

STATEMENT OF UNDERSTANDING
Waiver of Active Duty (AD) Sanctuary
(Unit/IMA Reservist)

1. I understand that under the sanctuary protection provided to me by 10 U. S.C. § 12686(a), if I serve the period of AD now being offered to me and which is the subject of this waiver (_____ to _____), I will then be serving on AD within 2 years of becoming eligible for retired pay under the military retirement system. After I enter that 2-year sanctuary, I cannot be involuntarily released from AD, without approval by the Secretary of the Air Force (SAF), before I become eligible for retired pay.
2. I understand that in order for me to serve this AD period, which would bring me within the sanctuary protection, I must waive my right to the sanctuary protection, which would otherwise apply to me.
3. This waiver, shown by my signature below, means I will not receive sanctuary protection even though I will be serving on AD within 2 years of becoming eligible for retired pay. Therefore, I may be released from AD without the SAF approval even though serving on AD within 2 years of becoming eligible for retired pay.
4. I also understand neither my waiver submitted here nor any order requiring me to perform further voluntary AD service is effective until and unless this waiver is approved in writing by the Wing Commander/Program Mgr, as delegated by HQ AFRC/CV and the SAF.

I, _____, voluntarily waive my right to invoke sanctuary as provided under Title 10 U.S.C. § 12686 (b).

(Please initial)

_____ I have read the above explanation and have been fully counseled on the impact that it has on my participation.

_____ I understand that by waiving my right to sanctuary for an AD retirement I am allowed to perform an RPA (ADOS) or MPA tour of less than 180 days.

_____ I understand that while performing the approved tour I may not claim sanctuary.

_____ I understand that for each tour of RPA (ADOS) or MPA (other than for training) I request, a new set of orders must be accomplished.

_____ I understand that my AD tour will not begin until I have proper approval from the SAF or designee

_____ I understand that this written document will be filed at the MPF and electronically at Wing Commander (unit), or Program Manager (IMA) as well a copy to respective NAF workflow, and HQ AFRC/AIRY workflow as evidence that I have waived my right to sanctuary protection .

Member's Signature (Date)

Ind, (Wing Commander/Program Mgr)

Date:

I support the action of (Requestor) to waive his/her sanctuary protection to perform the above voluntary tour of AD.

Wing Commander/Program Manager

cc: Individual

Privacy Act Statement: Under the Privacy Act of 1974, Title 5 U.S.C. § 552(a) (2000), the release of your SSN is for identification purposes and voluntary.