

INVOLUNTARY CURTAILMENT WORKSHEET

1. Involuntary curtailments must be submitted through the servicing chain of command for draft, review, approval and coordination to the next office in the chain. All packages are required to have a Judge Advocate (JA) legal review. HQ AFRC/JA review has been delegated as follows; Unit AGRs (NAF/JA), HQ RIO AGRs (HQ ARPC/JA), and all other HQ AGRs (AFRC/JA).
2. The servicing chain of command in conjunction with their MPF is responsible for consideration of member's Time on Station, Reserve Service Commitment, and bonus contract or incentive agreement, if applicable, prior to the execution of an involuntary curtailment.
3. If a member is under a bonus contract or incentive agreement, it will be terminated on the established involuntary curtailment date of separation (DOS). The prorated amount will be determined by the Defense Finance and Accounting Service (DFAS) IAW DAFMAN 36-2114, Table 6.4., note 2. (T-0).
4. The Involuntary Curtailment Worksheet, AGR Involuntary Curtailment Notification Letter, and Involuntary Curtailment snowflake must be submitted to DPAAG.
5. Contact your servicing MPF to verify necessary data.

**Use of this form for Voluntary Curtailments is prohibited. Please follow guidance IAW DAFMAN 36-2114, Chapter 6.*

Name	Rank		HQ	Unit
Duty Title	Current Location (Base, State)			
Current AGR Order Start Date	Current DOS			
<u>Requested Assignment Projection:</u>				
Assignment Type	Gaining Location (Base, State)		Position #	
Comments				
<p><i>*NOTE: For HQ AGRs Only - If an approved AF IMT 1288 indicating a follow-on assignment is not received, member will be projected to the Individual Ready Reserve (IRR). DELETE: *Please attached the required AF IMT 1288.</i></p>				
Member's Name (Please Print)				
Member's Signature			Date	
(Required) Squadron Commander or equivalent:				
I have reviewed this request and confirmed the information is correct. I				
		Concur	Non-Concur with this request for the	
purpose of separation/retirement.				
Name, Rank, Title (Please Print)				
Signature			Date	

(As applicable) Senior Leader Management Office (AF/REG):

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

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

Name, Rank, Title (Please Print)

Signature

Date

(Required)

:

**Approval authority IAW DAFMAN 36-2114, Table 6.4. If disapproved, curtailment process ends.*

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

Name, Rank, Title (Please Print)

Signature

Date

(As applicable)

:

**Required only if an appeal is submitted by the member. Approval authority IAW DAFMAN 36-2114, Table 6.4. If disapproved, curtailment process ends.*

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

Name, Rank, Title (Please Print)

Signature

Date