

DEPARTMENT OF THE ARMY

{YOUR BATTALION}

{YOUR BRIGADE}

{FORT, STATE ZIP}

{YOUR OFFICE SYMBOL}

DATE

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