

VOLUNTARY AGR TOUR CURTAILMENT WORKSHEET

1. AGRs may request early release from their tour based on position realignment, personal hardship, other valid reasons to include separation or retirement prior to current date of separation (DOS).
2. AGRs must serve at least 12 months' time on station (TOS) and/or complete applicable service commitments before being approved for early release.
3. Any request for early release that does not meet the above criteria must include applicable waiver(s) and must be staffed by member to appropriate waiver authority. Request will be considered on a case-by-case basis.
4. Submit curtailment worksheet to HQ ARPC/DPAA **no earlier than 365 days** and **no later than 120 days** (plus leave/TAP) prior to your desired DOS. If your request is less than 120 days a 120 day waiver must be included.
5. Contact your servicing FSO to verify necessary data.

Name	Rank	SSN
Duty Title		Unit of Assignment
Current DOS	Desired DOS	TOS
Reason for Request		
How many days of leave do you plan to take prior to desired DOS (if applicable)?		Current Leave Balance
Were PCS funds used for this assignment?		
Do you have a Reserve Service Commitment(s)		If "Yes"
DOR		
<i>*If RSC has not been met, please include follow-on assignment information below or provide an approved RSC waiver.</i>		
Follow on Assignment/Unit		
<i>*If applicable, please attach AF IMT 1288 with request. If a 1288 is not recieved, member will be projected to the Individual Ready Reserve (IRR).</i>		
Are you currently on an ACP contract?		<i>*If contract has not expired, please request release from AFRC/A3, routed through and coordinated with ARPC/DPAA. If approved, you will have to repay the unearned portion of your contract.</i>
ACP Contract Expiration Date		
Member's Name <i>Please Print</i>		Date
<div style="border-top: 1px solid black; margin-top: 50px; width: 300px;"></div>		
Member's Signature		

AGR TOUR CURTAILMENT WORKSHEET

(Required) Supervisor/Commander's review:

I have reviewed this request and confirm the information is correct. I _____ with this request for the purpose of separation/retirement.

Name, Rank and Title (Please Print)

Date

Signature

(Required) Approval Authority Review: [see AFI 36-2132v2 Table 3.1]

I have reviewed this request and _____ this curtailment request.

**If disapproved, curtailment process ends.*

Name, Rank and Title (Please Print)

Date

Signature

(As applicable) NAF Commander's or Designated Representative Review:

**Required for All NAF AGRs and Unit AGRs where waiver(s) are required. If non-concur, curtailment process ends.*

*** For curtailment waiver approval can be found under AFI 36-2132v2 Table 3.1 notes:*

I have reviewed this request and _____ with this curtailment request.

Name, Rank and Title (Please Print)

Date

Signature

HQ ARPC/DPAA Coordination: HQ ARPC/DPAA will take appropriate personnel action to support operational and force management requirements

Name, Rank and Title (Please Print)

Date

HQ ARPC/DPAA Representative Signature