W O R K S H E E T

(Office Symbol) Date

MEMORANDUM THRU

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Commander, U.S. Army Combined Arms Center and Fort Leavenworth (ATZL-CS), Fort Leavenworth, KS 66027
G1, Personnel Administration Division (ATZL-CSP-PA), Fort Leavenworth,KS 66027 (*or appropriate S1*)
Adjutant General, U.S. Army Combined Arms Center and Fort Leavenworth, Fort Leavenworth, KS 66027-1361

FOR Commander, Human Resources Command - Alexandria (AHRC-OPD-A, 200 Stovall Street, Alexandria, VA 22332-0413

SUBJECT: Voluntary Retirement with Waiver for (*Specify required wavier*) - _____

1. Under the provisions of law cited in AR 600-8-24, paragraph 6-20, I request that I be released from active duty and assignment on _____and placed on the retired list on 1_____ or as soon thereafter as practicable. I will have completed over __ years of Active Federal Service on the requested retirement date.

2. Assignment status: *(Enter organization to which currently assigned and duty station to which attached, if any.)*

3. Authorized place of retirement: U.S. Army Transition Point (WOVP03), Fort Leavenworth, Kansas 66027-1361.

4. Location of choice transfer activity: *(Members electing to be processed for retirement at a transfer activity other than one perscribed by AR 635-10, para 2-18a, enter an appropriate transfer activity as provided by AR 635-10, para 2-19; otherwise enter " Ft Leavenworth, KS.'')*

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5. I have been counseled as specified by AR 635-10, paragraph 2-19. I fully understand the provisions of AR 635-10, chapter 2, section V, concerning entitlement to per diem, travel and transportation allowances based on retirement at a location of choice transfer activity.

6. I have read AR 600-8-24, paragraphs 6-6 and 6-7. I am responsible for ensuring that a physical examination is completed not earlier than four (4) months nor later than one (1) month prior to my approved retirement date or start date of transition leave, whichever is earlier (subject physical to be arranged through coordination with my unit of assignment). I am aware that the purpose of this examination is to ensure that my medical records reflect 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.

7. In accordance with title 10 United States Code, I understand that:

a. Enrollment in the Survivor Benefit Plan (SBP) is the only way that I may continue a portion of my retirement pay to my family at my death.

b. I must receive SBP counseling for myself and my spouse no less than 30 days before retirement.

c. I will be enrolled in full SBP coverage if I fail to elect otherwise in writing before my retirement.

d. I cannot elect less than full spouse SBP without my spouse's written agreement. I received a spousal concurrence for this purpose in conjunction with this application/letter. I realize there are other forms that must be completed during SBP counseling.

e. Failure to return the completed spousal concurrence statement to the proper officials prior to my retirement packet being sent to the Defense Finance and Accounting Service will result in my being irrevocably and irreversibly enrolled in SBP at full cost.

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8. Address upon retirement:_____

_____

9. I am familiar with AR 600-8-24, paragraph 6-22, and understand that if this application is accepted by the Secretary of the Army, it may not be withdrawn except for extreme compassionate reasons or for the definitely established convenience of the Government.

10. As of the date of this application, I have __ days accrued leave. I plan to take _____ days leave. I also intend to request _____days Permissive TDY.

11. I have read and understand the provisions of AR 600-8-24, table 6-16, pertaining to determination of my retired grade. Considering those provisions, and after a review of my records, I believe that I am entitled to retire in the grade of ___if the _____month time-in-grade waiver is approved. I am requesting this waiver because of _____. If the time-in-grade waiver is disapproved, I do not desire to retire. I understand that final determination of my retired grade will be made by HQDA, and that I will be informed if I am not entitled to retire in the grade I have specified in this paragraph.

12. This application is not submitted in lieu of complying with PCS instructions.

13. I understand that if I participated in certain advanced education programs, I may be required to reimburse the U.S. Government as stated in written agreement made by me with the U.S. Government under law and regulation.

14. My current duty telephone numbers are as follows:
DSN: Commercial:

15. A fax machine is available at the following:
DSN: Commercial:

Name_____
Rank/Br_____
SSN_____