

OFFICERS/WARRANT OFFICERS  
RETIREMENT SERVICES OFFICE

DOCUMENTS NEEDED WHEN DROPPING RETIREMENT PACKET:

1. OFFICER'S MEMO
2. OFFICER'S ENDORSEMENT FROM BN AND BDE CDR
3. DA 31 (LEAVE FORM)
4. ENLISTMENT/RE-ENLISTMENT CONTRACTS (IF EVER ENLISTED)
5. EXTENSIONS (IF EVER ENLISTED)
6. ORB
7. OATH
8. 2-1 (IF YOU HAVE IT, IT IS VERY HELPFUL TO US)
- 9.

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

-R-PAM OR CHRONOLOGICAL POINTS HISTORY or LES'S COVERING THOSE PERIODS

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

1. NGB-22
2. NGB-23
3. LES'S COVERING THOSE PERIODS

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

1. DA 1506
2. ALL PREVIOUS DD 214'S AND ALL DOCUMENTS THAT PUT YOU ON ACTIVE DUTY STATUS SUCH AS ORDERS, ETC...

ALSO: IF YOU WENT THROUGH THE RESERVE OFFICERS TRAINING COURSE (ROTC), AND YOU WERE A MEMBER OF THE SIMULTANEOUS MEMBERSHIP PROGRAM (SMP) WE WILL NEED YOUR MEMO TO ENSURE YOU RECEIVE CREDIT FOR ANY MILITARY TIME YOU ARE ENTITLED TO.

THANK YOU!!!

NOTE: IF YOU HAVE SERVED IN ANY OTHER BRANCH OF SERVICE ie... ARMY, AIRFORCE, NAVY, AND COAST GUARD WE WILL NEED ALL DOCUMENTS STATED ABOVE TO COVER THAT PERIOD OF MILITARY SERVICE.

IM WE-RLY-HRM-R

MEMORANDUM THRU: Commander, (YOUR UNIT, Fort Riley, Kansas 66442)

FOR: Commander, Fort Riley Retirement Services, ATTN: IM WE-RLY-HRM-R, Fort Riley, Kansas 66442

Subject: Voluntary Retirement

1. Under the provision of law cited in AR 600-8-24, paragraph 6-1, I request that I be released from active duty and assignment on RETIREMENT DATE, and placed on the retired list on DAY AFTER RET. DATE, or as soon thereafter as practicable. I will completed over \_\_\_\_ years of active Federal service on the requested retirement date.
2. Assignment status: (YOUR UNIT)
3. Authorized place of retirement: (DEPENDS ON WHERE YOU ARE LOCATED Fort Riley, KS)
4. Location of choice transfer activity: N/A
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 entitlements 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 complete not earlier than 4- months nor later than one month prior to my approved retirement date or start date of transition leave, whichever is earlier. 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 10 USC, I understand that:
  - a. Enrollment in the Survivor Benefit Plan (SBP) is the only way 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 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 US Army Finance and Accounting Center will result in my being irrevocably and irreversibly enrolled in SBP at full cost.
- 8. Address on retirement: PO BOX OR STREET ADDRESS, CITY, STATE, AND ZIP CODE.
- 9. I am familiar with AR 600-8-24, paragraph 6-22 and understand that if this application for retirement is accepted by the Secretary of the Army it may be withdrawn except for extreme compassionate reasons or for the definitely established convenience of the Government.
- 10. Complete only if you need waivers for Time in grade, Time on station, Specialty pay, and Retire in lieu of PCS, etc. If not it will be N/A.
- 11. As of the date of this application I have \_\_\_ days accrued leave. I plan to take \_\_\_ days leave.
  - a. PTDY: FROM:\_\_\_\_\_ TO:\_\_\_\_\_
  - b. LEAVE: FROM:\_\_\_\_\_ TO:\_\_\_\_\_
- 12. I have read and understand the provisions of AR 600-8-24, table 6-1 or 6-2, pertaining to the 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 of \_\_\_\_\_. 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.
- 13. This application is/is not submitted in lieu of complying with PCS instructions.
- 14. I understand that if I participated in certain education programs, I may be required to reimburse the United States government as stated in written agreement made by me with the United States government under law and regulations.
- 15. My current duty telephone numbers are as follows: DSN:\_\_\_\_\_ Commercial:\_\_\_\_\_
- 16. A fax machine is available at the following number: DSN: 856-8406 Commercial: (785)239-8406
- 17. Soldier's retirement Ceremony will be: (60 DAYS PRIOR TO START DATE OF CLEARING: MONTH & YEAR (EXCEPT FOR DECEMBER THERE IS NO RET. CEREMONY)
- 18. Home of Record complete address at time of entry on active duty:

SIGNATURE BLOCK  
SSAN