

REQUEST AND AUTHORIZATION FOR ACTIVE DUTY TRAINING/ACTIVE DUTY TOUR										BY ORDER OF THE SECRETARY OF THE AIR FORCE			
<b>PRIVACY ACT STATEMENT</b>													
<p><b>AUTHORITY:</b> 10 USC 8013; Executive Order 9397.</p> <p><b>PRINCIPAL PURPOSES:</b> Used to request and authorize Air Force reservist tours of active duty as well as acting as a temporary duty travel order. SSN is used to make positive identification of military personnel. Becomes record copy of orders after authentication; enables reservist to procure transportation, receive reimbursement for travel expenses and be paid military pay, as applicable.</p> <p><b>ROUTINE USES:</b> A copy of the order may be provided to civilian employers to substantiate active duty military requirements.</p> <p><b>DISCLOSURE IS VOLUNTARY:</b> However, without this information and SSN the Air Force cannot act on your travel, per diem and pay entitlements.</p>													
1. NAME (Last, First, MI) [REDACTED]						2. GRADE MSGT		3. SSN [REDACTED]					
4. PRESENT STREET ADDRESS [REDACTED]				5. CITY [REDACTED]				6. STATE CO		7. ZIP CODE [REDACTED]			
8. UNIT OF ASSIGNMENT [REDACTED]			9. LOCATION SCHRIEVER SFB, CO 809120000						10. PAS CODE [REDACTED]				
11. Mbr is ordered to ACTIVE DUTY OPERATIONAL SUPPORT for 142 * days plus auth tvl time. (0 Tvl Days) TRACKING #: 9375882													
12. WILL REPORT TO (Unit and location) HQ AIR RESERVE PERSONNEL CENTER, BUCKLEY SFB, CO 80011-0000						13. REPORTING DATA (Hour) (YYYYMMDD) 0730 20220512			14. RELEASE DATE (YYYYMMDD) 20220930				
15. CORPORATE LIMITS <input type="checkbox"/> 16. COMMUTING AREA <input checked="" type="checkbox"/> 17. BAS CODE S													
18. REMARKS AUTH: AFMAN 36-8001 (File travel voucher and completed statement of tour of duty within 5 workdays after tour completion. Travel days will not exceed DODFMR authorized travel time. Per diem is based on availability of gov't quarters and mess; contact the base billeting office since gov't quarters must be used when available. SEE NEXT PAGE FOR REMARKS.													
CONTINUED ON NEXT PAGE													
19. TNG-CAT-IND LA			20. TOUR-IND			21. MEAN CODE			22. MAN-DAY ID				
<b>ESTIMATED COST</b>			23. TRAVEL \$0.00		24. PER DIEM \$0.00		25. OTHER \$0.00			26. TOTAL \$0.00			
27. PAY AND ALLOWANCE 5723700 502 6272 P727.02 387.00 NA ELA													
28. TRAVEL REQUESTING OFFICIAL [REDACTED] (Typed name, grade, DSN)						29. SIGNATURE "ELECTRONICALLY APPROVED"			30. DATE 20220419				
31. DEPARTMENT OF THE AIR FORCE (Enter designation and location of headquarters.) 926 WG SWC NELLIS AFB, NV 89191						TDN: FOR THE COMMANDER 35. AUTHORIZING/ORDER ISSUING OFFICIAL (Title and Signature) MARK A SCHARFENBERG, GS09 "ELECTRONICALLY APPROVED" <div style="background-color: yellow; text-align: center; padding: 2px;">THIS IS A CERTIFIED CLOSED ORDER BLOCKS</div> <div style="background-color: yellow; text-align: center; padding: 2px;">36 A/B/C/D FILLED IN</div> <div style="background-color: yellow; text-align: center; padding: 2px;">SIGNATURES DATED FOR LAST DAY OF ORDER</div>							
32. RESERVE ORDER NO. D9Y55B			33. DATE 20220426			34. DISTRIBUTION							
36. STATEMENT OF TOUR OF DUTY													
	LOCATION	HOUR (mil)	DAY	MONTH		LOCATION	HOUR (mil)	DAY	MONTH	MODE OF TRAVEL			
a. DEPART	HOME ADDRESS	0600	12	05	b. ARRIVE	DUTY LOCATION	0700	12	05	POV			
c. DEPART	DUTY LOCATION	1600	30	09	d. ARRIVE	HOME ADDRESS	1700	30	09	POV			
37. I certify that I have complied with the above order. The statements on this form are true and complete. If a Federal Civil Service Employee, I certify that I have applied for appropriate leave.						<b>CERTIFICATION</b>							
My Spouse (Circle One) was/was not in Active Duty status during this tour. I (Circle One) did/did not occupy gov't quarters.						40. Member reported for duty at 0700 hours on 20220512 and was released from duty at 1600 hours on 20220930				41. CERTIFYING OFFICIAL'S PRINTED NAME  CSS/SUPERVISOR			
38. MEMBER'S SIGNATURE <b>DIGITAL/WET SIGNATURE</b>						39. DATE <b>LAST DAY OF ORDER</b>		43. CERTIFYING OFFICIAL'S SIGNATURE <b>DIGITAL/WET SIGNATURE</b>				44. DATE <b>LAST DAY OF ORDER</b>	
47. TIMEKEEPER STATEMENT I certify receiving a copy of this order for civilian pay related review and processing.						45. TIMEKEEPER SIGNATURE							

# OFFICIAL

AROWS-R  
D9Y55B  
9375882  
2022/04/26

ACTIVE DUTY OPERATIONAL SUPPORT

Continuation of AF Form 938, Block 18. Remarks (AFMAN 36-8001):

- a. AUTH: 10 USC 12301(d)
- b. PAY AND ALLOWANCE ESP CODE: N/A.
- c. TRAVELER USES INDIVIDUALLY BILLED ACCOUNT (IBA).
- d. IF THIS ORDER CONFLICTS WITH THE JTR, THE JTR PREVAILS.
- e. IF THIS ORDER IS FOR A PERIOD OF ACTIVE DUTY OF 90 CONSECUTIVE DAYS OR MORE, INITIAL ACTIVE DUTY FOR TRAINING (BMT AND TECHNICAL SCHOOL), OR IN DIRECT SUPPORT OF A CONTINGENCY OPERATION, SUBMIT A DD FORM 214 WORKSHEET (CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY) VIA VMPF AT THE TIME YOU CERTIFY AND SUBMIT FOR RECEIPT OF PAY.
- f. REPORT TO MPS/FSMPD PRIOR TO DEPARTURE

- h. RPA at ARPC.
- i. MEMBERS DUTY STATUS IS 73.
- j. PERSTEMPO CODE, IS H, Mission Support (within 100 miles) . PERSTEMPO LOCATION IS COLORADO.
- k. TRAVELER LIVES WITHIN COMMUTING AREA OF REPORTING LOCATION, HQ AIR RESERVE PERSONNEL CENTER.
- l. TRAVEL BY POC TO THE FOLLOWING SITES HAS BEEN DETERMINED AS MORE ADVANTAGEOUS TO THE GOVERNMENT:  
TRAVEL BY AUTOMOBILE FOR HQ AIR RESERVE PERSONNEL CENTER AND  
TRAVEL BY AUTOMOBILE FOR HOME
- m. RENTAL CAR IS NOT AUTHORIZED AT  
HQ AIR RESERVE PERSONNEL CENTER (20220512 THRU 20220930).
- n. DID YOU DRIVE YOUR POV? \_\_\_\_ LIMITED TO ONE ROUND TRIP. POV TYPE \_\_\_\_ AUTO \_\_\_\_ MOTORCYCLE.  
TOTAL MILES \_\_\_\_\_. SIGN AND DATE \_\_\_\_\_.
- o. SETTLEMENT FOR THIS ORDER MUST BE FILED IN MILITARY PAY.

REQUEST AND AUTHORIZATION FOR ACTIVE DUTY TRAINING/ACTIVE DUTY TOUR						BY ORDER OF THE SECRETARY OF THE AIR FORCE			
PRIVACY ACT STATEMENT									
AUTHORITY: 10 USC 8013; Executive Order 9397.									
PRINCIPAL PURPOSES: Used to request and authorize Air Force reservist tours of active duty as well as acting as a temporary duty travel order. SSN is used to make positive identification of military personnel. Becomes record copy of orders after authentication; enables reservist to procure transportation, receive reimbursement for travel expenses and be paid military pay, as applicable.									
ROUTINE USES: A copy of the order may be provided to civilian employers to substantiate active duty military requirements.									
DISCLOSURE IS VOLUNTARY: However, without this information and SSN the Air Force cannot act on your travel, per diem and pay entitlements.									
1. NAME (Last, First, MI)					2. GRADE		3. SSN		
4. PRESENT STREET ADDRESS					5. CITY		6. STATE		7. ZIP CODE
8. UNIT OF ASSIGNMENT		9. LOCATION					10. PAS CODE		
		SCHRIEVER SFB, CO 809120000							
11. Mbr is ordered to ACTIVE DUTY OPERATIONAL SUPPORT for 150 * days plus auth tvl time. (0 Tvl Days) TRACKING #: 9857219									
12. WILL REPORT TO (Unit and location)					13. REPORTING DATA		14. RELEASE DATE (YYYYMMDD)		
HQ AIR FORCE PERSONNEL CENTER, BUCKLEY, CO 80011-0000					(Hour) (YYYYMMDD)		20230930		
					0730 20230504				
					15. CORPORATE LIMITS		16. COMMUTING AREA		17. BAS CODE S
					<input checked="" type="checkbox"/>		<input type="checkbox"/>		
18. REMARKS AUTH: AFMAN 36-8001 (File travel voucher and completed statement of tour of duty within 5 workdays after tour completion. Travel days will not exceed DODFMR authorized travel time. Per diem is based on availability of gov't quarters and mess; contact the base housing office since gov't quarters must be used when available.									
SEE NEXT PAGE FOR REMARKS.									
CONTINUED ON NEXT PAGE									
19. TNG-CAT-IND		20. TOUR-IND			21. MEAN CODE		22. MAN-DAY ID		
LA									
ESTIMATED COST		23. TRAVEL		24. PER DIEM		25. OTHER		26. TOTAL	
		\$0.00		\$0.00		\$0.00		\$0.00	
27. PAY AND ALLOWANCE									
5733700 503 6272 P727.02 387700 NA NELLS									
28. TRAVEL REQUESTING OFFICIAL					29. SIGNATURE			30. DATE	
(Typed name, grade, DSN)									
SIUL MICHEL, LT COL, 312-560-0460					"ELECTRONICALLY APPROVED"			20230403	
31. DEPARTMENT OF THE AIR FORCE (Enter designation and location of headquarters.)					TDN: FOR THE COMMANDER				
926 WG SWC					35. AUTHORIZING/ORDER ISSUING OFFICIAL (Title and Signature)				
NELLIS AFB, NV 89191					ANGELINA D LORETO, GS11				
					"ELECTRONICALLY APPROVED"				
					THIS A PERCET ORDER:				
					36A/C -44 COMPLETE				
					36C/D = BLANK				
32. RESERVE ORDER NO.		33. DATE		34. DISTRIBUTION					
DADU74		20230405							
36. STATEMENT OF TOUR OF DUTY									
a. LOCATION		b. HOUR (mil)		c. DAY		d. MONTH		e. MODE OF TRAVEL	
HOME ADDRESS		TIME/DATE YOU LEFT		HOR		UNIT LOCATION		TIME/DATE OF 1ST DAY OF ORDER	
DEPART		HOR				ARRIVE		POV	
c. DEPART		d. ARRIVE							
37. I certify that I have complied with the above order. The statements on this form are true and complete. If a Federal Civil Service Employee, I certify that I have applied for appropriate leave.					CERTIFICATION				
My Spouse (Circle One) was/was not in Active Duty status during this tour.					40. Member reported for duty at 0900 hours on 20230504 and was released from duty at hours on				
I (Circle One) did/did not occupy gov't quarters.					41. CERTIFYING OFFICIAL'S PRINTED NAME				
					CSS/SUPERVISOR				
38. MEMBER'S SIGNATURE					39. DATE				
DIGITAL/WET SIGNATURE					START OF ORDER				
43. CERTIFYING OFFICIAL'S SIGNATURE					44. DATE				
DIGITAL/WET SIGNATURE					START OF ORDER				
47. TIMEKEEPER STATEMENT I certify receiving a copy of this order for civilian pay related review and processing.					45. TIMEKEEPER SIGNATURE				

AF FORM 938, 20080724

PREVIOUS EDITIONS ARE OBSOLETE

# OFFICIAL

AROWS-R  
DADU74  
9857219  
2023/04/05

ACTIVE DUTY OPERATIONAL SUPPORT

Continuation of AF Form 938, Block 18. Remarks (AFMAN 36-8001):

- a. AUTH: 10 USC 12301(d)
- b. PAY AND ALLOWANCE ESP CODE: N/A.
- c. TRAVELER USES INDIVIDUALLY BILLED ACCOUNT (IBA).
- d. IF THIS ORDER CONFLICTS WITH THE JTR, THE JTR PREVAILS.
- e. IF THIS ORDER IS FOR A PERIOD OF ACTIVE DUTY OF 90 CONSECUTIVE DAYS OR MORE, INITIAL ACTIVE DUTY FOR TRAINING (BMT AND TECHNICAL SCHOOL), OR IN DIRECT SUPPORT OF A CONTINGENCY OPERATION, SUBMIT A DD FORM 214 WORKSHEET (CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY) VIA VMPF AT THE TIME YOU CERTIFY AND SUBMIT FOR RECEIPT OF PAY.
- f. REPORT TO MPS/FSMPD PRIOR TO DEPARTURE
- g. FOR THIS ORDER, MEMBER WILL DEPART FROM [REDACTED]
- h. RPA orders at ARPC..
- i. MEMBERS DUTY STATUS IS 73.
- j. PERSTEMPO CODE, IS H, Mission Support (within 100 miles) . PERSTEMPO LOCATION IS COLORADO.
- k. RENTAL CAR IS NOT AUTHORIZED AT HQ AIR FORCE PERSONNEL CENTER (20230504 THRU 20230930).
- l. ADVANCE BY FSO IS NOT AUTHORIZED. TRAVELER HAS A GOVT CHARGE CARD AND PIN, WHICH WILL BE USED FOR ATM CASH ADVANCES AND MEALS AND INCIDENTAL EXPENSES (M+IE) PLUS MISCELLANEOUS EXPENSES.
- m. THE TRAVEL AND TRANSPORTATION REFORM ACT OF 1998 (TTRA), PUBLIC LAW 105-264 STIPULATES THAT THE GTCC WILL BE USED BY ALL U.S. GOVERNMENT PERSONNEL, MILITARY AND CIVILIAN TO PAY FOR COSTS INCIDENT TO OFFICIAL GOVERNMENT TRAVEL UNLESS SPECIFICALLY EXEMPT.
- n. ACCRUED ANNUAL LEAVE IS HIGHLY ENCOURAGED TO BE TAKEN DURING THESE ORDERS.

**o. MEMBER IS APPROVED TO USE 28.5 DAYS OF LEAVE CARRYOVER ON THIS TOUR. IF ORDER IS MODIFIED TO ACCOMMODATE LEAVE CARRYOVER, THEN MEMBER IS EXPECTED TO USE ALL LEAVE, BOTH APPROVED CARRYOVER AND ACCRUED LEAVE, WITHIN THE ORDER.**

**AIR RESERVE COMPONENT LEAVE SETTLEMENT OPTION****PRIVACY ACT STATEMENT**

AUTHORITY: 10 U.S.C., Chapter 40, Leave.

PURPOSE: To document the member's decision on carrying over or selling all, part, or no leave in conjunction with the start and end of a qualifying Active-duty order.

ROUTINE USE: Disclosures which are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act.

DISCLOSURE: MANDATORY: If the information is not provided, leave will be sold at the end of a qualifying order or will not be carried over to a new qualifying order. SORN DoD-0020, Military Human Resource Records (MHRR) (May 15, 2024 89 FR 42459) and F036 AF FM A, Leave Request and approval system are available at <https://dpold.defense.gov/Privacy/SORNS/>**I. IDENTIFICATION DATA**

NAME (Last, First, Middle Initial)	GRADE	DOD ID
UNIT OF ASSIGNMENT  <b>WHERE DUTY WAS PERFORMED</b>	ETS	DOS

**II. LEAVE SETTLEMENT ON END OF ORDER**

In conjunction with the projected end of my active-duty tour (MPA/RPA/AGR) on \_\_\_\_\_ and order number \_\_\_\_\_, I hereby make the leave settlement election as indicated below. I understand and acknowledge that I cannot sell more than 60 days of non-excepted accrued leave (leave earned for continuous active duty over 365 days not in support of contingency operations) during my entire military career with exception to Special Leave Accrual. I understand CZTE will be used first during my next chargeable leave period. I understand I cannot sell carryover leave when not on an active-duty tour and I cannot use leave while on Annual Tour or Inactive Duty Training.

	INITIAL/MARK
A. CASH SETTLEMENT FOR ALL OF MY ACCRUED LEAVE DAYS (____ DAYS)	<input type="checkbox"/>
B. CARRY FORWARD ALL OF MY ACCRUED LEAVE (____ DAYS). THIS CARRY FORWARD INCLUDES ____ DAYS OF CZTE	<input type="checkbox"/>
C. CASH SETTLEMENT FOR ____ DAYS OF ACCRUED LEAVE. CARRY FORWARD ____ DAYS OF ACCRUED LEAVE. THIS CARRY FORWARD INCLUDES ____ DAYS OF CZTE	<input type="checkbox"/>
SERVICE MEMBER SIGNATURE	DATE

**III. LEAVE CARRY OVER TO A NEW ORDER**

In conjunction with entering a qualified active-duty order on \_\_\_\_\_ Box 13 - New Order and order number \_\_\_\_\_ Box 32 -New Order, I hereby elect to use leave previously carried forward as indicated below. I acknowledge full understanding that I cannot carry over any accrued leave after the issuance of my qualifying active-duty order. I understand CZTE will be used first during my next chargeable leave period.

CARRY FORWARD X DAYS OF MY ACCRUED LEAVE TO THIS ORDER. THIS CARRY FORWARD INCLUDES X DAYS OF CZTE.

SERVICE MEMBER SIGNATURE  Digital or wet signature	DATE
FUNDING FOR ADDITIONAL LEAVE/O&M IS AVAILABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	RESOURCE ADVISOR/MPA MANAGER SIGNATURE  Digital or wet signature
CARRY FORWARD LEAVE IS APPROVED AS INDICATED: <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMANDER/REPRESENTATIVE SIGNATURE OF WHERE ORDERS ARE PERFORMED  Digital or wet signature

**IV. MPF OR FM VERIFICATION SECTION**

Resource manager ensures the order has the funds are secured for the order and order/mission can sustain extra leave during this new set of orders.

Commander is made aware of the carryover leave amounts.

MPF OR FM SIGNATURE	DATE
---------------------	------

CURRENT DATE \_\_\_\_\_

MEMORANDUM FOR Supervisor ORG/SYMBOL

FROM: Member's ORG/SYMBOL

SUBJECT: Leave Carryover Statement of Understanding and Election

(Please initial)

1. ☒ I Rank, Last Name, x Last 4 have read the Air Force Reserve Command Leave Carryover Program Policy Guidance Phase II, understand the impact that it has on my tour/leave balance and have attached a copy of my leave and earnings statement (LES).
2. ☒ I understand IAW 10 USC 701(k), the FY11 NDAA authorizes Reserve Component members to carry leave forward from an active duty tour to another long-tour.
3. ☒ In conjunction with my next MPA/RPA/AGR/EAD tour duty starting Box 13 of new order I hereby request to carry forward my accrued leave as noted below (#7).
4. ☒ I understand that I must use that leave plus any accrued leave within this order to avoid selling or losing leave (in rare occurrences).
5. ☒ I understand I may lose the balance that exceeds 60 days when crossing fiscal years, unless I am on a tour of duty that places me in a Special Leave Accrual policy.
6. ☒ I understand leave is not a career continuation incentive through the accrual of large leave balances; future use of accrued leave is not guaranteed; sell-back may be the only option.
7. ☒ I am requesting to use X days of carry forward leave for this tour.

(below is used for leave earned in a combat zone)

The following leave was earned while in a combat zone and is tax deductible. Therefore, I am identifying the pertinent information so that taxes may be credited back to me.

X Days of leave earned on order # XXXXXX were in a combat zone  
(if applicable)

Digital or wet signature only

\_\_\_\_\_  
MEMBER SIGNATURE

1<sup>st</sup> Ind to Supervisor ORG/SYMBOL

Current Date \_\_\_\_\_

Leave Carry-over Statement of Understanding and Election

MEMORANDUM FOR Rank, Last Name, x Last 4

I have reviewed the LES and applicable orders to verify leave balances as noted above. I have also counseled the member the maximum number of days allowed to carry forward at the end of each fiscal year is 60 days.

Digital or wet signature only

\_\_\_\_\_  
SUPERVISOR SIGNATURE

Attachments:

Documents reflecting amount of days available to carry-over

2<sup>nd</sup> Ind to CC ORG/SYMBOL

Current Date \_\_\_\_\_

Leave Carry-over Statement of Understanding and Election

MEMORANDUM FOR RPO, HQ RIO

I Approve/Disapprove the member's request to use leave carry-over during the upcoming tour. I understand that leave days will be included within this upcoming order (not necessarily earned within my unit/org appropriation) and will be charged to my unit/org appropriation; resulting in fewer duty/mission days due to approving the carry-over of leave earned previously. I will not authorize an extension to the end date of the order for the sole purpose of accommodating carry-over leave not taken by the member during the upcoming tour without adequate justification.

☐ RPA requirement

☐ MPA requirement

☐ Approved

☐ Disapproved

☐ For Commander

Digital or wet signature only

\_\_\_\_\_  
COMMANDER SIGNATURE