

The Sabalauski Air Assault School Waiver Form

1. Unit Letter Head: (Unit Name): _____
(Street Address): _____
(City, State, Zip): _____

2. Type of Waiver: MOS Rank Billet GT Score
(select all that apply)

3. Course: _____

4. Course Number and Date: _____

6. Date of waiver submission (Month/Day/Year): _____

6-9 pertains to the Soldier that is in need of the Waiver:

6a. Rank: _____ 6b. AOC/MOS: _____

7. Name (Last, First, MI): _____

8. Justification for Waiver (Why does the Soldier need a waiver):

MOS Waiver - SM is not currently serving in a MOS where Pathfinder qualification is necessary. However, having the maximum number of Pathfinder qualified personnel is important to the Army's mission

Rank Waiver - Active Army, Reserve or National Guard Officers or Enlisted not currently serving in the the ranks of (2LT-CPT) or (E3-SFC).

Billeting Waiver - SM is not currently in a F7/5Q coded position within the unit. However, having the maximum number of Pathfinder qualified personnel is important for the accomplishment of our worldwide mission.

GT Score Waiver (100-109) - Given the nature of the SM MOS, SM will be able to help ensure the success of the unit's mission.

9. Point of Contact for waiver request (Name, Phone number and Email):

10. Signature block of 1st O5 (LTC) or higher in Soldier's Chain of Command:(Can be digitally or hand signed)

Signature: _____

Last Name, First Name, MI: _____

Rank, Branch: _____

Title/Position: _____