

# DET 6 INDIVIDUAL RESERVIST (IR) VOLUNTARY TOUR CHECKLIST

## REQUIRED FOR ALL TOURS OUTSIDE OF ASSIGNED UNIT

Initiate Checklist **30 DAYS PRIOR** to Tour Start Date  
This information is subject to the Privacy Act of 1974

RANK		LAST NAME, FIRST, MI	
CURRENT ASSIGNED AD UNIT & LOCATION			
UNIT & DUTY LOCATION		WHERE PERFORMING THIS TOUR	
TYPE OF TOUR	MPA	AD OPS SUPPORT (ADOS)	AD FOR TRAINING (ADT)
TRAVEL DATE		TOUR START DATE	TOUR END DATE

**REQUIRED ACTION-** please initial next to each item once complied with  
(\* send documents to [riodet6.readiness@us.af.mil](mailto:riodet6.readiness@us.af.mil) as applicable)

	1. Current on Readiness/Green ARCNet Report?						
	2. M4S Task ID Number _____						
	3. Order requested in AROWS-R 10 - 15 business days prior to start of travel? If not, a VOCO will be required with detailed justification as to why order was not submitted within timeframe.						
	4. Annual Training scheduled in AROWS-R/IDTs built in UTAPS?						
	**5. Fund Cite Authorization Letter Submitted - if applicable (Outside of commute area)						
	**6. Sanctuary Waiver Submitted (if over 16, but less than 20 yrs) – Total Active Federal Military Service (TAFMS): _____						
	**7. SOU Submitted (for deployments & exercises ONLY) <span style="background-color: yellow;">Note: Colonels (O6) must complete AFRC/A1L SOU for SR Leader Deployments (O-6)**</span>						
	**8. Participation Waiver Submitted – if applicable						
	9. I request to perform a MPA/RPA tour outside of my unit. I understand that I must remain fully ready during the entire length of this tour. My supervisor at the unit I am performing duty with is _____ My performance report closes out on _____ and I understand that my assigned unit will responsible for submitting it. If there are any changes to the details of my duty and/or a medical condition that could affect my military service, I will contact RIO Det 6 Readiness at Comm: 813-828-5035, opt 2 (DSN 968-5035) opt 2.						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____</td> <td style="width: 50%; border: none;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">MEMBER SIGNATURE</td> <td style="border: none; text-align: center;">DATE</td> </tr> <tr> <td style="border: none; text-align: center; background-color: yellow;">(Please print/type name)</td> <td style="border: none;"></td> </tr> </table>	_____	_____	MEMBER SIGNATURE	DATE	(Please print/type name)	
_____	_____						
MEMBER SIGNATURE	DATE						
(Please print/type name)							
	I concur / do not concur with this request.						
	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">COMMANDER or AD SUPERVISOR (Assigned Unit)</td> </tr> <tr> <td style="border: none; text-align: center; background-color: yellow;">(Please print/type name)</td> </tr> </table>	_____	COMMANDER or AD SUPERVISOR (Assigned Unit)	(Please print/type name)			
_____							
COMMANDER or AD SUPERVISOR (Assigned Unit)							
(Please print/type name)							
	Approved / Disapproved.						
	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">PAUL R. DELANO JR, Col, USAF</td> </tr> <tr> <td style="border: none; text-align: center;">Commander, HQ RIO/Det 6</td> </tr> </table>	_____	PAUL R. DELANO JR, Col, USAF	Commander, HQ RIO/Det 6			
_____							
PAUL R. DELANO JR, Col, USAF							
Commander, HQ RIO/Det 6							

**\*\*SECTION BELOW IS FOR INFORMATION ONLY. DO NOT RETURN TO DET\*\***

Complete these actions on 1<sup>st</sup> day of tour

DEERS/TRICARE ELIGIBILITY UPDATE: 1. Log into myPers: <https://gum-crm.csd.disa.mil/>. Upload a copy of your certified order (31 days or more). Note: Members are eligible for TRICARE only if order is 31 days or more. 2. Verify DEERS enrollment Mil Connect.

**RIO PAY OFFICE:** Forward a copy of pre-certified order (if 31 days or more) to initiate pay. [ARPC.RIORPO.1@US.AF.MIL](mailto:ARPC.RIORPO.1@US.AF.MIL), (720) 847-3711

## END OF TOUR

POC	REQUIRED ACTION <i>INITIATE 90 DAYS PRIOR TO TOUR END DATE</i>
Local A&FRC	Attend Transition Assistance Program (Mandatory for tours of 179 days or more) <b>**Mandated by Law**</b> LOCATION: _____ DATE: _____ INSTRUCTIONS: Contact local Airmen and Family Readiness Center (A&FRC) to schedule TAP workshop. Member should enroll in TAP prior to order end date.
Local MTF	Ensure all medical readiness requirements are completed; to include processing LODs for injuries/surgeries during current tour INSTRUCTIONS: Make appointment with PCM at MTF; ensure all medical documentation is submitted to military PCM and LOD initiated before departure
AD Unit	Ensure performance documentation and/or decoration submission are drafted and provided to supervisor INSTRUCTIONS: See unit/command policies on decorations and discuss with supervisor; AF Fm 77, optional LOE may be used
Unit Trng Mgr	For those reservists on tour for Seasoning Training, ensure training records/requirements are completed INSTRUCTIONS: See supervisor and/or trainer to ensure all documents and updates will be completed/submitted for upgrade training
RPO	Determine last duty day INSTRUCTIONS: Calculate accrued leave, check with RPO and communicate this with supervisor; accrued leave should be taken at the end of the tour or sold back; however, reservists can now carryover leave into future tours with the permission of the gaining commander. Request policy from Det staff.
POC	REQUIRED ACTION <i>INITIATE 30 DAYS PRIOR TO TOUR END DATE</i>
AD Unit	Obtain unit out-processing checklist if leaving INSTRUCTIONS: Make sure all accounts are closed and equipment turn in. Coordinate with Commander Support Staff and/or unit reserve coordinator.
POC	REQUIRED ACTION <i>LAST DUTY DAY</i>
RPO	Complete/sign-off orders and leave form, if applicable and send to RPO INSTRUCTIONS: Save completed copy of orders for personal files, and required for remaining requirements on checklist
POC	REQUIRED ACTION <i>LAST DAY OF TOUR</i>
MyPers	Re-enroll yourself and family in DEERS for those entitled to 179 days extended TAMP; only for those tours ISO "contingency"; send request and orders via MyPers. INSTRUCTIONS: Submit via MyPers as local MPFs can no longer update DEERS eligibility; <a href="https://gum-crm.csd.disa.mil/app/processes/form/fn/vdb_RRP">https://gum-crm.csd.disa.mil/app/processes/form/fn/vdb_RRP</a> Follow-up with a phone call to Total Force Service Center - 1-800-525-0102; have work order number ready for reference
POC	REQUIRED ACTION <i>UPON RETURN HOME/COMPLETION OF ORDERS</i>
IMA Travel Pay	Submit final travel voucher to Dobbins or in DTS as stated on orders INSTRUCTIONS: Must be submitted within 5 days of completion of tour/duty/travel
vMPF	Request DD FM 214 via MyPers INSTRUCTIONS: <a href="https://gum-crm.csd.disa.mil/app/processes/form/fn/vdb_RRP">https://gum-crm.csd.disa.mil/app/processes/form/fn/vdb_RRP</a>
MyPers	Request Reduced Retired Pay Age via myPers INSTRUCTIONS: <a href="https://gum-crm.csd.disa.mil/app/processes/form/fn/vdb_RR">https://gum-crm.csd.disa.mil/app/processes/form/fn/vdb_RR</a>
RPO	Follow up review of LES and point summary to ensure all pay and points were recorded and received appropriately INSTRUCTIONS: Go to MyPay: <a href="https://mypay.dfas.mil/mypay.aspx">https://mypay.dfas.mil/mypay.aspx</a> Go to vMPF: <a href="https://ww3.afpc.randolph.af.mil/vmpf/Hub/Pages/Hub.asp">https://ww3.afpc.randolph.af.mil/vmpf/Hub/Pages/Hub.asp</a>