

## **DEPARTMENT OF THE ARMY**

## UNITED STATES ARMY GARRISON BAVARIA UNIT 28130 APO AE 09114-8130

(Office Symbol) 9 April 2025

MEMORANDUM FOR RECORD

SUBJECT: Commander's and Soldier's Statement of Understanding for ERD Request

## Sponsor's Statement of Understanding

1. Soldier SOU, I understand that approval of this request for an ERD will terminate command sponsorship and my Family members will not be allowed to return to my overseas place of duty at Government expense during my current tour. I am required to notify the housing office within 5 days after notification of the change in circumstances (ERD), to update my basic allowance for housing and cost of living allowance authorizations, and to update or verify my DD Form 93 and Service members Group Life Insurance designations. My Family members and I have reached an agreement on the division and shipment of household goods (HHG). If I ship a privately owned vehicle (POV) at this time, I understand I will not be authorized another shipment of a POV at Government expense during this tour.

	Soldier's Name:
	Soldier's Signature:
	Date:
Dependent's Sta	atement of Understanding
nembers (an ERD). I ( <b>DO or DO NOT</b> ) [select and a initials]. If the ERD is approved, I understand that I continental United States at Government expense. I further thange of station (PCS) to the address specified on the	will not be authorized to return to the duty location outside the arther understand that I will be moved through a permanent
	Dependent's Name Dependent's Signature: Date:

## Commander's Statement

**3.** Commander Verification. I have interviewed and counseled the Soldier and Family member on the guidelines and procedures of requesting an ERD action. The Soldier and Family members agree to the action and have agreed on a division of the HHG and POVs. The Family members have agreed to meet the port call on the date, time, and location that will be established. The Soldier understands that he or she must update his or her finance and housing information with the appropriate offices immediately after his or her Family members depart. The Soldier further understands that if the ERD is approved, he or she will still be required to financially support his or her Family members as required by applicable regulations and laws.

Commander's Name:	
Commander's Signature:	
Date:	