

<b>RECOMMENDATION AND AUTHORIZATION FOR PROMOTION OF AIRMAN AS RESERVE OF THE AIR FORCE</b>			DATE OF REQUEST
<b>PRIVACY ACT STATEMENT</b>			
<p>AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force; as implemented by Air Force Instruction 36-2608, and Executive Order 9397 (SSN), as amended.  PURPOSE: Documents Reserve Enlisted Airmen's promotion to the next higher grade.  ROUTINE USES: Generally permitted under 5 U.S.C. 552a(b) of the Privacy Act. May specifically be disclosed outside DoD as a routine use pursuant to 5 U.S.C 552a(b)(3). DoD 'Blanket Routine Uses' apply.  DISCLOSURE: Voluntary. Failure to provide SSN may result in timeliness of positive identification.</p>			
<b>SECTION I. REQUEST</b>			
THRU: (MPF)	TO:	FROM: (Unit)	
NAME (Last, First, Middle Initial)	GRADE	SSN	
<i>TO BE COMPLETED BY RECOMMENDING OFFICIAL: I certify that the above named individual has performed in an outstanding manner and is highly qualified and deserving of promotion. Member meets the Reserve participation requirements of the reserve section to which he/she is assigned. I further certify the member is eligible for promotion in accordance with AFI 36-2502, Table _____, Rule _____.</i>			
RECOMMENDED FOR PROMOTION TO	TYPED NAME, GRADE, TITLE OF RECOMMENDING OFFICIAL	SIGNATURE	
<b>SECTION II. MEMBER PROMOTION DATA</b>			
POSITION CONTROL NUMBER	AUTH AFSC	AUTH GRADE	CURRENT DATE OF RANK
PAFSC	PAY DATE	TEMSD (E-8 & E-9 only) FUNCTIONAL ACCT CODE	DATE QUALIFIED USAFSE/SNCOA (E-8 & E-9 only)
<b>MPF CERTIFICATION</b>			
<i>I CERTIFY THAT THE ABOVE DATA IS CORRECT, MEMBER MEETS ELIGIBILITY REQUIREMENTS FOR PROMOTION.</i>			
TYPED NAME AND GRADE OF PERS OFF OR RECORDS CUSTODIAN (E-7 or above)		SIGNATURE	
<b>SECTION III. ACTION BY RECOMMENDING/APPROVING OFFICIAL (If required)</b>			
ACTION AND DATE		TYPED NAME, GRADE, ORG, OF SQ COMMANDER	SIGNATURE OF SQ COMMANDER
<input type="checkbox"/>	RECOMMEND		
<input type="checkbox"/>	APPROVAL		
<input type="checkbox"/>	DISAPPROVAL		
ACTION AND DATE		TYPED NAME, GRADE, ORG, OF PROMOTION AUTHORITY	SIGNATURE OF PROMOTION AUTHORITY
<input type="checkbox"/>	APPROVAL		
<input type="checkbox"/>	DISAPPROVAL		
<b>SECTION IV. AUTHENTICATION</b>			
<i>RECOMMENDATION IS APPROVED AND PROMOTION IS EFFECTIVE ON _____ DOR TO BE COMPUTED IN ACCORDANCE WITH AFI 36-2604.</i>			
DESIGNATION AND LOCATION OF HEADQUARTERS <b>DEPARTMENT OF THE AIR FORCE</b>		RESERVE ORDER NO.	DATE OF ORDER
			NEW DATE OF RANK
DISTRIBUTION		<b>FOR THE COMMANDER</b> SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL	