INSTRUCTIONS FOR COMPLETING THE AF FORM 286A

The AF Form 286A is used to document permanent disqualification and decertification from the Personnel Reliability Program (PRP). This form will be used for active duty, guard and reserve military, DoD civilian and contractor personnel.
Use pull-down lists and pop-up calendars where provided.

SECTION I. INDIVIDUAL INFORMATION

NAME - Enter last name, first name, middle initial and suffix (if applicable).

GRADE - Select grade

PRP POSITION - Select position (Critical, Controlled, Biological)

SSN - Input 9-digit SSN.

SECTION II. PERMANENT DISQUALIFYING/DECERTIFYING INFORMATION *(May use more than one; not used for Biological PRP)*

CAUSE: Select applicable cause code(s) to define reason(s).

EXTENT: Select applicable extent code for each cause code.

FORM: Select form reference that applies to permanent disqualification/decertification cause/extent.

LOCATION: Select location of form reference.

DATE: Select date of form referenced.

Note 1: Use Remarks (Section V) to explain "OTHER".

Note 2: Cause and Extent codes can be found in DoDM5210.42_AFMAN13-501. When more than one cause code applies, the following order of precedence applies: E900, B800, M300, S150, C400, A200, J600 and Q500.

Note 3: Select as many cause codes as applicable to ensure the Permanent Disqualification or Decertification is explained. Use remarks (Section V) if more cause codes are needed.

Note 4: For Biological PRP enter reason(s) for disqualification/decertification in remarks (Section V).

SECTION III. PERMANENT DISQUALIFICATION/DECERTIFICATION

Discuss the following information with the individual:

You are permanently disqualified/decertified from the PRP for the reasons identified in Section II and/or Section V of this form.

This disqualification/decertification is a duty restriction; you are no longer allowed to perform PRP duties. It is not punitive or derogatory in nature; however:

(1) The circumstances, facts and situation that are the cause for the disqualification/decertification may also be the basis for punitive action or separation from your employer.

(2) The disqualification/decertification will not be used to justify or avoid appropriate proceedings under the Uniformed Code of Military Justice (UCMJ) or other existing directives governing administrative processing, separation or employment termination. Acknowledge receipt and understanding of this action within 3 duty days by signing and indicating that you do or do not wish to submit additional information. You may submit additional relevant information that will be reviewed/evaluated by the designated reviewing official. Statements or documents in your behalf must be submitted to the certifying official within 14 calendar days of your acknowledgement.

COMMANDER/DIRECTOR OF CERTIFYING OFFICIAL: Enter Full Name/Grade/Unit/Base. Digital signature will auto populate the date box. Within <u>15 work days</u> of determination the CO must advise the member of reason for permanent disqualification or decertification and of requirement for RO review.

INDIVIDUAL: Mark appropriate statement **(a selection must be made).** Digital signature auto populates the date.

SECTION IV. REVIEWING OFFICIAL (RO): The RO will notify the individual and CO of the findings and conclusion within<u>15 work days</u>
A review selection must be made, the digital signature will auto populate the date
Note: Installation/Unit PRP monitor will update appropriate PDS code IAW DoDM5210.42_AFMAN13-501.

SECTION V. REMARKS: <u>All remarks must be entered prior to RO signature. Form will lock upon RO's digital signing.</u>

Enter appropriate detailed comments on individual necessary for future reference keeping in mind all Privacy Act and HIPAA requirements.

PERSONNEL RELIABILITY PROGRAM (PRP)
PERMANENT DISQUALIFICATION OR DECERTIFICATION ACTION

I. INDIVIDUAL INFORMATION

NAME

Last

First

M.I.

Suffix

GRADE

PRP POSITION

SSN

II. PERMANENT DISQUALIFYING OR DECERTIFYING INFORMATION   *(see instructions on reverse)*

				FORM DATE
				FORM DATE
				FORM DATE
				FORM DATE
				FORM DATE

III. PERMANENT DISQUALIFICATION OR DECERTIFICATION

You are permanently disqualified or decertified from the PRP for the reasons stated above.

This disqualification or decertification is a duty restriction; you are no longer allowed to perform PRP duties. It is not punitive or derogatory in nature; however:

(1) *The circumstances, facts and situation that are the cause for the disqualification/decertification may also be the basis for punitive action or separation from your employer.*

(2) *The disqualification/decertification will not be used to justify or avoid appropriate proceedings under the Uniformed Code of Military Justice (UCMJ) or other existing directives governing administrative processing, separation or employment termination. Acknowledge receipt and understanding of this action within 3 duty days by signing below and indicating that you do or do not wish to submit additional information. You may submit additional relevant information that will be reviewed/evaluated by the designated reviewing official. Statements or documents on your behalf must be submitted to the certifying official within 14 calendar days of your acknowledgement.*

COMMANDER/DIRECTOR or CERTIFYING OFFICIAL *(Typed Name/Grade/Unit/Base)*	COMMANDER/DIRECTOR or CERTIFYING OFFICIAL *(Signature)* Click to sign	DATE

I understand I am permanently disqualified or decertified from the PRP for the reason contained above.
I understand that I cannot perform duties requiring PRP certification.
I understand I may appeal provided there was an unjust process or procedure and the condition or reason no longer exits.

I do ☐ or do not ☐ wish to submit additional information.

INDIVIDUAL (Signature) Click to sign	DATE

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IV. REVIEWING OFFICIAL (RO)

RO REVIEW

☐   I agree with Permanent Disqualification or Decertification

☐   I do not agree with Permanent Disqualification or Decertification for the reasons listed in the remarks section.

REVIEWING OFFICIAL *(Typed Name/Grade/Wing/Base)*	REVIEWING OFFICIAL *(Signature)* Click to sign	DATE

V. REMARKS *(Ensure all remarks are annotated prior to RO digital signing)*