

Time-on-Station Waiver Request (OCONUS)

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 OCONUS TOS waiver for less than 12 months requires approval from AFRC/A1 Director for all enlisted and officer overseas locations; TOS waivers for 12-36 months require approval from ARPC/DPA Director for all enlisted and officer overseas locations 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

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

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 12-36 months Time-on-Station requests)

**Approval authority IAW DoDI 1315.18, Enclosure 4, paragraph 10a.*

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) AFRC/A1 (Required for requests less than 12 months Time-on-Station)

**Approval authority IAW DoDI 1315.18, Enclosure 4, Chapter 10a.*

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