

14. CHRONOLOGICAL DATES OF MILITARY SERVICE <small>(Enlistment and Discharge dates and change in status from active to inactive service and vice versa.) (Para 12-13, AR 635-200)</small>								TIME LOST	ACTIVE FEDERAL SERVICE			INACTIVE SERVICE		
ENL. WO. COM <small>(Indicate)</small>	COM-PO NENT	FROM			TO			DAYS	TOTAL			TOTAL		
		YEAR	MO	DAY	YEAR	MO	DAY		YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS
15. TOTAL TIME LOST <small>(If no time lost, enter "None")</small>														
16. TOTAL ACTIVE SERVICE CREDITABLE FOR RETIREMENT <small>(Do not include time lost)</small>														
17. TOTAL INACTIVE SERVICE CREDITABLE FOR BASIC PAY ONLY														
18. TOTAL SERVICE FOR BASIC PAY PURPOSES <small>(Item 16 + 17)</small>														
19. CONUS LOCATION OF CHOICE TRANSFER ACTIVITY														
<input type="checkbox"/> I ELECT TO BE PROCESSED FOR RETIREMENT AT: _____ I ATTEST THAT I HAVE BEEN COUNSELED AS SPECIFIED BY PARAGRAPH 4-5, AR 635-8. I ALSO FULLY UNDERSTAND THE PROVISIONS OF PARAGRAPHS 4-8 AND 4-9, AR 635-8 CONCERNING STATION OF CHOICE AND ANY OBLIGATION TO PAY FOR TRAVEL BEFORE PUBLISHING RETIREMENT ORDERS.														
<input type="checkbox"/> I DO NOT ELECT TO BE PROCESSED FOR RETIREMENT AT A CONUS LOCATION OF CHOICE.														
I am familiar with the provisions of AR 635-200 pertaining to withdrawal of this application for retirement once it has been accepted by the retirement approval authority.									SIGNATURE OF APPLICANT					
SECTION II - (TO BE COMPLETED BY COMMANDER HAVING CUSTODY OF PERSONNEL RECORDS)														
TO: <small>(Include ZIP Code)</small>							FROM: <small>(Include ZIP Code)</small>					DATE		
20. RECOMMEND <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <small>(Indicate reason(s) in Remarks)</small>														
21. AUTHORIZED TRANSFER ACTIVITY <small>(If other than current installation, specify)</small>														
22. APPLICANT <input type="checkbox"/> IS <input type="checkbox"/> IS NOT SUBMITTING REQUEST IN LIEU OF ELIMINATION OR FURTHER ELIMINATION PROCEEDINGS. <small>(If "YES" application must be attached to board proceedings.)</small>														
23. APPLICANT <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT INCURRED A SERVICE OBLIGATION <small>(If "HAS" indicate reason and expiration date below.)</small>										24. THIS ACTION <input type="checkbox"/> IS <input type="checkbox"/> IS NOT IN CONTRAVENTION WITH AR 600-37				
25. SERVICE SHOWN <small>(Items 14-18)</small> HAS BEEN VERIFIED AS CORRECT BY: <input type="checkbox"/> AMHRR <input type="checkbox"/> AHRC <input type="checkbox"/> OTHER <small>(Specify):</small> _____ <small>(If other than AMHRR, attach verification)</small>														
26. DATE APPLICANT ARRIVED AT PRESENT ASSIGNMENT <small>(Other than Oversea Command - see Item 27)</small>														
27. DATE APPLICANT OR FAMILY MEMBER ARRIVED IN OVERSEA COMMAND <small>(Whichever is later - specify applicant or family member)</small> DATE: _____ <input type="checkbox"/> NOT APPLICABLE														
28. DATE OF RECEIPT OF ALERT <small>(Nomination for assignment)</small> OR ASSIGNMENT ORDERS <small>(Not applicable for unit alert - see Item 31)</small>														