

NEW PACKET INFORMATION – ENLISTED RETIREMENTS

RETIREMENT SERVICES OFFICE, 2ND FLOOR, WING B, SOLDIER SUPPORT CENTER

NEW PACKETS RECEIVED ONLY MON, TUES, & THURS 0830-1130

DIGITAL SUBMISSION ADDRESS: (From BDE Level S1/G1/J1 only)

usarmy.bragg.imcom-atlantic.mbx.bragg-tc@mail.mil

**** SUBJECT LINE SHOULD READ WHAT TYPE OF RETIREMENT ACTION FOR WHOM****

EXAMPLE: Voluntary Retirement Request – SFC America, John

THE FOLLOWING ITEMS ARE REQUIRED TO SUBMIT AN ENLISTED RETIREMENT REQUEST:

- All enlistment contracts (DD Form 4/1-4/3)
- All re-enlistment contracts (DD Form 4/1)
- All extensions – if applicable (DA Form 1695)
- DA Form 4187 signed by requesting Soldier and 06 recommendation and signature, (or memorandum recommending approval/disapproval)
- Any prior DD214s, DD220, NGB 22/23
- DA Form 2339 page 2 (only blocks 19 & 30 signed by requesting Soldier)
- Chronological statement of Retirement points (DA Form 5016 (applicable only if served in USAR)
<https://www.hrcapps.army.mil/Portal>
- Waiver request for outstanding Service Obligations ie:
Time on station, Promotion, Military Schooling, GoArmyEd (TA), etc.
- DA Form 31 for Transitional Leave and/or PTDY
- SGLI
- PERSTEMPO and/or Overseas Tour Credit Listing (from E-Milpo)
- ERB
- DD Form 93
- Later of Lateness **SIGNED BY LTC OR ABOVE – NO EXCEPTIONS** if request is outside the submission window (under 9 months from **requested** Retirement date).

Packets that are not complete will be Returned Without Action (RWOA) to the sender and will not be processed until complete.

PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

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 IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)
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15. NAME OF INDIVIDUAL	16. SSN	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL		
AUTHORITY	a. TO	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> 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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> 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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> 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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> 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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (<i>Last, First, Middle</i>)	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		

19. CONUS LOCATION OF CHOICE TRANSFER ACTIVITY

I ELECT TO BE PROCESSED FOR RETIREMENT AT:

I ATTEST THAT I HAVE BEEN COUNSELED AS SPECIFIED BY PARAGRAPH 2-18, AR 635-10. I ALSO FULLY UNDERSTAND THE PROVISIONS OF SECTION V, CHAPTER 2, AR 635-10 CONCERNING MY ENTITLEMENTS PERTAINING TO PER DIEM, TRAVEL AND TRANSPORTATION ALLOWANCES, BASED ON MY RETIREMENT AT A CONUS LOCATION OF CHOICE.

I DO NOT ELECT TO BE PROCESSED FOR RETIREMENT AT A CONUS LOCATION OF CHOICE.

I am familiar with the provisions of AR 635-200 pertaining to withdrawal of this application for retirement once it has been accepted by the retirement approval authority.

SIGNATURE OF APPLICANT

SECTION II - (TO BE COMPLETED BY COMMANDER HAVING CUSTODY OF PERSONNEL RECORDS)

TO: (Include ZIP Code)	FROM: (Include ZIP Code)	DATE
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20. RECOMMEND APPROVAL DISAPPROVAL (Indicate reason(s) in Remarks)

21. AUTHORIZED TRANSFER ACTIVITY (If other than current installation, specify)

22. APPLICANT IS IS NOT SUBMITTING REQUEST IN LIEU OF ELIMINATION OR FURTHER ELIMINATION PROCEEDINGS. (If "YES" application must be attached to board proceedings.)

23. APPLICANT HAS HAS NOT INCURRED A SERVICE OBLIGATION (If "HAS" indicate reason and expiration date in Remarks)

24. THIS ACTION IS IS NOT IN CONTRAVENTION WITH AR 600-31

25. SERVICE SHOWN (Items 14-18) HAS BEEN VERIFIED AS CORRECT BY: MPRJ AGPERSCEN: OTHER (Specify) _____ (If other than MPRJ, attach verification)

26. DATE APPLICANT ARRIVED AT PRESENT ASSIGNMENT (Other than Oversea Command - see Item 27)

27. DATE APPLICANT OR DEPENDENT ARRIVED IN OVERSEA COMMAND (Whichever is later - specify applicant or dependent) DATE: NOT APPLICABLE

28. DATE OF RECEIPT OF ALERT (Nomination for assignment) OR ASSIGNMENT ORDERS (Not applicable for unit alert - see Item 31)

29. DATE MEMBERS OF UNIT WERE NOTIFIED OF UNIT ALERT DATE: NOT APPLICABLE

30. STATEMENT OF UNDERSTANDING

1. I have read Section V, Chapter 12, AR 635-200. I understand that I must undergo a medical examination prior to my retirement. I am responsible for insuring that the examination is scheduled not earlier than 4 months, nor later than 1 month prior to my approved retirement date (subject examination to be arranged through coordination with my unit of assignment). I am aware that the purpose of this examination is to provide a better health assessment of me and, in particular, to continue cardiovascular attention, to record as accurately as possible, my state of health on retirement and to protect my interests 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.
2. I have been briefed concerning the Survivor Benefit Plan. I understand that I will automatically be in the plan and will pay the full cost of coverage for my wife, and children if applicable, unless I submit an election form to the contrary prior to my retirement.
3. I am/am not (STRIKE THE INAPPROPRIATE WORDS) being considered by a HQDA Selection Board for promotion to the next higher grade.

(Signature of member)

31. REMARKS (Continue on additional sheet if necessary)

has requested and had approved _____ days of transitional leave (DDALV) to be taken in conjunction with the requested retirement action. This leave will begin on _____ and end on _____

TYPED NAME, GRADE AND TITLE OF COMMANDER/PERSONNEL OFFICER

SIGNATURE

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: _____

UNIT 1SG NAME / PHONE: _____

CDR NAME / PHONE: _____

BN / BDE S1 NAME: _____ BN / BDE S1 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 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 STATE THAT MY RETIREMENT HAS BEEN APPROVED.

SIGNATURE & DATE _____