

## Time-on-Station Waiver Request (CONUS)

1. A Time-on-Station (TOS) Waiver is only applicable to AGR members whose current AGR order resulted in a PCS and PCS funds were used for current duty location and have not served a minimum 36 months in their current tour.
2. Any CONUS TOS waiver for less than 24 months requires approval from the first General Officer in HQ directing Assignments; TOS waivers for 24-36 months require approval from the first O6 in the HQ directing assignments IAW DoDI 1315.18.
3. This TOS waiver request will be routed through the Wing Commander or equivalent to the appropriate TOS waiver authority.
4. Contact your servicing MPF to verify necessary data.

### Member's Section

<b>Name</b>	<b>Rank</b>
<b>Duty Title</b>	<b>Unit of Assignment</b>
<b>Losing Location (Base, State)</b>	<b>Gaining Location (Base, State)</b>
<b>Start Date of current AGR order</b>	
<b>Time on Station (TOS) at time of position selection?</b>	

I understand that I will forfeit my application package if my request is disapproved at any level. Furthermore, I understand that routing this request for approval may cause a delay in orders being published for a follow-on position.

**Member's Name (Please Print)**

**Member's Signature**

**Date**

### Signature Section

**(Required) Squadron Commander or equivalent:**

Operation Impact:

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

**Name, Rank, Title (Please Print)**

**Signature**

**Date**

**(Required) Wing Commander or equivalent:**

*\*Required IAW DAFMAN 36-2114, Table 6.3.*

I have reviewed this request and I      Concur      Non-Concur with waiving the time on station requirements for this member.

**Name, Rank, Title (Please Print)**

**Signature**

**Date**

**(As applicable) HQ ARPC/DPA (Required for 24-36 months Time-on-Station requests)**

*\*Approval authority IAW DoDI 1315.18, Enclosure 3, Chapter 3a.*

I have reviewed this request and I      Approve      Disapprove with waiving the time on station requirements for this member.

**Name, Rank, Title (Please Print)**

**Signature**

**Date**

**(As applicable) HQ ARPC/CC (Required for requests less than 24 months Time-on-Station)**

*\*Approval authority IAW DoDI 1315.18, Enclosure 3, Chapter 3a.*

I have reviewed this request and I      Approve      Disapprove with waiving the time on station requirements for this member.

**Name, Rank, Title (Please Print)**

**Signature**

**Date**