

IR VOLUNTEER STATEMENT OF UNDERSTANDING AEF, NON-AEF (WITH ULN), AND EXERCISE (WITH ULN)

DIRECTIONS:

The IR is responsible for routing this document through completion.

PART I – Member completes

PART II – Active Component UDM & Unit completes/signs -- Once Part I and Part II are complete, email SOU to HQ RIO/IPR at arpc.rio.ipr@us.af.mil

PART III – HQ RIO/IPR office will fill/complete this section.

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
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Home Address (Before and During Deployment)

Home Phone	Cell Phone	DSN Work Phone
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Email Address (Personal & Work)

Attached Unit (where you perform duty)	Base and State	PAS Code	Duty AFSC
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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 to a ULN for a specific deployment, 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 Det 5 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 accrue downtime while deployed, up to a maximum of 14 days. I understand this downtime will be taken within the established commuting area of unit of assignment, and all in-processing activities will be completed during this time per current AFRCMAN 10-401, 8.17. Downtime. I understand downtime days will start immediately upon my return to my home station. 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. I will be departing from ___ home station, ___ home of residence, or ___ N/A (exercise is at unit of assignment and member is in place, for exercise). Initials _____

IR Signature

Date

PART II - UNIT OF ATTACHMENT & COMMANDER'S CERTIFICATION

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).

IMA is participating in:

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

ULN/Line Number: _____ MPA/M4S Tasking # (if known) _____

Location: OCONUS CENTCOM AOR OCONUS CONUS

Status (For Exercises Only): IDT Annual Tour/RPA MPA M4S Taking# _____

Pre-Deployment Training Start Date/Location: _____

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

Weapon Required: Yes NO Serial #(s): _____

Departing from & Returning to if different (include airports): _____

Installation Specific Reporting Instructions: Yes No

Supervisor: Print Name, Grade, Unit _____

I _____ with this deployment request (Choose 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, equip, schedule transportation, schedule pre-deployment training, and in and out-process them for deployment IAW DAFI 36-3802, The IR Guide, 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 will ensure HQ RIO/IPR receives pre-deployment training dates, out-processing documentation, and departure/return information. 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 AFPC/DPW 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

NOTE: Please contact HQ RIO IPR at 720-847-3700 & via email at arpc.rio.ipr@us.af.mil upon your signature above. SIPR email: usaf.buckley.460-sw.mbx.hq-rio-ipr@mail.smil.mil HQ RIO Website: www.hqrio.afrc.af.mil

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.

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

I certify IAW DAFI 36-3802: 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 (9631F1Z2) 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 of whether the individual is mobilized or volunteers IAW DAFI 36-3802**. 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). I am willing to support 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 _____ with this deployment request. (Choose One)

Sign Date Unit Commander Email Address DSN

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

PART III - FOR HQ RIO/IPR USE ONLY -- STOP HERE -- EMAIL SOU TO HQ RIO/IPR

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

Requires approved sanctuary SOU 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.

*OWC - 1825/2190 ("old 1095") Waiver check

Members deploying on ULNs outside CENTCOM OCONUS AOR with an expected ADOS 1825 days in the previous 2190 days will require formal review.

HQ RIO IPR 720-847-3700

Org NIPR email at arpc.rio.ipr@us.af.mil

SIPR email: usaf.buckley.460-sw.mbx.hq-rio-ipr@mail.smil.mil

HQ RIO Website: www.hqrio.afrc.af.mil

Facebook: www.facebook.com/HQRIO

MyFSS: <https://myfss.us.af.mil/USAFCommunity/s/knowledgedetail?pid=kA0t0000000LI53CAG> (Answer ID 3593 AFR HQ RIO IMA Management)

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

Please contact HQ RIO/IPR at 720-847-3700 with any questions or concerns