



# 22d Force Support Squadron Reenlistment Worksheet



CAO: 1 Dec 25

| <b>Member Information</b> |  |              |               |             |
|---------------------------|--|--------------|---------------|-------------|
| <b>Unit:</b>              | <b>Rank &amp; Name</b> ( <i>Last, First, Middle</i> ): | <b>AFSC:</b> | <b>CASFC:</b> | <b>HYT:</b> |
| Select                    | Select   |              |               |             |

|                  |             |                        |                       |                                      |
|------------------|-------------|------------------------|-----------------------|--------------------------------------|
| <b>DoD ID #:</b> | <b>DSN:</b> | <b>Official Email:</b> | <b>Unit CC Email:</b> | <b>CSS Email</b> ( <i>Org Box</i> ): |
|                  |             |                        |                       |                                      |

| <b>Reenlistment Information</b>   |                      |                     |             |              |
|---|----------------------|---------------------|-------------|--------------|
| ***Please ensure the requested reenlistment date is 10-duty days from this request*** |                      |                     |             |              |
| Reenlistment Date:  |                      | Term of Enlistment: |             |              |
| Do you have the supporting documentation? ( <i>Including ART 137 Trng Cert</i> )      |                      |                     | Select      |              |
| Have you been approved for retraining?  |                      | Select              | PROJ AFSC:  |              |
| Are you applying for an SRB ( <i>Bonus</i> )?   |                      | Select              | Multiplier: | Zone: Select |
| Leave Information:  | Carry leave forward: | Cash Settlement:    | days        |              |

| <b>Reenlistment Reasoning (Select 1 Option)</b>   |  |
|---|--|
| For <b>FIRST TERM</b> MEMBERS ( <i>No Exceptions: Service members <b>must</b> meet the required months to reenlist</i> ): |  |
| Select  |  |
| For <b>SECOND TERM</b> ( <i>Career Service Members</i> ):   |  |
| Select  |  |

| <b>Counseling Statements</b>   |           |
|--|-----------|
| I understand I may sell leave on my reenlistment but not exceed 60 days total in my career.  | Initials: |
| 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 96 months ( <i>term of enlistment and obligated service combined</i> ), unless otherwise authorized by Air Force policy. | Initials: |
| I understand if I intend to reenlist immediately after separation, I hereby authorize my retention in service for a period not to exceed 7calendar days beyond my date of separation, to complete separation processing, should I, immediately before or after separation date and before reenlistment decline to reenlist.  | Initials: |
| I understand that I must reenlist at my home station, unless I'm deployed, hospitalized, or in a pipeline status. On my reenlistment date, I must be present for duty and cannot reenlist while on leave or in separation status. 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 on a leave status on my reenlistment date, I will be required to execute a new reenlistment contract when not on leave.  | Initials: |
| In addition, it is my responsibility to find an officer (IAW DAFI36-2606 para 12.4) to administer the oath of enlistment.  | Initials: |
| I have been counseled regarding my bonus entitlement and obligated service; as well as termination and recoupment policies.  | Initials: |

| <b>Final Verification Section</b>   |              |
|---|--------------|
| ***Please ensure supporting documentation is submitted with this request, if applicable***  |              |
| I certify that I have reviewed and answered all the above applicable to the very best of my knowledge. I understand that I must return this document upon completion to the Retentions Team org box, 22fss.fspd.retentions@us.af.mil. |              |
| <b>CSS SIGN:</b>  | <b>DATE:</b> |
| <b>MBR SIGN:</b>  | <b>DATE:</b> |