?</p> <p>If Yes, go to 10.3.4.</p> <p>If No, go to 10.3.10</p> <p>If the member is in ACC 355 and is accepted by the PEB/IDES, there is no need to inform PERS-811 prior to future medical hold extensions. Upon EAOS extension/Retain in Service approval, PERS-811 will inform and direct the requisite TSC of the member by e-mail to make this change.</p>
	10.3.4	Does Service Member agree to retention in service for treatment?	<p>Does Service Member agree to retention in service for treatment?</p> <p>If Yes, go to 10.3.5</p> <p>If No, go to 10.3.9</p> <p>Service Member must consent to being retained on Active Duty to receive treatment. Record the Service Member's consent using a NAVPERS 1070/613 per MILPERSMAN 1160-050.</p> <p>Note: If the Service Member does not agree to retention for treatment, then separate on original separation date.</p>
	10.3.6	Submit Retain In Service request to PERS-811.	<p>CPPA (CCC) submits Retain in Service request to PERS-811</p> <p>Retain in service must be approved by PERS 811 directly. Submit all requests for retain in service to: USN_USNR(FTS)PERS-81@NAVY.MIL.</p> <p>All Extension and Reenlistment requests must be submitted at least 4 weeks before the member's EAOS/SEAOS/TRF date/C-WAY expiration.</p>
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CPPA CONTINUED

BACK

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CPPA	10.3.7	Does PERS-811 approve Retain in Service?	<p>Does PERS-811 approve Retain in Service (RIS)?</p> <p>CPPA informs TSC and provides TSC with appropriate documentation.</p> <p>If Yes, go to 10.3.8</p> <p>If No, go to 10.3.9</p>
	13	Disposition and accounting of personnel upon completion of LIMDU	Disposition and accounting of personnel upon completion of LIMDU.
	13.1	Receive Member Return to Duty (RTD) approval in LIMDU SMART	<p>Clerk receives Member Return to Duty (RTD) approval in LIMDU SMART</p> <p>Regardless of Activity (MTF, TSC, Parent Command, or PERS-454) the Deployability Coordinator who is informed of RTD determination, immediately informs other organization Deployability Coordinators of RTD</p> <p>The Parent Command is immediately made aware in order to initiate any required screenings.</p> <p>Except for Service Member's in the Nuclear ratings and non-nuclear Submariners, Clerk changes ACC from 105 to 100. Process YJ AVAIL.</p>
	13.2	Is Service Member a nuclear-trained (surface/submarine) or a non-nuclear submariner?	<p>Is Service Member a nuclear-trained (surface/submarine) or a non-nuclear submariner?</p> <p>Policy for Enlisted Nuclear-Trained and Submarine Service members on LIMDU. Nuclear-trained surface, nuclear-trained submarine, and non-nuclear-trained submarine Service members require additional screening and administrative processing for assignment to or from a LIMDU status.</p> <p>Clerk ensures Member's command is aware of all required additional screenings to be completed.</p> <p>Inquiries related to screening status or requirements for all nuclear-trained enlisted personnel should be directed to OPNAV N133D.</p> <p>If Yes, go to 13.2.1.</p> <p>If No, go to 13.2.6.</p>

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CPPA CONTINUED

BACK

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CPPA	13.2.1	Complete additional screenings	<p>CPPA completes additional screenings.</p> <p>For nuclear-trained enlisted personnel and non-nuclear submariners, complete requirements and forward documentation. The Service Member's command will ensure the member completes all medical requirements needed to determine fitness for duty onboard submarines and/or fitness for duty involving exposure to ionizing radiation and that documentation is forwarded to the servicing TSC, or personnel office.</p> <p>Nuclear-duty screening is completed by the Office of the Chief of Naval Operations (OPNAV) Nuclear Enlisted Community Management Team (OPNAV N133D) for nuclear trained operators. Nuclear-trained surface and nuclear-trained submarine Service members must not be made available from LIMDU until screened by OPNAV N133D prior to expiration of their LIMDU period.</p>
	13.2.2	Is Service Member a Submariner?	<p>Is Service Member a Submariner?</p> <p>Enlisted Submarine Service Members detached for hospitalization or LIMDU must be expeditiously evaluated by an Undersea Medical Officer to determine potential for continued service in the submarine force to determine potential for continued service in the nuclear field or submarine force.</p> <p>If nuclear field or submarine disqualification is appropriate, the Service Member's parent command must submit the disqualification finding and NAVPERS 1221/6 Navy Enlisted Classification Change Request.</p> <p>If Yes, go to 13.2.3 (Submariner) If No, go to 13.2.5 (Surface Nuke)</p>
	13.2.3	Receive affirmative Submarine Duty evaluation from Undersea Medical Officer	<p>CPPA receives affirmative Submarine Duty evaluation from Undersea Medical Officer.</p> <p>Note: If submarine disqualification is appropriate, the Service Member's parent command must submit the disqualification finding and NAVPERS 1221/6 Navy Enlisted Classification Change Request.</p>
	13.2.4	Is Submariner nuclear-trained?	<p>Is Submariner nuclear-trained?</p> <p>If No, go to 13.2.6 If Yes, go to 13.2.5</p>

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CPPA CONTINUED

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CPPA	13.2.5	Receive affirmative fitness for duty involving exposure to ionizing radiation evaluation from OPNAV N133D for nuclear trained operators	<p>CPPA receives affirmative fitness for duty involving exposure to ionizing radiation evaluation from Office of the Chief of Naval Operations (OPNAV) Nuclear Enlisted Community Management Team (OPNAV N133D) for nuclear trained operators.</p> <p>Screening is completed by the Office of the Chief of Naval Operations (OPNAV) Nuclear Enlisted Community Management Team (OPNAV N133D) for nuclear trained operators. Nuclear-trained surface and nuclear-trained submarine Service members must not be made available from LIMDU until screened by OPNAV N133D prior to expiration of their LIMDU period.</p>
	13.2.6	Was Service Member placed on TLD during normal shore tour?	<p>Was Service Member placed on TLD during normal shore tour?</p> <p>If Yes, go to 13.2.7. If No, go to 13.2.8.</p>
	13.2.7	Was PRD adjusted to complete TLD or is Service Member within 9 months of PRD?	<p>Was PRD adjusted to complete TLD or is Service Member within 9 months of PRD?</p> <p>If Yes, go to 13.2.8. If No, go to 13.2.10.</p>
	13.2.8	Is Service Member (HYT) or pending Fleet Reserve approval request?	<p>Is Service Member High Year Tenure (HYT) or pending Fleet Reserve (FLTRES) approval request?</p> <p>If No, go to 13.3. If Yes, go to 13.2.9.</p>
	13.3.1	Submit Assignment Limited Report, if required.	<p>CPPA submits Assignment Limited Report, if required.</p> <p>Submit naval message to COMNAVPERSCOM for all personnel who were able to RTD during the Assignment Screening, but are assignment limited per MILPERSMAN 1306-801. This assignment limited message must be submitted no later than 15 days after the completed Assignment Screening.</p> <p>No message is required for personnel who are able to RTD during the assignment screening and are WWA.</p>

STOP

CFL START

 **BACK**

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CFL	2.3.3	Refer Service Member to servicing medical staff	<p>CPPA /CFL refers Service Member to servicing medical staff.</p> <p>Ensure that Command Fitness Leaders appropriately refer Service Members with medical conditions limiting participation in the PRT or Service Members who screen positive on the PARFQ to their Primary Care Manager.</p> <p>Ensure that any Service Member who is waived from any portion of the semi-annual PRT has been placed in the appropriate medically restricted status (i.e., light duty, LIMDU, pregnancy/postpartum, IDES, etc.).</p> <p>Go to 3.</p>

STOP

SUPERVISOR START

BACK

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
SUPERVISOR	4	Receive notification from MTF of MEB LIMDU processing	Receive notification from Medical Treatment Facility (MTF) of Medical Evaluation Board (MEB) Limited Duty (LIMDU) processing.
	4.1	Receive notification from MTF of MEB LIMDU action ICO Service Member	<p>Supervisor (TSC Deployability Coordinator) receives notification from MTF of Medical Evaluation Board LIMDU action in case of (ICO) Service Member.</p> <p>The MTF will notify the Service Member's parent command and servicing TSC or personnel office upon determination that a Service Member is to be processed for LIMDU. The MTF will send message notification when a medical board is convened.</p> <p>TSC Deployability Coordinator will assign LIMDU case to clerk.</p>
	5	Process LIMDU Service Members that require TDY Orders	Process LIMDU Service Members that require TDY Orders, if applicable
	7	Await LIMDU orders	<p>Await LIMDU orders.</p> <p>Important Note: While awaiting the receipt of LIMDU orders, continue the process at Step 9 "Evaluate Requirements and Verify Entitlements".</p>
	7.7	Review and release the Activity Loss	Supervisor reviews and releases the Activity Loss.
	7.7.2	Determine reason for posting delay	<p>Clerk and supervisor determine reason for posting delay.</p> <ol style="list-style-type: none"> 1. Check message status inquiry in NSIPS for error code 2. Research reason for error in NSIPS <ul style="list-style-type: none"> · If error is correctable, correct and resubmit. · If error is not correctable, submit NSIPS trouble ticket or contact DFAS. <p>Go to 7.7.1.</p>

CONTINUE TO NEXT PAGE

SUPERVISOR CONTINUED

BACK

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
SUPERVISOR	7.9	Review and release Activity Gain	Supervisor reviews and releases Activity Gain.
	7.9.2	Determine reason for posting delay	<p>Clerk and supervisor determine reason for posting delay.</p> <ol style="list-style-type: none"> 1. Check message status inquiry in NSIPS for error code 2. Research reason for error in NSIPS <ul style="list-style-type: none"> · If error is correctable, correct and resubmit · If error is not correctable, submit NSIPS trouble ticket or contact DFAS <p>Go to 7.9.1.</p>
	8.6.2	Review and release Activity Gain	Supervisor reviews and releases Activity Gain.
	8.6.2.2	Determine reason for posting delay	<p>Clerk and supervisor determine reason for posting delay.</p> <ol style="list-style-type: none"> 1. Check message status inquiry in NSIPS for error code 2. Research reason for error in NSIPS <ul style="list-style-type: none"> · If error is correctable, correct and resubmit · If error is not correctable, submit NSIPS trouble ticket or contact DFAS <p>Go to 8.6.2.1.</p>
	9	Evaluate requirements and verify entitlements	Evaluate requirements and verify entitlements.
	9.1	Review and verify Service Member's NSIPS ESR	Supervisor reviews and verifies Service Member's NSIPS ESR.
	9.2	Verify/update Service Member's entitlements, as required	<p>Clerk/Supervisor verify/update Service Member's entitlements, as required.</p> <p>Refer to appropriate Pay SOP, as required: https://flankspeed.sharepoint-mil.us/sites/MyNavyHR_MNCC/Lists/SOP%20PDFs/AllItems.aspx </p>

CONTINUE TO NEXT PAGE

SUPERVISOR CONTINUED

BACK

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
SUPERVISOR	13	Disposition and accounting of personnel upon completion of LIMDU	Disposition and accounting of personnel upon completion of LIMDU.
	13.3	Parent command ensures Assignment Screening is completed	<p>Parent command ensures Assignment Screening is completed.</p> <p>TSC will submit YJ availability and associated tracer actions upon receipt of completion of Assignment Screening.</p> <p>Note: One cannot fail an Assignment Screening. This YJ availability will include one of the following remarks:</p> <ol style="list-style-type: none"> 1) WORLD WIDE ASSIGNABLE (WWA) 2) ASSIGNMENT LIMITED (requires NAVPERSCOM (PERS 40BB) direction)
	13.5	Await PCS orders or Separation Authority	Clerk awaits Permanent Change of Station (PCS) orders or Separation Authority.
	13.5.9	Review and release Activity Loss	Supervisor reviews and releases Activity Loss.
	13.5.9.2	Determine reason for posting delay	<p>Clerk and supervisor determine reason for posting delay.</p> <ol style="list-style-type: none"> 1. Check message status inquiry in NSIPS for error code 2. Research reason for error in NSIPS <ul style="list-style-type: none"> · If error is correctable, correct and resubmit · If error is not correctable, submit NSIPS trouble ticket or contact DFAS <p>Go to 13.5.9.1.</p>

STOP

CLERK START			
ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	4	Receive notification from MTF of MEB LIMDU processing	Receive notification from Medical Treatment Facility (MTF) of Medical Evaluation Board (MEB) Limited Duty (LIMDU) processing.
	4.2	Initiate LIMDU case file	<p>Clerk initiates LIMDU case file.</p> <p>Ensure a case file is created and maintained for each Service Member on Temporary Limited Duty (TLD). The case file will be maintained in chronological order as follows:</p> <p>Top to bottom:</p> <ul style="list-style-type: none"> · PEB findings · PEB Medical Board Cover Sheet · NAVPERSCOM (PERS-454) message recommending forward case to PEB, or approving/denying additional TLD · Additional Medical Board Cover Sheets · Initial Medical Board Cover Sheet · NAVPERS 1070/613 (Administrative Remarks) · NSIPS panel reflecting date of TLD (effective date) <p>LIMDU SMART leverages electronic workflows to provide active population management of medically restricted personnel in the LIMDU Program, and these workflows are based on the completion of the following forms:</p> <ul style="list-style-type: none"> · NAVMED 6100/5 · NAVMED 6100/6 · NAVMED 1300/3 · NAVMED 6100/1 and 6100/2 <p>Consequently, there is no requirement to duplicate the above documents that can be retrieved from LIMDU SMART. However, correspondence, message traffic, Page 13s, etc. that document the LIMDU Case need to be archived and retained.</p> <p>Important Update: Transaction Service Centers (TSCs) are no longer required to archive KSDs in DON TRACKER RM. Retain documents shall be archived in enterprise Customer Relations Management (eCRM) System and NP2, as an interim solution, until approval of a MyNavy HR solution for permanent archiving of KSDs is determined. In short for Retain File KSDs, eCRM is an approved document storage (archive) application for cases submitted within that application and DON TRACKER RM for cases submitted via TOPS.</p>
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CLERK CONTINUED



ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	4.4	Is Service Member an officer?	<p>Is Service Member an officer?</p> <p>If Yes, go to 8.</p> <p>If No, go to 4.5.</p> <p>Note: For Officer Physical Examination Board (PEB) recommendations submit Abbreviated Medical Evaluation Board Request indicating PEB referral or Veteran's Tracking Application Integrated Disability Evaluation System Referral Form to PERS-454 via e-mail at mill_daopers-454@navy.mil. PERS-454 will coordinate with the detailer to write the PCS orders to ACC 105 and then change to ACC 355 after arrival at/Gained By the TSC.</p>
	4.5	Receive LIMDU MEB Report summary documentation from MTF	<p>Clerk receives LIMDU Medical Evaluation Board Report summary documentation from MTF, with HIPAA information redacted.</p> <p>Documentation should include one of the following:</p> <ul style="list-style-type: none"> · NAVMED 6100/5 (Abbreviated LIMDU Medical Board Report) · NAVMED 6100/1 (Medical Board Report Cover Sheet) <p>Clerk verifies LIMDU documentation for completeness and accuracy. Signatures are required from the following:</p> <ul style="list-style-type: none"> · 2 Physicians · Patient Administrator · Convening Authority <p>Clerk contacts issuing MTF Patient Administrator for resolution, if required.</p> <p>LIMDU SMART leverages electronic workflows to provide active population management of medically restricted personnel in the LIMDU Program, and these workflows are based on the completion of the following forms:</p> <ul style="list-style-type: none"> · NAVMED 6100/5 · NAVMED 6100/6 · NAVMED 1300/3 · NAVMED 6100/1 and 6100/2 <p>Consequently, there is no requirement to duplicate the above documents that can be retrieved from LIMDU SMART in the Retain (Case) File. However, correspondence, message traffic, Page 13s, etc. that document the LIMDU Case need to be archived and retained.</p> <p>Important Update: Transaction Service Centers (TSCs) are no longer required to archive KSDs in DON TRACKER RM. Retain documents shall be archived in enterprise Customer Relations Management (eCRM) System and NP2, as an interim solution, until approval of a MyNavy HR solution for permanent archiving of KSDs is determined. In short for Retain File KSDs, eCRM is an approved document storage (archive) application for cases submitted within that application and DON TRACKER RM for cases submitted via TOPS.</p>

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	4.6	Receive approval from PERS-454 for period of LIMDU or PEB	<p>Clerk receives approval from PERS-454 for period of LIMDU or PEB, only if required.</p> <ul style="list-style-type: none"> · The Convening Authority of the Abbreviated Medical Evaluation Board Report (AMEBR) may approve first and second period limited duty requests for enlisted personnel only if the Service Member is expected to return to a medically unrestricted status. · For enlisted personnel where the medical board recommends an initial period of TLD greater than six months, PERS-454 approval is required. · Requests to continue LIMDU for a third period must be submitted to PERS-4 via PERS-454 for a case-by-case determination. Service Members should expect that a third LIMDU period will be an exception, not the norm. In addition, there is no guarantee that the third period of LIMDU will equal six months. Based on the recovery time, it could be less than six months. · If at any time, regardless of current LIMDU status or period, it is determined that the Service Member cannot be returned to an unrestricted status within established LIMDU timelines, the Service Member's case shall be forwarded to the PEB and entered into the Integrated Disability Evaluation System (IDES) for adjudication. <p>Note: The MTF will forward cases directly to PEB where the individual's permanent fitness for duty is in question.</p>
	4.7	Is Service Member assigned to sea duty or shore duty?	<p>Is Service Member assigned to sea duty or shore duty?</p> <p>Is Service Member is assigned to sea duty (Type Duty Codes "2" or "4") or shore duty (Type Duty Codes "1", "3", or "6").</p> <p>If Sea, go to 5.</p> <p>If Shore, go to 4.8.</p> <p>Refer to PPIB 15-07 Issue 150703: Procedures for Transfer of Personnel Found Medically Unqualified for Current Operational Assignment.</p> <p>Operational Commands (Type 2/4) will issue TDY orders using command funding to the appropriate UIC (ISIC or other command) that can support the Servicr Member's conditions until PCS orders for ACC 105 (Limited Duty) are issued.</p> <p>TSC will not perform transfer and gain events for this reason. The Medical Treatment Facility (MTF) or Medical Clinic Patient Administration Office initiating the Abbreviated Medical Board Report (NAVMED Form 6100/5) shall inform the Service Member's command about the Service Member's limitations and the need for the Service Member's reassignment for Limited Duty processing.</p> <p>For enlisted Service Members, the parent command's servicing TSC or Personnel Office, as applicable, in accordance with MPM 1306-1700 series, will submit a (YH) Avail via e-mail to PERS-454 Deployability Assessment Branch at tld-pregavail@navy.mil once the Medical Evaluation Board Report summary documentation is received from the MTF. The applicable detailee will then issue the ACC 105 PCS orders once the Avail is received.</p>

CLERK CONTINUED

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	4.8	Is Service Member a Student?	<p>Is Service Member a Student?</p> <p>Students and Former Students: Students placed in a LIMDU status while under instruction may be dropped from training dependent on their ability to continue training and/or incur an AVAIL status change. LIMDU AVAIL will be submitted whether Service Member is authorized to remain onboard and complete training, LIMDU period exceeds graduation date, or Service Member is dropped from training due to being placed in LIMDU status.</p> <p>If Yes, go to Step 4.9.</p> <p>If No, go to Step 4.14.</p>
	4.9	Does medical condition prevent student from continuing training?	<p>Does medical condition prevent student from continuing training?</p> <p>If Yes, go to 4.10.</p> <p>Service Members under instruction who are medically evaluated, placed on TLD, and whose medical condition prevents continued training will be disenrolled.</p> <p>If No, go to 4.11.</p> <p>Personnel placed on TLD who are able to continue training will be retained in ACC 341/342.</p>
	4.10	Change Accounting Category Code (ACC) to ACC 320 or ACC 355	<p>Clerk changes Accounting Category Code (ACC) to 320 (Temporary Duty For Further Assignment) or ACC 355 (Temporary Duty Awaiting Medical Board) as specified in the Medical Evaluation Board Report summary documentation, as applicable.</p> <p>Upon receipt of the medical board cover sheet, change ACC to 320 or 355, as appropriate and submit "YH" availability.</p> <p>Go to 5.</p>
	4.11	Retain in ACC 341 or 342	<p>Clerk retains Service Member in ACC 341 or 342.</p> <p>Personnel placed on TLD who are able to continue training will be retained in ACC 341/342.</p>
	4.12	Track student TLD status	<p>Clerk tracks student TLD status</p> <p>When RTD determinations occur (during training) or upon graduation, whichever occurs first, evaluate student's ACC status.</p>

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	4.13	Evaluate student's ACC status when RTD determinations occur or upon graduation	<p>Clerk evaluates student's ACC status when RTD determinations occur (during training) or upon graduation.</p> <p>If RTD, go to 13.</p> <p>Comply with the requirements of MPM 1306-801. When a determination of RTD is made by the MTF at any time during the period of training, MTF will ensure an assignment screening is completed within 15 days of RTD date.</p> <p>If TLD/PEB, go to 4.10.</p> <p>Upon graduation, where a student is approved for additional limited duty or while on initial TLD, an RTD determination has not been made, TSC will change the ACC to 320, request order cancellation, if Service Member has follow-on orders, and submit a YH availability via email.</p> <p>Upon graduation, if notification is received that the MTF intends to submit a Medical Evaluation Board Report (MEBR) to PEB, TSC will request order cancellation, if Service Member has follow-on orders, and transfer Service Member to the nearest TPU/Others activity in ACC 355.</p>
	4.14	Update Service Member's ACC to ACC 105 or ACC 355	<p>Clerk updates Service Member's ACC to ACC 105 or ACC 355, as appropriate.</p> <p>For enlisted: Upon receipt of a complete AMEBR recommending LIMDU or PEB, change Service Member's ACC to 105 or 355, as appropriate, ensuring that the effective date corresponds to the date the Convening Authority signed the AMEBR.</p> <p>Note: If the Service Member's existing projected rotation date (PRD) expires before the period of LIMDU, a PRD extension request will be submitted by the servicing TSC. The PRD will only be extended if the LIMDU expiration date exceeds the PRD.</p>
	4.16	Does Service Member, assigned to shore duty, require an AVAIL submission?	<p>Does Service Member, assigned to shore duty, require an AVAIL submission?</p> <p>Shore duty commands will submit all required documents to their TSC and request change to the Service Member's ACC to 105, unless member cannot remain at current shore assignment while in ACC 105, then MPM 1306-1700 series will apply for avail submission.</p> <p>Submarine community will follow the operational Type 2/4 sea duty procedures listed in MPM 1306-1700 series and MPM 1300-1400 regardless of their sea/shore activity assignments.</p> <p>AVAIL submission is not required for Service Members assigned to shore duty (Type 1) unless medical care is not available in close proximity to their current duty station.</p> <p>Exceptions:</p> <ul style="list-style-type: none"> · AVAIL submission is required on submarine designated and nuclear trained personnel being placed on LIMDU, no matter what the type duty assignment. Specific requirements concerning nuclear trained personnel are necessary to monitor special pays (special duty assignment pay and Navy submarine pay) which may be paid to a Service Member while on LIMDU. Provide copy of medical board to Chief of Naval Operations (CNO), Nuclear Enlisted Program Branch (N133D) when nuclear trained personnel are placed on LIMDU and RTD from LIMDU. · Overseas Shore Duty and Isolated Duty. AVAIL submission is required for Service Members assigned to Type Duty 3 and 6 in order to confirm medical care availability at location and Service Member's ability to effectively perform duties while on LIMDU. The appropriate assignment control authority (ACA) will determine whether Service Member will remain at current duty station. <p>Note: If required medical care is not available in close proximity to current shore duty station, comply with MTF direction (e.g., transfer to TPU/Others activity) and/or submit a YH availability.</p> <p>If No, go to 9 (Evaluate Requirements and Verify Entitlements).</p> <p>If Yes, go to 5 (Process TDY Orders).</p>

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	5	Process LIMDU Service Members that require TDY Orders	Process LIMDU Service Members that require TDY Orders, if applicable
	5.4	Update Accounting Category Code (ACC) to ACC 320 or ACC 355	<p>Clerk updates Accounting Category Code (ACC) to ACC 320 (Temporary Duty For Further Assignment) or ACC 355 (Temporary Duty Awaiting Medical Board) as specified in the Medical Evaluation Board Report summary documentation, if required.</p> <p>Upon TDY transfer (from Type 2 or 4 Duty) and receipt of the medical board cover sheet, change ACC to 320 or 355, as appropriate and submit "YH" availability.</p>
	6	Submit "YH" availability	<p>Submit "YH" availability.</p> <p>Refer to the MPM 1306-1700 series articles regarding Availability Processing, as required.</p> <p>AVAIL Report Submissions for LIMDU: Received Onboard Transient Activity for LIMDU. AVAIL will be submitted after member has been transferred (TDY) onboard assigned transient activity and applicable LIMDU notification is received.</p> <p>Physical Examination Board (PEB): For enlisted follow the steps for LIMDU and submit YH Avail to PERS 454 using email: pregavail-tld@navy.mil to determine placement. Detailers will write PCS orders, and the order will be written to ACC 105. TSCs will change the ACC to 355 after initial ACC 105 diary entry.</p> <p>Students and Former Students. Students placed in a LIMDU status while under instruction may be dropped from training dependent on their ability to continue training and or incur an AVAIL status change. LIMDU AVAIL will be submitted whether member is authorized to remain onboard and complete training, LIMDU period exceeds graduation date, or member is dropped from training due to being placed in LIMDU status.</p> <p>Shore Duty. AVAIL submission is not required for members assigned to shore duty (Type 1) unless medical care is not available in close proximity to their current duty station.</p> <p>Exceptions:</p> <p>AVAIL submission is required on submarine designated and nuclear trained personnel being placed on LIMDU, no matter what the type duty assignment. Specific requirements concerning nuclear trained personnel are necessary to monitor special pays (special duty assignment pay and Navy submarine pay) which may be paid to a member while on LIMDU. Provide copy of medical board to Chief of Naval Operations (CNO), Nuclear Enlisted Program Branch (N133D) when nuclear trained personnel are placed on LIMDU and RTD from LIMDU.</p> <p>Overseas Shore Duty and Isolated Duty. AVAIL submission is required for members assigned to Type Duty 3 and 6 in order to confirm medical care availability at location and member's ability to effectively perform duties while on LIMDU. The appropriate assignment control authority (ACA) will determine whether member will remain at current duty station.</p>

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	6.1	Has LIMDU MEB Report documentation been received?	<p>Has LIMDU Medical Board Report documentation been received?</p> <p>Sometimes receipt of the AMEBR and MEBR may be delayed, thus delaying the submission of YH Avail.</p> <p>If Yes, go to 6.4 (Update Transient Tracking, if required).</p> <p>If No, go to 6.2 (Submit weekly tracer message).</p>
	6.2	Submit weekly tracer action to the MTF requesting documentation	<p>Clerk submits weekly tracer action (Request copy of AMEBR/ MEBR, Departmental Review Cover Sheet, or PEB Cover Sheet) to the MTF requesting documentation.</p> <p>For personnel awaiting a signed copy of the initial Medical Board/Departmental Review coversheet/Physical Evaluation Board coversheet: Submit a weekly message listing all personnel who reported onboard without a copy of the Medical Board, and those personnel awaiting dictation or either a Departmental Review or PEB coversheet. Weekly message must be submitted to the medical treatment facility (MTF), with information copy to NAVPERSCOM (PERS-454) and Bureau of Medicine and Surgery (BUMED) (M3M1). Personnel will remain on the weekly message until a copy of the Medical Board is received.</p> <p>Important Note: While awaiting the receipt of documentation, continue the process at Step 9 "Evaluate Requirements and Verify Entitlements".</p>
	6.3	Receive LIMDU MEB Report documentation from MTF	<p>Clerk receives LIMDU Medical Board Report documentation from MTF, in compliance with HIPAA regulations. Documentation should include one of the following:</p> <ul style="list-style-type: none"> · NAVMED 6100/5 (Abbreviated LIMDU Medical Board Report) · NAVMED 6100/1 (Medical Board Report Cover Sheet) <p>Clerk verifies LIMDU documentation for completeness and accuracy. Signatures are required from the following:</p> <ul style="list-style-type: none"> · 2 Physicians · Patient Administrator · Convening Authority <p>Note: If these signatures are missing, the MTF must be contacted to complete the NAVMED 6100/5. Clerk contacts issuing MTF Patient Administrator for resolution, if required.</p> <p>LIMDU SMART leverages electronic workflows to provide active population management of medically restricted personnel in the LIMDU Program, and these workflows are based on the completion of the following forms:</p> <ul style="list-style-type: none"> · NAVMED 6100/5 · NAVMED 6100/6 · NAVMED 1300/3 · NAVMED 6100/1 and 6100/2 <p>Consequently, there is no requirement to duplicate the above documents that can be retrieved from LIMDU SMART in the TRIM LIMDU Retain (Case) File. However, correspondence, message traffic, Page 13s, etc. that document the LIMDU Case need to be archived and retained in TRIM, if implemented, or manually archived otherwise.</p> <p>Important Update: Transaction Service Centers (TSCs) are no longer required to archive KSDs in DON TRACKER RM. Retain documents shall be archived in enterprise Customer Relations Management (eCRM) System and NP2, as an interim solution, until approval of a MyNavy HR solution for permanent archiving of KSDs is determined. In short for Retain File KSDs, eCRM is an approved document storage (archive) application for cases submitted within that application and DON TRACKER RM for cases submitted via TOPS.</p> <p>For enlisted personnel where the medical board recommends an initial period of TLD greater than six months, or the total TLD will exceed twelve months, the MTF will forward the MEBR for Departmental Review to PERS-454 automatically.</p> <p>The MTF will forward cases directly to Physical Evaluation Board where the individual's permanent fitness for duty is in question.</p>

CLERK CONTINUED

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	6.4	Update Transient Tracking Panels in NSIPS	<p>Clerk updates Transient Tracking Panels in NSIPS, if required.</p> <p>Once AMEBR/MEBR documentation is received, clerk changes Service Member's ACC to ACC 320 or ACC 355, as appropriate in NSIPS Transient Tracking and submits YH avail, as required.</p>
	6.5	Submit "YH" availability via email	<p>Clerk submits "YH" availability via email.</p> <p>LIMDU AVAILs will NOT be submitted using NSIPS, regardless of NSIPS capability. Class "YH" AVAILs for Service Members who are placed on LIMDU will be submitted by the servicing TSC or personnel office (as applicable) to NAVPERSCOM, Enlisted Personnel Readiness and Support Branch (PERS-4013C) by e-mail as indicated below:</p> <ul style="list-style-type: none"> · Pregavail-tld@navy.mil when using the NMCI global address listing; or · Pregavail-tld@navy.mil when not using the NMCI global address listing. <p>Refer to the MPM 1306-1700 series articles regarding Availability Processing, as required.</p>
	7	Await LIMDU orders	<p>Await LIMDU orders.</p> <p>Important Note: While awaiting the receipt of LIMDU orders, continue the process at Step 9 "Evaluate Requirements and Verify Entitlements".</p>
	7.1	Verify AVAIL and Orders Status	<p>Clerk verifies AVAIL and Orders Status.</p> <p>Using whatever means available, verify that assignment control authorities have received the AVAIL, and that the assignment directives (orders) have been released or transmitted with a release date, and the estimated date of loss to the Navy (EDLN) has been documented.</p> <p>Note: If the Service Member's PRD has been adjusted to show that he or she will remain onboard, or if other feedback is provided from NAVPERSCOM or the command that AVAIL is not needed, change the AVAIL, or delete as necessary.</p>
	7.2	Are LIMDU orders received within 14 working days?	<p>Are LIMDU orders received within 14 working days after the initial Availability submission date?</p> <p>If No, go to 7.2.1</p> <p>If Yes, go to 7.3.</p>

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CLERK CONTINUED

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	7.2.1	Submit tracer/ADTAKE	<p>Clerk submits tracer/ADTAKE.</p> <p>Submit ADTAKE on AVAIL using same method as initial AVAIL submission (e.g., e-mail to NAVPERSCOM).</p> <p>Use workdays to determine when the ADTAKE is to be submitted. NSIPS should automatically calculate workdays for when an AVAIL ADTAKE is due. This calculation is based on the available for transfer date of Service Member on the most recent AVAIL report submitted. Service Member should keep resurfacing on the AVAIL ADTAKE report as each tracer action is due until orders are received or the AVAIL is deleted if no longer needed.</p> <p>Repeat every 10 days until orders are received.</p> <p>Note: Engage TPU/detailer to inquire regarding delay in receipt of orders.</p>
	7.2.2	Are orders received within 10 days of tracer?	<p>Are orders received within 10 days of tracer?</p> <p>If No, go to 7.2.1.</p> <p>If Yes, go to 7.3.</p>
	7.3	Review LIMDU orders	<p>Clerk reviews LIMDU orders.</p> <p>Conduct review as prescribed in MILPERSMAN 1300-1400. Should any factors preclude assignment of the Service Member IAW LIMDU orders, comply with MILPERSMAN 1300-1400.</p> <p>Notify TPU that Service Member must transfer within five working days.</p>
	7.4	Change ACC to 330	Clerk changes ACC to 330 (TEMPORARY DUTY FOR FURTHER TRANSFER) if Service Member is not transferring in seven working days.
	7.5	Update Transient Tracking Panels in NSIPS	Clerk updates Transient Tracking Panels in NSIPS.
	7.6	Prepare Activity Loss transferring Service Member from TPU to LIMDU command	<p>Clerk prepares Activity Loss transferring Service Member from TPU to LIMDU command.</p> <p>Refer to Transfers Process SOP, if required: https://flankspeed.sharepoint-mil.us/sites/MyNavyHR_MNCC/Lists/SOP%20PDFs/AllItems.aspx Ensure Service Member has a copy of NAVMED 6100/5 (Abbreviated LIMDU Medical Board Report) and NAVPERS 1070/613s, if applicable.</p>
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CLERK CONTINUED

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	7.7	Review and release the Activity Loss	Supervisor reviews and releases the Activity Loss.
	7.7.1	Did the Activity Loss post in MMPA?	Did the Activity Loss post in MMPA? If No, go to 7.7.2. If Yes, go to 7.8.
	7.7.2	Determine reason for posting delay	Clerk and supervisor determine reason for posting delay. 1. Check message status inquiry in NSIPS for error code 2. Research reason for error in NSIPS · If error is correctable, correct and resubmit. · If error is not correctable, submit NSIPS trouble ticket or contact DFAS. Go to 7.7.1.
	7.8	Prepare Activity Gain in NSIPS, ACC 105 or ACC 355, as appropriate	Clerk prepares Activity Gain in NSIPS, ACC 105 (Limited Duty - Assignment Restricted For Medical Reasons) or ACC 355 (Temporary Duty Awaiting Medical Board). Complete Receipts Process SOP, as applicable: https://flankspeed.sharepoint-mil.us/sites/MyNavyHR_MNCC/Lists/SOP%20PDFs/AllItems.aspx
	7.9	Review and release Activity Gain	Supervisor reviews and releases Activity Gain.
	7.9.1	Did the Gain post in MMPA?	Did the Gain post in MMPA? If No, go to 7.9.2. If Yes, go to 9.
	7.9.2	Determine reason for posting delay	Clerk and supervisor determine reason for posting delay. 1. Check message status inquiry in NSIPS for error code 2. Research reason for error in NSIPS · If error is correctable, correct and resubmit · If error is not correctable, submit NSIPS trouble ticket or contact DFAS Go to 7.9.1.

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CLERK CONTINUED

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	8	Process LIMDU officer	Process LIMDU officer. Note: For Officer Physical Examination Board (PEB) recommendations submit Abbreviated Medical Evaluation Board Request indicating PEB referral or Veteran's Tracking Application Integrated Disability Evaluation System Referral Form to PERS-454 via e-mail at mill_daopers-454@navy.mil . PERS-454 will coordinate with the detailee to write the PCS orders to ACC 105 and then change to ACC 355 after arrival at/Gained By the TSC.
	8.5	Prepare Activity Loss (Transfers)	Clerk prepares Activity Loss. Complete Transfer Process SOP, as applicable: https://flankspeed.sharepoint-mil.us/sites/MyNavyHR_MNCC/Lists/SOP%20PDFs/AllItems.aspx
	8.6	Prepare Activity Gain (Receipts)	Clerk prepares Activity Gain. Complete Receipts Process SOP, as applicable: https://flankspeed.sharepoint-mil.us/sites/MyNavyHR_MNCC/Lists/SOP%20PDFs/AllItems.aspx
	8.6.1	Process Activity Gain in NSIPS, ACC 105 or ACC 355	Clerk processes Activity Gain in NSIPS, ACC 105 or ACC 355 (PEB), as appropriate. Service Member shall not be assigned ACC 105 until gained at the new duty station. When gained, the ACC shall be changed to ACC 105 or ACC 355, as appropriate, ensuring that the effective date corresponds to the date the Convening Authority signed the AMEBR/MEBR.
	8.6.2	Review and release Activity Gain	Supervisor reviews and releases Activity Gain.
	8.6.2.1	Did the Gain post in MMPA?	Did the Gain post in MMPA? If No, go to 8.6.2.2. If Yes, go to 9 .
	8.6.2.2	Determine reason for posting delay	Clerk and supervisor determine reason for posting delay. <ol style="list-style-type: none"> 1. Check message status inquiry in NSIPS for error code 2. Research reason for error in NSIPS <ul style="list-style-type: none"> · If error is correctable, correct and resubmit · If error is not correctable, submit NSIPS trouble ticket or contact DFAS Go to 8.6.2.1.
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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	8.7	Change ACC to ACC 105 or ACC 355	<p>Clerk changes ACC to ACC 105 or ACC 355 (PEB), as required.</p> <p>For officers: When in receipt of a message from PERS-454 approving an officer for a period of LIMDU or directing a PEB, change the Service Member's ACC from 100 to 105 or 355, as appropriate, ensuring that the effective date corresponds to the date the Convening Authority signed the AMEBR. If the Service Member is other than ACC 100, contact PERS-454 for additional guidance.</p> <p>The PRD will only be extended if the LIMDU expiration date exceeds the PRD.</p> <p>Go to 9.</p>
	9	Evaluate requirements and verify entitlements	Evaluate requirements and verify entitlements.
	9.2	Verify/update Service Member's entitlements, as required	<p>Clerk/Supervisor verify/update Service Member's entitlements, as required.</p> <p>Refer to appropriate Pay SOP, as required: https://flankspeed.sharepoint-mil.us/sites/MyNavyHR_MNCC/Lists/SOP%20PDFs/AllItems.aspx </p>
	10	Track and monitor Service Member's status	<p>Track and monitor Service Member's status.</p> <p>When an officer is assigned to a LIMDU status, the servicing TSC/Personnel Office will establish a tracking system for the officer. Tracking Systems and status update reports required from TSC/Personnel Offices are the same for officer and enlisted personnel.</p>
	10.1	Print new LIMDU ADHOC and NSIPS LIMDU reports every Monday	<p>Clerk prints new LIMDU ADHOC and NSIPS LIMDU reports every Monday.</p> <p>Annotate updates and changes to the reports as they occur throughout the week.</p>
	10.2	Update Transient Tracking Panels in NSIPS, as required	<p>Clerk updates Transient Tracking Panels in NSIPS, as required.</p> <p>Input appropriate changes into NSIPS Transient Tracking Panels throughout the week.</p> <p>Verify the following:</p> <p>General Tab:</p> <ul style="list-style-type: none"> · Planned Loss Date (PLD) matches date the next action is required · Change Transient Tracking Code (TTC) to '61E' · Change ACC from 100 to 105 (date Service Member went on first LIMDU only) · Update TTC effective date to match ACC effective date <p>Medical Tab:</p> <ul style="list-style-type: none"> · Date Service Member was last seen by a physician · Physician's name · LIMDU or PEB · Date of PEB or LIMDU Board · Date notification was received · When LIMDU expires (if on 1st LIMDU, then end date) · Number of months Service Member was on LIMDU · Type of LIMDU documentation <p>Remarks Tab:</p> <ul style="list-style-type: none"> · Show weekly updates (when last updated), pertinent data, indicate if status on message report
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CLERK CONTINUED


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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	10.3	Submit Monthly Status Update of LIMDU Personnel, as required	<p>Clerk submits Monthly Status Update of LIMDU Personnel, as required.</p> <p>The message report must be submitted no later than the 10th of each month. TSCs or personnel offices that have LIMDU personnel assigned on board, but have no changes to report during the month, must submit a negative input report by the 10th of each month.</p> <p>The message report is comprised of five sections:</p> <ul style="list-style-type: none"> · Section 1: PRD Disparities · Section 2: Personnel made Available and not in Receipt of Orders · Section 3: Personnel Pending Departmental Review Action · Section 4: Personnel Pending Preliminary Findings of PEB · Section 5: Personnel who have Accepted Preliminary Findings of PEB Awaiting Final Disposition
	10.3.1	Does Service Member's LIMDU period exceed PRD or EAOS?	<p>Does Service Member's LIMDU period exceed Projected Rotation Date (PRD) or Expiration of Active Obligated Service (EAOS)?</p> <p>Check MMPA (LOPG/L0OG).</p> <p>If Yes, go to 10.3.2 If No, go to 10.3.11</p>
	10.3.2	Notify command of impending expiration of EAOS or requirement for PRD extension	Clerk notifies command of impending expiration of EAOS or requirement for PRD extension
	10.3.3	Does Service Member have an impending EAOS expiration without having case accepted by PEB/IDES	<p>Does Service Member have an impending EAOS expiration without having case accepted by PEB/IDES?</p> <p>If Yes, go to 10.3.4. If No, go to 10.3.10</p> <p>If the member is in ACC 355 and is accepted by the PEB/IDES, there is no need to inform PERS-811 prior to future medical hold extensions. Upon EAOS extension/Retain in Service approval, PERS-811 will inform and direct the requisite TSC of the member by e-mail to make this change.</p>
	10.3.8	Submit RIS via NSIPS	<p>Clerk submits RIS via NSIPS</p> <p>Additionally, clerk prepares permanent RIS NAVPERS 1070/613 in NSIPS ESR and obtains Service Member signature. Following Service Member signature, NSIPS ESR (NAVPERS 1070/613) is verified by Supervisor. Following verification RIS NAVPERS 1070/613 is e-subbed by the clerk to the OMPF.</p> <p>Go to 10.3.11</p>

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	10.3.9	Initiate separation processing ICO Service Member	<p>Clerk initiates separation processing ICO Service Member</p> <p>Refer to RnS SOP at https://flankspeed.sharepoint-mil.us/sites/MyNavyHR_MNCC/Lists/SOP%20PDFs/AllItems.aspx</p> <p>Go to Stop</p> <p>Note: If a Service Member on LIMDU has an EAOS/SEAOS that ends within their current LIMDU period, and has either a blank PTS code or a PTS code directed separation, that shall be considered a mandatory reason for separation, and that Service Member shall be separated per MILPERSMAN 1300-1400.</p> <p>Refer to PPIB 11-11 as required.</p>
	10.3.10	Clerk submits PRD correction, as required	<p>Clerk submits PRD correction, as required.</p> <p>If the LIMDU period will exceed the Service Member's current PRD (verify in LOPG/L0OG): Submit the PRD correction request via the Monthly Status Update of LIMDU Personnel Message. Carry personnel on the message until the PRD is corrected.</p> <ul style="list-style-type: none"> · Use section 1-A of the message to request PRD corrections for enlisted personnel who require PRD adjustments during their first or second LIMDU periods. · Use section 1-B of the message to request PRD corrections for enlisted personnel who have been approved for a period of LIMDU greater than 12 months by PERS-454 and the PRD requires correction. · Use section 1-C of the message to request PRD corrections for officers that require a PRD correction.
	10.3.11	Track LIMDU personnel, as required	<p>Clerk tracks LIMDU personnel, as required.</p> <p>Submit Monthly Status Update of LIMDU Personnel Message. Track LIMDU personnel in appropriate section:</p> <ul style="list-style-type: none"> · Section 2: Personnel made Available and not in Receipt of Orders · Section 3: Personnel Pending Departmental Review Action · Section 4: Personnel Pending Preliminary Findings of PEB · Section 5: Personnel who have Accepted Preliminary Findings of PEB Awaiting Final Disposition
	11	Receive MTF RTD determination	<p>Receive MTF RTD determination.</p> <p>Any time during a period of TLD, the attending medical officer can make one of the following determinations:</p> <ul style="list-style-type: none"> · Service Member is able to RTD · Service Member requires additional LIMDU, not to exceed 12 months · Service Member requires additional LIMDU, to exceed 12 months (requires NAVPERSCOM (PERS-454) approval) · Medical Board to be dictated referring the Service Member to Physical Evaluation Board for fitness determination

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	11.1	Has MTF made an RTD determination?	<p>Has MTF made an RTD determination recommending additional TLD, PEB, etc. no later than 30 days prior to the expiration of current TLD?</p> <p>The MTF should make a RTD determination recommending additional TLD, PEB, etc., no later than 30 days prior to the expiration of TLD.</p> <p>If No, go to 11.2. If Yes, go to 11.3.</p>
	11.2	Submit Weekly Request for LIMDU or Assignment Screening Status message	<p>Clerk submits Weekly Request for LIMDU or Assignment Screening Status message.</p> <p>The TSC LIMDU coordinator will track TLD personnel within 30 days of expiration of TLD using the Weekly Request for LIMDU or Assignment Screening Status message. The request for LIMDU status message will be submitted weekly to the parent command(s) until status change results are received for personnel in the following categories:</p> <ul style="list-style-type: none"> · TLD personnel within 30 days from expiration of LIMDU, and follow-up appointment results have not been received · TLD personnel, whose LIMDU period is expired and follow-up appointment results have not been received · TLD personnel RTD and assignment screening results have not been received from the parent command within 15 days from the date a Service Member is able to RTD <p>When RTD determination is received, go to 11.3.</p>
	11.3	What was MTF LIMDU follow-up recommendation?	<p>What was MTF LIMDU follow-up recommendation?</p> <p>The MTF will recommend one of the following actions:</p> <p>The Service Member is able to RTD. Go to 13.</p> <p>AMEBR recommends a second 6-month period of TLD (for enlisted Service Members only), not to exceed 12 months consecutively. Go to 11.4.</p> <p>Dictated MEBR is submitted to NAVPERSCOM (PERS-454) for Departmental Review requesting an additional TLD. Dictated MEBRs are required only for third LIMDU request for same condition (in expectation of dictation being submitted to PEB) Go to 11.5.</p> <p>MEBR is referred to PEB for a fitness determination. Go to 12.</p>

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	11.4	File NAVMED 6100/5 for 2nd LIMDU period	<p>Clerk files NAVMED 6100/5 (Abbreviated LIMDU Medical Board Report) for 2nd LIMDU period in case file. Must be signed by convening authority.</p> <p>LIMDU SMART leverages electronic workflows to provide active population management of medically restricted personnel in the LIMDU Program, and these workflows are based on the completion of the following forms:</p> <ul style="list-style-type: none"> · NAVMED 6100/5 · NAVMED 6100/6 · NAVMED 1300/3 · NAVMED 6100/1 and 6100/2 <p>Consequently, there is no requirement to duplicate the above documents that can be retrieved from LIMDU SMART in the Retain (Case) File. However, correspondence, message traffic, Page 13s, etc. that document the LIMDU Case need to be archived.</p> <p>Caution: Be advised, there is no PEB workflow within LIMDU SMART at present. Documentation supporting referral to PEB needs to be archived in TRIM until full implementation of the PEB workflow within LIMDU SMART.</p> <p>Important Update: Transaction Service Centers (TSCs) are no longer required to archive KSDs in DON TRACKER RM. Retain documents shall be archived in enterprise Customer Relations Management (eCRM) System and NP2, as an interim solution, until approval of a MyNavy HR solution for permanent archiving of KSDs is determined. In short for Retain File KSDs, eCRM is an approved document storage (archive) application for cases submitted within that application and DON TRACKER RM for cases submitted via TOPS.</p> <p>Go to 10.</p>
	11.5	File NAVMED 6100/1 (Medical Board Report Cover Sheet)	<p>Clerk files NAVMED 6100/1 (Medical Board Report Cover Sheet) in case file.</p> <p>LIMDU SMART leverages electronic workflows to provide active population management of medically restricted personnel in the LIMDU Program, and these workflows are based on the completion of the following forms:</p> <ul style="list-style-type: none"> · NAVMED 6100/5 · NAVMED 6100/6 · NAVMED 1300/3 · NAVMED 6100/1 and 6100/2 <p>Consequently, there is no requirement to duplicate the above documents that can be retrieved from LIMDU SMART in the Retain (Case) File. However, correspondence, message traffic, Page 13s, etc. that document the LIMDU Case need to be archived and retained in TRIM, if implemented, or manually archived otherwise.</p> <p>Caution: Be advised, there is no PEB workflow within LIMDU SMART at present. Documentation supporting referral to PEB needs to be archived in TRIM until full implementation of the PEB workflow within LIMDU SMART.</p> <p>Important Update: Transaction Service Centers (TSCs) are no longer required to archive KSDs in DON TRACKER RM. Retain documents shall be archived in enterprise Customer Relations Management (eCRM) System and NP2, as an interim solution, until approval of a MyNavy HR solution for permanent archiving of KSDs is determined. In short for Retain File KSDs, eCRM is an approved document storage (archive) application for cases submitted within that application and DON TRACKER RM for cases submitted via TOPS.</p>

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	11.6	Was message for approval of additional period of TLD or referral to PEB received from PERS-454?	Was message for approval of additional period of TLD or referral to PEB received from PERS-454? If No, go to 11.7. If Yes, go to 11.8.
	11.7	Submit tracer action to PERS-454 requesting status	Clerk submits tracer action to PERS-454 requesting status. Add Service Member to Section 3 of the monthly status update of LIMDU personnel message if determination is not received within 30 days of CA signature. Submit monthly status update of LIMDU personnel message on the 10th of each month. Personnel will remain on the monthly message until the results of Departmental Review are received onboard.
	11.8	Did Department Review approve additional period of TLD or refer to PEB?	Did Department Review approve additional period of TLD or refer to PEB? If TLD approved, go to Step 10 . If referred to PEB, go to Step 12.
	12	Process Service Members referred to PEB	Process Service Members referred to PEB.
	12.1	File NAVMED 6100/1 (Medical Board Report Cover Sheet)	Clerk files NAVMED 6100/1 (Medical Board Report Cover Sheet) in case file, if required. Receive Medical Board cover sheet referring Service Member to PEB. LIMDU SMART leverages electronic workflows to provide active population management of medically restricted personnel in the LIMDU Program, and these workflows are based on the completion of the following forms: <ul style="list-style-type: none"> · NAVMED 6100/5 · NAVMED 6100/6 · NAVMED 1300/3 · NAVMED 6100/1 and 6100/2 Consequently, there is no requirement to duplicate the above documents that can be retrieved from LIMDU SMART in the Retain (Case) File. However, correspondence, message traffic, Page 13s, etc. that document the LIMDU Case need to be archived and retained. Caution: Be advised, there is no PEB workflow within LIMDU SMART at present. Documentation supporting referral to PEB needs to be archived. Important Update: Transaction Service Centers (TSCs) are no longer required to archive KSDs in DON TRACKER RM. Retain documents shall be archived in enterprise Customer Relations Management (eCRM) System and NP2, as an interim solution, until approval of a MyNavy HR solution for permanent archiving of KSDs is determined. In short for Retain File KSDs, eCRM is an approved document storage (archive) application for cases submitted within that application and DON TRACKER RM for cases submitted via TOPS.

CLERK CONTINUED

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	12.2	Receive monthly PEB listing from MTF	Clerk receives monthly PEB listing from MTF.
	12.2.1	Is Service Member on the MTF PEB listing?	Is Service Member on the MTF PEB listing? If No, go to 12.2.2. If Yes, go to 12.3.
	12.2.2	Request updated PEB listing	Clerk requests updated PEB listing. Add Service Member to Section 4 of the monthly status update of LIMDU personnel message, if not added to MTF PEB listing within 30 days. Submit monthly status update of LIMDU personnel message on the 10th of each month. Maintain personnel on monthly message until Service Member is added to the MTF PEB listing.
	12.3	Update Transient Tracking Panels in NSIPS	Clerk updates Transient Tracking Panels in NSIPS.
	12.4	Receive NPC (PERS-454) findings via message	Clerk receives NPC (PERS-454) findings via message.
	12.5	Did the Service Member accept findings?	Did the Service Member accept findings? If No, go to 12.6. If Yes, go to 12.7.
	12.6	Obtain copy of rebuttal	Clerk obtains copy of rebuttal.
	12.6.1	Update Transient Tracking Panels in NSIPS with rebuttal information	Clerk updates Transient Tracking Panels in NSIPS with rebuttal information.

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	12.6.2	Track Service Member on TMTR	Clerk tracks Service Member on Transient Monitoring Tracking Report (TMTR).
	12.6.3	Receive final determination (decision) of Service Member's formal appeal	Clerk receives final determination (decision) of Service Member's formal appeal.
	12.7	Was Service Member found Fit or Unfit for continued Naval Service?	Was Service Member found Fit or Unfit for continued Naval Service? If Unfit, go to 12.8. If Fit, go to 13.
	12.8	Receive message notification from medical authority to separate Service Member	Clerk receives message notification from medical authority to separate Service Member.
	12.9	Update Transient Tracking Panels in NSIPS	Clerk updates Transient Tracking Panels in NSIPS. Change TTC to 66A. Update remarks citing date of message. Save information (DO NOT PURGE).
	12.10	Complete Separations process	Clerk completes Separations process. Refer to RnS SOP, as required: https://flankspeed.sharepoint-mil.us/sites/MyNavyHR_MNCC/Lists/SOP%20PDFs/AllItems.aspx An individual found unfit for duty who unconditionally accepts the findings and is awaiting final action on the case from the Secretary of the Navy, may request to be placed in a Home-Awaiting-Orders (HAO) status. The Service Member's request must be approved by the Commanding Officer. It is not mandatory that the Service Member be placed in this status, and it might be expedient and proper to retain the individual awaiting final action.
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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	12.11	Complete archive file	<p>Clerk completes archive file.</p> <ul style="list-style-type: none"> · PEB findings · PEB Medical Board Cover Sheet · NAVPERSCOM NPC (PERS-454) message recommending forward case to PEB or approving/denying additional TLD · Additional NAVPERS 6100/1 (Medical Board Report Cover Sheet) · Initial NAVMED 6100/5 (Abbreviated LIMDU Medical Board Report) · NAVPERS 1070/613 (Administrative Remarks) · NSIPS panel reflecting date of TLD (effective date) <p>LIMDU SMART leverages electronic workflows to provide active population management of medically restricted personnel in the LIMDU Program, and these workflows are based on the completion of the following forms:</p> <ul style="list-style-type: none"> · NAVMED 6100/5 · NAVMED 6100/6 · NAVMED 1300/3 · NAVMED 6100/1 and 6100/2 <p>Consequently, there is no requirement to duplicate the above documents that can be retrieved from LIMDU SMART in the Retain (Case) File. However, correspondence, message traffic, Page 13s, etc. that document the LIMDU Case need to be archived and</p> <p>Caution: Be advised, there is no PEB workflow within LIMDU SMART at present. Documentation supporting referral to PEB needs to be archived.</p> <p>Important Update: Transaction Service Centers (TSCs) are no longer required to archive KSDs in DON TRACKER RM. Retain documents shall be archived in enterprise Customer Relations Management (eCRM) System and NP2, as an interim solution, until approval of a MyNavy HR solution for permanent archiving of KSDs is determined. In short for Retain File KSDs, eCRM is an approved document storage (archive) application for cases submitted within that application and DON TRACKER RM for cases submitted via TOPS.</p> <p>Go to Stop.</p>
	13	Disposition and accounting of personnel upon completion of LIMDU	Disposition and accounting of personnel upon completion of LIMDU.

CLERK CONTINUED



ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	13.1	Receive Member Return to Duty (RTD) approval in LIMDU SMART	<p>Clerk receives Member Return to Duty (RTD) approval in LIMDU SMART</p> <p>Regardless of Activity (MTF, TSC, Parent Command, or PERS-454) the Deployability Coordinator who is informed of RTD determination, immediately informs other organization Deployability Coordinators of RTD</p> <p>The Parent Command is immediately made aware in order to initiate any required screenings.</p> <p>Except for Service Member's in the Nuclear ratings and non-nuclear Submariners, Clerk changes ACC from 105 to 100. Process YJ AVAIL.</p>
	13.2	Is Service Member a nuclear-trained (surface/submarine) or a non-nuclear submariner?	<p>Is Service Member a nuclear-trained (surface/submarine) or a non-nuclear submariner?</p> <p>Policy for Enlisted Nuclear-Trained and Submarine Service members on LIMDU. Nuclear-trained surface, nuclear-trained submarine, and non-nuclear-trained submarine Service members require additional screening and administrative processing for assignment to or from a LIMDU status.</p> <p>Clerk ensures Member's command is aware of all required additional screenings to be completed.</p> <p>Inquiries related to screening status or requirements for all nuclear-trained enlisted personnel should be directed to OPNAV N133D.</p> <p>If Yes, go to 13.2.1.</p> <p>If No, go to 13.2.6.</p>
	13.2.9	Verify HYT/FLTRES/Retirement status and process	<p>Clerk verifies HYT/FLTRES/Retirement status and processes, as required.</p> <p>For enlisted Service Members able to RTD and who are in receipt of approved retirement/Fleet Reserve dates, or are beyond High Year Tenure (HYT), no availability is required.</p> <p>Change ACC to 100 and contact NAVPERSCOM, Disability Retirement/Limited Duty Branch (PERS-4822 for enlisted and PERS-4823 for officers), regarding execution of previously approved Retirement or Fleet Reserve authorization.</p> <p>Go to 13.5.</p>
	13.2.10	Change ACC to 100, No Assignment Screening required	<p>Clerk changes ACC to 100, No Assignment Screening required.</p> <p>Go to Stop.</p>

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	13.3	Parent command ensures Assignment Screening is completed	<p>Parent command ensures Assignment Screening is completed.</p> <p>TSC will submit YJ availability and associated tracer actions upon receipt of completion of Assignment Screening.</p> <p>Note: One cannot fail an Assignment Screening. This YJ availability will include one of the following remarks:</p> <ol style="list-style-type: none"> 1) WORLD WIDE ASSIGNABLE (WWA) 2) ASSIGNMENT LIMITED (requires NAVPERSCOM (PERS 40BB) direction)
	13.3.2	Was Member FFD determination received from PEB	<p>Was Service Member FFD determination received from PEB?</p> <p>If Yes, go to 13.3.3</p> <p>If No, go to 13.4</p>
	13.3.3	Was NAVMED 1300/3 received within 15 days of RTD date?	<p>Was NAVMED 1300/3 (Assignment Screening) received within 15 days of RTD date?</p> <p>If No, go to 13.3.4.</p> <p>If Yes, go to 13.3.6</p> <p>LIMDU SMART leverages electronic workflows to provide active population management of medically restricted personnel in the LIMDU Program, and these workflows are based on the completion of the following forms:</p> <ul style="list-style-type: none"> · NAVMED 6100/5 · NAVMED 6100/6 · NAVMED 1300/3 · NAVMED 6100/1 and 6100/2 <p>Consequently, there is no requirement to duplicate the above documents that can be retrieved from LIMDU SMART in the Retain (Case) File. However, correspondence, message traffic, Page 13s, etc. that document the LIMDU Case need to be archived and retained.</p> <p>Caution: Be advised, there is no PEB workflow within LIMDU SMART at present. Documentation supporting referral to PEB needs to be archived.</p> <p>Important Update: Transaction Service Centers (TSCs) are no longer required to archive KSDs in DON TRACKER RM. Retain documents shall be archived in enterprise Customer Relations Management (eCRM) System and NP2, as an interim solution, until approval of a MyNavy HR solution for permanent archiving of KSDs is determined. In short for Retain File KSDs, eCRM is an approved document storage (archive) application for cases submitted within that application and DON TRACKER RM for cases submitted via TOPS.</p>

CLERK CONTINUED

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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	13.3.4	Submit Weekly Request for LIMDU or Assignment Screening Status message	<p>Clerk submits Weekly Request for LIMDU or Assignment Screening Status message.</p> <p>The TSC LIMDU coordinator will track RTD personnel for whom assignment screening results have not been received from the parent command within 15 days from the date a Service Member is able to RTD. The request for Assignment Screening status message will be submitted weekly to the parent command(s) until the Assignment Screening results are received.</p>
	13.3.5	Has assignment screening been received since last weekly tracer?	<p>Has assignment screening been received since last weekly tracer?</p> <p>If No, go to 13.3.4. If Yes, go to 13.3.6.</p>
	13.3.6	Receive NAVMED 1300/3 Assignment Screening from CPPA	<p>Clerk receives NAVMED 1300/3 Medical Assignment Screening from CPPA (or MTF Deployability Coordinator)</p> <p>LIMDU SMART leverages electronic workflows to provide active population management of medically restricted personnel in the LIMDU Program, and these workflows are based on the completion of the following forms:</p> <ul style="list-style-type: none"> · NAVMED 6100/5 · NAVMED 6100/6 · NAVMED 1300/3 · NAVMED 6100/1 and 6100/2 <p>Consequently, there is no requirement to duplicate the above documents that can be retrieved from LIMDU SMART in the Retain (Case) File. However, correspondence, message traffic, Page 13s, etc. that document the LIMDU Case need to be archived and retained.</p> <p>Caution: Be advised, there is no PEB workflow within LIMDU SMART at present. Documentation supporting referral to PEB needs to be archived.</p> <p>Important Update: Transaction Service Centers (TSCs) are no longer required to archive KSDs in DON TRACKER RM. Retain documents shall be archived in enterprise Customer Relations Management (eCRM) System and NP2, as an interim solution, until approval of a MyNavy HR solution for permanent archiving of KSDs is determined. In short for Retain File KSDs, eCRM is an approved document storage (archive) application for cases submitted within that application and DON TRACKER RM for cases submitted via TOPS.</p>
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ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	13.4	Determine required entries for 'YJ' Availability	<p>Clerk determines required entries for 'YJ' Availability.</p> <p>Refer to the MPM 1306-1700 series articles for current YJ availability submission procedures, as required.</p>
	13.4.1	Does Service Member require C-WAY Reenlistment or Rate Conversion approval?	<p>Does Service Member require C-WAY Reenlistment or Rate Conversion approval?</p> <p>If No, go to 13.4.3. If Yes, go to 13.4.2.</p>
	13.4.2	Include statement, "C-WAY Reenlistment/Rate Conversion request pending" on YJ Avail	Clerk includes statement, "C-WAY Reenlistment/Rate Conversion request pending" on YJ Avail.
	13.4.3	Submit 'YJ' Avail and indicate WWA or Assignment Limited	Clerk submits 'YJ' Avail and indicates World Wide Available (WWA) or Assignment Limited.
	13.5	Await PCS orders or Separation Authority	Clerk awaits Permanent Change of Station (PCS) orders or Separation Authority.
	13.5.1	Have orders or Separation Authority been received?	<p>Have orders or Separation Authority been received?</p> <p>If No, go to 13.5.2. If Yes, go to 13.5.6.</p>
	13.5.2	Submit tracer action to PERS-454 requesting status, as required	<p>Clerk submits tracer action to PERS-454 requesting status, as required.</p> <p>Add Service Member to Section 2 of the monthly status update of LIMDU personnel message for "Personnel made Available and not in Receipt of Orders". Personnel who are able to RTD, assignment screening has been completed, and Service Members have been made available for orders, but are not in receipt of orders.</p> <p>Submit monthly status update of LIMDU personnel message on the 10th of each month. Personnel will remain on the monthly message until orders are received onboard.</p>
CONTINUE TO NEXT PAGE			

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	13.5.3	Are orders received within 14 working days?	Are orders received within 14 working days of submission of YJ Avail (enlisted only)? If No, go to 13.5.4. If Yes, go to 13.5.6.
	13.5.4	Submit tracer/ADTAKE	Clerk submits tracer/ADTAKE (enlisted only). Repeat every 10 days until orders are received. Note: Engage detailer to inquire regarding delay in receipt of orders.
	13.5.5	Are orders received within 10 days of tracer?	Are orders received within 10 days of tracer (enlisted only)? If No, go to 13.5.4. If Yes, go to 13.5.6.
	13.5.6	Do orders direct PCS or Separation?	Do orders direct PCS or Separation? If PCS, go to 13.5.7. If Separation, go to 13.5.11 .
	13.5.7	Receive PCS orders	Clerk receives PCS orders. Upon receipt of PCS orders, change ACC to 100 and complete transfer process. Transient Tracking Panel will be purged upon Service Member's Activity Gain.
	13.5.8	Create Activity Loss in NSIPS	Clerk creates Activity Loss in NSIPS. Refer to Transfers Process SOP: https://flankspeed.sharepoint-mil.us/sites/MyNavyHR_MNCC/Lists/SOP%20PDFs/AllItems.aspx
	13.5.9	Review and release Activity Loss	Supervisor reviews and releases Activity Loss.
	13.5.9.1	Did the Activity Loss post in MMPA?	Did the Activity Loss post in MMPA? If No, go to 13.5.9.2. If Yes, go to 13.5.10 .
	13.5.9.2	Determine reason for posting delay	Clerk and supervisor determine reason for posting delay. 1. Check message status inquiry in NSIPS for error code 2. Research reason for error in NSIPS · If error is correctable, correct and resubmit · If error is not correctable, submit NSIPS trouble ticket or contact DFAS Go to 13.5.9.1.

CLERK CONTINUED

 BACK

ROLE	STEP #	FLOW TEXT	ADDITIONAL TEXT
CLERK	13.5.10	Create Activity Gain to PCS Activity in NSIPS	<p>Clerk creates Activity Gain to PCS Activity in NSIPS.</p> <p>Refer to Receipts Process SOP: https://flankspeed.sharepoint-mil.us/sites/MyNavyHR_MNCC/Lists/SOP%20PDFs/AllItems.aspx</p> <p>Go to 13.6.</p>
	13.5.11	Change ACC to 100 and separate as directed	<p>Clerk changes ACC to 100 and separates as directed.</p> <p>Refer to RnS SOP: https://flankspeed.sharepoint-mil.us/sites/MyNavyHR_MNCC/Lists/SOP%20PDFs/AllItems.aspx</p>
	13.6	Complete Retain File	<p>Clerk completes Retain File.</p> <p>LIMDU SMART leverages electronic workflows to provide active population management of medically restricted personnel in the LIMDU Program, and these workflows are based on the completion of the following forms:</p> <ul style="list-style-type: none"> · NAVMED 6100/5 · NAVMED 6100/6 · NAVMED 1300/3 · NAVMED 6100/1 and 6100/2 <p>Consequently, there is no requirement to duplicate the above documents that can be retrieved from LIMDU SMART in the Retain (Case) File. However, correspondence, message traffic, Page 13s, etc. that document the LIMDU Case need to be archived and retained.</p> <p>Caution: Be advised, there is no PEB workflow within LIMDU SMART at present. Documentation supporting referral to PEB needs to be archived.</p> <p>Important Update: Transaction Service Centers (TSCs) are no longer required to archive KSDs in DON TRACKER RM. Retain documents shall be archived in enterprise Customer Relations Management (eCRM) System and NP2, as an interim solution, until approval of a MyNavy HR solution for permanent archiving of KSDs is determined. In short for Retain File KSDs, eCRM is an approved document storage (archive) application for cases submitted within that application and DON TRACKER RM for cases submitted via TOPS.</p>

STOP

DEPLOYABILITY COORDINATOR START

 **BACK****ROLE****STEP #****FLOW TEXT****ADDITIONAL TEXT****DEPLOYABILITY
COORDINATOR**

4.3

Prepare
NAVPERS
1070/613CPPA /Deployability Coordinator
prepares [NAVPERS 1070/613](#)
(Administrative Remarks).**STOP**