

**DEPARTMENT OF THE ARMY  
YOUR BATTALION  
YOUR BRIGADE  
FORT, STATE ZIP**

**YOUR OFFICE SYMBOL**

**DATE**

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

SUBJECT: Request for Waiver of Active Duty Service Obligation (**type of waiver**)  
(**name/rank/branch/last 4**)

1. I (**name/rank/branch/last 4**), hereby request a waiver for my (**type of waiver**) for the following reason, (**Extenuating Reason**), IAW AR 600-8-24.
2. I am willing to repay any recoupment amount incurred as a result of this ADSO.
3. The point of contact for this action is the undersigned at DSN: (**000-0000**)  
Commercial: (**(000) 000-0000**) or (**Email address**).

**YOUR NAME  
RANK, BRANCH  
CURRENT JOB TITLE**