

REENLISTMENT WORKSHEET

<u>GRADE/RANK:</u>	<u>NAME (Last, First, Middle):</u>		
<u>CAFSC:</u>	<u>UNIT / DSN:</u>	<u>Commanders Name:</u>	<u>DATE OF SEPARATION:</u>
<u>REQUESTED DATE OF REENLISTMENT (Must be at least 10 days out from date worksheet is received):</u>		<u>REQUESTED NUMBER OF YEARS (must be 4, 5 or 6)</u>	
<u>Reenlisting Officer's Name:</u>			

REENLISTMENT COUNSELING

INITIAL NEXT TO ITEMS:

_____ **(FIRST TERM AIRMEN ONLY)** I understand that I must serve at least **36 consecutive months for 4 year enlistee**, or **60 consecutive months for 6 year enlistee**, selected under Selective Reenlistment Program and have an approved Career Job Reservation and meet additional reenlistment eligibility requirements in order to reenlist.

_____ **(SECOND TERM/CAREER AIRMEN ONLY)** I understand that I must be **within 90 days of my DOS/ETS** to reenlist if I do not have a service directed retainability requirement. Also I need to be selected under Selective Reenlistment Program.

_____ I understand I can sell leave on any reenlistment, **not to exceed 60 days** in my career.

_____ I have been counseled regarding my SRB entitlement & obligated service, as well as termination and recoupment policies. **(if applicable)**

_____ I understand my term of enlistment in whole years will be determined by any amount of obligated service I have remaining from my previous reenlistment extension. This obligated service will be added to my reenlistment and will not exceed my High Year Tenure.

_____ I understand I have **30 days before reenlisting to attend Article 137 briefing offered at Legal.**

_____ (Signature - Legal Representative)

REASON FOR REENLISTMENT (AFI 36-2606 Table 5.9)

- PCS, TDY, deployment retainability. (Number of months needed _____)
- Retainability for Promotion to MSgt/SMSgt/CMSgt
- First Term Airmen (4 year enlistee with 36 months TAFMS/ 6 year enlistee with 60 months TAFSM)
- Transfer of 9/11 G.I. Bill Benefits (Copy of Ineligibility Confirmation Letter from vMPF required)
- Career Airman within 90 day period before DOS/ETS
- Other (refer to AFI 36-2606 Table 5.9.)

LEAVE SELECTION

Carry forward all my leave

Cash settle for all Accrued Leave

Cash settle for _____ days

I understand the reenlistment timelines, procedures, entitlements and limitations. I understand it is my responsibility to initiate a request for reenlistment and SRB authorization, if applicable. By signing this form I agree that I understand that if I reenlist or extend less than 45 days from my DOS, I could incur pay problem that may take 1-2 months to be corrected.

SIGNATURE: _____ **DATE:** _____