

MEDICAL RETIREMENT TURN IN: MONDAY, TUESDAY, THURSDAY AND FRIDAY 0830-1130

DIGITAL SUBMISSION ADDRESS: usarmy.bragg.imcom-atlantic.mbx.bragg-tc@mail.mil

**** SUBJECT LINE SHOULD READ AS FOLLOWS****

EXAMPLE: Medical Retirement – COL America, John

THE FOLLOWING ITEMS ARE REQUIRED TO SUBMIT A MEDICAL RETIREMENT PACKET:

OFFICERS

After signing 199

- Signed 199 (from your PEBLO)
- Orders to Active Duty
- Oath of office
- ORB
- SG LI
- DD 93
- Most recent LES
- PERSTEMPO and/or Overseas Tour Credit Listing (from E-Milpo)
- Any prior DD214s, DD220, NGB 22/23
- Chronological statement of Retirement points (applicable if served in USAR or National Guard)

<https://www.hrcapps.army.mil/Portal>

Reference AR 635-8, 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: _____

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 _____