

OFFICE SYMBOL:

DATE

MEMORANDUM FOR: Commander, Army Human Resources Command, (KHRC-OPD-A), 1600 Spearhead Division Avenue, Fort Knox, KY 40122

SUBJECT: Voluntary Retirement

Recommend Approval/Disapproval

NAME
RANK/BR
TITLE

Office Symbol

Date

MEMORANDUM THRU (Your chain of command)

SUBJECT: Voluntary Retirement

1. Under the provisions of law cited in AR 600-8-24, paragraph 6-29, I request that I be released from active duty and assignment on **(the last day of the month which retirement would otherwise be effective)** and placed on the retired list on **(first day of the following month)**, or as soon thereafter as practicable. I will have completed over **(number)** years of active Federal service on the requested retirement date.
2. Assignment status: **UNIT**
3. Authorized place of retirement: **Fort Leonard Wood, MO.**
4. Location of choice transfer activity: **N/A**
5. I have been counseled as specified by AR 635-8, paragraph 4-5. I fully understand the provisions of AR 635-8, Chapter 4, Section 1, concerning entitlement to per diem, travel and transportation allowances based on retirement at a location of choice activity.
6. I have read AR 600-8-24, paragraph 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: **(Enter a reliable forwarding address for mail).**

9. I am familiar with AR 600-8-24, paragraph 6-22, 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. As of the date of this application, I have **(number)** days accrued leave. I **(do/do not)** plan to take transition leave. **(If applicable complete the following)** I plan to take **(number)** days leave. I plan to take **(number)** PTDY.

11. I understand the provisions of AR 600-8-24, paragraph 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 **(grade)**. 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.

12. This application is **(is not)** submitted in lieu of complying with PCS instructions.

13. 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.

14. My current duty telephone numbers are as follows:

DSN: Commercial:

15. A fax machine is available at the following:

DSN: Commercial

JOHN J. DOE
GRADE, BRANCH
SSN



DEPARTMENT OF THE ARMY
1ST BATTALION, 4TH INFANTRY REGIMENT
172ND INFANTRY BRIGADE COMBAT TEAM
APO AE 09114

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MEMORANDUM FOR Commander, U.S. Army Human Resources Command, Officer Separations, (KHRC-OPD-A), 1600 Spearhead Division Avenue, Fort Knox, KY 40122

SUBJECT: Victim of Sexual Assault Statement for Administrative Separation

1. DOD instruction 6495.02 and AR 600-20, 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? YES 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. YES NO

2. The point of contact for this action is the undersigned at **(Phone Number)** and **(E-mail Address)**.

JANE A. SMITH
RANK, BRANCH
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