

**SPECIFIED PERIOD OF TIME CONTRACT (SPTC)**

**PRIVACY ACT STATEMENT**

*AUTHORITY: 10 U.S.C. 8013 and Executive Order 9397.  
 PRINCIPAL PURPOSE: To enable you to apply for an extension of your date of separation (DOS) by means of a SPTC. Used by the approval authority to determine your eligibility for extension of your DOS.  
 ROUTINE USE: None.  
 DISCLOSURE IS VOLUNTARY: Failure to provide the necessary information would result in you not being considered for extension of your DOS. Failure to provide your SSN would make it difficult to identify you and your records in processing the SPTC*

**I. APPLICATION**

1. TO:	2. FROM:	3. DATE
4. DAFSC	5. SSN	6. CURRENT DOS

7. In accordance with AFI 36-2133, I request my current DOS be extended to \_\_\_\_\_ for the following reasons:

8. I have not established a DOS under the 7-day option policy.

9. I have not declined Career Reserve Status (CRS) or a Regular Air Force Appointment

10. I understand and agree to the following:

a. This SPTC is subject to approval or disapproval by the designated authority in AFI 36-2133. My current DOS may be extended until final action on this SPTC is taken by the designated authority.

b. I may not withdraw or change this SPTC after it has been approved by the designated authority except as authorized in AFI 36-2133.

c. I accept the obligation to serve on active duty for the period of this SPTC, even though such period may exceed an active duty service commitment incurred by me under AFI 36-2133.

d. When required by law or policy, I may be involuntarily separated before the expiration of this SPTC.

11. TYPED NAME AND GRADE	12. SIGNATURE
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**II. IMMEDIATE COMMANDER INDORSEMENT**

13. TO:	14. FROM:	15. DATE
16. RECOMMEND	<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL

17. JUSTIFICATION

18. TYPED NAME, GRADE AND TITLE	19. SIGNATURE
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**III. ADDITIONAL INDORSEMENT (When required)**

20. TO:	21. FROM:	22. DATE
23. RECOMMEND	<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL

24. JUSTIFICATION

25. TYPED NAME, GRADE AND TITLE	26. SIGNATURE
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**IV. APPROVAL/DISAPPROVAL AUTHORITY**

27. TO:	28. FROM:	29. DATE
30. FINAL ACTION	<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL

31. REASON FOR DISAPPROVAL

32. TYPED NAME, GRADE AND TITLE	33. SIGNATURE
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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).