

MISSION: To deliver dynamic human resources to all Soldiers seeking retirement from the United States Army and Fort Bragg, North Carolina

PLEASE READ THIS ENTIRE PACKET

THE FOLLOWING ITEMS ARE NEEDED TO SUBMIT A REQUEST FOR RETIREMENT

1. Orders to active duty and Oath of office
2. Memorandum(s) as directed in AR 600-8-24, Chapter 6 with chain of command recommendations in a separate memorandum format.
3. Updated officer record brief (ORB), Service Member Group Life Insurance Form and DD Form 93
4. Any prior DD 214s, DD 220, NGB 22/23, and Chronological Statement of Retirement Points (AHRC Form 249-E)
5. Exception to policy justification (i.e., time submission; time in grade, time on station, school, E-Army U)
6. DA Form 31 (Request and Authority for PTDY/Transitional Leave)
7. If your commission was through ROTC the contract you signed or if through West Point any documentation that shows start date.
8. Sexual Assault Memorandum
9. PERTEMPO (Soldier Deployment History Outprocessing Report)
10. A letter of lateness for retirement request being submitted less than 9 months from retirement date.

DEPLOYED SOLDIERS

All requests will be submitted through the rear detachments.

The rear detachment will submit all required documents.

No request will be submitted via email, fax, or without all necessary documents.



DEPARTMENT OF THE ARMY
(LETTERHEAD)

(OFFICE SYMBOL)

(DATE)

MEMORANDUM THRU (Endorsement of first O6/GS 15 in Chain of Command)

MEMORANDUM FOR Commander, U.S. Army Human Resources Command (AHRC-OPL-R),
1600 Spearhead Division Avenue, Fort Knox, Kentucky 40122-5100

SUBJECT: Request for Voluntary Retirement (name/rank/branch/last 4)

1. Under the provisions of law cited in AR 600-8-24, paragraph 6-1, I request that I be released from active duty and assignment on (last day of the month which retirement would otherwise be effective) and placed on the retirement list on (first day of the following month) or as soon thereafter as practicable, and that I be transferred to the Retired Reserve immediately on retirement (Regular Army officers omit last phrase). I will have completed over (number) years of active service on the requested retirement date.
2. Assignment status: (Enter organization and station to which currently assigned and duty station to which attached if any.)
3. Authorized place of retirement: (Enter the authorized and directed transfer activity where required to be processed AR 635-8, para 4-7. If applicable, identify the CONUS debarkation area.) AR 635-8, Appendix B.
4. Location of choice transfer activity: (Members electing to be processed for retirement at a transfer activity other than one prescribed by AR 635-8, para 4-7, enter an appropriate transfer activity as provided by AR 635-8, Appendix B, otherwise enter "not applicable.")
5. I have been counseled as specified by AR 635-8, para 4-5. I fully understand the provisions of AR 635-8, para 4-9, 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 4 months nor later than 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 interest 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.

(FOR OFFICIAL USE ONLY)

(OFFICE SYMBOL)

SUBJECT: Voluntary Retirement – (rank, name)

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'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 Accounting Service will result in my being irrevocably and irreversibly enrolled in SBP at full cost.
8. Address on retirement: (Enter a reliable forwarding address for mail).
9. I am familiar with AR 600-8-24, paragraph 6-2, and understand that if the Secretary of the Army accepts this application, it may not be withdrawn except for extreme compassionate reasons or for the definitely established convenience of the Government.
10. If AR 600-8-24, para 6-16, is applicable, continue with the information required by para 6-16d.
11. As of the date of this application, I have (number) of days accrued leave. I (do/do not) plan to take transition leave. (If applicable, complete the following:) I plan to take (number) days leave.
12. I understand the provisions of AR 600-8-24, table 6-1 or 6-2, pertaining to determination of my retired grade. Considering those provisions and after review of my records, I believe that I am entitled to retire in the grade of (grade), I understand that final determination of my retired grade will be made by the Assistant Secretary of the Army and that I will be informed if I am not entitled to retire in the grade I have specified in this paragraph.
13. This application (is/is not) submitted in lieu of complying with PCS instructions.
14. 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 regulations.

(OFFICE SYMBOL)

SUBJECT: Voluntary Retirement – (rank, name)

15. My current duty telephone numbers and email are as follows:

DSN: (000-0000) Commercial: (000) 000-0000 Email: john.smith@us.army.mil

John M. Smith
COL, AG
(Full Social Security Number)

Authority: Title 10, USC Chapters 61, 63, and 67. PRINCIPAL PURPOSE: To initiate necessary action in regards to voluntary retirement. ROUTIN 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 delay of Soldier's request being processed.

INSTALLATION RETIREMENT SERVICES OFFICE INTRA-OFFICE WORKSHEET

PEBLO NAME/ PH#: _____

SFL-TAP COUNSELOR/ PH#: _____

RANK: _____ NAME: _____

SSN: _____ DATE OF BIRTH: _____

DUTY PHONE _____ CELL# _____

SOC EMAIL: _____

ENTERPRISE EMAIL _____

PERSONAL EMAIL _____

UNIT ISG NAME/ PH#: _____

CDR NAME/PH#: _____

BN/BDE S1: _____ BN/BDE PHONE #: _____

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 15YRS TO COMPLETE 20 YEARS OF SVC WITH THE % FOR RETIRED PAY AT 40%?
YES _____ NO _____

I UNDERSTAND THAT SUBMITTING THIS REQUEST FOR RETIREMENT DOES NOT MEAN MY RETIREMENT HAS BEEN APPROVED. _____ (INITIAL).

_____ SOLDIER'S SIGNATURE