

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) [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.

CLOSED ORDER

CONTINUED ON NEXT PAGE

19. TNG-CAT-IND LA	20. TOUR-IND	21. MEAN CODE	22. MAN-DAY ID
ESTIMATED COST	23. TRAVEL \$0.00	24. PER DIEM \$6.00	25. OTHER \$0.00
26. TOTAL \$0.00			

27. PAY AND ALLOWANCE
5723700 502 6272 P727.02 387.00 NAME LA

28. TRAVEL REQUESTING OFFICIAL [REDACTED] (Typed name, grade, DSN)	29. SIGNATURE "ELECTRONICALLY APPROVED"	30. DATE 20220419
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31. DEPARTMENT OF THE AIR FORCE (Enter designation and location of headquarters.) 926 WG SWC NELLIS AFB, NV 89191	TDN: FOR THE COMMANDER
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THIS IS A CERTIFIED CLOSED ORDER BLOCKS
36 A/B/C/D FILLED IN
SIGNATURES DATED FOR LAST DAY OF ORDER



32. RESERVE ORDER NO. D9Y55B	33. DATE 20220426	34. DISTRIBUTION
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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.

My Spouse (Circle One) was/was not in Active Duty status during this tour.
I (Circle One) did/did not occupy gov't quarters.

38. MEMBER'S SIGNATURE DIGITAL/WET SIGNATURE	39. DATE LAST DAY OF ORDER	43. CERTIFYING OFFICIAL'S SIGNATURE DIGITAL/WET SIGNATURE	44. DATE LAST DAY OF ORDER
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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.

MEMORANDUM FOR _____

FROM: _____

SUBJECT: Leave Carryover Statement of Understanding and Election

(Please initial)

1. I _____ 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 _____ 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 _____ 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.

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

MEMBER SIGNATURE

1st Ind to _____
Leave Carry-over Statement of Understanding and Election

MEMORANDUM FOR _____

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.

SUPERVISOR SIGNATURE

Attachments:
Documents reflecting amount of days available to carry-over

2nd Ind to _____
Leave Carry-over Statement of Understanding and Election

MEMORANDUM FOR RPO, HQ RIO

I _____ 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

COMMANDER SIGNATURE

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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 MSGT	3. SSN ██████████
4. PRESENT STREET ADDRESS ██████████		5. CITY ██████████	6. STATE CO
7. ZIP CODE ██████████		8. UNIT OF ASSIGNMENT ██████████	
9. LOCATION SCHRIEVER SFB, CO 809120000		10. PAS CODE ██████████	

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) HQ AIR FORCE PERSONNEL CENTER, BUCKLEY, CO 80011-0000	13. REPORTING DATA (Hour) (YYYYMMDD) 0730 20230504	14. RELEASE DATE (YYYYMMDD) 20230930
15. CORPORATE LIMITS <input checked="" type="checkbox"/>		16. COMMUTING AREA <input type="checkbox"/>
17. BAS CODE S		

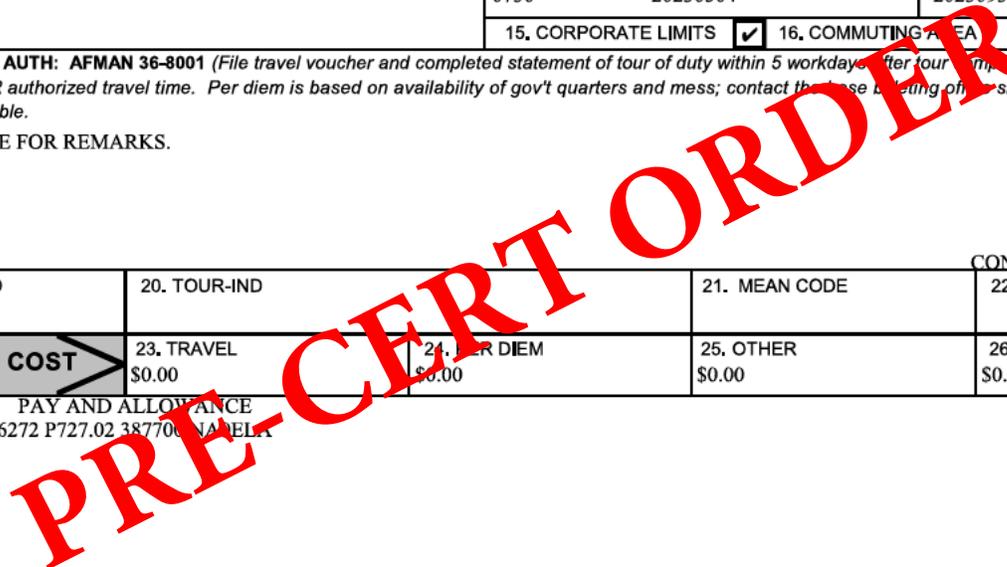
18. REMARKS **AUTH: AFMAN 36-8001** (File travel voucher and completed statement of tour of duty within 5 workdays after tour termination. Travel days will not exceed DODFMR authorized travel time. Per diem is based on availability of gov't quarters and mess; contact the base for listing of gov't quarters must be used when available.)
 SEE NEXT PAGE FOR REMARKS.

19. TNG-CAT-IND LA	20. TOUR-IND	21. MEAN CODE	22. MAN-DAY ID
ESTIMATED COST	23. TRAVEL \$0.00	24. PER DIEM \$0.00	25. OTHER \$0.00
26. TOTAL \$0.00			

27. PAY AND ALLOWANCE
5733700 503 6272 P727.02 387700 NA NELLIS

28. TRAVEL REQUESTING OFFICIAL (Typed name, grade, DSN) SIUL MICHEL, LT COL, 312-560-0460	29. SIGNATURE "ELECTRONICALLY APPROVED"	30. DATE 20230403
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31. DEPARTMENT OF THE AIR FORCE (Enter designation and location of headquarters.) 926 WG SWC NELLIS AFB, NV 89191	TDN: FOR THE COMMANDER
32. RESERVE ORDER NO. DADU74	33. DATE 20230405
34. DISTRIBUTION	35. AUTHORIZING/ORDER ISSUING OFFICIAL (Title and Signature) ANGELINA D LORETO, GS11 "ELECTRONICALLY APPROVED"



THIS A PERCENT ORDER:
 36A/C -44 COMPLETE
 36C/D = BLANK



STATEMENT OF TOUR OF DUTY										
	LOCATION	HOUR (mil)	DAY	MONTH		LOCATION	HOUR (mil)	DAY	MONTH	MODE OF TRAVEL
a. DEPART	HOME ADDRESS	TIME/DATE YOU LEFT			b. ARRIVE	UNIT LOCATION	TIME/DATE OF 1ST DAY OF ORDER			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. My Spouse (Circle One) was <u>was not</u> in Active Duty status during this tour. I (Circle One) did <u>did not</u> occupy gov't quarters.						CERTIFICATION				
38. MEMBER'S SIGNATURE DIGITAL/WET SIGNATURE						39. DATE START OF ORDER		43. CERTIFYING OFFICIAL'S SIGNATURE DIGITAL/WET SIGNATURE		44. DATE START OF ORDER
47. TIMEKEEPER STATEMENT I certify receiving a copy of this order for civilian pay related review and processing.						45. TIMEKEEPER SIGNATURE				
40. Member reported for duty at 0900 hours on 20230504 and was released from duty at _____ hours on _____						41. CERTIFYING OFFICIAL'S PRINTED NAME CSS/SUPERVISOR		42. DSN		

OFFICIAL

AROWS-R
DADU74
9857219
2023/04/05

ACTIVE DUTY OPERATIONAL SUPPORT

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

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- 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.**