

## MILPERSMAN 1300-1400

### LIMITED DUTY

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<b>References</b>	<ul style="list-style-type: none"> <li>(a) DoD Instruction 1332.45 of 30 July 2018</li> <li>(b) OPNAVINST 1300.20</li> <li>(c) DoD Instruction 1332.18 of 5 August 2014</li> <li>(d) 10 U.S.C. §640</li> <li>(e) COMUSFLTFORCOM/COMNAVPERSCOMINST 1300.1A</li> <li>(f) SECNAVINST 1850.4F</li> <li>(g) NAVMED P-117, Manual of the Medical Department, Chapter 18</li> <li>(h) Manual for Courts Martial</li> <li>(i) OPNAVINST 1220.1E</li> </ul>
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1. **Purpose.** This article provides the procedures for the assignment, accountability, follow-up care, and disposition of officer and enlisted personnel to or from a limited duty (LIMDU) status for medical reasons.

2. **Definitions**

a. Abbreviated Medical Evaluation Board Report (AMEBR). [NAVMED 6100/5](#) Limited Duty AMEBR is a detailed summary of a Service member's medical condition(s) dictated by the attending physician. An AMEBR is required to be submitted electronically in the LIMDU Sailor and Marine Readiness Tracker (LIMDU SMART) and is used to recommend a member on a first or additional periods of LIMDU. An AMEBR is also used to place a Service member on LIMDU for referral to the Department of the Navy Physical Evaluation Board (PEB) as part of the Disability Evaluation System (DES). [NAVMED 6100/6](#) Return of a Patient to Medically Unrestricted Duty Status from Limited Duty is used to return a Service member to medically unrestricted duty after a period of LIMDU and to identify any duty or assignment

limitations. [NAVMED 6100/5](#) and [NAVMED 6100/6](#) are completed electronically in the appropriate LIMDU tracking system (i.e. LIMDU SMART).

**NOTE: An AMEBR is not to be confused with a special function eMEBR which is a form submitted in LIMDU SMART specifically to refer a Service member to a PEB.**

b. Deployability Category (DCAT) Code. DCAT identifies a Service member's deployability status. DCAT delineates the deployability category assignment of varying conditions (e.g., medical, legal, humanitarian assignment, pregnancy, etc.) into categories reportable to leadership and visible to personnel with an official need to know (Navy Personnel Command (NAVPERSCOM) detailers and other staff, etc.).

c. Deployability Coordinator. Per references (a) and (b), every command and medical treatment facility (MTF) must appoint in writing a single point of contact to act as the command deployability coordinator. Commands with 50 or more LIMDU personnel are encouraged to appoint a command deployability coordinator as a primary duty. Deployability coordinators must not be in a LIMDU status. Close liaison between parent commands and MTFs is critical to ensure accurate accounting, tracking, medical treatment, and expeditious movement of LIMDU personnel through the transient pipeline.

d. Disability Evaluation System (DES). DES is the mechanism for determining "fitness for duty" for continued naval service, separation, or retirement of Service members because of disability per references (c) and (d). DES processes include the legacy DES and the Integrated Disability Evaluation System (IDES). DES is initiated through the PEB.

e. Limited Duty (LIMDU). LIMDU is defined as the assignment of a Service member with certain medical limitations or restrictions concerning the duties the Service member may perform in a duty status for a specified time. LIMDU is divided into two separate categories: temporary limited duty (TLD) and permanent limited duty (PLD).

f. NAVMED 1300/3 Medical Assignment Screening (MAS). MAS is a short and concise medical screening form to specifically review a Service member's medical condition(s) and determine whether a Service member is world-wide assignable (WWA) after completion of a PEB and the DES.

g. Medical Evaluation Board (MEB). A MEB is a panel of providers attached to a MTF with a commander or commanding officer designated to hold "convening authority" (CA) for LIMDU assignment. MEBs make recommendations to the CA for determining whether a member needs assignment to LIMDU.

h. Operational Screening (Sea Duty Screening). After a LIMDU Service member is found fit for medically unrestricted duty and is in receipt of permanent change of station (PCS) orders to an operational command, the Service member must complete operational screening per [MILPERSMAN 1300-800](#) and overseas screening per [MILPERSMAN 1300-306](#), as applicable.

i. Physical Evaluation Board (PEB). A fact-finding board evaluates all cases of disability on behalf of a Service member and the Service per applicable laws, guidance, and directives. The PEB adjudicates the nature, cause, degree of severity, and permanency of a Service member's disability. The board evaluates the condition of the Service member against the physical requirements of his or her office, grade, rank, or rating. The potential outcomes of a Service member being reviewed by a PEB include administrative dismissal if the case does not meet eligibility criteria for referral, a finding of "fit for duty" and continued naval service, or a finding of "unfit for continued naval service" and subsequent separation or retirement of the Service member.

j. Permanent Limited Duty (PLD). PLD is the continuation on active duty or in the Ready Reserve of a Service member determined "unfit for continued naval service" in a LIMDU capacity as a result of the DES process. A Service member may request a waiver for PLD under reference (c). If approved the Service member will remain on active duty for a specified time. Service members approved for PLD must be placed in an appropriate DCAT with a projected rotation date (PRD) which corresponds with the approved PLD date. Once placed in a PLD status, the member may remain at the current command or be assigned to a valid billet as directed by fleet manning control authority priorities. Assignment must be made to an area where required medical care is available.

k. Temporary Limited Duty (TLD). A Service member is assigned a TLD status when a medical officer expects the Service member to be able to be returned to medically unrestricted duty in a reasonable period of time (12 months or less and based on the medical condition(s)). Service members assigned to a TLD

status will be placed in an appropriate DCAT code and their PRDs will be adjusted to correspond with the expiration of TLD date.

### 3. Policy

a. Approval of LIMDU Requests. The MTF CA approves all LIMDU requests if the LIMDU period will not result in an extension of LIMDU beyond 12 consecutive months and the Service member is expected to return to a medically unrestricted duty status at the completion of the LIMDU period. Periods of LIMDU will be condition-based, meaning the length of the LIMDU period will correspond with the treatment provider's estimated timeframe for the Service member to recover and return to medically unrestricted duty. At any time, per reference (b), NAVPERSCOM Deployability Assessment and Assignment Branch (PERS-454) senior medical officer may direct the cognizant MTF CA to place a Service member on LIMDU, direct referral to a PEB, or recommend administrative separation processing for a condition not amounting to a disability (CnD).

b. Conclusion and Expiration of LIMDU. With the exception of cases referred to a PEB, LIMDU concludes when a Service member is returned to **medically unrestricted duty** by a MEB or upon expiration of LIMDU. If a Service member's medical LIMDU status is not updated prior to the expiration of LIMDU, PERS-454 will change the Service member's DCAT code to reflect the Service member's LIMDU is expired and the Service member will be considered deployable and eligible for orders.

c. Fit Finding by PEB. Service members processed through the DES and retained in the Military Services due to being found fit for continued naval service by the PEB must be placed in an appropriate DCAT and undergo all required screenings. A Service member may be returned to a PEB if the condition(s) for which the Service member was found fit worsens or another condition requiring referral to the DES is identified.

d. Retention Waiver for Non-Deployability. Service members who are in a LIMDU status for greater than 12 consecutive months must be reviewed for retention by PERS-454. Recommendation for retention will be based on the Service member's ability to perform appropriate military duties commensurate with his or her office, grade, rank, rate, rating, or skill and the likelihood the Service member's medical condition(s) will allow him or her to return to medically unrestricted duty. When the medical condition(s) will not allow Service members to return to

medically unrestricted duty, the Service members must be directed to a PEB and the DES or be recommended for administrative separation.

e. Request for Separation, Retirement, or Transfer to Fleet Reserve. LIMDU will not prohibit personnel from requesting separation, retirement, or transfer to the Fleet Reserve.

(1) LIMDU will not delay personnel with an approved separation, retirement, or request for Fleet Reserve transfer. Personnel pending separation or retirement will not be delayed unless approved by NAVPERSCOM Officer Performance and Separations Branch (PERS-834) (for all legal or performance-flagged officer records); Officer Retirements Branch (PERS-835) (for officer statutory retirements); Distribution Policy and Procedures Branch (PERS-451) (for officer separations) or Bureau of Naval Personnel (BUPERS) Enlisted Military Community Management Division (BUPERS-32) (for enlisted personnel), or other codes as appropriate. Approval may be considered if the Service member is either hospitalized or accepted to the DES for disability processing prior to the release or retirement date per reference (b) and [MILPERSMAN 1830-030](#).

(2) An officer with a pending statutory retirement or separation date deemed physically unfit by a military physician must request in writing to defer his or her statutory date. The request is sent to Assistant Secretary of the Navy Military and Reserve Affairs (ASN (M&RA)) via PERS-835 for retirements or via PERS-451 for separations per reference (d).

**NOTE: Deputy Chief of Naval Personnel is authorized to approve a deferral request for a maximum of 30 days for any officer's statutory or mandatory retirement or separation date. Any requested deferral beyond 30 days must be submitted to ASN (M&RA) for adjudication and final decision.**

f. LIMDU Central Coordination. PERS-454 is the central coordinator for the placement and assignment of LIMDU personnel. The function of this central coordination point is to distribute LIMDU personnel. Upon receipt of availability PERS-454 will review placement and assignment options. A Service member assigned to TLD will be placed in a valid requisition provided by NAVPERSCOM based on the following guidelines:

(1) TLD is authorized locally by the CA responsible for the MTF initiating TLD. PERS-454 will review all cases requiring additional TLD in excess of 12 consecutive months.

(2) Service members are assigned to an MTF within proximity capable of providing the required care.

(3) In addition to PCS costs and personnel requirements, other factors are considered in making assignments to include location of dependents, Service member's past type duty, and physical restrictions imposed by an MEB.

(4) For enlisted personnel: prior to recommending assignments to the assignment control authority (ACA) (the member's detailing team), NAVPERSCOM will consider the number of personnel assigned to an activity, readiness impact, and the distribution of TLD personnel in a geographical area per reference (e).

#### 4. Roles and Responsibilities

##### a. Bureau of Medicine and Surgery (BUMED)

(1) Ensure all TLD periods, pregnancies, and DES cases are entered into the Medical Readiness Reporting System (MRRS), the current TLD computer tracking system (e.g., legacy DES and LIMDU SMART), Veterans Tracking Application (VTA), or replacement systems as required.

(2) Collaborate with PERS-454 and other stakeholders in the development of all TLD training programs per reference (b).

##### b. NAVPERSCOM

###### (1) PERS-454

(a) Direct the cognizant MTF CA to place a Service member in a TLD status, direct a Service member's case be entered into the DES and referred to a PEB, or recommend administrative separation for a CnD per reference (b);

(b) Develop and implement the use of DCAT codes for system input, tracking, and reporting of Service members' deployability statuses;

(c) Maintain an accurate roster of command deployability coordinators through receipt of official designation letters from each command;

(d) For enlisted Service members found fit for full duty and WWA following a period of TLD, submit an availability via the Navy Standard Integrated Personnel System (NSIPS) per [MILPERSMAN 1306-1702](#);

(e) Ensure timely and accurate accounting category code (ACC) and DCAT code assignments are made for officer and enlisted Service members when placed in or removed from a TLD status;

(f) Make appropriate NSIPS entries and DCAT code changes for all Service members requiring changes to ACC 105 or from ACC 105 to ACC 100 when applicable;

(g) Ensure Service members assigned TLD while on a normal shore tour (NST) are retained on board with an ACC change to 105 via NSIPS; and

(h) Ensure Service members' PRDs are adjusted as needed based on proposed LIMDU expirations.

(2) Officer Detailers

(a) When approved by PERS-454, assign officers to duty compatible with the physical limitations dictated by the LIMDU AMEBR form;

(b) Ensure officers currently assigned to shore duty remain at current duty station. No PCS orders are required. PERS-454 will assign appropriate DCAT codes and change the officers' ACC from 100 to 105 in NSIPS. The PRD will only be adjusted for those assigned to an NST when the TLD expiration date exceeds the PRD; and

(c) Ensure officer detaches from types 2, 3, and 4 duty, or type assignment codes (TAC) C and D duty. PCS orders will be issued by the assignment officer detaching the officer from present duty (ACC 100 in most cases) and direct officer to report to duty ashore in a TLD status (ACC 105 and appropriate DCAT). The officer will be assigned to a valid billet if available; otherwise, assignment will be made to a 9999 billet sequence code. The officer's PRD will be set to the month and

year at the approved TLD period's expiration as indicated by PERS-454. If the officer has been issued PCS orders prior to LIMDU and if medical treatment is available at the next duty station, the officer may continue to execute the PCS orders. PERS-454 will assign an appropriate DCAT code to reflect LIMDU status. ACC will be managed by PERS-454 for officers who do not require orders.

**NOTE: Any deviation from policy requires PERS-454 approval.**

(3) Enlisted Detailers

(a) When approved by PERS-454, the Service member will be assigned to duty compatible with the physical limitations dictated by the LIMDU AMEBR.

(b) Ensure enlisted Service members currently assigned to shore duty remain at current shore duty stations. No PCS orders are required. PERS-454 will assign the appropriate DCAT code, change the Service member's ACC from 100 to 105 in NSIPS, and adjust the PRDs for those assigned to an NST when the TLD expiration date exceeds the PRD. Nuclear and submarine Service members will be handled per subparagraph 6d of this article.

(c) For Service members assigned to operational duty, PERS-454 will coordinate with NAVPERSCOM Enlisted Distribution Division (PERS-40) to place the Service member in a valid LIMDU billet per the YH availability received (see subparagraphs 4d(9)(c) and 4d(10) below for more information).

**NOTE: Any deviation from policy requires PERS-454 approval.**

c. MTF

(1) Develop steps to ensure assignment of TLD periods are based on BUMED's recommended recovery period for the specific medical condition. Condition-based duration LIMDU must not exceed 12 consecutive months;

(2) Enter all TLD cases into LIMDU SMART or the replacement system and all DES cases into VTA. Update member's status in MRRS;

(3) Assist command deployability coordinators and TLD Service members with obtaining appointments on a priority basis;



(4) Establish local procedures to ensure the Service member reports to the MTF patient administration office immediately upon recommendation for placement on, extension of, or removal from TLD;

(5) Immediately inform the Service member's parent command upon determination the Service member is to be processed for TLD. Ensure MRRS and LIMDU SMART are updated within 24 hours for PERS-454 visibility following CA approval;

(6) Ensure deployability coordinator conducts monthly meetings with tenant deployability coordinators to review current cases, discuss potential problems, and analyze existing processes;

(7) Provide training to tenant command deployability coordinators and view access to LIMDU SMART, MRRS, and relevant programs;

(8) Provide deployability coordinator assistance when parent commands are unable to schedule appointments;

(9) Provide guidance to medical providers assigning TLD. At any time during a period of TLD, the attending medical officer may make one of the following determinations:

(a) Service member is able to return to medically unrestricted duty,

(b) Service member requires additional TLD not to exceed 12 consecutive months (TLD exceeding 12 consecutive months requires NAVPERSCOM (PERS-454) approval), or

(c) Service member requires referral to a PEB.

(10) Ensure all cumulative TLD periods of 12 consecutive months or less are approved by the cognizant MTF's CA;

(11) When TLD cases are returned to medically unrestricted duty, the AMEBR requires signature from the cognizant MTF CA. MTF CA signing of [NAVMED 6100/6](#) must be completed no more than 5 working days from the date a Service member was returned to medically unrestricted duty;

(12) Ensure providers make return to medically unrestricted duty determinations and recommendations of additional TLD or PEB no later than 30 days prior to the expiration of TLD;

(13) Ensure Service members on TLD complete face-to-face medical reevaluation 30 days prior to the end of their TLD periods and determine one of the following:

(a) The Service member is able to return to medically unrestricted duty,

(b) The Service member is recommended for an additional period of TLD (not to exceed 12 months consecutively),

(c) The Service member requires referral to a PEB,  
or

(d) The Service member requires administrative separation processing for a CnD.

(14) If a Service member is recommended for additional periods of TLD that exceed 12 consecutive months, forward the case via LIMDU SMART to PERS-454 for review, waiver consideration, or other action;

(15) Ensure MTF deployability coordinator reports all TLD and DES cases in MRRS and LIMDU SMART; and

(16) Comply with all PERS-454 directives to place Service members in a TLD status, referral to the DES, and or recommendation for administrative separation processing within 30 days of notification. Any additional information or adjudication appeal requests must be submitted to PERS-454 within 30 days.

d. Command

(1) Ensure TLD Service members report for all scheduled appointments and remain available for all follow-up care. Comply with the following guidelines:

(a) TLD Service members will not be assigned on temporary additional duty or temporary duty (TDY) outside the

geographic area of the primary care provider without medical clearance.

(b) Coordinate the scheduling of appointments with TLD Service members and cognizant MTF.

(c) For Service members on TLD, ensure leave requests (other than emergency leave) are coordinated with the command deployability coordinator and do not conflict with medical appointments.

(2) Monitor Service members in temporary or permanently non-deployable status and maintain close liaison with their respective command career counselors on issues of expirations of hard/soft end active obligated service (SEAOS) or mandatory separation while on TLD, DES, or PEB in line with reference (b). Contact BUPERS-32 for enlisted personnel and PERS-451 for officers for guidance concerning Service members with an expired SEAOS or mandatory separation date during a period of TLD, DES, or PEB. Navy Reserve activities will monitor Selected Reserve personnel.

(3) Designate a command deployability coordinator to function as liaison for the Deployability Program and send a copy of the official designation letter to the servicing MTF and PERS-454 at [mill\\_DAOPers-454@navy.mil](mailto:mill_DAOPers-454@navy.mil). Commands with 50 or more LIMDU personnel are encouraged to appoint a command deployability coordinator as a primary duty and assign collateral deployability coordinators on a 1:50 ratio to assist in the management of LIMDU personnel.

(4) Per reference (b), commands will use written counseling and fitness reports or performance evaluations to document a Service member's failure to comply with responsibilities to maintain individual readiness (e.g., missing medical or dental appointments or intentional failure to disclose status affecting deployability).

(5) Upon Service member's hospitalization, maintain close liaison with the MTF and hospital. If required TDY orders may be issued for a period of hospitalization. If PCS orders are required, contact PERS-454 for coordination.

(6) Assist Service members in scheduling necessary appointments prior to expiration of TLD by coordinating with the MTF deployability coordinator. The parent command deployability

coordinator is responsible for obtaining TLD members' medical evaluation status no later than 30 days prior to the expiration of TLD.

(7) For Service members under orders who are subsequently placed on TLD, submit an order cancellation request message to the applicable detailer if follow-on assignment is not compatible with physical limitations or near an MTF.

(8) Ensure the completion of a MAS (documented on [NAVMED 1300/1](#) Medical, Dental, and Educational Suitability Screening) when applicable. A MAS is required upon a determination of "fitness for continued naval service" by a PEB. This action must be completed within 15 days of a PEB finding a member "fit". Submit an "assignment limited" message to PERS-454 within 24 hours of MAS completion. "Fit" findings without any assignment limitations must be submitted to personnel support detachment (PSD) or transaction service center (TSC) as per [MILPERSMAN 1306-801](#).

(9) Submit a message report for Service members assigned to overseas duty (type duty codes 3, 4, or 6 or TACs C and D) to the appropriate ACA (detailing team), copy PERS-454, comment on the availability of required medical care at the overseas activity and on the Service member's abilities to be used effectively on board with current condition(s) during the TLD period,

(a) If required medical care is available and the Service member's condition does not prevent him or her from being used productively on board during the period of TLD, comply with procedures identified for Service members assigned to shore duty (type duty code 1 or TAC S).

(b) For officers, if required medical care is not available or the Service members' current condition(s) prevent their effective use on board during the period of TLD, commands will submit an "early return" request via BUPERS Online (BOL) and coordinate with their detailers for orders as per [MILPERSMAN 1300-306](#).

(c) For enlisted personnel, if required medical care is not available or the Service members' current conditions prevent their effective use on board during the period of TLD, commands will submit a YH availability report (a class "Y" availability to place member on TLD or refer to PEB) and an

"early return" request via BOL as per [MILPERSMAN 1306-1702](#) and [MILPERSMAN 1300-306](#).

(10) For enlisted personnel, ensure YH availabilities, submitted via encrypted e-mail to [pregavail-tld@navy.mil](mailto:pregavail-tld@navy.mil), contain the following:

(a) Physical limitations and or geographical limitations;

(b) Family members' location, if applicable;

(c) For overseas locations, include in remarks whether local treatment facilities can provide adequate medical care and submit an "early return" request via BOL; and

(d) (Optional) any special circumstances (e.g., Service member's current household goods status, etc.) or whether the command would like to recommend a specific unit for the Service member's assignment.

(11) Command's activity manning manager will coordinate with NAVPERSCOM Placement Management Branch (PERS-4013) to ensure TLD Service members with ACC 105 and corresponding DCAT codes are staffed to an appropriate billet per ACA business rules.

(12) For nuclear-trained enlisted personnel, 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 PSD, TSC, or personnel office. 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 per references (f) and (g).

(13) For Nuclear-trained enlisted community

(a) Required Notification for Examinations and or Screening. The servicing PSD, TSC, or personnel office for a Service member assigned to LIMDU will ensure the Service member

and command are aware of all required physical examinations and or screening in time to be completed prior to the expiration of the LIMDU period per reference (g).

(b) Documentation to OPNAV N133D for Nuclear-Trained Operators. The servicing PSD, TSC, or personnel office submitting the availability for assignment to a LIMDU status on a nuclear-trained surface or nuclear-trained submarine member must forward a copy of the medical board report, with enclosures, to OPNAV N133D by separate correspondence.

e. PSD or TSC

(1) Ensure regular gain and travel transactions are processed for all Service members with LIMDU orders,

(2) If the Service members are recommended for referral to the PEB, Service members' commands will forward all final PEB disposition paperwork to PSD or TSC,

(3) Ensure timely and accurate ACC assignments are made for officer and enlisted Service members when they are placed in or removed from a PEB status,

(4) For enlisted Service members found fit for full duty and WWA following a period of PEB fit finding, submit a YJ availability report (a class "Y" availability submission for return to duty or fit for full duty by PEB without assignment limitations) through NSIPS per [MILPERSMAN 1306-1702](#), and

(5) Make appropriate NSIPS entries for all Service members gained in or changed to PEB ACC 355.

f. Service member

(1) Report to the MTF patient administration office immediately upon being recommended for placement, extension of, or removal from LIMDU,

(2) Attend all required medical appointments. All medical appointments for a Service member in a LIMDU status must be attended as directed by the medical officer. Any time there is a change in LIMDU status, the Service member must report it to his or her local chain of command and the command deployability coordinator within 24 hours, and

**NOTE: Missing a medical appointment may be punishable under the Uniform Code of Military Justice per reference (h).**

(3) If the Service member is executing PCS orders and is hospitalized en route, the gaining command and Service member (if able) must contact the originating detailee and PERS-454 for an order modification.

5. **Forms**

a. NAVMED 6100/1 Medical Board Report Cover Sheet. A medical administrative document that reports on the present state of health of a Service member and provides a considered clinical opinion regarding a Service member's physical fitness for duty. This form is found and completed electronically in the LIMDU SMART System.

b. NAVMED 1300/3 Medical Assignment Screening. A medical administrative document for active duty Service members to return to medically unrestricted duty or identify assignment limitations after a PEB. This screening is for Navy active duty Service members only and requires complete demographic information including name, rank or grade, and Social Security number.

c. NAVMED 6100/5 Limited Duty Medical Evaluation Board Report. An abbreviated report is used to assign Service members to TLD. This form is used to refer Service members to a PEB. This form is found and completed electronically in the LIMDU SMART System.

d. NAVMED 6100/6 Return of a Patient to Medically Unrestricted Duty from Limited Duty. This form is found and completed electronically in the LIMDU SMART System.

e. NAVPERS 1300/16 Report of Suitability for Overseas Assignments. Page 3 of this form is used to identify medical suitability of the Service member.

f. NAVPERS 1221/6 Navy Enlisted Classification Change Request. This form removes or changes the NECs that identifies enlisted personnel trained as nuclear propulsion plant operators and supervisors.

6. Procedures

a. Upon Notification of a Service member's Enrollment into IDES.

(1) For Service members assigned to shore duty, PSD or TSC will change ACC from 100 or 105 to 355. PERS-454 will assign appropriate DCAT code. See subparagraph 6d of this article for nuclear and submarine personnel assignment.

(2) For Service members in receipt of orders, PSD or TSC will change ACC from 100 or 105 to 355. For officers, the ACC will not be changed to ACC 105 until ACC 355 is available.

(3) Members found to be "assignment limited" will be assigned the appropriate DCAT code by PERS-454. PERS-454 may direct one of the following actions:

(a) Recommend administrative separation processing for a CnD,

(b) Additional LIMDU, or

(c) Referral to the PEB

b. Upon Receipt of a Completed AMEBR or Return of Service member to Medically Unrestricted Duty:

(1) MTF. When a Service member is determined by the cognizant MTF to be able to return to medically unrestricted duty, no more than 5 working days may elapse between return to medically unrestricted duty, CA signature, and notification to the command deployability coordinator. All determinations for return to medically unrestricted duty require CA signature. If a Service member was found "fit for duty" and fit for continued naval service by a PEB, the parent command will ensure the Service member completes a MAS within 15 days of the PEB findings. Forward completed assignment screening to PSD or TSC within 24 hours.

(2) PSD or TSC. PSD or TSC will ensure LIMDU gain and travel transactions are processed for all Service members with ACC 105 orders.



(3) PERS-454

(a) Assignment of Members Returned to Medically Unrestricted Duty. Service members, assigned to or who are currently on shore duty, will have the period of LIMDU applied to their NST. If the LIMDU is completed before expiration of their assigned PRD, the PRD will not be adjusted. Post-LIMDU assignments will follow normal sea/shore flow.

(b) Personnel Retained After Being Found Unfit by PEB (PLD). PERS-454 will place Service members in ACC 105.

(c) Personnel with Approved Retirement or Fleet Reserve Dates. For Service members able to return to medically unrestricted duty and who have approved retirement or Fleet Reserve dates or are beyond high year tenure, no availability is required. PERS-454 will assign appropriate DCAT code and change ACC to 100.

c. Early Separation. Refer to [MILPERSMAN 1910-216](#) and [MILPERSMAN 1910-218](#) as appropriate.

d. 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. **All** of the above Service members, regardless of sea/shore type duty code or type assignment code, must be made available (class YH availability) for assignment to LIMDU with a PRD established for the length of the LIMDU period.

(1) Procedures. To eliminate delays in returning Service members to full duty, appropriate actions must be immediately executed and meticulously tracked to ensure all requirements are completed in a timely manner.

(2) Medical Evaluation. All nuclear-trained surface, nuclear-trained submarine, and non-nuclear-trained 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 nuclear field or submarine force. 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 per reference (i).

(3) Inquiries. Inquiries related to screening status or requirements for all nuclear-trained enlisted personnel should be directed to OPNAV N133D.