

Retirement Checklist

Soldier Name: _____
 Unit: _____

Rank: _____
 Retirement Date: _____

CIRCLE ONE: ENLISTED OFFICER

Item	X (ENCLOSED)-N/A
RETIREMENT WORKSHEET	<input type="checkbox"/>
DA FORM 4187 (ENLISTED ONLY)	<input type="checkbox"/>
DA FORM 4187-1-R (ENLISTED ONLY)	<input type="checkbox"/>
REQUEST FOR RETIREMENT MEMORANDUM FROM SOLDIER (OFFICER ONLY)	<input type="checkbox"/>
RECOMMENDATION MEMORANDUM FROM COMMAND (OFFICER ONLY)	<input type="checkbox"/>
<u>EXCEPTION TO POLICY MEMORANDUM (If applicable) :</u>	<input type="checkbox"/>
* IN LIEU OF PCS	<input type="checkbox"/>
* REQUESTING RETIREMENT WITHIN 9 MONTHS OF RETIREMENT DATE	<input type="checkbox"/>
* LESS THEN ONE YEAR TIME ON STATION	<input type="checkbox"/>
* OTHER: _____	<input type="checkbox"/>
DA FORM 31 (Approved with control number)	<input type="checkbox"/>
CURRENT LES	<input type="checkbox"/>
DD FORM 1172 (DEERS enrollment form)	<input type="checkbox"/>
DIRECT DEPOSIT INFORMATION (Bank Name, Address & Routing Number)	<input type="checkbox"/>
OTHER DOCUMENT: _____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

I acknowledge that the items checked have been reviewed and are ready for processing. I understand once submitted to HRC there is no set time for processing and that upon approval I will be notified Via Email.

 Unit S-1

 DATE

 RETIREMENT SPECIALIST

 RETIREMENT SPECIALIST SIGNATURE



RETIREMENT WORKSHEET



NAME (Last, First)	FULL SOCIAL	RETIREMNT DATE
UNIT	CDR/1SG NAME	PHONE

PHONE NUMBERS WHERE YOU CAN BE REACHED:

WORK: _____	Time to call: _____
HOME: _____	Time to call: _____
CELL: _____	Time to call: _____
EMAIL: _____	

SEPARATION ADDRESS:

Street _____	City: _____
State _____ Zip _____	Phone: _____

Name of Nearest Relative and Address NOT living with you

Name: _____	
Street _____	City: _____
State _____ Zip _____	Phone: _____

Projected date to start Permissive TDY:	From: _____	To: _____
Projected date to start Transition Leave:	From: _____	To: _____

Do you have Prior Service or any breaks in service?

YES (Answer the question below)

Have you have a 1506 done to ensure all your active duty time is accounted for?

YES NO

Have you requested an LES History?

YES NO

NO (Move on to next question)

Did you elect to receive the Career Status Bonus (CSB)?	YES	NO	
Did you Enlist under the Loan Re-Payment Program?	YES	NO	
Have you attended a Pre-Retirement Briefing?(Not ACAP)	YES	NO	Date attended: _____
Have you completed a Pre-Separation Physical?	YES	NO	Date attended: _____

*****I understand that my orders will be processed within 3-5 Business Days of an approved Retirement. I understand that once my application is submitted for approval to HRC there is no time line or guarantee on the Retirement action being returned . I understand that I MUST attend a Pre-Retirement Briefing prior to receiving my orders. I also understand that once my orders are finalized, if I change my requested leave days I will have to request an amendment to my original order *****

SOLDIERS NAME	RETIREMENT SPC NAME	DATE RECEIVED
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PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) COMMANDER (Your Unit BN Level) Fort Irwin, CA 92310	2. TO (Include ZIP Code) DHR Retirements Fort Irwin, CA 92310	3. FROM (Include ZIP Code) COMMANDER (Your Unit or Troop Level) Fort Irwin, CA 92310
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) Self Explanatory	5. GRADE OR RANK/PMOS/AOC Self Explanatory	6. SOCIAL SECURITY NUMBER 000-00-0000
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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"/> Separation 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)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	VOLUNTARY RETIREMENT

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

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

- IAW AR 635-200, Chapter 12, Request Voluntary Retirement from Federal active duty with an Retirement Date of: **MUST BE THE LAST DAY OF THE MONTH** (ex: 31 July 2010)
- I will have _____ years, _____ months, and _____ days of Active Federal Service on requested Retirement Date.
- I plan to take _____ days PTDY.
- I plan to take _____ days Transitional Leave.
- The following information is provided:
 - BASD: _____
 - PEBD: _____
 - ETS: _____
 - Date arrived to Fort Irwin _____

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)

PERSONNEL ACTION FORM ADDENDUM

For use of this form see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

1. NAME OF INDIVIDUAL Self Explanatory		2. SSN 000-00-0000	
3. RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
a.	(1) ORGANIZATION Applicant's Organization, Fort Irwin, CA, 92310	(2) OFFICE SYMBOL Self Explanatory	(3) DATE YYYYMMDD
(4) ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> RETURNED			
(5) COMMENTS			
(6) NAME BN Level Commanders Name		(7) TITLE/POSITION/RANK Self Explanatory	
(8) SIGNATURE		(9) HEADQUARTERS POC TELEPHONE NUMBER XXX-XXX-XXXX	
(10) FORWARDED TO		(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE	
b.	(1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
(4) ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> RETURNED			
(5) COMMENTS			
(6) NAME Brigade Level (If Designated by your Unit)		(7) TITLE/POSITION/RANK Self Explanatory	
(8) SIGNATURE		(9) HEADQUARTERS POC TELEPHONE NUMBER XXX-XXX-XXXX	
(10) FORWARDED TO		(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE	
c.	(1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
(4) ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> RETURNED			
(5) COMMENTS			
(6) NAME		(7) TITLE/POSITION/RANK	
(8) SIGNATURE		(9) HEADQUARTERS POC TELEPHONE NUMBER	
(10) FORWARDED TO		(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE	
4. DISTRIBUTION <i>(List all organizations to receive copy)</i>			

FIGURE 14-2-2

CONTINUED EXAMPLE: ENLISTED RETIREMENT APPLICATION

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER REQUIRED	
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.)					
PART I					
2. NAME (Last, First, Middle Initial) Self Explanatory		3. SSN 000-00-0000		4. RANK	
5. DATE		6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 1234 RETIRING DR RETIREMENT CITY, AA, 12345 XXX-XXX-XXXX		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. UNIT NAME FORT IRWIN, CA, 92310 XXX-XXX-XXXX		9. NUMBER DAYS LEAVE			
a. ACCRUED 10		b. REQUESTED 30		c. ADVANCED	
d. EXCESS		10. a. FROM 20090101		b. TO 20090130	
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
DEPARTURE					
14. a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY	
EXTENSION					
15. a. NUMBER DAYS		b. DATE APPROVED		c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY	
RETURN					
16. a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY	
17. REMARKS Soldier is authorized Transition PTDY from 20090101-20090120 (non-chargeable absence) togehtehr with transition leave 20090121-20090131 (chargeable). Soldier is required to complete all transition processing prior to starting Transition PTDY and Transition Leave. Chargeable leave is from _____ to _____					
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 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. (APOE) for					
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					
24. <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)	
d. PASSPORT NUMBER					
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) FOR AUTHENTICATION	

FIGURE 14-2-2

CONTINUED EXAMPLE: ENLISTED RETIREMENT APPLICATION