

MILPERSMAN 1306-801

ENLISTED ASSIGNMENT SCREENING

Responsible Office	NAVPERSCOM (PERS-40BB)	Phone:	DSN	882-3523 (901 874-3523 882-2647
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NAVPERSCOM CUSTOMER SERVICE CENTER	Phone: Toll Free	1-866-U ASK NPC
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References	(a) OPNAVINST 1300.15A (b) BUMEDINST 1300.2A (c) NAVMED P-117, Manual of the Medical Department (d) SECNAV memo, Administrative Separation Policy Guidance of 15 Apr 11 (e) SECNAVINST 1850.4E (f) SECNAVINST 5300.30E
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1. **Purpose.** To establish a requirement to perform an assignment screening for enlisted members being returned to duty following temporary limited duty (TLD) or being found "fit for continued naval service" by the physical evaluation board (PEB). For members with permanent change of station orders to a Type 2 operational command refer to MILPERSMAN 1300-800.

2. **Policy.** Assignment screening determines whether a member is **worldwide assignable** or **not worldwide assignable**. Reference (a) governs the Navy's military personnel assignment policy.

a. Responsibility for assignment screening lies with the member's parent command. Screening military treatment facility (MTF) responsibilities are outlined in references (b) and (c). Parent command will ensure members follow the guidelines of this article and complete assignment screening within the timeline established in paragraph 3. Failure of members to comply may result in disciplinary action.

b. An assignment screening must be completed no later than 15 days after a member is:

(1) Found able to return to duty (RTD) at the conclusion of TLD;

(2) Found "fit for continued naval service" by the PEB;
or

(3) When directed by Navy Personnel Command (NAVPERSCOM) due to unresolved limited duty (LIMDU) (accounting category code (ACC) 105) situations.

c. An assignment screening should not be completed prior to a member being returned to duty or found fit for continued naval service by the PEB.

d. For members completing a period of LIMDU and or having been disqualified from any program (e.g., submarine, nuclear, air crew duty) due to medical limitations who are requesting conversion, an assignment screening must be completed prior to any conversion request being considered.

Note: Ensure submarine disqualification or medical waiver process has been completed prior to submission of the assignment screening report.

3. **Reporting Requirements.** The assignment screening process and report will be completed within 15 days of being found either RTD or "fit for continued naval service." The MTF will either classify a member as **worldwide assignable** or **not worldwide assignable**.

a. For all members whom an assignment screening is conducted, the parent command will forward the screening report to the servicing Personnel Support Detachment (PERSUPP DET) upon receipt. Servicing PERSUPP DET will submit a class "YJ" availability report within 24 hours.

b. For members found **not worldwide assignable:**

(1) The member's parent command will notify the Special Assistant to Director, Enlisted Distribution Division, NAVPERSCOM (PERS-40BB) and the applicable detailee as an information addressee for rated personnel using Exhibit 1. For non-rated personnel, ensure NAVPERSCOM, Shore Special Programs Branch (PERS-4010) is an information addressee.

(2) Ensure not worldwide assignable message contains the following:

(a) Detailed reason(s) for the finding to include ICD-9 code(s), prognosis for improvement, and specific limitations.

(b) Commanding officer's (CO's) recommendation on member's performance and possible administrative actions.

4. **NAVPERSCOM Action.** Upon receipt of the not worldwide assignable message, NAVPERSCOM (PERS-40BB) will place the 0090 (not operationally suitable) Navy enlisted classification (NEC) code in the member's enlisted master file and conduct a thorough review of each case.

a. Disposition recommendations will come from the respective detailer and enlisted community manager. NAVPERSCOM Management/Program Analyst/Operational Screening (PERS-40MM) will liaise with the NAVPERSCOM, Medical Programs Division (PERS-82) to coordinate with Bureau of Medicine and Surgery (BUMED), force medical officers, ship medical officers, and overseas MTFs (as required) for those cases in which assignment determinations for different type platforms cannot be readily made.

b. One of the following actions will result:

(1) If a prospective gaining command with medical capabilities appropriate for supporting member's limitations can be identified and agreed upon between NAVPERSCOM and the gaining command, orders will be issued.

(2) For members with 18 or more years of active service, detailing will be governed by earliest retirement opportunity and needs of the Navy.

c. One of the following additional actions may result:

(1) As dictated by needs of the Navy, an enlisted member may be allowed to extend or reenlist, provided member can be detailed per manning control authority priorities. This is different from the first option in that it allows members unsuitable for some operational jobs to go to a variety of other hard-to-fill jobs or they may carry the necessary skills (i.e., a critical NEC) that are in short supply. An opportunity to reenlist and fill a critical billet may fit needs of the Navy as well as those of the member. A request to reenlist (message) will be sent to BUPERS (BUPERS-32) for approval for those

members who fall under this category as determined by NAVPERSCOM.

(2) Member will be instructed to contact the command career counselor (CCC) regarding submission of a conversion package to NAVPERSCOM, Enlisted Career Progression Branch (PERS-81). COs and CCCs should be aware that most Navy ratings require a member to be worldwide assignable, and if the member has been found to be not worldwide assignable, his or her request for conversion may be disapproved.

(3) If none of the above options apply to Sailors being returned to duty from temporary limited duty in a not worldwide assignable status and a PEB is not warranted, the enlisted member's command may be directed via naval message to initiate administrative separation (ADSEP) processing per MILPERSMAN 1910-120 by reason of "not worldwide assignable."

(4) Sailors found fit for continued naval service by the PEB, and found not worldwide assignable after completing a medical assignment screening, will not be involuntarily separated per reference (d). Sailors' eligibility for reenlistment is established in MILPERSMAN 1160-030.

5. **ADSEP:**

a. Members administratively separated by reason of being found not worldwide assignable, per MILPERSMAN 1910-120, **must not** have a disability as defined per reference (e).

b. If an administrative board is required prior to a separation determination (see MILPERSMAN 1910-500 series), the administrative board may not disregard or change the approved diagnosis of a medical officer. Members can introduce evidence as to the impact that such diagnosis may have on their potential for productive future naval service.

6. **Human Immunodeficiency Virus (HIV) Personnel.** Personnel enrolled in the HIV Program are governed per reference (f) and are not included in this article.

EXHIBIT 1

ASSIGNMENT LIMITED REPORT

(Use proper message format containing the following)

FM Parent Command
TO COMNAVPERSCOM MILLINGTON TN//PERS-40BB//
INFO COMNAVPERSCOM MILLINGTON TN//APPLICABLE DETAILER (FOR RATED
PERSONNEL)/PERS-4010 (FOR NON-RATE PERSONNEL)//
GAINING COMMAND (IF APPLICABLE)
BUMED WASHINGTON DC//M3F//
BT
UNCLAS // N01300//
MSGID/GENADMIN//
SUBJ/ NOT WORLDWIDE ASSIGNABLE REPORT ICO FULL NAME, RATE//
REF/A/DOC/BUPERS/DDMMYY//
REF/B/DOC/BUMED/DDMMYY//
NARR/REF A IS MILPERSMAN 1306-801 ASSIGNMENT SCREENING.
REF B IS BUMEDINST 1300.2.//
POC/NAME/RANK/UNIT IDENTIFIER/TEL:DSN/COMM/EMAIL IF APPLICABLE//
RMKS/1. ASSIGNMENT SCREENING PER REFS A AND B COMPLETED.
MEMBER IS NOT WORLDWIDE ASSIGNABLE.
2. REASON FOR SCREENING:
A. FOUND RTD AT CONCLUSION OF TLD.
B. FOUND "FIT FOR CONTINUED NAVAL SERVICE" BY PEB.
3. REASON FOR ASSIGNMENT LIMITATIONS: (MEDICAL OFFICER'S
DIAGNOSIS. UTILIZE ICD-9 CODES WHEN APPLICABLE.)
4. ADDITIONAL INFO FROM MTF (PER REF B):
A. SPECIFIC LIMITATIONS:
B. PROGNOSIS FOR IMPROVEMENT:
C. PROVIDER'S NAME, RANK, TELEPHONE NUMBER, AND E-MAIL ADDRESS.
5. COMMANDING OFFICER'S RECOMMENDATION://
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