

LETTERHEAD

(Office Symbol)

(Date)

MEMORANDUM THRU

Commander, (Company), **101st Airborne Division, (Air Assault)**, Fort Campbell,
Kentucky 42223-5000

Commander, (Battalion), **101st Airborne Division (Air Assault)**, Fort Campbell,
Kentucky 42223-5000

Commander, (Brigade), (List rank and full name or separate endorsement memorandum) **101st Airborne
Division (Air Assault)**, Fort Campbell, Kentucky 42223-5000

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

SUBJECT: Voluntary Retirement Request

1. Under the provisions of law cited in AR 600-8-24, paragraph (number), I (Rank, Name, Branch) request that I be released from active duty and assignment on (last day of month), and be placed on the retired list on (first day of next month), or as soon thereafter as practicable. I will have completed over (number) years of Active Federal Service on the requested retirement date.

2. Assignment status: (Unit of assignment), 101st Airborne Division (Air Assault),
Fort Campbell, Kentucky 42223-5000

3. Authorized place of retirement: U.S. Army Transition Center, Fort Campbell,
Kentucky 42223-5365

4. Location of choice transfer activity: (Members electing to be processed for retirement at a transfer activity other than the one prescribed by AR 635-8, paragraph 4-7, enter an appropriate transfer activity as provided by AR 635-8, Appendix B; otherwise enter "NA")

5. I have been counseled as specified by AR 635-8, paragraph 4-5. I fully understand the provisions of AR 635-8, chapter 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, chapter 6, paragraphs 6-6 and 6-7. I am responsible for ensuring that a physical examination is completed not earlier than four months, nor later than one month prior to my approved retirement date (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 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.

7. In accordance with title 10 U.S.C., 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.

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- b. I must receive SBP counseling for myself and my spouse no less than 60 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 SBP without my 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 U.S. Army Finance and Accounting Center will result in my being irrevocably and irreversibly enrolled in SBP at full cost.
 - f. Spouse full name (if applicable)
8. Address on retirement: (Complete address and cell phone number)
9. I am familiar with AR 600-8-24, paragraph 6-22 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) days accrued leave. I plan to take (number) days of transition leave and (number) days Permissive TDY.
12. I understand the provisions of AR 600-8-24, paragraph 6-1 or 6-2, pertaining to determination of my retired grade. Considering those provisions and after a 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 HQDA 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/is not) being 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 United States Government as stated in written agreement made by me with the United States Government under law and regulations.
15. I (did/did not) elect the Career Status Bonus/REDUX.
16. My current contact information is as follows: Duty telephone number is DSN: (xxx-xxxx), Commercial: (xxx- xxx-xxxx), Cell: (xxx-xxx-xxxx) Military email address:
17. A fax machine is available at the following: DSN: (xxx-xxxx) Commercial: (xxx- xxx-xxxx)

NAME
Rank, Branch