

# 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 <b>(ENLISTED ONLY)</b>	<input type="checkbox"/>
DA FORM 4187-1-R <b>(ENLISTED ONLY)</b>	<input type="checkbox"/>
REQUEST FOR RETIREMENT MEMORANDUM FROM SOLDIER <b>(OFFICER ONLY)</b>	<input type="checkbox"/>
RECOMMENDATION MEMORANDUM FROM COMMAND <b>(OFFICER ONLY)</b>	<input type="checkbox"/>
<b>EXCEPTION TO POLICY MEMORANDUM (If applicable) :</b>	<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

Your Office Symbol

Today's Date

MEMORANDUM THRU

Your Battalion CDR, (Example: Commander, YOUR BATTALION, ATTN: OFFICE SYMBOL, Fort Irwin, CA, 92310)

Your Company CDR, (Example: Commander, 557<sup>th</sup> Mnt. Co., ATTN: OFFICE SYMBOL, Fort Irwin, CA 92310)

Commander, NTC & Fort Irwin, DHR, Attn: IMWE-IRW-HRM, PO Box 105099, Fort Irwin, CA 92310

For Commander, U.S. AHRC, Attn: HRC-OPD-A, 200 STOVALL ST. ALEXANDRIA, VA 22332

SUBJECT: Voluntary Retirement

1. Under the provision of law cited in Chapter 6, AR 600-8-24, I request that I be relieved from active duty and assignment on **31 January 2010**, and be placed on the retirement list on **1 February 2010**, or as shown thereafter as practicable. I will have completed over **20** years of active federal service on the requested retirement date.
2. Assigned: **YOUR UNIT (YOUR UIC), Fort Irwin, CA 92310**
3. Authorized place of retirement: U.S Army Transition Management Activity (W4E61A) Fort Irwin, CA 92310
4. Location of choice transfer activity: **Not Applicable**
5. I have been counseled as specified by AR 635-10, paragraph 2-19. I fully understand the provisions of AR 635-10, Chapter 2, Section V, 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, 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 one month prior to my approved retirement date or start date of retirement 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 to my state of health on retirement and to protect my interest 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, U.S.C., I understand that:
  - a. Enrollment in the Survivor Benefits Plan (SBP) is the only way that I may continue on a portion of my retirement pay to my family at my death.
  - b. I must receive SBP counseling for my spouse and myself no less that 30 prior to my retirement date or the start of my retirement leave, whichever is earlier.
  - c. I will be enrolled in full SBP coverage if I fail to elect otherwise in writing before my retirement.

Your Office Symbol

Today's Date

MEMORANDUM THRU

Your Battalion Cdr, (Example: Commander YOUR BATTALION, ATT: OFFICE SYMBOL, Fort Irwin, CA 92310)

Commander, NTC Fort Irwin, DHR, Attn: IMWE-IRWOHRM, Po Box 105099, Fort Irwin, CA 92310

For Commander, U.S AHRC, Attn: HRC-OPD-A, 200 STOVALL ST. ALEXANDRIA, VA 22332

Subject: Voluntary Retirement

1. Recommend **\*approval / dis-approval** of the Retirement Application for **YOUR NAME HERE, SOCIAL, and RET DATE.**
2. Point of contact for this memorandum is the undersigned at **(XXX)XXX-XXXX.**

XXXXXXXXXX

XXXXXXXXXX

Commander

**\* For the Approval or Dis-Approval the Commander needs to circle the election and initial next to the circle or do two memorandums one saying Dis-approved and one saying Approval so that the Commander can make their decision.**

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					
NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED 10		b. REQUESTED 30		c. ADVANCED	
d. EXCESS		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	
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 Soldier is authorized Transition PTDY from 20090101-20090120 (non-chargeable absence) together 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) OR AUTHENTICATION	