

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://dpcl.d.defense.gov/Privacy/SORNs/>**I. IDENTIFICATION DATA**

NAME (Last, First, Middle Initial)	GRADE	DOD ID
UNIT OF ASSIGNMENT	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 _____ and order number _____, 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 ____ DAYS OF MY ACCRUED LEAVE TO THIS ORDER. THIS CARRY FORWARD INCLUDES ____ DAYS OF CZTE.

SERVICE MEMBER SIGNATURE	DATE
FUNDING FOR ADDITIONAL LEAVE/O&M IS AVAILABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	RESOURCE ADVISOR/MPA MANAGER SIGNATURE
CARRY FORWARD LEAVE IS APPROVED AS INDICATED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE
	DATE

IV. MPF OR FM VERIFICATION SECTION

MPF OR FM SIGNATURE	DATE
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