



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, US ARMY GARRISON COMMAND, FORT KNOX
127 6TH AVENUE, SUITE 202
FORT KNOX, KENTUCKY 40121-5719

REPLY TO
ATTENTION OF:

(Your office symbol)

DATE

MEMORANDUM THRU Commander, (YOUR UNIT AND ADDRESS)

Commander, United States Army Garrison and Fort Knox, ATTN: IMKN-HRM-R, Fort Knox, Kentucky 40121

Commander, AHRC-Knox (Branch office symbol), 1600 Spearhead Division Avenue, Fort Knox, KY 40122

FOR Commander, AHRC-Knox (KNOX-HRC-OPL-R), 1600 Spearhead Division Avenue, Fort Knox, KY 40122

SUBJECT: Voluntary Retirement

1. Under the provisions of law cited in AR 600-8-24, paragraph 6-14. I request that I be released from active duty and assignment on (LAST DATE OF MONTH PRIOR TO RETIREMENT DATE) and placed on the retirement list on (DATE OF RETIREMENT REQUEST) or as soon thereafter as practicable. I will have completed over (NUMBER OF YEARS) years of active Federal service on the requested retirement date.
2. Assignment status: (Enter organization and station to which currently assigned and duty station to which attached, if any.)
3. Authorized place of retirement: (Enter the authorized and directed transfer activity where required to be processed – AR 635-10, para 2-18a. If applicable, identify the CONUS debarkation area.)
4. Location of choice transfer activity: (Members electing to be processed for retirement at a transfer activity other than one prescribed by AR 635-10, para 2-18a, enter an appropriate transfer activity as provided by AR 635-10, para 2-19; otherwise enter “not applicable.”)
5. I have been counseled as specified by AR 635-10, paragraph 2-19. I fully understand the provisions of AR 635-10, chapter 2, section V, concerning entitlement to per diem, travel, and transportation allowances based on retirement at a location of choice transfer activity.

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6. I have read AR 600-8-24, paragraphs 6-6 and 6-7. I am responsible that a physical examination is completed not earlier than 4 months nor later than 1 month prior to my approved retirement date or start date of transitional leave, whichever is earlier (subject physical to be arranged through coordination with my unit of assignment). I am aware that the purpose of this examination is to ensure that my medical records reflect as accurately as possible my state of health on retirement and to protect my interests and those of the Government. I also understand that my retirement will take effect on the requested date and that I will not be held on active duty to complete this examination.

7. In accordance with title 10, United States Code, I understand that:

a. Enrollment in the Survivor Benefit Plan (SBP) is the only way that I may continue a portion of my retirement pay to my family at my death.

b. I must receive SBP counseling for myself and my spouse no less than 30 days before retirement.

c. I will be enrolled in full SBP coverage if I fail to elect otherwise in writing before my retirement.

d. I cannot elect less than full SBP without my spouse's written agreement. I received a spousal concurrence for this purpose in conjunction with this application/letter. I realize there are other forms that must be completed during SBP counseling.

e. Failure to return the completed spousal concurrence statement to the proper officials prior to my retirement packet being sent to the Defense Finance Accounting Service will result in my being irrevocably and irreversibly enrolled in SBP at full cost.

8. Current address: (Enter a reliable forwarding address for mail.)

9. Address upon retirement: (Enter a reliable forwarding address for mail.)

10. I am familiar with AR 600-8-24, paragraph 6-22, and understand that if this application is accepted by the Secretary of the Army, it may not be withdrawn except for extreme compassionate reasons or for the definitely established convenience of the Government.

11. (If AR 600-8-24, para 6-16, is applicable, continue with the information required by para 6-16g.)

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12. As of the date of this application, I have (number) days of accrued leave. I (do/do not) plan to take transition leave. (If applicable, complete the following:) I plan to take (number) days leave.

13. I understand the provisions of AR 600-8-24, paragraph 6-1 or 6-2, pertaining to determination of my retired grade. Considering those provisions and after a review of my records, I believe that I am entitled to retire in the grade of (grade). I understand that final determination of my retired grade will be made by HQDA and that I will be informed if I am not entitled to retire in the grade I have specified in this paragraph.

14. This application (is/is not) submitted in lieu of complying with PCS instructions.

15. I (did/did not) elect the Career Status Bonus (CSB/Redux).

16. I understand that if I participated in certain advanced education programs, I may be required to reimburse the U.S. Government as stated in written agreement made by me with the U.S. Government under law and regulation.

17. My current telephone numbers are as follows:

DSN: Commercial: Cell:

18. A fax machine is available at the following:

DSN: Commercial:

(YOUR SIGNATURE BLOCK)