## IR Volunteer Statement of Understanding AEF, Non-AEF (with ULN) and Exercise (with ULN)

## **DIRECTIONS:**

Part I - Member completes (Fill out as much as possible on all 3 Parts).

Part II - UDM/unit completes/signs.

Part III - Det/CC completes and emails completed package (SOU) to HQ RIO/IPR at <a href="mailto:arpc.rio.ipr@us.af.mil">arpc.rio.ipr@us.af.mil</a>. Additionally, please contact our office at 720-847-3700 with any questions or concerns.

IMPORTANT: IRs are not authorized to participate in active flying or flying training while deployed unless a waiver is approved IAW AFMAN 11-402, para 3.8.1 and AFMAN 11-402, Table 3.2. Please submit FAC (Flying Activity Code) waiver via MyFSS to ARPC IMA Flight Management (HQ RIO/IR HARM).

**PART I - MEMBER INFORMATION** 

	Last	First	Middle	Rank	Social Se	curity Number (Not DODID)		
	Home Address (Before and During deployment)							
	Home Phone Cell Phone DSN Work Phone					Work Phone		
	Email address (both personal and work)							
	Attached Unit	(where you per	form duty)	Base and	State	PAS Code Duty AFSC		
requirer prior to specific Comma Detachr  If select training attachm maximu all in-pr 7/14 da SOU the	ments before vo my HQ RIO D deployment, the nder who will be ment/CC and He ted for this deployment grequirements ent provided about of 14 days. It rocessing activitys start immed	plunteering for the etachment forwar at I am committee responsible for Q RIO/IPR Staff oyment, I under as associated with the experience of understand this ties will be compliately upon my and understand P.	is deployment; a surding this request to that tasking or filling the tasking. Initials	and that it is not. I further use. If I am unaing or submitted any remain Furthermore, afforded 2.5 does taken withing time per cur Leave time is	ny responsibinderstand that able to fill this ting the reclassing IDT or a I understand lays downtiment the establisment AFRCM is a separate e	lity to check my readiness level at once I am assigned against a less requirement, I must notify my ma to AFPC/DPW. I must also annual tour days to complete a I must depart from and return to be for every 30 days deployed up the commuting area of unit of IAN 10-40, 8.17. Downtime. I untitlement. I acknowledge uponent training requirements to income	I in ARCNET ULN for a RegAF o notify my ancillary o my unit of p to a assignment, understand the n signing this	
If select Further out of p	ed for an ULN rmore, I under ocket. Unless	driven exercise stand if I partic exercise is at un	cipate in an ULN	may <b>NOT uso</b> N driven exer  and member	rcise in IDT	ning IDTs to participate in the status I will pay my travel and will be departing from		
IR Sig	nature		Date	<b>:</b>				

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IMPORTANT: IRs are not authorized to participate in active flying or flying training while deployed unless a waiver is approved IAW AFMAN 11-402, para 3.8.1 and AFMAN 11-402, Table 3.2. Please submit FAC (Flying Activity Code) waiver via MyFSS to ARPC IMA Flight Management(HQ RIO/IR HARM).

## PART II - UNIT OF ATTACHMENT& COMMANDER'S CERTIFICATION

IMPORTANT: IMAs are not authorized to participate in active flying or flying training while deployed.

	AEF (HQ RIO/IPR reques	ts MPA only)	☐ Non-AEF w/ULN	Exercise w/UL	N
	•	• •	_		(Name of exercise)
ULN/ Locat	Line Number: ion: OCONUS CENTCOM	AOR OCON	MPA M4S Tasking # (if know US CONUS	/n)	
Statu	s for Exercises only:	Γ 🗌 Annual Toι	ur/RPA	ng #	
*Note	Deployment Training Start Please list all training requir ILOC.	Date/Location: ed for the tasking	to include the location. All	training has to be line	remark driven or added
Weap	oon Required: YES	NO Serial #(s	s):		
Depa	rting from & returning to	if different (incl			
Insta	llation specific reporting in	structions:	YES NO		
_	<b>ervisor:</b> Print Name, Grancur/Non-Concur with this		quest. (Circle One)		
Sign		Date	Supervisor Email Ad	dress	DSN
appro 3802, report proce to AF are no	t Deployment Managerify this member meets all recoves the individual to deploy and CCDR reporting instituting if this request is submitted in the EPC/DPW (AEF requirement of the originally tasked unit, irstand HQ RIO/IPR will tang.	quirements associ by it is my respon- ructions and request within 30 days responsibility of a ts only) if the IR a HQ RIO/IPR will	ated with requested ULN.  nsibility to train and equi uirement line remarks. It is of known First Movemen my unit to fill the tasking of member for whatever reaso I have the tasking sourced	to them for deploym I will request RDD chat to allow 30 days for or submit reclama (If on does not fill the AF back to them for filling	ent IAW DAFI 36- nange or delayed r IR deployment originally tasked unit) EF deployment. If we ng or reclama action. I
Sign			UDM Email Address	<u>s</u>	DSN
NO	ΓE: Please contact H	Q RIO IPR a	it 720-847-3700 & vi	ia email at <u>arpc</u>	.rio.ipr@us.af.mil
upo	n your signature abov	ve. SIPR ema	il: usaf.buckley.afr	c.mbx.hq-rio-ip	r@mail.smil.mil
HO	RIO Website: www.	hgrio.afrc.af	mil Facebook: ww	w.facebook.com	ı/HQRIO

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*Sanctuary Waiver Required for deployment: Send copy of approved sanctuary SOU to Det & HQ RIO/IPR arpc.rio.ipr@us.af.mil. to cover the duration of deployment and all leave and downtime)  *365 Day Per Diem Waiver required for deployment: Operational/Contingency deployments in excess of 180 days, but less than 365 days individual waivers is not required to the A TDY deployment extension or waiver for a period in excess of 365 consecutive days must be processed to the	I certify IAW DAFI 36- contingency operation. I of the order will be ema	Name, Grade, Unit  3802 2.51.8: I will in/out process I understand that all IRs CED iled to AD FSS/IPR. Furthermo ULN is sourced to 96 TPAS (96)	s IRs who are deployed orders will be cut and ore, I understand I will	processed by I not for any	HQ RIO/IPR and a copression cut CED orders
I understand that by approving this member's request, I accept ownership of this tasking and am required to submit reclama (If originally tasked unit) if the member for whatever reason does not fill the deployment at a later date. I understand it is my responsibility to train, equip, and ready the member to deployment standards, regardless the individual is mobilized or volunteers. The assigned unit, Personnel Readiness Facility, Supply Section, Chem training/issue, Firing Range, etc, where the IMA is assigned need to work with the equivalent organizations at the new AFB to the IMA's home of record to ensure deployment specific training, just-in-time training, individual equipmen supply, and weapon's issue occur in a timely manner in the best interests of AF when it is not conducive to have IM completely process through unit of assignment IAW DAFI 36-3802 2.38. I understand member may use remaining and annual tour to prepare for this deployment. I am willing to support the member with unit-funded mandays if necessary to complete required training unless member's career field centrally manages mandays. To include unit-fequipment as mandated by line remarks and/or reporting instructions. *NOTE: Unit/CC approval is not required for O-6 taskings to include exercises.  I Concur/Non-Concur with this deployment request.  Sign Date Unit Commander Email Address DSN  PART III – DETACHMENT COMMANDER COORDINATION OF IMA READINESS LEVEL  ETS: MSD/HYT: TAFMS (YY/MM/DD): PAFSC:  Training Status Code: (N/A for Officers) DAV Code:  Security Clearance: Security Clearance Exp Date: (Must remain valid 90 days post deployment of Last PHA: Profile Code: Profile Code:  Date of Last Fitness Test: Level of Fitness (circle one): Excellent/Good/ Satisfactory/Unsatisfactory  *Sanctuary Waiver Required for deployment: Send copy of approved sanctuary SOU to Det & HQ RIO/IPR arpc.rio.ipr@us.af.milto cover the duration of deployment and all leave and downtime	Sign	Date	FSS/IPR Email Address	s	DSN
PART III – DETACHMENT COMMANDER COORDINATION OF IMA READINESS LEVEL  ETS:	I understand that by appreclama (If originally tart understand it is my rest the individual is mobilitation training/issue, Firing Rad AFB to the IMA's home supply, and weapon's issue completely process through annual tour to prepare necessary to complete requipment as mandated O-6 taskings to include of	roving this member's request, I asked unit) if the member for what sponsibility to train, equip, and ized or volunteers. The assignedinge, etc, where the IMA is assigned of record to ensure deployment usue occur in a timely manner in the ugh unit of assignment IAW DA are for this deployment. I am will equired training unless member's by line remarks and/or reporting exercises.	accept ownership of this atever reason does not for a ready the member to do unit, Personnel Reading and need to work with the specific training, just-in the best interests of AF AFI 36-3802 2.38. I und alling to support the member a career field centrally not instructions. *NOTE:	ill the deployment deployment ness Facility, the equivalent n-time training when it is not erstand membaber with unit nanages mand	ment at a later date. I standards, regardless if Supply Section, Chem organizations at the near g, individual equipment conducive to have IMA per may use remaining ID-funded mandays if lays. To include unit-fun
ETS: MSD/HYT: TAFMS (YY/MM/DD): PAFSC:  Training Status Code: (N/A for Officers) DAV Code:  Security Clearance: Security Clearance Exp Date: (Must remain valid 90 days post deployate of Last PHA: Date of Last Dental Exam: Profile Code:  Date of Last Fitness Test: Level of Fitness (circle one): Excellent/Good/ Satisfactory/Unsatisfactory  *Sanctuary Waiver Required for deployment: Send copy of approved sanctuary SOU to Det & HQ RIO/IPR arpc.rio.ipr@us.af.mil. to cover the duration of the deployment and all leave and downtime)  *365 Day Per Diem Waiver required for deployment: Operational/Contingency deployments in excess of 180 days, but less than 365 days individual waivers is not required for deployment extension or waiver for a period in excess of 365 consecutive days must be processed to the	Sign	Date	Unit Commander Emai	il Address	DSN
Training Status Code: (N/A for Officers) DAV Code:  Security Clearance: Security Clearance Exp Date: (Must remain valid 90 days post deployate of Last PHA: Date of Last Dental Exam: Profile Code:  Date of Last Fitness Test: Level of Fitness (circle one): Excellent/Good/ Satisfactory/Unsatisfactory  *Sanctuary Waiver Required for deployment: Send copy of approved sanctuary SOU to Det & HQ RIO/IPR arpc.rio.ipr@us.af.mil. to cover the duration of the deployment and all leave and downtime)  *365 Day Per Diem Waiver required for deployment: Operational/Contingency deployments in excess of 180 days, but less than 365 days individual waivers is not required for deployment extension or waiver for a period in excess of 365 consecutive days must be processed to the	PART III – DETACI	HMENT COMMANDER C	OORDINATION OF	F IMA REA	DINESS LEVEL
Security Clearance: Security Clearance Exp Date: (Must remain valid 90 days post deployed of Last PHA: Date of Last Dental Exam: Profile Code: Date of Last Fitness Test: Level of Fitness (circle one): Excellent/Good/ Satisfactory/Unsatisfactory  *Sanctuary Waiver Required for deployment: Send copy of approved sanctuary SOU to Det & HQ RIO/IPR arpc.rio.ipr@us.af.mil. to cover the duration of the deployment and all leave and downtime)  *365 Day Per Diem Waiver required for deployment: Operational/Contingency deployments in excess of 180 days, but less than 365 days individual waivers is not required for deployment extension or waiver for a period in excess of 365 consecutive days must be processed to the	ETS:	MSD/HYT:	TAFMS (YY/MM/I	DD):	PAFSC:
Date of Last PHA: Date of Last Dental Exam: Profile Code:  Date of Last Fitness Test: Level of Fitness (circle one): Excellent/Good/ Satisfactory/Unsatisfactory  *Sanctuary Waiver Required for deployment:  Send copy of approved sanctuary SOU to Det & HQ RIO/IPR arpc.rio.ipr@us.af.mil. to cover the duration of the deployment and all leave and downtime)  *365 Day Per Diem Waiver required for deployment:  Operational/Contingency deployments in excess of 180 days, but less than 365 days individual waivers is not required for deployment extension or waiver for a period in excess of 365 consecutive days must be processed to the	Training Status Code:	(N/A for Officers)	DAV	Code:	
Date of Last Fitness Test: Level of Fitness (circle one): Excellent/Good/ Satisfactory/Unsatisfactory  *Sanctuary Waiver Required for deployment:  Send copy of approved sanctuary SOU to Det & HQ RIO/IPR arpc.rio.ipr@us.af.mil. to cover the duration of deployment and all leave and downtime)  *365 Day Per Diem Waiver required for deployment:  Operational/Contingency deployments in excess of 180 days, but less than 365 days individual waivers is not required to the A TDY deployment extension or waiver for a period in excess of 365 consecutive days must be processed to the	Security Clearance:	Security Clearance E	xp Date:	(Must remain	valid 90 days post deploym
*Sanctuary Waiver Required for deployment: Send copy of approved sanctuary SOU to Det & HQ RIO/IPR <a href="mailto:arpc.rio.ipr@us.af.mil.">arpc.rio.ipr@us.af.mil.</a> to cover the duration of deployment and all leave and downtime)  *365 Day Per Diem Waiver required for deployment: Operational/Contingency deployments in excess of 180 days, but less than 365 days individual waivers is not required to the A TDY deployment extension or waiver for a period in excess of 365 consecutive days must be processed to the	Date of Last PHA:	Date of Last D	nst Dental Exam: Profile Co		Profile Code:
Send copy of approved sanctuary SOU to Det & HQ RIO/IPR <a href="mailto:arpc.rio.ipr@us.af.mil.">arpc.rio.ipr@us.af.mil.</a> to cover the duration of to deployment and all leave and downtime)  *365 Day Per Diem Waiver required for deployment:  Operational/Contingency deployments in excess of 180 days, but less than 365 days individual waivers is not required A TDY deployment extension or waiver for a period in excess of 365 consecutive days must be processed to the	Date of Last Fitness Test: Level of Fitness (circle one): Excellent/Good/ Satisfactory/Unsatisfactory				
Operational/Contingency deployments in excess of 180 days, but less than 365 days individual waivers is not req A TDY deployment extension or waiver for a period in excess of 365 consecutive days must be processed to the	Send copy of app	proved sanctuary SOU to Det & H	IQ RIO/IPR <u>arpc.rio.ipr</u>	<u>@us.af.mil.</u> to	o cover the duration of the
appropriate approval authority IAW references (b) and (c) of the TDY Duration and Per Diem Waiver Policy.	Operational/Con A TDY deploym	ntingency deployments in excess of ent extension or waiver for a perio	od in excess of 365 conse	cutive days mu	ust be processed to the
*1825/2190 ("old 1095") Waiver required for deployment:  Members deploying on ULNs outside CENTCOM OCONUS AOR with an expected ADOS 1825 days in the pre 2190 days will require formal review.	Members deploy	ing on ULNs outside CENTCOM	OCONUS AOR with an	expected AD	OS 1825 days in the previo
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*NOTE: AFRC/CD approval requests for O-6 taskings, to include exercises, go to AFRC/A1L.					
documentation is attached. I con- reporting or RDD change to allow of this request. When the member	s per the criteria list firm member is won w sufficient process r is sourced against th the UDM, to ens	ted above. I ensured all waiver-related rking with their UDM to request delayed ing time if first movement is within 30 days the requested ULN, it is the Detachment's ure HQ RIO/IPR receives pre-deployment eparture/return information.			
Signature	DSN	Date			
HQ RIO IPR 720-847-3700 Org NIPR email at arpc.rio.ipr SIPR email: usaf.buckley.afrc. HQ RIO Website: www.hqrio.a Facebook: www.facebook.com/ MyFSS: https://myfss.us.af.mil/ detail?pid=kA0t0000000LI53C. Management)	@us.af.mil mbx.hq-rio-ipr@n afrc.af.mil /HQRIO /USAFCommunity	//s/knowledge-			
IMA Yellow Ribbon Represents TSgt Moniqua E. Dilloway Office: 720-847-3046 Yellow Ribbon Website: https://		About-Us/Yellow-Ribbon/			

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