

**ADMINISTRATIVE REMARKS  
NAVPERS 1070/613 (REV. 10-2024)**

**SUPPORTING DIRECTIVE MILPERSMAN 1070-320**

SHIP OR STATION:

SUBJECT:

PERMANENT       TEMPORARY

AUTHORITY (IF PERMANENT):

For service members placed on a Temporary Limited Duty (TLD) status, responsibilities include:

1. Report to all scheduled medical appointments at the Military Treatment Facility (MTF) and local network.
2. Track all network referrals made by the MTF Primary Care Manager (PCM) and schedule within 30 days of placement. These can be found at <https://tricare-bene.triwest.com/signin> or at <https://my.mhsgenesis.health.mil/>
3. Schedule a re-evaluation appointment with the MTF PCM every 60 days at minimum while in a TLD status.
4. Schedule and complete a re-evaluation appointment with the MTF PCM 30-45 days prior to the expiration of TLD for medical disposition.
5. Keep the MTF deployability coordinator ([cameron.d.ausman.mil@health.mil](mailto:cameron.d.ausman.mil@health.mil)) and chain of command informed of any change in medical status.
6. Coordinate any leave periods (other than emergency leave) with the command deployability coordinator to ensure there is no conflict with scheduled medical appointments.
7. Members are required to stay up to date on their Individual Medical Readiness requirements which can be found on BOL (USN) and MOL (USMC). <https://www.bol.navy.mil/bam/> or <https://www.mol.usmc.mil/>
8. Members on TLD are prohibited from elective surgery without prior authorization from the PCM, command, and MTF deployability coordinator.
9. Any dereliction from these responsibilities will subject termination of TLD status and constitute as failure to obey a lawful order.
10. Member must initial all that apply below:
  - I acknowledge the above counseling/ warning and understand its contents.
  - I have been informed of my right to submit a statement in response to this counseling/ warning (initial one below).
 

Choose One of the Following

  - I intend to submit a statement. I will submit my statement within 10 days of this date.
  - OR
  - I do not intend to submit a statement.

\_\_\_\_\_  
Members Signature Date/Signed

\_\_\_\_\_  
Command Deployability Coordinator  
or NCO Signature Date/Signed

**NSIPS/ESR CERTIFICATION**

SUBMIT THIS FORM TO THE NSIPS/ESR SUPERVISOR FOR ENTRY AND/OR VERIFICATION IN NSIPS. THE NSIPS SUPERVISOR MUST COMPLETE THE INFORMATION BELOW AND SUBMIT TO THE MEMBER'S OFFICIAL RECORD FOR PERMANENT ENTRIES. (NOT APPLICABLE TO NEW ACCESSION APPLICANTS)

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE:

DATE:

SIGNATURE OF VERIFYING OFFICIAL:

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**SERVICE MEMBER INFORMATION**

NAME (LAST, FIRST, MIDDLE):

SOCIAL SECURITY NUMBER:

BRANCH AND CLASS: