



DEPARTMENT OF THE ARMY
BROOKE ARMY MEDICAL CENTER
FORT SAM HOUSTON, TEXAS 78234-6200

REPLY TO
ATTENTION OF
MCHE-HRM (600-8-6)

1 October, 2003

MEMORANDUM FOR TROOP COMMAND, BROOKE ARMY MEDICAL CENTER
(BAMC), PERSONNEL, FORT SAM HOUSTON, TX 78234-6200

SUBJECT: Strength Management and Assignment Responsibilities (Policy
Memorandum #39)

1. Reference.

- a. AR 600-8-6, Personnel Accounting and Strength Reporting.
- b. AR 135-205, Enlisted Personnel Management System, 1 September 1994.
- c. AR 614-200, Enlisted Assignments and Utilization Management, 12 July 2001.
- d. AR 614-100, Officer Assignments, Details & Transfers, 20 September 2000.
- e. AR 623-105, Officer Evaluation Reporting System, 1 April 1998.
- f. AR 623-205, NCO Evaluation Reporting System, 15 May 2002.

2. Purpose. Strength management concerns matching the inventory of people at BAMC with the needs for them in units and organizations that accomplish BAMC's mission. Strength management also concerns ensuring proper assignment and utilization of personnel based upon their Area of Concentration (AOC) or Military Occupational Skill (MOS) with authorization documents (i.e. the Table of Distribution and Allowances). This policy describes the processes that will be used to assign military personnel to BAMC and ensure their utilization is recorded properly in the strength accounting systems.

3. Applicability. This memorandum applies to all companies, departments and sections attached to BAMC, to include the Institute for Surgical Research (ISR).

4. General.

a. There are three primary points of contacts for strength management in BAMC; Military Personnel Branch, Civilian Resource Branch and Volunteer Services.

b. Strength management of all civilian employees is centralized with the Civilian Resources Branch. The branch chief or a designated representative serves as the point

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of contact for properly assigning and reassigning all civil service and contract workers within BAMC/ISR.

c. Management of all volunteer employees is centralized with Volunteer Services. The service chief or a designated representative serves as the point of contact for properly assigning and reassigning all volunteers within BAMC/ISR.

d. The point of contact for overall strength management for military employees is the Chief, Military Personnel Branch. Each military AOC and MOS will have an assigned Assignment Manager to ensure the proper utilization of officers and enlisted soldiers. The managers will serve as the expert point of contact for BAMC Military Personnel Branch in properly assigning their designated soldiers.

e. Each Assignment Manager will be granted the authority and access to the Slotting Module in BAMC's MedCen Education and Personnel System (MEPS) where they will assign incoming soldiers and reassign soldiers to the appropriate position sequence according to BAMC's TDA. Assignment Managers are also responsible for completing the soldier-rating scheme and DMRHS code in the Slotting Module.

f. All Assignment Managers are mandated to coordinate assignments across department, division, and section lines of authority based on the most appropriate utilization need. If agreement cannot be reached, the appropriate Deputy Commander in the manager's chain of supervision will make the final decision.

g. The Assignment Managers for officers assigned to BAMC are as follows:

(1) Medical Corps (MC) Officers is the appropriate specialty department chief. See Appendix A for a break down of AOC's and Departments.

(2) Army Nurse Corps (AN) Officers is the Assistant Chief of the Department of Nursing.

(3) Specialty Corps (SP) Officers with AOC's 65A and 65B is the Chief, Physical Medicine.

(4) Specialty Corps (SP) Officers with the AOC 65C is the Chief, Nutrition Care Division.

(5) Specialty Corps (SP) Officers with the AOC 65D is the Chief, Primary Care.

(6) Medical Service Corps (MS) Officers in the administrative 70 series is the Deputy Commander for Administration or the Executive Officer.

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(7) Medical Service Corps (MS) Officers in specialties other than the 70 administrative series is the appropriate specialty department chief.

(a) 67E is the Chief, Department of Pharmacy.

(b) 67F is the Chief, Department of Medicine

(c) 67G and 67J is the Executive Officer.

(d) 71A, 71B, 71E and 71F is the Chief, Pathology and Laboratory Services.

(e) 72A, 72B, 72C, 72D and 73E is Chief, Preventive Medicine.

(f) 73A is the Chief, Social Work Services.

(g) 73B is the Chief, Behavioral Medicine.

(h) Judge Advocate General Corps Officers is the Chief, Center Judge Advocate.

(i) Chaplain Corps Officers is the Chief, Ministry and Pastoral Care.

h. The Assignment Manager for all officers assigned to the ISR is Commander, ISR.

i. The Assignment Managers for enlisted assigned to BAMC are as follows:

(1) 91A, 91H, 91J and 95B is the NCOIC, Logistics Division.

(2) 91D, 91W and all 91W with Additional Skill Identifier (ASI) is the Chief Clinical NCO, Department of Nursing.

(3) 91E is the NCOIC, Department of Oral Surgery.

(4) 91G is the NCOIC, Patient Administration Division.

(5) 91K is the NCOIC, Department of Pathology and Laboratory Services.

(6) 91M is the NCOIC, Nutrition Care Division.

(7) 91P is the NCOIC, Department of Radiology.

(8) 91Q is the NCOIC, Department of Pharmacy.

(9) 91S is the NCOIC, Department of Preventive Medicine.

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- (10) 91T is the First Sergeant, ISR.
- (11) 91V is the NCOIC, Department of Medicine.
- (12) 91X is the NCOIC, Department of Behavioral Medicine.
- (13) 92Y is the NCOIC, BAMC Troop Command S-4.
- (14) 91Z, 00Z, 42L, and 42A is the NCOIC, Military Personnel Branch.
- (15) 56M is the NCOIC, Department of Ministry/Pastoral Care.
- (16) 27D is the NCOIC, Center Judge Advocate's Office.

5. In-Processing Civilians and Volunteers Procedures.

a. Upon signing in to Civilian Personnel Branch, all new civilian employees and contract employees will be entered into MEPS and slotted into the appropriate department and position according to the BAMC TDA.

b. Upon signing in to Volunteer Services, all new volunteers will be entered into MEPS and slotted into the appropriate department.

6. In-Processing Soldiers Procedures.

a. After signing in to the Military Personnel Branch and being entered into MEPS, soldiers will be directed to the appropriate Assignment Manager for assignment determination.

b. Assignment Managers will utilize the Slotting Module in MEPS and assign the soldier against the appropriate vacant sequence number.

(1) If the incoming soldier is replacing a soldier who has not departed but will depart within the next 90 days, the outgoing soldier is to be reassigned to a 9993 – Known Loss sequence number within the same section and the incoming soldier be assigned against the correct sequence number.

(2) If an incoming soldier is excess or is replacing a soldier who is expected to depart in more than 90 days, the incoming soldier may be temporarily assigned against a 9990 – Excess sequence number for the appropriate section. Soldiers assigned to a 9990 sequence number must be reviewed monthly and moved to the appropriate position as soon as available.

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(3) Reserve soldiers are to be assigned against a 9996 – Attached Temporarily sequence number for the appropriate section.

(4) Assignment Managers who need additional excess slots must contact Chief, Military Personnel Branch for instructions.

7. Reassignment of Civilians and Volunteers Procedures.

a. All permanent and temporary reassignment of civilian and contract employees must go through the Civilian Resources Branch prior to the reassignment. The Civilian Resources Branch is responsible for ensuring the change is made in MEPS within 5 days of the change being made. This step is critical to ensure that the Civilian Resources Branch makes the necessary transactions in the Defense Medical Human Resources System (DHMRS).

b. All permanent and temporary reassignment of volunteers must go through Volunteer Services prior to the reassignment. Volunteer Services is responsible for ensuring the change is made in MEPS within 5 days of the change being made.

8. Reassignment of Soldiers Procedures.

a. All permanent reassignment of soldiers and temporary reassignment of soldiers for more than 30 days must go through the appropriate Assignment Manager prior to the reassignment.

b. The Assignment Manager is responsible for approving the reassignment and initiating the change in the Slotting Module in MEPS within 5 days of the change being made. This step is critical to ensure that the respective companies are notified and that the Military Personnel Branch makes the necessary transactions in the Defense Medical Human Resources System (DHMRS) and in the greater Army EMILPO database.

c. Reassignments that require a soldier to move from one company to another must involve the Commanders and First Sergeants to maintain strict accountability of all personnel. For this type of move, the Assignment Manager must initiate a DA 4187 in addition to making the change in MEPS. The form must be received by the losing company at least 5 working days prior to the change being made. Additionally, within 5 days of the change being made, soldiers must physically report to their losing company to out-process and then physically report to their new company to in-process.

9. Departing Procedures. All employees and volunteers must be departed from MEPS at the completion of out processing to ensure accurate strength management. It is the responsibility of the Military Personnel Branch, Civilian Resources Branch and Volunteers Services to ensure proper departures are made.

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10. Questions regarding BAMC Assignment Policy should be directed to the Chief, Military Personnel Branch at 916-9770.

Encl
Appendix A

ORIGINAL SIGNED
JAMES A. MUNDY
COL, MS
Troop Commander

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Appendix A

AOC	DEPARTMENT
60K – Urologist	Surgery
60N – Anesthesiologist	Surgery
60S – Ophthalmologist	Surgery
60T – Otolaryngologist	Surgery
61J – General Surgeon	Surgery
61K – Thoracic Surgeon	Surgery
61L – Plastic Surgeon	Surgery
61M – Orthopedic Surgeon	Surgery
61N – Flight Surgeon	Surgery
61W – Peripheral Vascular Surgeon	Surgery
61Z – Neurosurgeon	Surgery
62B – Field Surgeon	Surgery
60B – Nuclear Medicine	Radiology
61Q – Therapeutic Radiologist	Radiology
61R – Diagnostic Radiologist	Radiology
60C – Preventive Medicine	Preventive Medicine
60D – Occupational Medicine	Preventive Medicine
61P – Physiatrist	Physical Med/Rehab
60P – Pediatrician	Pediatrics
60Q – Pediatric Cardiologist	Pediatrics
61U – Pathologist	Pathology
60J – OB/GYN	OB/GYN
60A – Operational Medicine	Medicine
60F – Pulmonary Disease	Medicine
60G – Gastroenterologist	Medicine
60H – Cardiologist	Medicine
60M – Allergist/ Immunologist	Medicine
60R – Child Neurologist	Medicine
60V – Neurologist	Medicine
61A – Nephrologist	Medicine
61B – Medical Oncologist/ Hematologist	Medicine
61C – Endocrinologist	Medicine
61D – Rheumatologist	Medicine
61F – Internist	Medicine
61G – Infectious Disease	Medicine
61H – Family Physician	Medicine
62A – Emergency Physician	Emergency Medicine
60L – Dermatologist	Dermatology
60U – Child Psychiatrist	Behavioral Medicine
60W – Psychiatrist	Behavioral Medicine