



**NATIONAL GUARD BUREAU**  
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ARNG-HRZ (RN 600)

21 April 2023

MEMORANDUM FOR The Adjutants General of the States, Territories, and the  
Commanding General of the District of Columbia

SUBJECT: Army National Guard Implementation Guidance for Deployment Deferment  
Based on Parenthood or Fertility Treatment, Reassignment Stabilization Based on  
Fertility Treatment, and Compassionate Reassignment Based on Fertility Treatment  
(PPOM 23-011)

1. References: See Appendix A.

2. Purpose. Provide the Army National Guard (ARNG) with guidance on how to  
implement standard procedures for deployment deferment based on parenthood,  
reassignment stabilization based on fertility treatment, and compassionate  
reassignment based on fertility treatment.

3. Applicability. This policy applies to the Army National Guard of the United States  
(ARNGUS) to include Title 10 (T10), Title 32 (T32), and Full-time National Guard  
Operational Support (FTNGDOS).

4. Deployment Deferments.

a. Childbirth.

(1) ARNG Soldiers who physically give birth (birthparents) to child(ren) are  
deferred from deployment for 365 days after the birth.

(2) Non-birthparents may also be deferred from deployment to ensure at least  
one parent is home with the child throughout the 365-day deferment period. When both  
parents are in the ARNG, both the birthparent and non-birthparent, may be deferred  
from deployment simultaneously as necessary.

(3) When the non-birthparent is not simultaneously deferred, the birthparent  
may transfer their deployment deferment to their spouse or co-parent during the 365  
days. If operationally feasible, dual ARNG parents can alternate deployment deferment  
based on mission throughout the 365 days.

b. Adoption/Long-Term Placement.

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(1) Single Soldiers, Soldiers married to a non-ARNG spouse, and one member of a dual ARNG couple who adopts a child(ren) or provides a long-term placement home to a child(ren) (such as long-term foster care placement) are deferred from deployment for 365 days after the adoption/placement when the child is a minor at the time of adoption or placement.

(2) In cases where an ARNG Soldier uses a surrogate and the Soldier becomes the legal parent or guardian of the child, the event will be treated as an adoption.

(3) This deployment deferment does not apply to stepparent or sibling adoption cases.

(4) If a deployment deferment is executed based on a long-term placement, a subsequent deployment deferment based on the later adoption of the same child is not authorized.

(5) Deferment from deployment for adoption/long-term placement terminates before 365 days when the adoption is legally dissolved or upon the child's removal from long-term placement with the ARNG Soldier.

c. Fertility Treatment.

(1) ARNG Soldiers undergoing fertility treatment from a healthcare provider with credentials in fertility treatment are deferred from deployment for 365 days from the date of the first appointment.

(2) Deferment from deployment also applies to an ARNG Soldier who is the co-parent of a primary fertility treatment patient when the healthcare provider stipulates it is necessary for treatment. For dual couples, both will be deferred from deployment simultaneously when the healthcare provider specifies it is needed for treatment.

(3) Deferment from deployment for fertility treatment will terminate before 365 days if the patient is no longer actively undergoing fertility treatment. For example: If the patient chooses to end treatment or if treatment results in pregnancy.

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5. Legacy Deployment Deferments. ARNG Soldiers currently in a deployment deferment status for less than 365 days, based on the previous policy in reference 1h, will have their deployment deferment extended to 365 days from the date of the qualifying birth, adoption, or child placement event. Soldiers whose deployment deferment expired before the implementation of reference 1c based on the previous policy are not eligible to reinstate their deployment deferment for the same event that resulted in the expired deferment.

6. Extensions. Birthparents still lactating after 365 days are authorized an extension of deferment from deployment. Extensions will be granted in 3-month increments if the ARNG Soldier lactates for up to 730 days (24 months) after the birth. Commanders may verify lactation through the Soldier's profiling provider.

7. Waivers. ARNG Soldiers may waive any portion of their 365-day deployment deferment period at any time, without ending it early; however, per reference 1a, the birthparent may not be deployed in the 12 months after birth without the approval of a healthcare provider employed at a military medical treatment facility. Birthparents who request deployment before the termination of the deployment deferment period should apply for a medical waiver through their obstetrical healthcare provider and notify their unit commander that the medical waiver is approved or disapproved.

8. Personnel Codes.

a. ARNG Soldiers who qualify for this deployment deferment will be reported as exempt from deployment by the unit S1/G1 using the requisite movement non-availability reason, deploy reason, or personnel deployability limitation mobilization codes in the appropriate Human Resources Personnel System:

(1) Code "PA" should be used for adoption or long-term child placement.

(2) Code "PD" should be used for postpartum operational deferment.

(3) Code "FT" should be used for fertility treatment.

b. When a birthparent transfers their deployment deferment to the non-birthparent, code "PD" will remain on the birthparent's personnel records throughout the entire deferment period and will be updated to show a waiver during the period transferred.

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Code "PD" will also be added to the non-birthparent's personnel records during the period transferred.

c. When ARNG Soldiers waive a portion of their deployment deferment period without ending it early, the appropriate code will remain on the Soldier's Personnel records throughout the whole deferment period. It will be updated to show a waiver for the period waived.

## 9. Fertility Treatment Stabilization

a. Fertility treatment. ARNG Soldiers who have received a justification memorandum for treatment or a referral to a fertility specialist by a Gynecologic Surgeon/Obstetrician will be stabilized from permanent change of stations (PCS) for up to 365 days from the date of the first appointment while undergoing fertility treatment. Soldiers undergoing fertility treatment before publication of reference 1c are also eligible for stabilization up to 365 days from the date of the first appointment.

(1) Both members of a dual-ARNG couple will be stabilized when undergoing treatment. A 365-day stabilization will also be provided for Soldiers whose spouses are undergoing fertility treatment (including when the spouse is a civilian or a member of another service).

(2) ARNG Soldiers who receive a request for orders, assignment instructions, or PCS orders before receiving a fertility treatment justification memo/referral are not eligible for this stabilization.

b. Stabilization Extension. ARNG Soldiers granted a fertility profile for assisted reproductive technology (ART) procedures are eligible for a stabilization extension of up to 365 additional days (four ART cycles) from the date granted on the fertility profile.

(1) Stabilized ARNG Soldiers who later receive a request for orders, assignment instructions, or PCS orders qualify for the stabilization extension after receiving a fertility profile for ART.

(2) ARNG Soldiers undergoing fertility treatments other than ART are not authorized this extension.

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c. OCONUS Stabilization. ARNG Soldiers stationed outside the continental United States (OCONUS) submitting fertility stabilization or extension must also submit a voluntary foreign service tour extension if the stabilization period exceeds their tour end date.

d. Termination. ARNG Soldiers may choose to terminate their stabilization early.

e. Procedures.

(1) ARNG Soldiers will submit fertility treatment stabilizations, extensions, and early terminations via DA Form 4187 (Personnel Action) or an equivalent electronic process with supporting documents. The submission of Soldiers on T10 will be verified and endorsed by Human Capital Management (HCM). The submission of Soldiers on T32 or FTNGDOS will be reviewed and managed by their respective State G1.

(2) HCM will stabilize T10 Active Guard Reserve (AGR) Enlisted Soldiers using assignment eligibility and availability Code G (Special Category Stabilization) with the appropriate year and month of stabilization termination. HCM will stabilize T10 AGR Officers through updates of the year-month available (YMAV) date.

#### 10. Fertility Treatment Compassionate Reassignment.

a. ARNG Soldiers who have received a justification memorandum for treatment or a referral to a fertility specialist by a Gynecologic Surgeon/Obstetrician and who choose to begin fertility treatment may be eligible for compassionate reassignment to installations where treatment is available.

b. Procedures.

(1) Application. An application consists of DA Form 3739 (Application for Compassionate Actions) signed by the ARNG Soldier and OPR Leadership, Colonel (O6) or GS-15 endorsement (on either the DA Form 3739 or DA Form 4187), and additional supporting documentation (if applicable).

(2) Approval /Disapproval.

(a) ARNG HCM Directorate retain assignment authorities required to execute compassionate actions for T10 Soldiers. For Soldiers on T10, the HCM Directorate has

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approval authority (except General Officer Endorsed), and the Director has disapproval authority. The State G1 has approval authority for Soldiers on T32 or FTNGDOS, the TAG has disapproval authority.

(b) Approved requests will result in reassignment to an installation where treatment is available. For dual ARNG couple, both Soldiers will be reassigned.

(3) Stabilization. Upon reporting to the new duty station, ARNG Soldiers will be stabilized for twelve months. HCM will stabilize T10 AGR Enlisted Soldiers using assignment eligibility and availability Code S (Stabilized-extreme family problems) with the appropriate year and month of stabilization termination. HCM will stabilize T10 AGR Officers through updates of the year-month available (YMAV) date. Stabilization extensions for ART procedures may be granted in accordance with para 9b above.

(4) Termination. ARNG Soldiers may request to terminate their stabilization at any time during the stabilization period. Once terminated, Soldiers become immediately available for all assignments.

(5) Submission. The Brigade or equivalent S1 will forward all documentation via encrypted email to HCM for T10 Soldiers. For Soldiers on T32 or FTNGDOS, the Brigade will forward all documentation via encrypted email to the State G1.

11. My point of contact for this policy is Mr. Gilbert S. Morales, Jr., Chief, Personnel Policy Division, at DSN: 327-5904, 703-607-5904, or gilbert.s.morales.civ@army.mil.

Encl  
Appendix A

LAVETTA L. BENNETT  
Brigadier General, USA  
Assistant Director, Army National Guard  
for Army National Guard Personnel  
and Talent Management

Enclosure: Appendix A (PPOM 23-011)

## References

- a. National Defense Authorization Act for Fiscal Year 2020, Public Law 116-92 (2020)
- b. ALARACT 76/2022 (Implementation Procedures for Deployment Deferment Based on Parenthood or Fertility Treatment, Reassignment Stabilization Based on Fertility Treatment, and Compassionate Reassignment Based on Fertility Treatment), 14 November 2022
- c. Department of Defense Instruction 1315.18 (Procedures for Military Personnel Assignments, Incorporating Change 3)
- d. Army Directive 2022-06 (Parenthood, Pregnancy, and Postpartum), 19 April 2022
- e. Army Regulation 40-501 (Standards of Medical Fitness)
- f. Army Regulation 40-502 (Medical Readiness)
- g. Army Regulation 525-93 (Army Deployment and Redeployment)
- h. Army Regulation 600-8-11 (Reassignment)
- i. Army Regulation 614-30 (Overseas Service)
- j. Army Regulation 614-100 (Officer Assignment Policies, Details, and Transfers)
- k. Army Regulation 614-200 (Enlisted Assignments and Utilization Management)