

MANAGEMENT DIRECTED REASSIGNMENT (MDR) WORKSHEET

1. To effectively manage force development and operational requirements, senior leaders may leverage the MDR process for qualified AGRs in the grades of Lt Col and SMSgt and below for positions not considered Key, Command, Joint, or Strategic.
2. Cross-organizational MDRs require an approved exception to policy (ETP). ETPs for O-6 and E-9 grades necessitate MAJCOM FAM concurrence and AFRC/CD or AF/RE(D) approval as per DAFMAN 36-2114, paragraph 6.4.4.1. If the MDR is approved, resulting in a PCS, the member will receive new orders for a three-year tour. The member is responsible for obtaining the necessary retainability, if applicable.
3. AGRs should serve at least 24 months in their current position to be considered for an MDR. MDRs with less than 24 months' Time on Station (TOS) will be considered on a case-by-case basis by DPAA.

Member's Section

Member's Full Name

Rank

Current Unit, Base, State

DoD ID

Position Information

Current Position #:

Auth Grade/DAFSC:

Current PASCODE:

Gaining Position #:

Auth Grade/DAFSC:

Gaining PASCODE:

Does this MDR require a cross organizational ETP? **Yes** **No**

**If yes, you will require losing Wing/CC, MAJCOM FAM concurrence and AFRC/CD or AF/RE(D) approval per DAFMAN 36-2114, paragraph 6.4.4.1. This MDR worksheet will serve as the ETP.*

Will this MDR require a PCS or PCA? **If PCS, you will be required to attach an AROWS-R Order Request worksheet along with this request.*

MDR Effective Date:

Member's Time on Station at requested effective date:

** When MDRs will result in a PCS assignment based on mission needs, member concurrence and acknowledgment in writing is required. (T-2). Note: Concurrence declination may result in member being separated from the AGR program per DAFMAN 36-2114, paragraph 6.4.4.6.*

1. I acknowledge & accept this MDR and verified all the above data is correct.

Member's Signature

Date

Signature Section

1. MDR requests results in a PCA (*internal move*), use of gaining Wing/CC signature block is required.
2. MDR requests results in a PCS, the gaining Wing/CC and losing Wing/CC signatures are both required.
3. MDRs that results in a cross organizational move, the gaining Wing/CC and losing Wing/CC signatures are both required.

(Required) Gaining Squadron Commander or equivalent:

I have reviewed this request and confirm the information is correct. I Concur Non-Concur with this request. If there are any questions/concerns, please contact: _____ at DSN: _____.

Name, Rank, and Title (Please Print)

Signature

Date

Senior Leader Management Office (AF/REG): (Applicable Yes No)

**Required ONLY for E-9 positions.*

I have reviewed this request and confirm the information is correct. I Concur Non-Concur with this request.

Name, Rank, and Title (Please Print)

Signature

Date

(Required) Gaining Wing Commander or equivalent:

**Approval authority IAW DAFMAN 36-2114, Table. 6.1.*

I have reviewed this request and confirm the information is correct. I Approve Disapprove with this request.

Name, Rank, and Title (Please Print)

Signature

Date

Losing Wing Commander or equivalent: (Applicable Yes No)

**Required ONLY for cross organizational MDR requests and MDRs that result in a PCS.*

I have reviewed this request and Concur Non-Concur with this request.

Name, Rank, and Title (Please Print)

Signature

Date

MAJCOM FAM Concurrence: (Applicable Yes No)

** Required for Cross-Organizational Requests: Per DAFMAN 36-2114, paragraph 6.4.4.1, O-6 and E-9 T-2 requests for exceptions to policy are necessary.*

I have reviewed this request and Concur Non-Concur with this request.

Name, Rank, and Title (Please Print)

Signature

Date

Time on Station (Applicable Yes No)

**Required for TOS waivers. Approval authority IAW DoDI 1315.18, Enclosure 3, Chapter 3a.*

Less than 24 months requires approval from the first General Officer in chain of command. 24-36 months requires approval from the Director of Assignments in HQ/ARPC.

Less than 24 months 24 – 36 months

I have reviewed this request and Approve Disapprove to waive the TOS requirement.

Name, Rank, Title (Please Print)

Signature

Date

(Required) HQ ARPC/DPAA Concurrence:

**Required for all MDR requests IAW DAFMAN 36-2114, paragraph 6.4.4.5.*

I have reviewed this request and Concur Non-Concur with this request.

Name, Rank, and Title (Please Print)

Signature

Date