

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

**DIRECTIONS:**

Part I - Member completes (Fill out as much as possible on all 3 Parts).

Part II - UDM/unit completes/signs.

Part III - Det/CC completes and emails completed package (SOU) to HQ RIO/IPR at [arpc.rio.ipr@us.af.mil](mailto:arpc.rio.ipr@us.af.mil). Additionally, please contact our office at 720-847-3700 with any questions or concerns.

**IMPORTANT: IRs are not authorized to participate in active flying or flying training while deployed unless a waiver is approved IAW AFMAN 11-402, para 3.8.1 and AFMAN 11-402, Table 3.2. Please submit FAC (Flying Activity Code) waiver via MyFSS to ARPC IMA Flight Management (HQ RIO/IR HARM).**

**PART I - MEMBER INFORMATION**

\_\_\_\_\_  
Last                      First                      Middle                      Rank                      Social Security Number (Not DODID)

\_\_\_\_\_  
Home Address (Before and During deployment)

\_\_\_\_\_  
Home Phone                                      Cell Phone                                      DSN Work Phone

\_\_\_\_\_  
Email address (both personal and work)

\_\_\_\_\_  
Attached Unit (where you perform duty)                      Base and State                      PAS Code    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 AFRCMAN 10-40, 8.17. Downtime. I understand the **7/14 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  home station or  home of residence for this exercise. Initial \_\_\_\_\_

\_\_\_\_\_  
IR Signature

\_\_\_\_\_  
Date



**AD FSS/IPR: Print Name, Grade, Unit** \_\_\_\_\_

I certify IAW DAFI 36-3802 2.51.8: 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 (963iF1Z2) 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. **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 DAFI 36-3802 2.38.** 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. \*NOTE: Unit/CC approval is not required for all O-6 taskings to include exercises.

**I Concur/Non-Concur with this deployment request.**

\_\_\_\_\_  
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:**  
Send copy of approved sanctuary SOU to Det & HQ RIO/IPR [arpc.rio.ipr@us.af.mil](mailto:arpc.rio.ipr@us.af.mil) to cover the duration of the deployment and all leave and downtime)

**\*365 Day Per Diem Waiver required for deployment:**  
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.

**\*1825/2190 ("old 1095") Waiver required for deployment:**  
Members deploying on ULNs outside CENTCOM OCONUS AOR with an expected ADOS 1825 days in the previous 2190 days will require formal review.

This information is subject to the Privacy Act of 1974. This information is not to be disclosed without the authorization of the individual(s), and is to be used For Official Use Only. Violations of the Privacy Act are subject to fines of \$5,000 or 2 years in prison.

**\*NOTE: AFRC/CD approval requests for O-6 taskings, to include exercises, go to AFRC/A1L.**

**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: \_\_\_\_\_

**HQ RIO IPR 720-847-3700**

**Org NIPR email at [arpc.rio.ipr@us.af.mil](mailto:arpc.rio.ipr@us.af.mil)**

**SIPR email: [usaf.buckley.afrc.mbx.hq-rio-ipr@mail.smil.mil](mailto:usaf.buckley.afrc.mbx.hq-rio-ipr@mail.smil.mil)**

**HQ RIO Website: [www.hqrio.afrc.af.mil](http://www.hqrio.afrc.af.mil)**

**Facebook: [www.facebook.com/HQRIO](http://www.facebook.com/HQRIO)**

**MyFSS: <https://myfss.us.af.mil/USAFCommunity/s/knowledge-detail?pid=kA0t000000LI53CAG> (Answer ID 3593 AFR HQ RIO IMA Management)**

**IMA Yellow Ribbon Representative**

**TSgt Moniqua E. Dilloway**

**Office: 720-847-3046**

**Yellow Ribbon Website: <https://www.afrc.af.mil/About-Us/Yellow-Ribbon/>**