

## The Sabalauski Air Assault School Waiver Form

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

2. Type of Waiver: ☐ (select all that apply) MOS ☐ Rank ☐ NONAA ☐ MED

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 ranks of (2LT-CPT) or (E5-SFC).
- ☐ **Non-Air Assault Qualified Waiver Medical**- Given the nature of the SM Permanent Medical Condition the SM is unfit to attend Air Assault School.
- ☐ **Non-Air Assault Qualified Waiver due to unit operations**- Given the nature of units op-tempo the SM can not attend Air Assault but unit requires Pathfinder to function with in the 101st Airborne Division (Air Assault). Provide justification below.

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

10. Signature block of The TSAAS CHIEF OF OPERATIONS:  
(MUST BE DIGITALLY SIGNED)

Signature: \_\_\_\_\_

Last Name, First Name, MI: \_\_\_\_\_

Rank, Branch: \_\_\_\_\_

Title/Position: \_\_\_\_\_