

APPLICATION FOR VOLUNTARY RETIREMENT											DATE					
For use of this form, see AR 635-200; the proponent agency is G-1.																
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: <i>(Include ZIP Code)</i>								THRU: <i>(Include ZIP Code)</i>								
SECTION I - (TO BE COMPLETED BY ALL APPLICANTS)																
1. NAME <i>(Last, First, Middle)</i>						2. SSN			3. ETS			4. DESIRED RETIREMENT DATE				
5. CURRENT GRADE, PAY GRADE, <i>(Effective date of promotion)</i> AND MOS						6. HIGHEST GRADE SERVED ON ACTIVE DUTY AND BRANCH OF SERVICE										
7. UNIT OF ASSIGNMENT - DUTY STATION - MAJOR COMMAND						8. DESIRE RETIREMENT AT CURRENT OVERSEA ASSIGNMENT <i>(CONUS Residents only)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE										
9. MAIL ADDRESS UPON RETIREMENT <i>(Will not be considered as home of selection)</i> <i>(Include ZIP Code)</i>						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 <input type="checkbox"/> COMMISSIONED <input type="checkbox"/> WARRANT OFFICER <input type="checkbox"/> ENLISTED																
12. <i>(TO BE COMPLETED ONLY BY RESERVE OFFICERS SERVING ON ACTIVE DUTY IN ENLISTED STATUS)</i>																
a. RESERVE COMMISSIONED STATUS <input type="checkbox"/> RETIRED <input type="checkbox"/> ACTIVE						b. GRADE & PROMOTION ELIGIBILITY DATE			c. BRANCH							
13. AWARDS <input type="checkbox"/> MEDAL OF HONOR <input type="checkbox"/> DISTINGUISHED SERVICE CROSS <input type="checkbox"/> NAVY CROSS <input type="checkbox"/> NONE <input type="checkbox"/> SOLDIERS MEDAL <input type="checkbox"/> DISTINGUISHED FLYING CROSS OR EQUIVALENT NAVY DECORATION																
14. CHRONOLOGICAL DATES OF MILITARY SERVICE <i>(Enlistment and Discharge dates and change in status from active to inactive service and vice versa.) (Para 12-13, AR 635-200)</i>								TIME LOST	ACTIVE FEDERAL SERVICE			INACTIVE SERVICE				
ENL. WO. COM <i>(Indicate)</i>	COM- PONENT	FROM			TO			DAYS	TOTAL			TOTAL				
		YEAR	MO	DAY	YEAR	MO	DAY		YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS		
15. TOTAL TIME LOST <i>(If no time lost, enter "None")</i>																
16. TOTAL ACTIVE SERVICE CREDITABLE FOR RETIREMENT <i>(Do not include time lost)</i>																
17. TOTAL INACTIVE SERVICE CREDITABLE FOR BASIC PAY ONLY																
18. TOTAL SERVICE FOR BASIC PAY PURPOSES <i>(Item 16 + 17)</i>																

19. CONUS LOCATION OF CHOICE TRANSFER ACTIVITY		
<input type="checkbox"/> I ELECT TO BE PROCESSED FOR RETIREMENT AT: 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)	FROM: (Include ZIP Code)	DATE
20. RECOMMEND <input 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 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 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 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)		
27. DATE APPLICANT OR DEPENDENT ARRIVED IN OVERSEA COMMAND (Whichever is later - specify applicant or dependent) DATE: <input type="checkbox"/> NOT APPLICABLE		
28. DATE OF RECEIPT OF ALERT (Nomination for assignment) OR ASSIGNMENT ORDERS (Not applicable for unit alert - see Item 31)		
29. DATE MEMBERS OF UNIT WERE NOTIFIED OF UNIT ALERT DATE: <input 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.		
_____ (Signature of member)		
31. REMARKS (Continue on additional sheet if necessary)		
has requested and had approved _____ days of transitional leave (DDALV) to be taken in conjunction with the requested retirement action. This leave will begin on _____ and end on _____		
TYPED NAME, GRADE AND TITLE OF COMMANDER/PERSONNEL OFFICER	SIGNATURE	