

VOLUNTARY OCONUS TOUR CURTAILMENT WORKSHEET

1. AGRs may request early release from the AGR program based on position realignment, personal hardship, and other valid reasons to include separation or retirement prior to current date of separation (DOS).
2. Any request for early release must include applicable waiver(s) and must be routed by member to appropriate waiver authority. Requests will be considered on a case-by-case basis.
3. Submit curtailment worksheet to HQ ARPC/DPAAG **no earlier than 365 days** and **no later than 120 days** (plus leave/TAP) prior to your desired DOS. **Requests less than 120 days are approved on a case-by-case basis by HQ ARPC/DPAAG. **NOTE:** Less than 120-day requests could result in a pay affecting related impact.*
4. Contact your servicing MPF to verify necessary data.
**Use of this form for Involuntary Curtailments is prohibited. Please follow guidance IAW DAFMAN 36-2114, Chapter 6.*

Name	Rank		HQ		Unit
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Duty Title	Current Location (Base, State)
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Current AGR Order Start Date	Current DOS	Desired DOS
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If Follow-on assignment:

Gaining Location (Base, State)	Assignment Type	Position #
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Comments

Please attach the required AF IMT 1288. **NOTE: If an AF IMT 1288 is not received, member will be projected to the Individual Ready Reserve (IRR).*

Reason for Request

Retirement
 USERRA, Returning to:
 Personal/Family Hardship
 Other (Explain Below)

ART
 Other Civilian Employment

Current Leave Balance

How many days of leave do you plan to take prior to desired DOS (if applicable)?

Months on Station at time of requested DOS

Were PCS funds used for this assignment?	Time on Station (TOS) Waiver
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Note: When PCS funds are used; Waivers for members with less than 12 months time-on-station at time of application must be approved by AFRC/A1. Waivers for members with 13-36 months time-on-station at time of application must be approved by HQ ARPC/DPA.

Waivers for members with less than 36 months time-on-station, the Curtailment Worksheet will serve as TOS waiver. Once the curtailment request has been received, waivers requiring HQ ARPC/DPA approval will be routed by AGR Management.

Do you have a Reserve Service Commitment?	If "Yes", what is your RSC date?
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Do you have a follow-on assignment?

If no follow-on assignment, do you request to waive?

Note: If no follow-on assignment (separating to include IRR/retiring) and the RSC has not been met, AFRC/CD or the first General Officer approval is required on this document.

Are you currently on an Experienced Aviator Retention Incentive agreement?

Experienced Aviator Retention Incentive agreement expiration Date:

**If contract does not expire prior to the identified Desired DOS, this document will need to route to AFRC/A3 for approval before submitting to ARPC/ DPAA. Final payment will be prorated to align with your requested DOS. If the contract is fulfilled by the Desired DOS, this document does NOT require AFRC/A3 approval.*

Member's Name (Please Print)

Member's Signature

Date

(Required) Squadron Commander or equivalent:

Operational Impact:

I have reviewed this request and confirmed the information is correct. I Concur Non-Concur with this request for the purpose of separation/retirement or follow on assignment.

Name, Rank, Title (Please Print)

Signature

Date

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

**Required ONLY for members currently in a Chiefs positions.*

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

Name, Rank, Title (Please Print)

Signature

Date

(Required) Wing Commander or equivalent:

**Approval authority IAW DAFMAN 36-2114, Table 6.3. If disapproved, curtailment process ends.*

I have reviewed this request and Approve Disapprove this curtailment request.

Name, Rank, Title (Please Print)

Signature

Date

Applicable Yes No AFRC/CD or the First General Officer in the chain:

**Required for RSC waivers IAW AFMAN 36-2100, paragraph 4.5.13. If there is a follow-on assignment, this signature is NOT required.*

I have reviewed this request and Approve Disapprove this curtailment

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

Signature

Date

Applicable **Yes** **No** **AFRC/A3 Review:**

**Required for Experienced Aviator Retention Incentive only IAW DAFMAN 36-2114, Table 6.3., Note 1, paragraph 6.4.8.5.*

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

Name, Rank, Title (Please Print)

Signature

Date

Applicable **Yes** **No** **Time on Station (TOS) Waivers:**

**Required for ONLY TOS waivers, if applicable, IAW DoDI 1315.18, Enclosure 4, Section 10. If disapproved, curtailment process ends.*

HQ AFRC/A1 (12 months or less)

HQ ARPC/DPA (13 – 36 months)

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

Name, Rank, Title (Please Print)

Signature

Date

Applicable **Yes** **No** **HQ ARPC/DPAA (120-Day Policy):**

**Required ONLY if the member's MyVector submission date and the requested desired DOS is less than 120 days. Approval authority is IAW DAFMAN 36-2114, paragraph 6.4.8.1.*

I have reviewed this request and Approve Disapprove to waive the 120-day policy.

Name, Rank, Title (Please Print)

Signature

Date