

AGR Enlisted Active Federal Service Retirement

Applications for retirement must include DA Form 4187, DA Form 2339 and DA Form 31.

ACAP is not mandatory; therefore if orders are required for ACAP, request must be submitted via email through your Personnel Manager at least 2 months prior to scheduled appointment. It is the soldier's responsibility to schedule appointment. ACAP must be scheduled at the closest ACAP facility located next to the soldier's duty station.

Retirement Packet Pointers:

1. Submit DA Form 4187 requesting retirement effective the 1st day of the month you wish to retire.
2. Ensure DA 31 is signed in blocks 11, 12 & 13 and that leave or PTDY *does not* start on a Sunday or Monday.
3. Submit DA Form 2339 *completely blank* except for your original signature in blocks 19 & 30. DA Form 2339 can be found in formflow.
4. Packet should be mailed *directly* to the Human Resource Command. You should provide a courtesy copy to your chain of command.
5. Mailing address is:

Cdr, Human Resource Command
ATTN: AHRC-ARE
1 Reserve Way
St Louis, MO 63132-5200

Example forms (except DA 2339) are on the pages that follow

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURES: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) Cdr, Group/Battalion Cdr, RSC/Division	2. TO (Include ZIP Code) Commander, HRC ATTN: AHRC-ARE 1 Reserve Way St Louis, MO 63132-5200	3. FROM (Include ZIP Code) Current Assignment
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) DOE, MARIE J.	5. GRADE OR RANK/PMOS/AOC SSG/75H3P	6. SOCIAL SECURITY NUMBER 111-11-1111
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____ effective _____ hours. _____ 19 _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following actions: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-The-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering for Overseas Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	VOLUNTARY RETIREMENT

9. SIGNATURE OF SOLDIER (When required) SOLDIERS SIGNATURE	10. DATE CURRENT DATE
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

- Request voluntary retirement for at least 20 years active federal service (AFS), per AR 635-200, chapter 12.
- My desired date of retirement is: _____ (MUST be first day of month)
- Transition Point of choice is: _____ (same as item 19 of DA Form 2339)
- Number of days accrued leave: _____ (as of last day of separation month)
- Number of days Transitional Leave: _____ (AR 600-8-10, Leaves and Passes)
- Number of days Permissive TDY: _____ (AR 600-8-10, Leaves and Passes)
- Current Home address/telephone: _____
- Current Duty address/telephone: _____
- I under stand that I must schedule a mandatory pre-retirement counseling at least 120 days out of my desired retirement date.
- DA Form 31 (Request and authority for Leave) and DA Form 2339 (Application for Voluntary Retirement) is attached.

Encls:

- COPY of DA Form 31 (if taking transitional leave and/or permissive TDY)
- DA Form 2339 (with Original Signatures in itms #19 and #30)

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -
 HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE LOCAL COMMANDERS SIGNATURE BLOCK ONLY	13. SIGNATURE LOCAL COMMANDERS SIGNATURE ONLY	14. DATE CURRENT DATE
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REQUEST AND AUTHORITY FOR LEAVE This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is ODCSPER. (See instructions on reverse)				1. CONTROL NUMBER	
PART I					
2. NAME (Last, First, Middle Initial) DOE, MARIE J.		3. SSN 111-11-1111		4. RANK SSG	5. DATE 1 JAN 02
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone NO.) YOUR HOME ADDRESS YOUR CITY, ST, ZIP YOUR HOME PHONE			7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER TRANS LV/PTDY _____		8. ORGN, STATION, AND PHONE NO. YOUR UNIT UNIT ADDRESS UNIT STATION/CITY UNIT PHONE
9. NUMBER OF DAYS LEAVE				10. DATES	
a. ACCRUED 60	b. REQUESTED 80	c. ADVANCED	d. EXCESS	a. FROM 13 JUN 02	b. TO 31 AUG 02
11. SIGNATURE OF REQUESTOR YOUR SIGNATURE		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL YOUR SUPERVISOR'S SIGNATURE		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY SIGNATURE AND TITLE BLOCK OF APPROVING AUTHORITY	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. TIME	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS PERMISSIVE TDY IS FROM 13 JUN 02 TO 2 JUL 02 <div style="text-align: right;">Chargeable leave is from 3 JUL 02 to 31 AUG 02</div>					
PART II – EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
PART III – DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP	c. DATE OF BIRTH (Children only)	d. PASSPORT NUMBER	
_____ _____ _____ _____		_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	
PART IV – AUTHENTICATION FOR TRAVEL AUTHORIZATION					
26. DESIGNATION AND LOCATION OF HEADQUARTERS			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER		ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION		

ACAP DATA

Please complete and return this form through your PMO if you require TDY Orders. (Your dependents may attend the ACAP briefings at your personal expense.)

SSN:

First Name:

Last Name:

Middle Initial:

Current Street Address:

Current City, State and Zip:

Rank/Grade:

Report Date:

Return Date:

Number of Days:

(Minimum 1 day; maximum 6 days)

Mode of Travel (POV, Air, GOV):

(If traveling AIR, provide cost of ticket. Use SATO or GVT agency for ticket) (Rental Car is **NOT** authorized)

Are You Utilizing Government Quarters?

(If GVT QTRS not available, statement of non-availability will be required when submitting travel voucher)

Do You Have A Government Credit Card?

TDY Site (Include Zip Code):

(You must attend ACAP at the closest Army military installation to your local home address. Ft Lewis has satellite sites at Monterey, CA; Los Alamitos, CA; and Fairfield, CA. Ft Knox has satellite sites at Ft McCoy, WI and Indianapolis, IN. You are encouraged to utilize other military Transition Assistance Sites if available and closer. Examples: Hill AFB, UT can be used instead of Ft Carson, Co or Great Lakes NTC, IL instead of Ft Knox, KY. Where you eventually retire or separate is not an issue.)

Work Phone:

Fax:

Visit the following websites for preseparation briefing locations:

ACAP – <http://www.acap.army.mil/acap/conuall.htm>

Other Branches - <http://www.dodtransportal.org/trans.htm>