

# REQUEST FOR CHANGE OF FOREIGN SERVICE TOUR

(EUSA SUPPL 1 TO AR 614-30)

VOLUNTARY EXTENSION (Complete Parts I, IV, V, VI)

CURTAILMENT (Complete Parts I, III, IV, V, VI)

INVOLUNTARY EXTENSION (Complete Parts I, II, IV, V, VI)

## PART I - INDIVIDUAL DATA

NAME (Last, First, MI)	RANK	SSN	PMOS	DMOS	
UNIT	DATE ARR KOREA	CURR DEROS	ETS	REQ DEROS	PD REQ

## PART II - INVOLUNTARY EXTENSION

INVESTIGATION/DISCIPLINARY ACTION

OTHER (Specify): \_\_\_\_\_

SOLDIER:  CONCURS  NONCONCURS

SOLDIER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PART III - CURTAILMENT

DA PROJECTED REPORTING DATE (Provide Details in Remarks)

PREGNANCY (Specify Soldier or Command Sponsored Spouse)

DOCUMENTED HARDSHIP/COMPASSIONATE

OTHER (Specify): \_\_\_\_\_

## PART IV - GENERAL INFORMATION

MARITAL STATUS:  MARRIED  SINGLE  OTHER \_\_\_\_\_

IF MARRIED DOES FAMILY RESIDE IN GOVERNMENT QUARTERS?  YES  NO

IF IN GOVERNMENT QUARTERS, WHAT LOCATION AND BASE? \_\_\_\_\_

ARE YOU JOINT DOMICILE (JD)?  YES  NO IF YES, DO YOU LIVE  ON POST  OFF POST

COMMAND SPONSORSHIP:  YES  NO IF YES, LIST CSPL # \_\_\_\_\_

## PART V - REMARKS

FOREIGN SERVICE TOUR EXTENSION INCENTIVE PROGRAM. I SELECT OPTION # \_\_\_\_\_ (See appropriate DA 614-series circular)

SOLDIER'S SIGNATURE _____	DATE _____
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## PART VI - ACTION BY UNIT COMMANDER

TO: _____	FROM: Commander
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1. Recommend:  Approval  Disapproval

2. If for voluntary extension: I certify that this soldier meets the criteria for extension listed in EUSA Suppl 1 to AR 614-30. I further certify that this soldier has no ration control/PMO violations. (List and explain any exceptions)

3. Date of last HIV Test: \_\_\_\_\_

4. Height/Weight: \_\_\_\_\_ Meets AR 600-9 standards:  Yes  No

5. APFT Score/Date: \_\_\_\_\_  Pass  Fail

6. Date last weapons qualified: \_\_\_\_\_  MM  SS  EXP  Not qualified

TYPED NAME AND TITLE OF UNIT COMMANDER _____	SIGNATURE _____	DATE _____
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TO:	FROM:
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Recommend:  Approval  Disapproval

TYPED NAME AND TITLE OF BATTALION COMMANDER	SIGNATURE	DATE
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TO:	FROM:
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Recommend:  Approval  Disapproval

TYPED NAME AND TITLE OF BRIGADE COMMANDER	SIGNATURE	DATE
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TO:	FROM:
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Recommend:  Approval  Disapproval *Disapproved (State reasons for disapproval)*

EA Form 639-R forwarded to 8th PERSCOM \_\_\_\_\_ (Date)  
*(If required)*

TYPED NAME & GRADE OF MSC CDR OR DESIGNATED REP	SIGNATURE	DATE
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REMARKS: