

REENLISTMENT ELIGIBILITY ANNEX TO DD FORM 4

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 3331; 32 U.S.C. 708; 44 U.S.C. 708 and 3101; 10 U.S.C. 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087; 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 U.S.C. 351 and 632; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This IMT becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the IMT are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the reenlistment application.

I. IDENTIFICATION DATA

NAME (Last, First, Middle Initial)	GRADE	SSN	CAFSC	APTITUDE SCORES			
				ADMIN	ELECT	GEN	MECH

II. MPF ACTION

A. RECORDS REVIEW

A review of member's Unit Personnel Record Group and the personnel data system did not reveal any data which would render the member ineligible for reenlistment.

B. REENLISTMENT WAIVER/EXCEPTION TO POLICY

REASON FOR WAIVER/EXCEPTION TO POLICY	AUTHORITY FOR WAIVER/EXCEPTION TO POLICY
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DATE	TYPED NAME AND GRADE OF MPF REPRESENTATIVE	SIGNATURE
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III. MEMBER ACTION

A. ACKNOWLEDGMENT OF REENLISTMENT ELIGIBILITY

I acknowledge that I am not pending any military or civil action (other than civil suit); not under investigation by military or civilian authorities; have not declined a PCS or TDY assignment, or have not refused training.

B. DIRECT DEPOSIT OF PAY

I understand and acknowledge I must participate in the Direct Deposit of Pay Program unless I obtain a waiver of this requirement from my unit commander according to DOD Financial Management Regulation 7000.14-R, Volume 7C, Special Military Pay/Personnel Programs and Operating Procedures.

C. REENLISTMENT GUARANTEE

Based on written documentation, the following reenlistment guarantee is noted (Member initials appropriate block below):

<input type="checkbox"/>	Approved for retraining in AFSC	per AFI 36-2626, Airman Retraining Program.
<input type="checkbox"/>	Approved for lateral retraining in AFSC	per AFI 36-2626.
<input type="checkbox"/>	Approved for	training program that leads to an Air Force Commission.
<input type="checkbox"/>	Approved for an in-place base of preference (BOP) assignment according to AFI 36-2110,	Assignments.
<input type="checkbox"/>	Approved for a BOP assignment to	according to AFI 36-2110.
<input type="checkbox"/>	No reenlistment guarantee made.	

D. CERTIFICATION BY MEMBERS AUTHORIZED REENLISTMENT BONUS

I have been advised of, understand and agree to the conditions which may (1) terminate my continued entitlement to unpaid bonus installments and (2) cause a portion of advance bonus payments to be recouped or terminated. In the event any administrative action is initiated by me or the Air Force that could result in the need to recoup bonus payments, I consent to the withholding from current pay, final pay, or any other money due me to satisfy this indebtedness. I understand that there is no actual debt until my final separation from the Air Force; however, I consent to this withholding of pay in anticipation of the indebtedness for the unearned portion of my reenlistment bonus. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my requested or projected separation date, and understand that this could result in the withholding of 100% of any current pay, final pay, or other money due me. Such held pay shall be paid to me if it is later determined that recoupment is not required. I also understand I will be paid a Zone , Multiple bonus based on years and months of continued service: (if Zone C until I reach 16 years of total Active Service). Member's initials:

DATE	TYPED NAME AND GRADE OF MEMBER	SIGNATURE OF MEMBER
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IV. UNIT COMMANDER/NCO DETACHMENT CHIEF ACTION

I certify I am not aware of any ineligibility conditions (such as investigation by military or civilian authorities, pending military or civil court charges, punishment under the UCMJ, exceeding weight standards, etc) which would render this airman ineligible for reenlistment.

DATE	TYPED NAME AND GRADE OF COMMANDER/NCO DET CHIEF	SIGNATURE OF COMMANDER/NCO DET CHIEF
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V. DISCHARGE STATEMENT

The above named individual is honorably discharged from the United States Air Force effective for the sole purpose of immediate reenlistment on . Authority: AFI 36-3208, Administrative Separation of Airmen.

DATE	TYPED NAME AND GRADE OF MPF AUTHENTICATING OFFICIAL	SIGNATURE OF MPF OFFICIAL
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