



## ENLISTED 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:**

**ENLISTED VOLUNTARY RETIREMENT: 000000000123534**

**NAME: BRAGG\_MPD\_VOL\_RETIREMENTS\_ENL**

**SSG LOCAL VOLUNTARY RETIREMENT: 000000000123537**

**NAME: BRAGG\_MPD\_VOL\_RETIREMENTS\_ENL\_LOCAL\_SSG**

**Example: Voluntary Retirement Request - SGM Smith, Joe**

**STATUS UPDATE REQUEST ADDRESS: (From BDE Level S1/G1/J1 only)**  
[usarmy.liberty.usag.mbx.dhr-tc@army.mil](mailto:usarmy.liberty.usag.mbx.dhr-tc@army.mil)

### **THE FOLLOWING ITEMS ARE REQUIRED:**

- Installation Retirement Services Intra-Office Worksheet
- Sexual Assault Affidavit (SHARP) memorandum (signed by requesting soldier)
- Soldiers retirement request must paste data found in Section IV of DA-4187 to PAR Summary of Change and route PAR VIA IPPS-A through O-6 for recommendation
- Letter of Lateness **SIGNED BY LTC OR ABOVE – NO EXCEPTIONS** if request is under 9 months from requested Retirement Date
- Assumption of Command orders if signature is not the actual Approver

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

- Enlistment contract
- All re-enlistment contracts
- Any prior DD214, DD215, DD220, DA 5016, NGB 22/23, and DA 1506
- Waiver request for Service Obligations

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

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

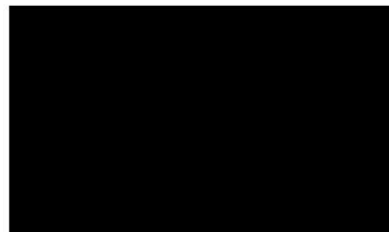
SUBJECT: Victim of Sexual Assault Statement for Administrative Separation for Retirement

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



**\*\*\*\*\*SECTION IV – REMARKS MUST BE IN THE BODY OF  
THE IPPS-A PAR IF DA FORM 4187 IS NOT USED\*\*\*\*\***

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended  
**PRINCIPAL PURPOSE:** To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.  
**ROUTINE USES:** The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.  
**DISCLOSURE:** Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU (Include ZIP Code) Commander Unit Assigned Fort Bragg, NC 28310	2. TO (Include ZIP Code) Military Personnel Division Retirement Services Office (Active Duty Retirements) Fort Bragg, NC 28310	3. FROM (Include ZIP Code) Soldier submitting packet Unit Fort Bragg, NC 28310
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
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**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above Soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_  
effective \_\_\_\_\_ hours, \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) Voluntary Retirement
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

I request for release from active duty and assignment on (last day of the month which retirement will be effective YYYYMMDD) and placed on the retirement list on the (first day of the following month YYYYMMDD). I will have completed over (# or years) active federal service as of the requested retirement date. my current ETS is YYYYMMDD. I am responsible for ensuring that the physical examination is completed no more the four months earlier but no later than 1 month prior to my transition leave start date. I understand that enrollment in the Survivor Benefit Plan (SBP) is the only way that I can continue a portion of my retirement pay to my family upon my death. My spouse and I must receive SBP counseling no later than 30 days prior to the beginning of my transition leave. Address upon retirement: \_\_\_\_\_ I have/have not been notified of levy. I currently have (# of leave days) accrued leave. I do/do not plan to take transition leave and permissive TDY. I believe that I am entitled to retire at the grade of \_\_\_\_\_. I understand that HRC will make the final determination of my retirement grade. I am/am not currently on a DA Promotion of school selection list. I have/have not participated in advanced education programs, to include E-ArmyU. I have/have not received a bonus which incurs a service obligation. I understand that i may be required to reimburse any service obligation not fulfilled.

Authorized placed of retirement: Fort Bragg, NC; Location of choice transfer activity: \_\_\_\_\_

Phone number (COMM/DSN): \_\_\_\_\_

Fax Number (COMM/DSN): \_\_\_\_\_

Enterprise E-mail address: \_\_\_\_\_

Current UIC: \_\_\_\_\_ Did you receive a Career Status Bonus/REDUX: \_\_\_\_\_

Did you transfer you 9/11 GI Bill: \_\_\_\_\_ if yes, when: \_\_\_\_\_

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -			
HAS BEEN VERIFIED	RECOMMEND APPROVAL	RECOMMEND DISAPPROVAL	IS APPROVED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)	

15. NAME OF INDIVIDUAL		16. SSN	
<b>ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>			
AUTHORITY	a. TO		b. FROM
c. ACTION:      APPROVED                  DISAPPROVED                  RECOMMEND:                  APPROVAL                  DISAPPROVAL			
d. NAME ( <i>Last, First, Middle</i> )		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
<div style="border: 1px solid black; padding: 5px; color: red; font-weight: bold;">             PAR MUST BE ROUTED THROUGH THE 1<sup>ST</sup> O-6 IF DA FORM 4187 IS NOT USED           </div>			
i. COMMENTS			
AUTHORITY	a. TO		b. FROM
c. ACTION:      APPROVED                  DISAPPROVED                  RECOMMEND:                  APPROVAL                  DISAPPROVAL			
d. NAME ( <i>Last, First, Middle</i> )		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO		b. FROM
c. ACTION:      APPROVED                  DISAPPROVED                  RECOMMEND:                  APPROVAL                  DISAPPROVAL			
d. NAME ( <i>Last, First, Middle</i> )		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO		b. FROM
c. ACTION:      APPROVED                  DISAPPROVED                  RECOMMEND:                  APPROVAL                  DISAPPROVAL			
d. NAME ( <i>Last, First, Middle</i> )		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO		b. FROM
c. ACTION:      APPROVED                  DISAPPROVED                  RECOMMEND:                  APPROVAL                  DISAPPROVAL			
d. NAME ( <i>Last, First, Middle</i> )		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	