

AIRBORNE ASSIGNMENT ACCEPTANCE/ DECLINATION STATEMENT

I UNDERSTAND THAT I AM ON ASSIGNMENT TO AN AIRBORNE UNIT_____

I HEREBY ACCEPT THE AIRBORNE ASSIGNMENT_____

I HEREBY DECLINE THE AIRBORNE ASSIGNMENT FOR THE BELOW LISTED
REASON_____:

() MEDICAL PROFILE

() NOT ABN QUALIFIED

() OTHER

I UNDERSTAND THAT BY DECLINING THIS AIRBORNE ASSIGNMENT, MY SQI "P" WILL BE
WITHDRAWN. I FUTHER UNDERSTAND THAT IF I DECLINE FOR ANY REASON OTHER
THAN A MEDICAL PROFILE (DELIBERATE AIRBORNE TERMINEE) AND I HAVE LESS THAN
36 CUMULATIVE MONTHS OF AIRBORNE STATUS, I WILL NO LONGER BE AUTHORIZED TO
WEAR A PARACHUTIST BADGE ON ANY MILITARY UNIFORM. (REF: AR 614-200, PARA 5-3j
AND XVIII ABN CORPS REG 600-3)_____

I AM CURRENTLY ASSIGNED TO A JUMP SLOT (YES) (NO). IF YES, FOR HOW MANY
MONTHS_____. IF YES AND YOU DECLINE THIS ASSIGNMENT, YOU WILL LOSE
YOUR CURRENT AIRBORNE SLOT AND WILL BE REPORTED AS OVER STRENGTH,
AVAILABLE FOR WORLD-WIDE ASSIGNMENT.

I HAVE SERVED_____ MONTHS ON JUMP STATUS PRIOR TO MY CURRENT
ASSIGNMENT

PRINT: LAST NAME, FIRST NAME, MIDDLE INITIAL AND SSN

SIGNATURE

TODAY'S DATE