## REENLISTMENT WORKSHEET

PERSONAL DATA PRIVACY ACT OF 1974 (5 U. S. C. 552a)

PRIVACY ACT NOTICE: Authority: 10 USC 9012 & 8973 Principal Purpose & Routine use for the preparation of enlistment documents. Disclosure is voluntary. Failure to complete applicable items may result in reenlistment documents not being processed.

## PART I - MEMBER

INSTRUCTIONS: READ ALL INSTRUCTIONS. Entire WS must be completed prior to enlistment.

Complete PART I then route to other offices for signatures/initials (as applicable). Once complete through PART VI, return it

to Det 3 via myFSS. Once received, your DD Form 4 or AF Form 1411 will be forwarded via myFSS.

(Note: if you are outside the 6	months reenlistm	ent windo	w and i	require	retainability, co	onsult v	vith RIO Detachmen	nt 3)			
I am within 6 months of ETS and not currently receiving a bonus					To take part in the AGR program						
I am within 30 days of ETS and currently receiving a bonus					To acquire retainability for GI Bill benefits						
I am within 36 months of ETS, retrained into a critical skill DAFSC and achieved 3-le					vel To qualify to receive BRS Continuation Pay						
To attain retainability to reach High Year Tenure (HYT) date					To acquire	bility for active duty tour	or deployment				
NAME (LAST, FIRST, FULL MIDDLE) (	include suffixes if applicat	ole)			CURRENT ETS	]	DAFSC	DOD ID NUME	BER		
CURRENT ADDRESS (STREET, CITY, COUNTY, STATE, ZIP CODE)					UNIT	CURRENT STATUS TR IMA AGR			ОТН	ER	
PROJ REENLISTMENT DATE	DATE OF BIRTH		Nun	-	ears you will reenlis 3 4 5	st for?	Enter HYT Date Below:	PAY GRADE			
Rank, name, and unit of the officer who you have no preference. (Example: Ma			if								
I understand that I must meet all reenlis If I do not meet standards, I may not be may authorize an extension of my curr	stment eligibility require e eligible to reenlist.	ements IAW L However, my	unit com	nmander	MEMBER SIGN	NATURE		DATE SIGNED	)		
PART II - LEGAL REQI	JIREMENT	myLearning <mark>O</mark>	<b>R</b> by visit	ting the Sta	aff Judge Advocate C	Office. CB	stment. The Article 137 brie T certificate completion da st be attached with this W	te must be visible	e on cert		
ADDITIONAL COMMENTS											
LEGAL REP NAME (if accomplished in	person)			LEGAL F	REP SIGNATURE (	(or YOUF	R SIGNATURE IF CBT)	DATE SIGNED	)		
PART III – UNIT FITNI	ESS MONITO	R and retu	ırn. Mer	mbers with	unsatisfactory sco	ores are	oval and signature. UFP <u>NOT</u> eligible to reenlist worocess an <u>extension</u> instead	ithout Unit Comm	nander ap	oproval.	
DOES MEMBER HAVE CURRENT SA	TISFACTORY SCORE	?			YES	ı	NO				
ADDITIONAL COMMENTS											
FITNESS MONITOR NAME FITNESS MONITOR SIGNATURE								DATE SIGNED			
PART IV — MEDICAL CLEARANCE INSTRUCTIONS: Send a copy of your ARCNet readiness report showing green on PHA, Dent. Immunizations. Members whose requirements											