

# MEB/DES CLINIC EXTENSION REQUEST WORKSHEET

The MEB/DES Clinic will initiate an extension for any Soldier undergoing IDES processing; however, extending past your obligated service time while in the IDES is voluntary. Please provide the following information. You will be contacted once appropriate documentation is prepared and requires your action.

Please print -

Date of request: \_\_\_\_\_ Date of ETS: \_\_\_\_\_

Rank: \_\_\_\_\_ Full Name: \_\_\_\_\_

Full Social Security Number: \_\_\_\_\_

Contact phone number (include area code): \_\_\_\_\_

Complete Company, Unit, BDE and Division

\_\_\_\_\_

Unit Commander's Full name AND email address

\_\_\_\_\_

**\*Attach any current Separation Orders. Officers may require a copy of the Commissioning Orders**