

# EXTENSION WORKSHEET

<b>RANK/GRADE</b>	<b>NAME (LAST, FIRST, MIDDLE)</b>	<b>AFSC</b>	<b>UNIT</b>
<b>DUTY PHONE</b>	<b>EMAIL /DEPLOYED EMAIL</b>	<b>DOD ID # (required)</b>	
<b>UNIT COMMANDER/CIVILIAN DIRECTOR</b>		<b>CSS NAME, EMAIL, DSN</b>	
<b>EXTENSION REASON</b>			

PROMOTION TO MSGT, SMSGT, CMSGT  
 RETIRE NLT FIRST DAY OF MONTH FOLLOWING COMP OF 20 YRS TAFMS (OTHER THAN HYT)  
 RETIRE FIRST DAY OF MONTH FOLLOWING HYT, ADJUSTED HYT, OR AGE 60  
 RETIRE IN LIEU OF PCS ASSIGNMENT  
 RETIRE DURING AN EXTENSION PERIOD  
 REMAIN ON ACTIVE DUTY PENDING COMPLETION OF MEB/PEB OR MED. HOLD (RE CODE 4K) COMMISSION OR APPROVED EDUCATION PROGRAM  
 COMPLETE ADAPT PROGRAM  
 COMPLETE CONTROL ROSTER OBSERVATION  
 COMPLETE SUSPENDED PUNISHMENT PURSUANT TO ARTICLE 15, UCMJ  
 COMPLETE PERIOD OF PROBATION OR REHABILITATION  
 COMPLETE AN INVESTIGATION BY MIL/CIV AUTHORITY/AWAIT DISPOSITION OF CIV COURT CHARGES/ AWAIT OUTCOME OF INVOL SEP PROCESS SRB APPEAL, LENGTHY SERVICE DETERMINATION, AWAIT DECISION OF AF C&PB OR SECAF DECISION  
 OBTAIN CITIZENSHIP/SECURITY CLEARANCE  
 SEPARATE AT HYT DATE  
 RETAIN FOR PERSONAL CONVENIENCE  
 QUALIFY FOR CONTINUATION PAY UNDER BRS  
 MEDICAL CARE DUE TO PREGNANCY (AIRMAN/SPOUSE) OR SERIOUS INJURY/ILLNESS  
 RETAIN FOR ASSIGNMENT, PCA, TDY, OR QUALIFY FOR SRB IN CONJUNCTION WITH ASSIGNMENT  
 RETAIN FOR OCONUS TOUR EXT OR INDEF DEROS  
 RETAIN FOR COMMAND SPONSORSHIP AT OCONUS LOCATION  
 RETAIN FOR TRAINING/RETRAINING  
 PROCESS FOR SEPARATION FOLLOWING DEMOTION  
 QUALIFY FOR TRANSFER OF BENEFITS UNDER THE POST 9/11 GI BILL  
 ATTAIN PASSING FITNESS SCORE AND AIRMAN IS CODED IAW TABLE 5.6 ITEM 9  
 PROCESS AN EXTENSION OF ENLISTMENT APPEAL (CANCELLATION OR DISAPPROVAL)  
 RETAIN FOR 12 OAY

<b>NUMBER MONTHS EXT.</b>	<b>LEAVE SELECTION. I ELECT THE FOLLOWING OPTION: (CHECK ONE)</b>
	<input type="checkbox"/> <b>CARRY FWD LEAVE</b> <input type="checkbox"/> <b>CASH SETTLEMENT FOR _____ DAYS</b>

- I understand I may sell leave only on my first extension of enlistment and only up to 60 days during my career
- I understand I may only extend the number of months required to meet the retainability requirement; however, if my AFSC is on the list, I may be able to extend for a longer period to qualify for SRB even though less retainability is required IAW AFI 36-2606, para 6.6.4.1.
- I understand my SRB entitlement (if eligible) is based on the date I sign the extension and the zone is determined based on when I enter the extension.
- I understand I must extend in one increment between 36 and 48 months to qualify for an SRB.
- I understand if I sell leave with my first extension, the leave sell is not processed until I enter the extension.

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 NAME

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 SIGNATURE