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EXTENSION WORKSHEET

EMAIL TO 52 FSS/FSPD CAREER DEVELOPMENT
 (52FSS.FSMPD.CareerDevelopment@us.af.mil)

<u>GRADE/RANK:</u>	<u>NAME (Last, First, MI):</u>	<u>FULL SSAN:</u>
<u>CAFSC</u>	<u>UNIT & DSN:</u>	<u>TAFMDS:</u>
<u>DEROS:</u>	<u>ETS:</u>	<u>DOS:</u>
		<u>High Year Tenure:</u>

EXTENSION COUNSELING

INITIALS

- _____ Extensions are limited to the minimum number of months needed to achieve the intended purpose.
- _____ Voluntary extensions for all Airmen are limited to a maximum of 48 months per enlistment not to extend past HYT.
- _____ If Airmen is serving SRB AFSC, Airmen may extend for 36 or 48 months to qualify for an authorized SRB even though less retainability is required. Airmen will not receive SRB until Airmen enters the extension.
- _____ I have been counseled regarding my SRB entitlement & obligated service, as well as termination and recoupment policies.
- _____ Airman may request cancellation of the extension if the reason for the extension has been cancelled. Airman must request cancellation within 30 days of receiving the notice that the reason no longer exist.
- _____ Extensions cannot be cancelled if the Airman entered extension, extended under Table 6.1 rule 28, extended for TEB and later decide to revoke, extended for elective surgery, extended for an assignment and departed, or if the duration of the obligation is changed by the Air Force.

REASON FOR EXTENSION (You MUST provide source document)

- _____ PCS, TDY, deployment retainability. If PCS, Assignment to _____ with RNLTD of _____ (RIP)
- _____ Obtain at least 12 month retainability from DEROS to be considered for an assignment
- _____ Qualify for transfer of benefits under the Post 9/11 GI Bill (Copy of Ineligibility Confirmation Letter from vMPF required)
- _____ Retainability for promotion to the grade of MSgt, SMSgt or CMSgt (Require email/memo with promotion date)
- _____ Separate in the month during HYT (must be in the grade of SrA or SSgt, and is within two years of HYT)
- _____ Retire the first day of the month following HYT or not later than first day of the month following completion of 20 years TAFMS
- _____ Retainability for extension of DEROS or IPCOT, to include command sponsorship (DEROS approval RIP)
- _____ Remain on active duty pending completion of MEB or medical hold (Email from AFPC or MTF)
- _____ Others (refer to AFI 36-2606 Table 6.2. Please provide the rule.)

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 (52FSS.FSMPD.CareerDevelopment@us.af.mil) **OR CALL 452-7876 FOR QUESTIONS**

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LEAVE SELL ELECTION

I elect the following leave sell option on my 1st extension (initial next to only one):

- Carry forward all my leave
 Cash settlement for all Accrued Leave
 Cash Settlement for _____ days

I understand the procedures, entitlements and limitations. I understand it is my responsibility to initiate a request for extension and SRB authorization, if applicable.

DATE: _____ SIGNATURE: _____

Instructions for inputting your digital signature on the signature line:

1. Ensure worksheet is saved to your desktop then place cursor on signature line
2. Go to "Insert" tab found on top of page
3. Click on "Signature Line" found towards top right of "insert tab"
4. Fill in the following areas
 - Suggested Signer: FIRST NAME MI. LAST NAME, RANK, USAF
 - Suggested Title: Duty Title (example: "Shift Supervisor")
 - Suggested Signer Email address: insert your email address
 - Ensure to click on "show sign date in signature line"
 - Then press "Ok"
5. A signature box will populate then you will click this box and insert your signature line (example: JOHN A. DOE) then press "Ok".
6. Email form to Career Development Section for contract processing.

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