



DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF ARMY RESERVE
2400 ARMY PENTAGON
WASHINGTON, DC 20310-2400

DAAR-HR

23 December 2020

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Delegation of Authority #20-33: Permissive Parachute Program

1. References:

- a. Memorandum, Office of the Chief of Army Reserve, DAAR-HR, 12 Jan 17, Subject: Permissive Parachute Program.
- b. Army Regulation (AR) 614-100, Officer Assignments Policies and Transfers, 3 Dec 19.
- c. AR 614-200, Enlisted Assignments and Utilization Management, 25 Jan 19.
- d. AR 350-1, Army Training and Leader Development, 10 Dec 17.

2. This memorandum supersedes reference 1a and remains in effect until superseded, rescinded, or withdrawn.

3. GENERAL. Permissive parachuting is an Army personnel program for experienced airborne-qualified Soldiers on active duty, members of the Selected Reserve, and Individual Ready Reserve, assigned to non-airborne duty positions. Soldiers who volunteer for permissive parachute status should have a desire for future airborne assignments and seek to enhance and maintain their static-line military parachuting skills.

4. APPROVAL AUTHORITY.

a. I delegate approval authority to Commander, U.S. Army Civil Affairs and Psychological Operations Command (USACAPOC) for all Soldiers under his/her General Court Martial Convening Authority (GCMCA).

b. I retain approval authority for all other Army Reserve Soldiers and will personally approve requests for Soldiers not under GCMCA of the Commander, USACAPOC. Requests require approval at every level of the chain of command. Disapproval authority rests with commanders at every level in the requesting Soldier's chain of command. Absent unique circumstances, commanders will not forward disapproved requests for further consideration. Commanders may not delegate this authority.

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5. Commanders, program managers, and personnel officers are responsible for administering the program in accordance with this policy and program guidance outlined in the enclosure.

6. For additional information, contact CW3 Linda D. Thomas, United States Army Reserve Command, G-1, Officer Management Branch, Personnel Management Division, at (910) 570-8833 or linda.d.thomas26.mil@mail.mil.

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2 Encls

1. Processing Procedures
2. Sample DA Form 4187

JODY J. DANIELS
Lieutenant General, U.S. Army
Chief of Army Reserve/Commanding
General, U.S. Army Reserve Command

DISTRIBUTION:

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PERMISSIVE PARACHUTE PROGRAM
PROCESSING PROCEDURES

1. To participate in the permissive parachute program, Soldiers must volunteer by submitting a request through command channels for the signature approval of a general officer at the general court-martial convening authority level.

2. PREREQUISITES.

a. Soldiers must possess one of the following:

(1) Skill Qualification Identifier (SQI), P (Parachutist), S (Special Operations Support), V (Ranger Parachutist), or 7 (Special Forces Aviation (Warrant Officers)).

(2) Additional Skill Identifier (ASI), 5W (Jumpmaster).

(3) Enlisted Military Occupational Specialty (MOS) 18 series; Warrant Officers MOS 180A - Special Forces Warrant Officer or 921A - Airdrop Systems Technician; officers Area of Concentration (AOC) 18A - Special Forces.

b. Individuals must meet the minimum airborne experience requirement, that is, have at least three (3) verifiable years of cumulative parachuting duty in an airborne position.

c. Individuals must have completed the Airborne Refresher Training Course within 30 days of the planned parachute activity.

d. Individuals must be medically qualified for parachute duty in accordance with (IAW) AR 40-501 (Standards of Medical Fitness), must be in good physical condition as indicated by the most recent Army Physical Fitness Test or Army Combat Fitness Test, and meet the height and weight standards IAW AR 600-9 (The Army Body Composition Program).

e. Individuals must meet the membership requirements of paragraph 3, and personally volunteer for permissive parachute status. (Sample DA Form 4187, Personnel Action, is attached).

3. SCOPE.

a. Permissive parachute jumps may be counted for senior and master parachuting ratings.

b. No hazardous duty pay is authorized and no orders are published for permissive parachute jumping.

c. Injuries received while performing permissive parachuting activities are normally determined to have been incurred in the line of duty.

d. Soldiers are not authorized to permissively jump while in a leave status as complications in the determination of line of duty for any injuries sustained may result.

e. An approved exception to policy does not have to be resubmitted when requesting an additional six (6) months in permissive parachute status.

PERMISSIVE PARACHUTE PROGRAM
PROCESSING PROCEDURES

f. Permissive parachute status will not be approved for requests that do not meet the prerequisites in paragraphs 2a-e and for:

(1) A period of longer than 6 continuous months. Submit renewals for qualified personnel IAW policy reference d.

(2) Jumping for foreign forces unless without a definable directed mission role with such foreign forces.

(3) Jumping related to or motivated by personal, recreational, or ceremonial reasons, for example, jumping with a family member at airborne graduation ceremonies or with sports parachute teams.

(4) Jumping that is likely to increase airborne program resources.

(5) Jumping other than static-line.

(6) A Soldier who has no desire to serve in future airborne duty assignments.

(7) Permissive parachuting status will not be approved for longer than 6 months. Renewals for qualified personnel may be submitted IAW reference d.

4. RESPONSIBILITY. Personnel officers at each level of command will forward complete permissive parachute requests IAW this policy through command channels for approval.

a. To Commander, U.S. Army Civil Affairs and Psychological Operations Command (USACAPOC) for all Soldiers under his/her General Court Martial Convening Authority (GCMCA).

b. To the Chief of Army Reserve (CAR), for all other Army Reserve Soldiers not under GCMCA of the Commander, USACAPOC. Requests require approval at every level of the chain of command. Disapproval authority rests with commanders at every level in the requesting Soldier's chain of command. Absent unique circumstances, commanders will not forward disapproved requests for further consideration. Commanders may not delegate this authority. All requests for CAR final determination are submitted for processing to the United States Army Reserve Command (USARC) G-1 at usarmy.usarc.usarc-hq.mbx.pmd.omb@mail.mil.

c. Commanders at all levels will:

(1) Validate Soldier eligibility and ensure request is IAW this policy.

(2) Return disapproved requests and requests not IAW this policy.

(3) Validate all requests are endorsed by the appropriate commander(s).

(4) Forward approved requests through command channels to the appropriate approval authority IAW paragraphs 4a-b.

PERMISSIVE PARACHUTE PROGRAM
PROCESSING PROCEDURES

d. USARC G-1 Program Manager will:

(1) Establish control to maintain accountability of personnel approved for permissive parachuting status.

(2) On a continuing basis, forward copies of each instrument of delegation to HQDA, Deputy Chief of Staff (DSC), G-1 (DAPE-MPE), 300 Army Pentagon, Washington, DC 20310-0300, if approval authority is delegated to the general court-martial convening authority (GCMCA).

(3) Review Soldier's request, determine if the request is IAW current regulations and policy, and forward with a recommendation to the CAR.

(4) Return all requests that are not IAW policies herein.

(5) Forward a copy of each permissive parachute approval to HQDA, DCS, G-1 (DAPE-MPE).

(6) Validate authentication by the Commander/GCMCA (usually a GO) for actions approved by USACAPOC and ensure a copy of completed actions are sent to HQDA, DCS, G-1 (DAPE-MPE).

(7) Forward favorable recommendations for exception to policies herein to HQDA, DCS, G-1 (DAPE-MPE) for final determination.

e. USACAPOC Program Manager will:

(1) Establish control to maintain accountability of personnel approved for permissive parachuting status.

(2) Review Soldier's request, determine if the request is IAW current regulations and policy, and forward with a recommendation to the Commander, USACAPOC for determination.

(3) Return all requests that are not IAW policies herein.

(4) Forward a copy of each permissive parachute approval to HQDA, DCS, G-1 (DAPE-MPE), 300 Pentagon, Washington, DC 20310-0300, with a copy furnished to the USARC G-1 (AFRC-PRP) at USARMY Reserve USARC HQ Mailbox PMD-OMB, usarmy.usarc.usarc-hq.mbx.pmd-omb@mail.mil.

(5) Forward favorable recommendations for exception to policies herein to HQDA, DCS, G-1 (DAPE-MPE) for final determination with a copy furnished to USARC G-1 (AFRC-PRP).

Attachment

1. Sample DA Form 4187 (Permissive Parachute Duty Status)

PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended
PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.
ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.
DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU (Include ZIP Code) MSC for Soldiers not under USACAPOC	2. TO (Include ZIP Code) US Army Reserve Command (AFRC-PRP-R), 4710 Knox St, Fort Bragg, NC 28310 (or USACAPOC for USACAPOC Soldiers)	3. FROM (Include ZIP Code) UNIT
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above Soldier's duty status is changed from _____ to _____
_____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> Permissive Parachute Duty Status

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. Request permission to participate in Army Parachute Jumps
2. I would like to maintain my parachute skills, with a possibility of a future assignment in a parachute unit/position.
3. The following information is provided:
a. Graduated Jump School (yyymmdd) e. Last APFT/ACFT:
b. PMOS: f. Months on Jump Status:
c. Medically qualified: Yes / No g. Number of Static Line Jumps:
d. Date of Last Airborne Physical: (yyymmdd) h. Pending Airborne Assignment: Yes / No
4. I understand that I will not receive parachute pay for jumps, if approved.
5. Enclosures:
a. DA Form 2-1 & DA Form 2A/B/C or SRB
b. Orders Awarding SQI P/5P or Parachute Badge
c. Jump School Certificate
d. Latest DA Form 1307 (Individual Jump Record)
e. Medical qualification documentation: DD Form 2807-1/2807-2/2808
f. Airborne Refresher Training Course Completion Certificate
g. Justification for Permissive Parachute Duty Status Request

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -
 HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)
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15. NAME OF INDIVIDUAL	16. SSN	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL		
AUTHORITY	a. TO	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (<i>Last, First, Middle</i>)	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		
AUTHORITY	a. TO	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (<i>Last, First, Middle</i>)	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		
AUTHORITY	a. TO	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (<i>Last, First, Middle</i>)	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		
AUTHORITY	a. TO	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (<i>Last, First, Middle</i>)	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		
AUTHORITY	a. TO	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (<i>Last, First, Middle</i>)	e. RANK	f. DATE (YYYYMMDD)
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