STATEMENT OF UNDERSTANDING (SOU) TERM ASSIGNMENT LIMIT SERVICE AGREEMENT FOR IMA O-5 KEY AND JDAL POSITIONS

PRIVACY ACT STATEMENT;

AUTHORITY: Title 10 U.S.C., Section 275 and Executive Order 9397.

PRINCIPLE PURPOSES: Request for Ready Reserve assignment must contain current personnel information to complete processing. Use of the member's social security number is necessary to make positive identification of the individual and his or her records.

ROUTINE USE: This information may be disclosed, upon request, to Federal, State and local agencies for law enforcement purposes or in pursuit of their official duties and to the Department of Justice for litigation.

DISCLOSURE IS VOLUNTARY: An individual who chooses not to submit necessary documentation will not be eligible for Ready Reserve assignment.

Grade:	Full Name:		SSN:
	Agency/Organization:		Base:
	KCJ Position Number:	Authorized Grade:	DAFSC:
1.	By accepting this assignment I,		
2.	I understand that I will receive a reassignment notification from the KCJ Management Branch no later than 12 months prior to the end of my tour length associated with this assignment. Failure to acknowledge receipt of e-mail notifications will not automatically allow additional time in the position.		
3.	I understand that towards the end of my tour, upon receipt of my notification, I will work with the KCJ Management Branch and my CFM to find a follow on assignment either into another KCJ or non-KCJ position via the standard application process.		
4.	I understand that I may be projected to the Individual Ready Reserve (IRR) if I have not secured a follow-on assignment or been approved for a tour length extension.		
5.	I understand this SOU expires with my reassignment from the assignment indicated herein.		
6.	I understand that I must b	be actively engaged in the assig	gnment process.
Signat	ure of Member	\overline{Da}	<u>te</u>