

REENLISTMENT WORKSHEET

(please allow 2 weeks to process before reenlistment date)

RANK/GRADE	NAME (LAST, FIRST, MIDDLE)	AFSC	UNIT
DUTY PHONE	EMAIL/DEPLOYED EMAIL	DOD ID # (required)	
UNIT COMMANDER/CIVILIAN DIRECTOR		CSS NAME, EMAIL, & NUMBER	

————— **REENLISTMENT REASON** —————

- FTA 4-YR COMPLETING 36 CONSECUTIVE MONTHS (60 MONTHS 6 YRS)
- RETAINABILITY FOR POST 911 GI BILL OR CONTINUATION PAY UNDER BRS
- RETAINABILITY FOR PCS/PCA/TDY (TO INCLUDE DEPLOYMENT)
- WITHIN 90 DAYS OFETS
- PROMOTION TO MSGT, SMSGT, CMSGT
- RETAINABILITY FOR SERVICE SCHOOLS
- WITHIN 15-MONTH PERIOD BEFORE DOS FOR INDEFINITE DEROS
- WITHIN 15-MONTH PERIOD BEFORE DEROS
- RETAINABILITY FOR OCONUS EXTENSION OR PROVIDE 12 MONTHS DUE TO COMMAND SPONSORSHIP

REENLISTMENT DATE	TERM OF ENLISTMENT	LEAVE SELECTION. I ELECT THE FOLLOWING OPTION: (CHECK ONE)
		<input type="checkbox"/> CARRY FWD LEAVE <input type="checkbox"/> CASH SETTLEMENT FOR _____ DAYS

- 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.

NAME

SIGNATURE