

(Date)

MEMORANDUM FOR Commander, HRC – St Louis, (ARPC-ARO),  
1 Reserve Way, St Louis, MO 63132-5200

SUBJECT: Voluntary Retirement

1. Under the provisions of law cited in AR 600-8-24, paragraph 6-14, I request release from active duty and assignment on *(date)* and placed on the retired list on *(date)* or as soon thereafter as practicable, and transferred to the Retired Reserve immediately on retirement. I will have completed over *(number of years)* years of active Federal service on the requested retirement date.
2. Current duty assignment: *(unit designation and address)*
3. Authorized place of retirement: *(Closest transition activity)*
4. Location of choice transfer activity: *(Military installation city, state, zip code)*. I understand I am only entitled to reimbursement for travel for closest transition point.
5. I was counseled as specified by AR 635-10, paragraph 2-19. I fully understand the provisions of AR 635-10, chapter 2, section V, concerning entitlement to per diem, travel, and transportation allowances based on retirement at a location of choice transfer activity.
6. I have read AR 600-8-24, paragraphs 6-6 and 6-7. I am responsible for ensuring a physical examination is completed NET four months or NLT one month prior to my approved retirement date or start date of transition leave, whichever is earlier (subject physical is arranged through coordination with my unit of assignment). I am aware the purpose of this examination is to ensure my medical records reflect as accurately as possible my state of health on retirement and to protect my interests and those of the Government. I also understand my retirement will take effect on the requested date and I will not be held on active duty to complete this examination.
7. In accordance with title 10, United States Code, I understand--
  - a. Enrollment in the Survivor Benefit Plan (SBP) is the only way I may continue a portion of my retirement pay to my family at my death.
  - b. I must receive SBP counseling for myself and my spouse no less than 30 days before retirement.

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c. I am automatically enrolled in full SBP coverage if I fail to elect otherwise in writing before my retirement.

d. I cannot elect less than full spouse SBP without my spouse's written agreement. I received a spousal concurrence for this purpose in conjunction with this application letter. I realize there are other forms I must complete during SBP counseling.

e. Failure to return the completed spousal concurrence statement to the proper officials prior to arrival of my retirement packet at DFAS will result in my irrevocable and irreversible enrollment in SBP at full cost.

8. Address on retirement: *(address, city, state, zip code)*.

9. I am familiar with AR 600-8-24, paragraph 6-22, and understand I cannot withdraw this application if accepted by the Secretary of the Army, excepted for extreme compassionate reasons or for the definitely established convenience of the Government.

10. As of the date of this application, I have *(number)* days accrued leave. I plan to take *(number)* days transition leave. I plan to take *(number)* days of permissive TDY in conjunction with requested transition leave. A copy of my approved DA Form 31 is attached.

11. I understand the provisions of AR 600-8-24, chapter 6, paragraph 6-1b, pertaining to determination of my retired grade. Considering those provisions and after review of my records, I believe I am entitled to retire in the grade of CW\_/W\_. I understand final determination is made by HQDA and they will contact me if I am not entitled to retire in the specified grade.

12. This application is not submitted in lieu of complying with PCS instructions.

13. I understand if I participated in certain advanced education programs, I may be required to reimburse the U.S. Government as stated in written agreement made by me with the U.S. Government under law and regulation.

14. My current duty telephone number and fax numbers are: *(include DSN and commercial numbers)*.

3 Encls  
1. DA Form 1506  
2. DA Form 31  
3. ACAP Input Form

*SIGNATURE*  
*SSN*