



OFFICER RETIREMENTS CHECKLIST

ALL PACKETS MUST BE SUBMITTED VIA IPPS-A AND ROUTED THROUGH THE FIRST O-6 COMMANDER AS A SINGLE PDF NOT TO EXCEED 8 MB

RETIREMENTS UDL:

OFFICER VOLUNTARY RETIREMENT: 000000000123535

NAME: BRAGG_MPD-VOL_RETIREMENTS_OFF

Standard Name Line Example: Voluntary Retirement Request - MAJ Smith, Joe

THE FOLLOWING ITEMS ARE REQUIRED:

- Installation Retirement Services Intra-Office Worksheet
- Voluntary Retirement Memorandum signed by Requesting Officer
- Endorsement memo signed by O-6
- Tuition Assistance ADSO Memo from the Education Center
- Sexual Assault Affidavit (SHARP) memorandum (signed by requesting Officer)
If the answer to paragraph 1–35a(1) is YES, do you believe that this separation action is a direct or indirect result of your sexual assault, or your reporting of the sexual assault? b. The officer's General Court-Martial Convening Authority (GCMCA) or higher authority will review all administrative separations involving known victims of sexual assault and officers who answered YES to any of the questions cited on their signed statement as stated in paragraph 1–35a.
- Letter of Lateness SIGNED BY LTC OR ABOVE – NO EXCEPTIONS if request is under 9 months from requested Requested Retirement Date.

Supporting Documents 2nd Attachment (ONLY IF NOT IN SM IPERMS)

- DA Form 71 (Oath of Office)
- Active Duty Orders
- Any prior DD214, DD215, DD220, DA 5016, NGB 22/23, and DA 1506

Incomplete packets will be Returned Without Action (RWOA) to the sender.

Reference AR 600-8-24 Chapter 6

DATA REQUIRED BY THE PRIVACY ACT

Authority: Title 10, U.S.C. Chapters 61, 63, 67. PRINCIPAL PURPOSE: To initiate necessary action in the regards to voluntary retirement.
ROUTINE USES: Data contained on this form is used to complete administrative action incident to retirement. Disclosure is voluntary; however, failure to disclose required information may result in a delay of Soldiers request being processed.

INSTALLATION RETIREMENT SERVICES INTRA-OFFICE WORKSHEET

RANK: _____ NAME: _____

SSN: _____ DATE OF BIRTH: _____

DUTY PHONE: _____ CELL PHONE: _____

SOCOM EMAIL: _____

ENTERPRISE EMAIL: _____

PERSONAL EMAIL: _____

UN IT 1SG NAME/ PHONE/EMAIL: _____

CD R NAME / PHONE/ EMAIL: _____

BN / BDE S1 NAME/PHONE/EMAIL: _____

PROJECTED LEAVE DATE: _____

CURRENT ADDRESS: _____

RETIREMENT ADDRESS: _____

NEAREST RELATIVE (NOT SPOUSE)

NAME/ ADDRESS: _____

MARITAL STATUS: MARRIED SINGLE DIVORCED

SPOUSE'S FULL NAME: _____

DID YOU RECEIVE THE CAREER STATUS BONUS "REDUX", (\$30,000 AT 15 YEARS TO COMPLETE 20 YEARS OF SERVICE WITH RETIRED PAY BEING REDUCED TO 40%?

YES NO

I UNDERSTAND THAT SUBMITTING THIS REQUEST FOR RETIREMENT DOES NOT STA TE THAT MY RETIREMENT HAS BEEN APPROVED.

SIGNATURE & DATE _____



DEPARTMENT OF THE ARMY
YOUR UNIT
YOUR COMMAND AND ADDRESS
FORT BRAGG, NORTH CAROLINA 28310-5010

OFFICE SYMBOL

DATE

MEMORANDUM FOR Commander, U.S. Army Human Resources Command, 1600
Spearhead Division Avenue (Attn: HRC-OPL-R) Fort Knox, KY 40122

SUBJECT: Victim of Sexual Assault Statement for Administrative Separation for Retirement

1. DOD instruction 6495.02 and AR 600-200, Chapter 8, Sexual Assault Prevention and response Program Procedures requires Soldiers being administratively separated, per retirement, to sign a statement answering the following questions:

a. Did you file an unrestricted report of a sexual assault in which you were a victim within the past 24 mnths? NO

b. If the answer to (a above) is YES, do you believe that this separation action is a direct or indirect result of your sexual assault, or you're reporting of the sexual assault.
YES NO

2. The point of contact for this action is the undersigned at (PHONE NUMBER) and email address

