

## REENLISTMENT WORKSHEET

**EMAIL TO 52 FSS/FSMPD CAREER DEVELOPMENT**  
[\(52FSS.FSMPD.CareerDevelopment@us.af.mil\)](mailto:52FSS.FSMPD.CareerDevelopment@us.af.mil)

<b><u>GRADE/RANK:</u></b>	<b><u>NAME (Last, First, MI):</u></b>	<b><u>FULL SSAN :</u></b>	
<b><u>CAFSC:</u></b>	<b><u>UNIT &amp; DSN</u></b>	<b><u>FULL DOD ID:</u></b>	
<b><u>TAFMSD:</u></b>	<b><u>DOS:</u></b>	<b><u>High Year Tenure:</u></b>	<b><u>SRB: Y/N IF Y, ZONE:</u></b>
<b><u>REQUESTED DATE OF REENLISTMENT (Must be NET 14 days from request date):</u></b>		Requested Term of Enlistment (4yrs is minimum unless you will hit HYT or have more than 35 months left on your current contract).	

### REENLISTMENT COUNSELING

- a. I understand I may sell leave on my reenlistment; not to exceed 60 days total in my career.
  - b. I have been counseled regarding my bonus entitlement and obligated service; as well as termination and recoupment policies.
  - c. I understand my authorized term of reenlistment will be in whole years and months and the authorized years and months of my reenlistment is determined by any amount of obligated service I have remaining from any current reenlistment/extension(s) that I have executed. I also understand that any authorized Selective Retention Bonus will be calculated only on the whole years I may reenlist for and that my reenlistment cannot exceed my high year of tenure, plus 1 month and will not exceed 72 months (term of enlistment and obligated service combined), unless otherwise authorized by Air Force policy.
  - d. I understand if I intend to reenlist immediately after separation, I hereby authorize my retention in service for a period not to exceed 7 calendar days beyond my date of separation, to complete separation processing, should I, immediately before or after separation date and before reenlistment decline to reenlist.
  - e. I understand that I must reenlist at my home station, unless deployed and I must not be on leave; in a leave or separation status on the date of my reenlistment. Additionally, I understand if I am returning from a leave status, I may not reenlist on the day following my leave end date. If I am determined to be on leave or in a leave status on my reenlistment date, I will be required to execute a new reenlistment contract when not on leave.
- I have read and understand the reenlistment counseling statements above and I understand the timelines, entitlements and limitation. I also understand it is my responsibility to initiate a request for reenlistment and certify the contracts are correct.

### REASON FOR REENLISTMENT (AFI 36-2606 Table 5.7)

- \_\_\_\_\_ PCS, TDY, deployment retainability. If PCS, Assignment to \_\_\_\_\_ with RNLTD of \_\_\_\_\_
- \_\_\_\_\_ Obtain at least 12 month retainability from DEROS to be considered for an assignment
- \_\_\_\_\_ First Term Airmen (4 year enlistee with 36 months TAFMS/ 6 year enlistee with 60 months TAFSM)
- \_\_\_\_\_ Transfer of 9/11 G.I. Bill Benefits (Copy of Ineligibility Confirmation Letter from vMPF required)

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\_\_\_\_\_ Retainability for extension of DEROS or IPCOT (IPCOT Approval required)

\_\_\_\_\_ Within 90 day period before ETS

### **LEAVE SELL ELECTION**

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

\_\_\_\_\_ Carry forward all my leave

\_\_\_\_\_ Cash settlement for all Accrued Leave

\_\_\_\_\_ Cash Settlement for \_\_\_\_\_ days

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

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

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