

**ENLISTED
RETIREMENT SERVICES OFFICE**

DOCUMENTS NEEDED WHEN DROPPING OFF RETIREMENT PACKET:

1. DA FORM 4187 (PERSONNEL ACTION)
2. BACK PAGE OF DA FORM 4187
3. DA FORM 31 (LEAVE FORM)
4. ENLISTMENT/RE-ENLISTMENT CONTRACTS
5. EXTENSIONS
6. ERB (MAKE SURE YOU UPDATE THE FORM BEFORE TURNING IT IN TO US)
7. 2-1 (IF YOU HAVE IT, IT IS VERY HELPFUL TO US)

IF YOU HAVE BEEN IN THE RESERVES WE NEED THE FOLLOWING DOCUMENTS:

RPAM OR CHRONOLOGICAL POINTS HISTORY DOCUMENT (AHRC FORM 249-E) OR LES'S COVERING THOSE PERIODS YOU DON'T HAVE CONTRACTS OR EXTENSIONS FOR THAT PERIOD OF TIME.

IF YOU HAVE BEEN IN THE NATIONAL GUARD WE NEED THE FOLLOWING DOCUMENTS:

1. NGB 22
2. NGB 23
3. LES'S COVERING THOSE PERIODS THAT YOU DO NOT HAVE CONTRACTS OR EXTENSIONS FOR THAT PERIOD OF TIME.

IF YOU HAD A BREAK IN SERVICE WE NEED THE FOLLOWING DOCUMENTS:

1. DA FORM 1506, IF YOU DO NOT HAVE A DA FORM 1506 (YOU WILL HAVE YOUR BATTALION S-1 OR YOUR BRIGADE S-1 COMPLETE ONE FOR YOU. YOU WILL NEED TO PROVIDE THEM ALL THE NECESSARY DOCUMENTS FOR YOUR ENTIRE CAREER FROM DAY ONE TO THE REQUESTED RETIREMENT DATE.
2. ALL PREVIOUS DD FORM 214'S, DD FORM 215'S, AND ALL DOCUMENTS THAT PUT YOU ON ACTIVE DUTY STATUS SUCH AS ORDERS, ETC.

NOTE: IF YOU HAVE SERVED IN ANY OTHER BRANCH OF SERVICE i.e. AIR FORCE, MARINES, NAVY AND COAST GUARD WE WILL NEED ALL DOCUMENTS STATED ABOVE TO COVER THAT PERIOD OF MILITARY SERVICE.

PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended
PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.
ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.
DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU (Include ZIP Code)
CDR
1-16 INF BN
FORT RILEY, KS 66442

2. TO (Include ZIP Code)
HQS, 1ST INF DIV AND FORT RILEY
DHR, RETIREMENT SERVICES
ATTN: IMWE-RLY-HRM-R
FORT RILEY, KS 66442

3. FROM (Include ZIP Code)
CDR
HHC, 1-16 INF BN
FORT RILEY, KS 66442

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)
DOE, JANE Y.

5. GRADE OR RANK/PMOS/AOC
SFC/42A40

6. SOCIAL SECURITY NUMBER
123-45-6789

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above Soldier's duty status is changed from _____ to _____
effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) VOLUNTARY RETIREMENT
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

- Soldier requests Voluntary Retirement to be effective 31 December 2020. (This date should be the last day of the month prior to being placed on the retirement list on the first day of the next month).
- Soldier requests 20 days PTDY to begin on 4 Nov 20 to 23 Nov 20, and 38 days TL to begin on 24 Nov 20 to 31 Dec 20. (These dates are example dates. These dates are used to set up projected appointments for Soldiers to attend Retirement Briefings, Retirement Ceremony, and Initial/Final Outprocessing: THE PTDY AND TL ARE ON THE SAME DA FORM 31).
- Soldier is/is not on any assignment instructions.
- Date Soldier arrived on Fort Riley, Kansas (To the Unit, Not to post or replacement).
- Date of last promotion: (Day, Month, and Year).
- Soldier's address upon retirement will be: 999 Bay Street, Apt 123, Miami, FL 34009. (Retirement address or Temporary Address at which the Soldier can be contacted until a permanent address can be established).
- Place Soldier entered active duty, where you lived not MEPS station: (City, State, Zip Code).
- Home of record where you lived at the time of entry on active duty: (Complete address, City, State and Zip Code).
- Soldier's Retirement Ceremony will be: (Month and Year: Retirement ceremony will be 60 days prior to the start date of clearing).
- See attached justification: (For Soldiers needing an exception to policy for retirement. (Type a separate memorandum explaining the reason for lateness).

NOTE: DA 4187 MUST BE ACCOMPANIED BY THE SECOND PAGE OF THE DA 4187. IF YOU ALREADY HAVE A DA 4187-1-R, WE WILL STILL EXCEPT IT UNTIL ALL ARE USING THE NEW DA 4187 AND BACK PAGE.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

JOHNSON, JOHN P., CPT, IN, Commanding

15. NAME OF INDIVIDUAL DOE, JANE Y.		16. SSN 123-45-6789	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
AUTHORITY	a. TO COMMANDER 1ST BDE, 1ST INF DIV FORT RILEY, KANSAS 66442	b. FROM COMMANDER 1-16 INF BN FORT RILEY, KANSAS 66442	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME (Last, First, Middle) HELIUM, GAS E.		e. RANK LTC	f. DATE (YYYYMMDD)
g. TITLE/POSITION BATTALION COMMANDER		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO HQS, 1ST INF DIV AND FORT RILEY DHR, RET SVCS, ATTN: IMWE-RLY-HRM-R FORT RILEY, KANSAS 66442	b. FROM COMMANDER 1ST BDE, 1ST INF DIV FORT RILEY, KANSAS 66442	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME (Last, First, Middle) RAINMAKER, LEON T.		e. RANK COL	f. DATE (YYYYMMDD)
g. TITLE/POSITION BRIGADE COMMANDER		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

REQUEST AND AUTHORITY FOR LEAVE This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is DCS, G-1. (See instructions on reverse.)				1. CONTROL NUMBER BT-19-0001	
PART I					
2. NAME (Last, First, Middle Initial) DOE, JANE Y.		3. SSN 123-45-6789		4. RANK SFC	
				5. DATE 20150601	
6. LEAVE ADDRESS (Street, City, State, ZIP Code, and Phone No.) 24 Middas Street Mesville, TX 77856 254-256-5446		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER PTDY or Excess Leave		8. ORGN, STATION, AND PHONE NO. HHC, 1-16 INF BN FORT RILEY, KS 66442 785-239-3456	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED 68	b. REQUESTED 58	c. ADVANCED NA	d. EXCESS NA	a. FROM 20151104	b. TO 20151231
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS I understand that this absence is not directed by any official of the U.S. Government. I further understand that I cannot conduct public business under this authorization. Accordingly, I will not be entitled to reimbursement for travel, per diem, or any other expenses. I understand that I have the right to cancel it at any time and return to my regular place of duty. Chargeable leave is from <u>20151123</u> to <u>20151231</u>					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD		22. ARRIVED APOE (return only)	
				23. ARRIVED HOME UNIT	
PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP		c. DATES OF BIRTH (Children)	
PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION					
26. DESIGNATION AND LOCATION OF HEADQUARTERS			27. ACCOUNTING CITATION		
28. DATE ISSUED		29. TRAVEL ORDER NUMBER		30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION	