

Required Documents for Officer Retirement Packet

1. Memo for officer requesting retirement
Memo must be signed by the officer requesting retirement, and his/her full SSN must be typed or written under the signature
2. Commanders Endorsement
Must be on a memo format and signed by the Brigade Commander or Post Commander if applicable
3. Current (& updated) ORB
4. DA Form 31 – Transition PTDY/ Transition Leave (working copies are sufficient if not signed by approving authority)
5. Most recent EOM LES
6. Additional Information Sheet
7. Initial Entry Contract (DD Form 4/1, 4/2 and/or 4/3) if Soldier has prior enlisted service
8. Initial Oath of Office (DA Form 71)
9. If any breaks in service:
Any DD Form 214s and DA Form 1506s
10. Sexual assault memo



Reply TO
ATTENTION OF

DEPARTMENT OF THE ARMY
40TH EXPEDITIONARY SIGNAL BATTALION
2420 CUSHING ST
FORT HUACHUCA, AZ 85613-7072

OFFICE SYMBOL

DATE

MEMORANDUM FOR Commander, KHRC, (KHRC-OMPD-K), 1600 Spearhead Division Avenue,
Fort Knox, KY 40122

SUBJECT: Voluntary Retirement

1. Under the provisions of law cited in AR 600-8-24, paragraph 6-1, I, CPT Xxxxx, Xxxx A., 111-11-1111, request that I be released from active duty and assignment on LAST DAY OF THE MONTH and placed on the retired list on FIRST DAY OF FOLLOWING MONTH or as soon thereafter as practicable, and that I be transferred to the Retired Reserve immediately on retirement.
2. Assignment status: HHC, 40th Expeditionary Signal Battalion, 11th Signal Brigade, Fort Huachuca, Arizona 85613
3. Authorized place of retirement: Fort Huachuca, Arizona 85613
4. Location of choice transfer activity: Not Applicable
5. I have been counseled as specified by AR 635-8. I fully understand the provisions of AR 635-8, 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, paragraphs 6-6 and 6-7. I am responsible for ensuring that a physical examination is completed not earlier than 4 months nor later than 1 month prior to my approved retirement date or start date of transition leave, whichever is earlier (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, United States Code, 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.
 - b. I must receive SBP counseling for myself and my spouse no less than 30 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 Defense Finance Accounting Service will result in my being irrevocably and irreversibly enrolled in SBP at full cost.

8. Address on retirement: 000 Brook Cir, Sierra Vista, AZ 85635

9. I am familiar with AR 600-8-24, paragraph 6-21, and understand that if this application is accepted by the Secretary of the Army, it may not be withdrawn except for extreme compassionate reasons or for the definitely established convenience of the Government.

10. AR 600-8-24, paragraph 6-16 is not applicable.

11. As of the date of this application, I have 60 days accrued leave. I do plan to take transition leave. I plan to take 60 days leave and 20 days of Transition permissive TDY in conjunction with my retirement.

12. I understand the provisions of AR 600-8-24, Paragraphs 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 W3, 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 not 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 U. S. Government as stated in written agreement made by me with the U. S. Government under law and regulation.

15. My current duty telephone numbers are as follows: Commercial: (555) 555-0830 Home phone: Home Phone: (520) 555-1111.

16. I am eligible/not eligible for the Career Status Bonus. Furthermore, I have/have not taken the Career Status Bonus.

Xxxxx A. XXXXXX

CPT , SC

111-11-1111



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY

(Use proper letterhead)

YOUR OFFICE SYMBOL

(date)

MEMORANDUM FOR Commander, KHRC, (KHRC-OMPD-K), 1600 Spearhead Division
AVE, Fort Knox, KY 40122

SUBJECT: Voluntary Retirement

1. Recommend approval of (RANK) (LAST NAME, FIRST NAME, MI)'s request for voluntary retirement with an effective date of (last day of the month), (RANK) (LAST NAME) has not been alerted for assignment and will have fulfilled all service remaining obligations by the requested retirement date. (RANK) (LAST NAME) will be taking ___ days of Transition Leave and ___ days of Transition Permissive TDY in conjunction with retirement.
2. Point of contact for this action is (name), DSN (ph #), or email at (email address).

COMMANDER SIG BLOCK
(O-6 or above)

ADDITIONAL INFORMATION SHEET

Please **fill in** the information below and submit it with your retirement request. This information will be used LOCALLY for retirement processing only.

1. DIEMS DATE: _____
2. HOME OF RECORD: (complete address that you lived at when you last entered active duty) _____

3. PLACE YOU ENTERED ACTIVE DUTY: (city and state where you were when you "raised your hand" to enter active duty) _____
4. CURRENT ADDRESS: _____

5. CELL PHONE NUMBER: _____
6. OFFICIAL EMAIL ADDRESS: _____

7. SPOUSE'S FULL NAME / DOB: _____
8. SPOUSE'S ADDRESS & PHONE NUMBER (if different than yours):

9. YOUNGEST CHILD'S DOB: _____

ADDITIONALLY, please provide copies of the following documents:

1. ALL prior DD Form 214s
2. ALL prior service proof documents (contracts, NGB 20, NGB 22, RPAS, etc) == if not documented on a DD Form 214
3. Initial Enlistment contract 4/1, 4/2 and 4/3 only (if applicable)
4. ANY DD Form 1506s that may help provide service time proofs & date changes
5. Initial Oath of office (if applicable)



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99 Date 2020

MEMORANDUM FOR Commander, U.S. Army Human Resources Command, Officer Separations, (AHRC-OPL-R) 1600 Spearhead Divison Ave, Fort Knox KY, 40122

SUBJECT: Victim of Sexual Assault Statement for Administrative Separation

1. DOD instruction 6495.02 and AR 600-200, Chapter 8, Sexual Assault Prevention and response Program Procedures requires Soldiers being administratively separated to sign a statement answering the following questions:

a. Did you file an unrestricted report of a sexual assault in which you were a victim within the past 24 months? NO

b. If the answer to (a above) is YES, do you believe that this separation action is a direct or indirect result of your sexual assault, or you're reporting of the sexual assault. N/A

2. Point of contact for this action is the undersigned at 520-533-XXX, or email at soldier.a.soldier.mil@mail.mil.

SOLDIER A. SOLDIER
CPT, SC
111-11-1111