

IR Volunteer Statement of Understanding AEF, Non-AEF (with ULN) and Exercise (with ULN)

DIRECTIONS:

Part I - Member completes

Part II - UDM/unit completes

Part III - Det/CC completes and emails completed package (SOU) to HQ RIO/IPR at arpc.rio.ipr@us.af.mil

IMPORTANT: IRs are not authorized to participate in active flying or flying training while deployed unless a waiver is approved IAW AFI 11-401 table 2.2 (HQ RIO/IR HARM)

PART I - MEMBER INFORMATION

Last	First	Middle	Rank	Social Security Number
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Home Address (Before and During deployment)

Home Phone	Cell Phone	DSN Work Phone
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Email address (both personal and work)

Attached Unit (where you perform duty)	Base and State	PAS Code
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Duty AFSC

I am a volunteer to deploy in support of an Active Component requirement. I understand I must meet all IR readiness requirements before volunteering for this deployment; and that it is my responsibility to check my readiness level in ARCNET prior to my HQ RIO Detachment forwarding this request. I further understand that once I am assigned against a ULN for a specific deployment, that I am committed to that tasking. If I am unable to fill this requirement, I must notify my RegAF Commander who will be responsible for filling the tasking or submitting the reclama to AFPC/DPW. I must also notify my Detachment/CC and HQ RIO/IPR Staff. Initials _____

If selected for this deployment, **I understand I may use any remaining IDT or annual tour days to complete ancillary training requirements associated with deployment.** Furthermore, I understand I must depart from and return to my unit of attachment provided above. I understand that I will be afforded 2.5 days downtime for every 30 days deployed up to a maximum of 14 days. I understand this downtime will be taken within the established commuting area of unit of assignment, all in-processing activities will be completed during this time per current AFRC/CV Downtime policy. I understand the **14 days start immediately upon my return to U.S.** Leave time is a separate entitlement. I acknowledge upon signing this SOU that I have read and understand Part I and will comply with all pre-deployment training requirements to include ancillary training prior to deployment. Initials _____

ULN DRIVEN EXERCISE (Initial if this is an exercise ULN)

If selected for an **ULN driven exercise**, I understand I may **NOT use any remaining IDTs to participate in the exercise. Furthermore, I understand if I participate in an ULN driven exercise in IDT status I will pay my travel and per diem out of pocket.** Unless exercise is at unit of assignment and member is in place. I will be departing from

homestation or home of residence for this exercise. Initial _____

IR Signature

Date

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PART II - UNIT OF ATTACHMENT & COMMANDER'S CERTIFICATION

IMPORTANT: IMAs are not authorized to participate in active flying or flying training while deployed.

AEF (HQ RIO/IPR requests MPA only) Non-AEF w/ULN Exercise w/ULN _____
(Name of exercise)

ULN/Line Number: _____

Location: OCONUS CENTCOM AOR OCONUS CONUS

Status for Exercises only: IDT Annual Tour/RPA MPA M4S Tasking # _____

Pre-Deployment Training Start Date/Location: _____

*Note Please list all training required for the tasking to include the location. All training has to be line remark driven or added as an ILOC.

Weapon Required: YES NO

Departing from: _____

Installation specific reporting instructions: YES NO

Supervisor: Print Name, Grade, Unit _____

I Concur/Non-Concur with this deployment request. (Circle One)

Sign

Date

Supervisor Email Address

DSN

Unit Deployment Manager (UDM): Print Name, Grade, Unit _____

I certify this member meets all requirements associated with requested ULN. **I understand if the AD unit commander approves the individual to deploy it is my responsibility to train and equip them for deployment IAW AFI 10-401 para 11.18.2.10, AFI 36-2629, and CCDR reporting instructions and requirement line remarks.** I will request RDD change or delayed reporting if this request is submitted within 30 days of known First Movement to allow 30 days for IR deployment processing. I understand it is the responsibility of my unit to fill the tasking or submit reclama (If originally tasked unit) to AFPC/DPW (AEF requirements only) if the IR member for whatever reason does not fill the AEF deployment. If we are not the originally tasked unit, HQ RIO/IPR will have the tasking sourced back to them for filling or reclama action. **I understand HQ RIO/IPR will take all necessary actions within DCAPES and generate all orders related to this tasking.**

Sign

Date

UDM Email Address

DSN

AD FSS/IPR: Print Name, Grade, Unit _____

I certify IAW AFI 36-3802 Attachment 2: I will in/out process IRs who are deployed for direct or indirect support of a contingency operation. **I understand that all IRs CED orders will be cut and processed by HQ RIO/IPR** and a copy of the order will be emailed to AD FSS/IPR. **Furthermore, I understand I will not for any reason cut CED orders on IR members and once ULN is sourced to 96 TPAS I will have no visibility of tasking in DCAPEs.**

Sign Date FSS/IPR Email Address DSN

Unit Commander: Print Name, Grade, Unit _____

I understand that by approving this member's request, I accept ownership of this tasking and am required to submit a reclama (If originally tasked unit) if the member for whatever reason does not fill the deployment at a later date. If we are not the originally tasked unit, HQ RIO/IPR will have the tasking sourced back to them for filling or reclama action. **I understand it is my responsibility to train, equip, and ready the member to deployment standards, regardless if the individual is mobilized or volunteers.** The assigned unit, Personnel Readiness Facility, Supply Section, Chem training/issue, Firing Range, etc, where the IMA is assigned need to work with the equivalent organizations at the nearest AFB to the IMA's home of record to ensure deployment specific training, just-in-time training, individual equipment supply, and weapon's issue occur in a timely manner in the best interests of AF when it is not conducive to have IMA completely process through unit of assignment IAW AFI 36-2629, AFI 10-401. I understand member may use remaining IDTs and annual tour to prepare for this deployment. I am willing to support the member with unit-funded mandays if necessary to complete required training unless member's career field centrally manages mandays. To include unit-funded equipment as mandated by line remarks and/or reporting instructions.

I Concur/Non-Concur with this deployment request. (Circle One)

Sign Date Unit Commander Email Address DSN

PART III – DETACHMENT COMMANDER COORDINATION OF IMA READINESS LEVEL

ETS: _____ MSD/HYT: _____ TAFMS (YY/MM/DD): _____ PAFSC: _____

Training Status Code: _____ (N/A for Officers) DAV Code: _____

Security Clearance: _____ Security Clearance Exp Date: _____ (Must remain valid 90 days post deployment)

Date of Last PHA: _____ Date of Last Dental Exam: _____ Profile Code: _____

Date of Last Fitness Test: _____ Level of Fitness (circle one): Excellent/Good/ Satisfactory/Unsatisfactory

*Sanctuary Waiver Required for deployment: Yes / No

Send copy of approved sanctuary to HQ RIO/IPR arpc.ipr@us.af.mil to cover the duration of the deployment and all leave and downtime)

*365 Day Per Diem Waiver required for deployment: Yes / No

Operational/Contingency deployments in excess of 180 days, but less than 365 days individual waivers is not required. A TDY deployment extension or waiver for a period in excess of 365 consecutive days must be processed to the appropriate approval authority IAW references (b) and (c) of the TDY Duration and Per Diem Waiver Policy.

***1095 Waiver required for deployment: Yes/ No**

Members deploying on ULNs outside CENTCOM OCONUS AOR with an expected ADOS 1,095 or greater will require formal 1,095 review. ADOS total 1,095-1,399 will meet the board at MAJCOM level. ADOS total 1,400+ OR orders crossing FY (30 Sep) will meet both the MAJCOM and HAF board for approval.

***NOTE: Detachments initiate AFRC/CD approval request to AFRC/A1L for all O-6 taskings to include exercises.**

Detachment Commander: Print Name, Grade _____

I validate member is fit to fight as per the criteria listed above. I ensured all waiver-related documentation is attached. I confirm member is working with their UDM to request delayed reporting or RDD change to allow sufficient processing time if first movement is within 30 days of this request. When the member is sourced against the requested ULN, it is the Detachment's responsibility, in coordination with the UDM, to ensure HQ RIO/IPR receives pre-deployment training dates, out-processing documentation, and departure/return information.

Signature

DSN

Date

Detachment Organizational E-Mail Address: _____