

APPLICATION FOR VOLUNTARY RETIREMENT

For use of this form, see AR 635-200; the proponent agency is MILPERCEN.

DATE

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Chapters 61, 63 and 67.
PRINCIPAL PURPOSE: To initiate necessary administrative action in regard to voluntary requests for retirement.
ROUTINE USES: Data contained on the form is used to complete administrative actions incident to retirement.
DISCLOSURE: Disclosure is voluntary. However, failure to disclose required information may result in service member not being considered for voluntary retirement.

TO: (Include ZIP Code)
 Commander, USAG
 1520 Freedman Drive
 ATTN: Military Personnel Division
 Fort Detrick, MD 21702

THRU: (Include ZIP Code)
 Commander, USAMRMC
 Bldg 505 Scott Street
 ATTN: MCMR-PMM
 Fort Detrick, MD 21702

SECTION I - (TO BE COMPLETED BY ALL APPLICANTS)

1. NAME (Last, First, Middle) DOE, JOHN M.		2. SSN 000-00-0000	3. ETS yyyy/mm/dd	4. DESIRED RETIREMENT DATE yyyy/mm/01
5. CURRENT GRADE, PAY GRADE, (Effective date of promotion) AND MOS SFC, E-7, 42A00		6. HIGHEST GRADE SERVED ON ACTIVE DUTY AND BRANCH OF SERVICE SFC/US Army		
7. UNIT OF ASSIGNMENT - DUTY STATION - MAJOR COMMAND HQ, USAMRMC Fort Detrick, MD 21702 USAMEDCOM		8. DESIRE RETIREMENT AT CURRENT OVERSEA ASSIGNMENT (CONUS Residents only) <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT APPLICABLE		
9. MAIL ADDRESS UPON RETIREMENT (Will not be considered as home of selection) (Include ZIP Code) Full address including 9 digit zip code		10. NON-CONUS PERSONNEL STATIONED OVERSEAS DESIRE RETIREMENT <input type="checkbox"/> HOR <input type="checkbox"/> CONUS <input type="checkbox"/> CURRENT OVERSEAS STATION		

11. REQUEST TRANSFER TO RETIRED RESERVE IN THE FOLLOWING STATUS
 COMMISSIONED WARRANT OFFICER ENLISTED

12. (TO BE COMPLETED ONLY BY RESERVE OFFICERS SERVING ON ACTIVE DUTY IN ENLISTED STATUS)

a. RESERVE COMMISSIONED STATUS <input type="checkbox"/> RETIRED <input type="checkbox"/> ACTIVE	b. GRADE & PROMOTION ELIGIBILITY DATE	c. BRANCH
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13. AWARDS
 MEDAL OF HONOR DISTINGUISHED SERVICE CROSS NAVY CROSS NONE
 SOLDIERS MEDAL DISTINGUISHED FLYING CROSS OR EQUIVALENT NAVY DECORATION

14. CHRONOLOGICAL DATES OF MILITARY SERVICE (Enlistment and Discharge dates and change in status from active to inactive service and vice versa.) (Para 12-13, AR 635-200)								TIME LOST DAYS	ACTIVE FEDERAL SERVICE			INACTIVE SERVICE		
ENL. WO. COM (Indicate)	COM- PONENT	FROM			TO				TOTAL			TOTAL		
		YEAR	MO	DAY	YEAR	MO	DAY	YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
ENL	USAR	1986	6	13	1986	7	22	0	0	0	0	0	1	10
ENL	USA	1986	7	23	2006	8	1	0	20	0	9	0	0	0

15. TOTAL TIME LOST (If no time lost, enter "None")

16. TOTAL ACTIVE SERVICE CREDITABLE FOR RETIREMENT (Do not include time lost)

17. TOTAL INACTIVE SERVICE CREDITABLE FOR BASIC PAY ONLY

18. TOTAL SERVICE FOR BASIC PAY PURPOSES (Item 16 + 17)

19. CONUS LOCATION OF CHOICE TRANSFER ACTIVITY <input checked="" type="checkbox"/> I ELECT TO BE PROCESSED FOR RETIREMENT AT: Fort Detrick, Military Personnel Division I ATTEST THAT I HAVE BEEN COUNSELED AS SPECIFIED BY PARAGRAPH 2-18, AR 635-10. I ALSO FULLY UNDERSTAND THE PROVISIONS OF SECTION V, CHAPTER 2, AR 635-10 CONCERNING MY ENTITLEMENTS PERTAINING TO PER DIEM, TRAVEL AND TRANSPORTATION ALLOWANCES, BASED ON MY RETIREMENT AT A CONUS LOCATION OF CHOICE. <input type="checkbox"/> I DO NOT ELECT TO BE PROCESSED FOR RETIREMENT AT A CONUS LOCATION OF CHOICE.		
I am familiar with the provisions of AR 635-200 pertaining to withdrawal of this application for retirement once it has been accepted by the retirement approval authority.		SIGNATURE OF APPLICANT
SECTION II - (TO BE COMPLETED BY COMMANDER HAVING CUSTODY OF PERSONNEL RECORDS)		
TO: (Include ZIP Code) Commander, HRC 000 Applebury Drive Ft. Knox, KY 20123	FROM: (Include ZIP Code) Commander, USAG 1520 Freedman Drive ATTN: Military Personnel Division Fort Detrick, MD 21702	DATE
20. RECOMMEND <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL (Indicate reason(s) in Remarks)		
21. AUTHORIZED TRANSFER ACTIVITY (If other than current installation, specify)		
22. APPLICANT <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT SUBMITTING REQUEST IN LIEU OF ELIMINATION OR FURTHER ELIMINATION PROCEEDINGS. (If "YES" application must be attached to board proceedings.)		
23. APPLICANT <input type="checkbox"/> HAS <input checked="" type="checkbox"/> HAS NOT INCURRED A SERVICE OBLIGATION (If "HAS" indicate reason and expiration date in Remarks)	24. THIS ACTION <input type="checkbox"/> IS <input type="checkbox"/> IS NOT IN CONTRAVENTION WITH AR 600-31	
25. SERVICE SHOWN (Items 14-18) HAS BEEN VERIFIED AS CORRECT BY: <input checked="" type="checkbox"/> MPRJ <input type="checkbox"/> AGPERSCEN: <input type="checkbox"/> OTHER (Specify) _____ (If other than MPRJ, attach verification)		
26. DATE APPLICANT ARRIVED AT PRESENT ASSIGNMENT (Other than Oversea Command - see Item 27) 20031222		
27. DATE APPLICANT OR DEPENDENT ARRIVED IN OVERSEA COMMAND (Whichever is later - specify applicant or dependent) DATE: <input checked="" type="checkbox"/> NOT APPLICABLE		
28. DATE OF RECEIPT OF ALERT (Nomination for assignment) OR ASSIGNMENT ORDERS (Not applicable for unit alert - see Item 31) N/A		
29. DATE MEMBERS OF UNIT WERE NOTIFIED OF UNIT ALERT DATE: <input checked="" type="checkbox"/> NOT APPLICABLE		
30. STATEMENT OF UNDERSTANDING 1. I have read Section V, Chapter 12, AR 635-200. I understand that I must undergo a medical examination prior to my retirement. I am responsible for insuring that the examination is scheduled not earlier than 4 months, nor later than 1 month prior to my approved retirement date (subject examination to be arranged through coordination with my unit of assignment). I am aware that the purpose of this examination is to provide a better health assessment of me and, in particular, to continue cardiovascular attention, to record as accurately as possible, my state of health on retirement and to protect my interests and those of the Government. I also understand that my retirement will take effect on the requested date and that I will not be held on active duty to complete this examination. 2. I have been briefed concerning the Survivor Benefit Plan. I understand that I will automatically be in the plan and will pay the full cost of coverage for my wife, and children if applicable, unless I submit an election form to the contrary prior to my retirement. 3. I am/am not (STRIKE THE INAPPROPRIATE WORDS) being considered by a HQDA Selection Board for promotion to the next higher grade. <div style="text-align: center;">_____</div> (Signature of member)		
31. REMARKS (Continue on additional sheet if necessary)		
Soldier's rank and full name has requested and had approved LV/PTD days of transitional leave (DDALV) to be taken in conjunction with the requested retirement action. This leave will begin on start date and end on end dates		
TYPED NAME, GRADE AND TITLE OF COMMANDER/PERSONNEL OFFICER	SIGNATURE	