

79V QC CHECKLIST

Region: _____

Class#: _____

Rank/Name: _____

ARC Date: _____

Home Phone#: _____

UIC: _____ Para/Line: _____

Work Phone: _____

DUTY LOCATION:

Cell Phone: _____

TPU /AC /IRR

Mode of Travel: AIR / POV

MARITAL STATUS: S M D W SEP (CIRCLE ONE)

PMOS: _____ SMOS: _____

Packet acquired from:

Left Side of Packet:		Remarks:
- CRO Recommendation	Y / N	
- Any waiver Requests	Y / N	
- Photo, Class A Uniform	Y / N	
- Accessions Certification	Y / N	
Right Side of Packet:		
ARPC Form 2370-R Application for AGR duty	Y / N	
o Completed front and back by the soldier	Y / N	
DA Form 5646-R Statement of Conditions of Service	Y / N	
o SM initialed front page	Y / N	
o SM has signed/dated back page	Y / N	
ARPC Form 2370-2-R AGR Recruiter Elig. Checklist	Y / N	
DD Form 214 in packet	Y / N	
o Verify soldier's Active Federal Service (AFS)		Yrs: Mths: Dys:
o Soldier has more than 17 years/submit waiver, included	Y / N	
DA Form 2A		
o Marital Status/Number of Depns (SGT/2,SGT(P)/3,SSG/4,SFC/5)		Married Single Divorced #Depns:
- Requires waiver, included	Y / N	
Number of Dependents _____		
o Verify Rank/DOR _____		
o Verify Deployability Code _____		
o Verify DOB (must be at least 21 years old)		DOB: Age:
- If older than 41/submit waiver	Y / N	
o SM is a US Citizen	Y / N	
DA Form 2-1		
o Verify GT score, must be at least 100		Score:
o Verify Education Level		HS Grad GED College:
- If GED, must have at least 30 sem hrs of college/submit wai	Y / N	
DD Form 4		
o ETS date		
o Verify Bonus Receipt	Y / N	
- If bonus receipt, need statement of understanding, included	Y / N	

		Remarks:		
DA Form 1059 in packet	Y / N			
o Highest level of NCOES		PLDC	BNCOC	ANCOC
o copy of promotion order	Y / N			
DA form 1059 in Packet is MOSA for 79V	Y / N	Date:		
DD Form 2807-1				
o Must be dated w/in 5 yrs to receive ADT order/2 yrs for AGR order		Date:		
DD Form 2808		Date:		
o Must be dated w/in 5 yrs to receive ADT orders		PULHES:	Phys. Category:	
o Verify PULHES 232221		Ht:	Wt:	Max:
o Verify height and weight				
HIV Test must be within 1 year	Y / N	Date:		
Drug Test must be within (6 months)	Y / N	Date:		
DA Form 5500 (if required)	Y / N			
o Body Fat Percentage/date	Max %:	Actual %:	Date:	
Female Pregnancy Test within last 30 days	Y/N	Date:		
DA Form 705				
o Verify Soldier has met minimum standards		Pass	Fail	
o APFT not older than 12 months prior to scheduled ARC date		Date:		
o Signatures / scores / initials	Y / N			
SGLV 8286 (current)	Y / N			
NCOERs (Last Three)	Y / N			
Driver's License		State:	Expires:	
LDI Completed per Web Page:	Y/N	DATE:		

Notes/Phone Calls:

ARCC OF CREDIT: _____

REGION: _____

PHONE #: _____

I HAVE REVIEWED THIS PACKET FOR COMPLETION AND ACCURACY

SPECIAL MISSION NCO NAME: _____

SIGNATURE: _____

**CHECKLIST FOR ARMY RESERVE ACTIVE GUARD RESERVE
APPLICATION PACKET – 79R Recruiter**

NAME: _____ **DATE:** _____ **COMPONENT:** _____
(LAST, FIRST, MIDDLE) (RA, IRR, IMA, ARNG, TPU)

SOLDIER'S RESPONSIBILITIES: Complete the checklist by indicating that the following completed documents are attached. Applications without the following completed documents are considered incomplete and will not be presented to the board. It is your responsibility to keep your packet up to date with changes that may occur. The Official Military Personnel File (OMPF) (Microfiche) is the source document for the application process. It is the responsibility of the applicant to ensure that the OMPF is complete and accurate. The applicant must sign this checklist. **All Troop Program Unit (both USAR & NG) and Active Army personnel will have their unit representative verify the application for completeness and sign below, IRR/IMA soldiers' packets will be verified upon receipt. You must forward this checklist as the cover sheet of your Active Guard Reserve application.**

Do not place application into a binder or use tabs, staples, or clips.

Assemble your completed application packet and forward to:

Your Local Army Reserve Regional Support Command, Retention Office

- ___ 1. RSC or DRC Commander's designated representative (Field Grade Officer) recommendation with waiver request(s) if applicable.
- ___ 2. Application for USAR Active Guard Reserve (AGR) Duty (ARPC Form 2370-R, Encl 2)
- ___ 3. USAR Active Guard Reserve (AGR) 79R Eligibility Checklist (ARPC Form 2370-2-R, Encl 4)
- ___ 4. Statement of Conditions of Service - Active Guard Reserve (AGR) (DA Form 5646-R, Encl 3)
- ___ 5. Accessions Certification.
- ___ 6. Copy of all documents that verify prior active duty service (examples: DD Form 214, (Copy 2, 4, 7, or 8), NGB Form 22, DD Form 220). (*)
- ___ 7. Personnel Qualification Record Part I and Part II (DA Form 2A and DA Form 2-1) (must be updated within three months from date of application). (*)
- ___ 8. Enlistment Contract and Re-enlistment Documents (DD Form 4 and DA Form 4836). (*)
- ___ 9. DA Form 1059/Certificate of Completion for highest level NCOES completed. (*)
- ___ 10. SF 88 and SF 93 or DD Form 2808 and DD Form 2807-1 (Report of Medical Examination and Report of Medical History) must be current within 24 months of tour start date. (*)
- ___ 11. Evaluations (NCOERs/OERs) covering the last three years. Evaluations from the Active Army or National Guard must have the Senior Rater's profile. If no NCOER/OER was done, then an Official declaration of non-rated time must be submitted per AR 623-105/AR 623-205
- ___ 12. Official DA Color Photograph (Height/Weight as of date of application, and soldier's signature back).
- ___ 13. Body fat Content Worksheet (DA Form 5500-R/5501-R, if applicable, must be within 3 months of application). (*)
- ___ 14. Most Recent Promotion orders.
- ___ 15. SGLI & DD93 (Copy).
- ___ 16. DA Form 705 (Copy of APFT Card).

* Must have "Certified True Copy" at the top with an original signature by the unit personnel officer, unit administrator, the unit commander, or Transition NCO, or 79V Retention and Transition NCO.

I have reviewed this application for completeness:

Unit Representative Name: _____ **Signature:** _____

(Legibly Printed or Typed) (For RA or USAR/NG TPU)

Unit Phone Number: _____ **Applicant's Signature:** _____

APPLICATION FOR USAR ACTIVE GUARD RESERVE (AGR) DUTY

(Applicant must read, complete as required, and sign front and back where indicated.)

THIS FORM IS REPRODUCIBLE.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 12301(d), 10 USC 10211, and 10 USC 10302.
PRINCIPLE PURPOSE: To determine eligibility and schedule individual for USAR AGR duty.
ROUTINE USES: To identify the applicant and issue orders. SSN is used to identify the applicant.
DISCLOSURE: Completing this form is mandatory for individuals applying for USAR AGR duty.
Failure to comply will result in nonselection for USAR AGR duty.

NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER	TELEPHONE NUMBER (Include Area Code) HOME () () BUSINESS () ()						
ALIAS/MAIDEN NAME		EMAIL ADDRESS	CURRENT MAILING ADDRESS (Street, City, State, Zip Code)						
SEX	DATE OF BIRTH (YYMMDD)	MARITAL STATUS (Check one) Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>			NUMBER OF DEPENDENTS Adult Children				
PLACE OF BIRTH (City/State or Country)									
CURRENT DUTY STATUS (Check appropriate boxes) <input type="checkbox"/> Army Reserve Unit (TPU) Ready Reserve (IRR) <input type="checkbox"/> Active Army <input type="checkbox"/> Individual									
RANK	DATE OF RANK (YYMMDD)	TIME IN GRADE	PEBD (YYMMDD)	ETS (Enlisted) (YYMMDD)	MRD (Officer) (YYMMDD)	BRANCH (Officer)	EDUCATION (CN)	EDUCATION (MIL)	
PRIMARY MOS/AOC	SECONDARY MOS/AOC	ADDITIONAL MOS/ FUNCTIONAL AREA	BASD (YYMMDD)	COMMISSION SERVICE DATE (YYMMDD)	TOTAL NUMBER OF MONTHS ACTIVE FEDERAL SERVICE	SECURITY CLEARANCE			
CURRENT UNIT OF ASSIGNMENT						UNIT TELEPHONE NUMBER/FAX (Include Area Code)			
UNIT ADDRESS					UNIT EMAIL ADDRESS				

GEOGRAPHICAL PREFERENCE

Please indicate your first 3 preferences, by state, for initial tour attachment in the USAR AGR program:

FIRST STATE PREFERENCE	SECOND STATE PREFERENCE	THIRD STATE PREFERENCE
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TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL INFORMATION AND DOCUMENTATION PROVIDED IS TRUE AND CORRECT.

UNIT PERSONNEL ONLY

(TO BE COMPLETED BY UNIT COMMANDER - IRR/IMA WILL BE VERIFIED UPON RECEIPT)

(Enlisted Only) BAR TO REENLISTMENT <input type="checkbox"/> YES <input type="checkbox"/> NO		(Enlisted and Officer) FLAGGED IAW AR 600-8-2 <input type="checkbox"/> YES	
UNIT ADMINISTRATOR'S OR COMMANDER'S NAME, GRADE AND TITLE (Typed)			UNIT ADMINISTRATOR/COMMANDER'S PHONE NUMBER (Include Area Code)

I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN VERIFIED AND IS ACCURATE.

SIGNATURE OF UNIT ADMINISTRATOR

DATE SIGNED

**STATEMENT OF PERSONAL HISTORY AND ACKNOWLEDGMENT OF SERVICE
REQUIREMENTS FOR AGR APPLICANTS**

Statement of Personal History

Have you EVER been arrested, cited, charged, or held (civilian and military charges) (Failure to disclose all violations may be cause to remove your application) (Details must be explained on a

DATE OF OFFENSE	TYPE OF OFFENSE	TYPE OF JUDICIAL OR NON-JUDICIAL PROCEEDING	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AGR duty normally involves assignment in geographical areas that are away from military medical facilities. For this reason, personnel are not normally considered for AGR assignments when they or their family members living with them have a history of poor health or serious chronic medical problems such as hearing conditions, physical disorders, drug or alcohol abuse, degenerative conditions, or psychiatric disorders. Please give any information concerning such conditions or

Personnel assigned to AGR assignments often represent the community, in which they live and work. The actions and activities of the AGR soldier and his or her family are often perceived as representatives of the Army and the Army community. Personnel with serious family problems or whose dependents have a history of involvement in unfavorable incidents, which may impair the AGR soldier's performance of duty or reputation in the community, are not acceptable for selection as AGR soldiers. In the space below, give any information concerning, yourself or your dependents,

Acknowledgment of Service Requirements

I am not under indictment or (*information) in any court nor am I a fugitive from justice. (*A formal accusation of a crime made by a prosecuting attorney, as distinguished from an indictment presented by a grand jury.)

I am not an unlawful user of, or addicted to, alcohol, marijuana, or a depressant, stimulant, or narcotic drug.

I have never been adjudicated as having a mental disorder and have never been committed to a mental institution.

I understand that should I arrive at my initial assignment and fail to meet the requirements for entry into the AGR program, I will be processed for separation under AR 600-8-24 or AR 635-200.

I understand that prior to being ordered to active duty in the AGR program (after board selection) I must meet the medical fitness standards as defined in AR 40-501, Chapter 3. A current physical examination (SF 88 and SF 93) must be completed before being assigned an AGR position.

I understand that providing false information or concealing any disqualifying condition that I know or should know exists at the time of entry into the AGR program may be a basis for adverse Request consideration of assignment near military medical facilities for the treatment _____

Dependent requiring such care _____

MARK ONE: (spouse) (daughter) (son) (other)

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND ALL OF THE CONDITIONS AND SERVICE REQUIREMENTS OUTLINED ABOVE.

DATE _____ APPLICANT'S TYPED NAME & SSN _____ SIGNATURE _____

STATEMENT OF CONDITIONS OF SERVICE - ACTIVE GUARD RESERVE (AGR)

For use of this form, see AR 140-30; the proponent agency is OCAR

Information required by the Privacy Act of 1974

- AUTHORITY:** 10 USC 672(d) and Executive Order 9397, 22 November 1943.
- PRINCIPLE PURPOSE:** To explain the obligations and conditions that are, or will be, in force for members of the U.S. Army Reserve ordered to active duty with their consent in an Active Guard/Reserve (AGR) status.
- ROUTINE USES:** Confirmation that the individual understands and agrees to the obligations and conditions that will be incurred upon entry, or continued services on, active duty in an AGR status.
- DISCLOSURE:** Disclosure of the individual's SSN is voluntary, however, if the SSN is not provided, the soldier may not be ordered, extended, or retained on active duty in an AGR status.
-

I. APPLICATION

- A. All individuals applying for voluntary active duty in an AGR status must read and sign this form.
- B. The form shall only be completed once and shall remain in force during the entire period the individual serves on active duty in the AGR program, to include periods of active duty for training (ADT) performed while in the AGR program. Should the individual incur a break in continuous active duty in the AGR program in excess of 48 hours, the form must again be completed upon reentry on active duty in the AGR program.
- C. A copy of this form will be given to the individual as a personal copy. A copy will be retained in the individual's Career Management Information File (CMIF), Official Military Personnel File (OMPF), and Military Personnel Records Jacket (MPRJ).
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II. ACTIVE GUARD/RESERVE CONDITIONS AND OBLIGATIONS

(The member must place his or her initials in the appropriate block.)

[] 1. I am applying for voluntary order to active duty in an AGR status for an initial AGR tour. If ordered to active duty, I will be stabilized in my initial assignment for the entire term of my initial tour of duty except as described in paragraph 7 below. Should I voluntarily reenlist or extend for the purpose of being renewed or continued on an AGR status, or accept an additional tour, I will be subject to involuntary reassignment based on the needs of the Service.

[] 1. I am currently serving on active duty in an AGR status. I am being processed for an immediate reenlistment or extension to be continued or retained on active duty in an AGR status or have been offered an additional tour. I have never before signed one of these specific agreements. I understand that I am no longer managed under the Long Tour Management Program and, therefore, accept the withdrawal by Department of the Army of any previous agreements I may have accepted under the Long Tour Management Program. I further understand that I will be subject to involuntary reassignment based on the needs of the Service.

(The following provisions are applicable to all personnel signing this form.)

2. I further understand that upon voluntary entry upon active duty in AGR status, or if I am already in an AGR status and being renewed or continued (by reenlistment, extension, or additional AGR tour):
- I will be subject to the Uniform Code of Military Justice (UCMJ)
 - I will be managed under the rules and regulations governing the USAR AGR centralized management system to include assignments, promotion, and reduction.
 - I will be considered for continuation or renewal on AGR status under the criteria of AR 135-18 and 140-30.

3. I am aware that my job assignment may require successful completion of a course, or courses, of instruction by military institutions. Residency at such institutions may require periods of time away from my family and may require that I be placed in an active duty for training (ADT) status during such training.

4. I am aware that my voluntary entry on active duty in an AGR status does not guarantee that I will be offered a subsequent AGR tour or that I will attain 20 years of Active Federal Service for retirement purposes.

5. I am aware that I will be subject to all regulations applicable to Active Component personnel, except as specified in AR 135-18, AR 140-30, and other regulations pertaining to the AGR program.

6. I am aware that I will be subject to involuntary relief from active duty under the provisions of AR 135-18, AR 140-30 and AR 635-100 (officers) or AR 635-200 (enlisted).

7. If entering on my initial AGR tour, I understand that I will not be involuntarily reassigned during that initial tour if such reassignment involves the expenditure of funds, except:

- a. In time of war or national emergency declared by the President or by Congress;
- b. If the unit or position to which I am assigned or attached is inactivated or relocated; or
- c. I am relieved from my duty assignment or attachment for cause. I understand that if I enter on a subsequent AGR tour I will be subject to paragraph 8 below.

8. If entering on an AGR tour other than my initial AGR tour, I am aware that I may be involuntarily reassigned to meet the needs of the Army at any time.

9. I understand that I will be automatically considered for successive tours of active duty in the AGR program, and this form is also my consent to be ordered to active duty or extended on active duty for those tours if I am selected. I further understand that I may withdraw my consent to a new tour of active duty in writing but must do so within 10 days of receipt of orders to a new tour of active duty or I will be obligated to serve on active duty for the period of that tour.

III. STATEMENT ACKNOWLEDGING CONDITIONS AND OBLIGATIONS

I, the undersigned, acknowledge that I have read and understand all of the conditions and obligations of service as specified on this statement. No other conditions or promises were made to me in conjunction with my entry or continuation in the AGR program.

TYPED OR PRINTED NAME

RANK

SIGNATURE

SSN

DATE SIGNED

**ARMY RESERVE ACTIVE GUARD RESERVE (AGR)
79R RECRUITER ELIGIBILITY CHECKLIST**

THIS FORM IS REPRODUCIBLE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 12301 (d), 10 USC 10211, AND 10 USC 10302
PURPOSE: To determine eligibility and schedule soldier for USAR AGR duty.
ROUTINE USES: To identify the applicant and issue orders. SSN is used to identify the applicant
DISCLOSURES: Completing this form is mandatory for soldiers applying for USAR AGR Recruiting duty.
 Failure to comply will result in non-selection for USAR AGR Recruiting duty.

Please circle the appropriate response for each question. If you circle the INELIGIBLE block on any of the questions, DO NOT apply unless you are authorized a waiver IAW AR 601-1 or AR 135-18. Waiver requests have been identified with a "W". A request for waiver must be attached to your application, if applicable.

	RULE	ELIGIBLE	INELIGIBLE	WAIVER
1. Membership. Current member of the USAR (TPU, IMA, ANG, IRR), AD?	Rule A	YES	NO	NA
2. Rank. Does you hold grade of E-5 through E-7? – Or –E-4 who is fully qualified for promotion to E-5; IAW AR 140-158?	Rule B	YES	NO	NA
3. AGE. ARE you between the ages of 21 and 35?	Rule C	YES	NO	W
4. GT Score. Do you possess a GT score of at least 100?	Rule D	YES	NO	NA
5. Education. Do you possess a High School Diploma or do you have a GED with at least 1-year of college?	Rule E	YES	NO	NA
Active Federal Service. Do you have less than 13 years (156 months) of Active Federal Service (upon entry into the AGR program)?	Rule F	YES	NO	W
7. Height and Weight Standards. Do you meet the height and weight standards of AR 600-9 or meet the body fat standards?	Rule G	YES	NO	NA
APFT Standards. Have you met the Army Physical Fitness Training Standards of AR 350-41 during the past 12 months?	Rule H	YES	NO	NA
9. Medical Fitness Standards. Do you meet the medical fitness standards? For Retention required by AR 40-501. (During the past 12 months)?	Rule I			
(a) Possess a minimum physical profile of 232221?		YES	NO	NA
(b) Medically certified as drug free and negative for HIV in the last 6 months?		YES	NO	NA
(c) Do you have a shaving profile?		NO	YES	NA
(d) Are you currently pregnant (females only)?		NO	YES	NA
10. Military Service Obligation. Do you have a minimum of 36 months of service remaining on your enlistment contract prior to reporting to active duty?	Rule J	YES	NO	NA
11. Bonus Obligation. Are you currently serving an obligated period of service pursuant to receipt of an enlistment or reenlistment bonus?	Rule K	NO	YES	W
12. Involuntary Separation. Are you a former relieved recruiter from USAREC (AGR or Active Duty)?	Rule L	NO	YES	NA
13. Mandatory Removal. Are you able to serve 5 years on an active duty status prior to becoming eligible to receive military retired pay or subject to mandatory removal?	Rule M	YES	NO	NA
14. Voluntary Separation. Have you voluntarily left the AGR program within the past 12 months?	Rule N	NO	YES	NA
15. USMEPCOM. Have you been assigned to the U.S. Military Entrance Processing Command during the past 2 years?	Rule O	NO	YES	W
16. Lost Time. Do you have any lost time under Title 10 U.S. Code during the current enlistment or in the past 3 years, whichever is longer?	Rule P	NO	YES	NA
17. Background Check. Are you able to receive a favorable background investigation from the Department of the Army?	Rule Q	YES	NO	NA
18. Moral. Do you possess any unfavorable civilian or military disciplinary records?	Rule R	NO	YES	NA

**ARMY RESERVE ACTIVE GUARD RESERVE (AGR)
79R RECRUITER ELIGIBILITY CHECKLIST**

		RULE	ELIGIBLE	INELIGIBLE	WAIVER
19.	Adverse Dispositions. Have you ever had action taken; Adverse Dispositions, Convictions, Court-Martial, or other actions taken (including Proceedings under the Provisions of Article 15, UCMJ) by any Authority for:	Rule S			
(a)	Have you committed an Offense for which the Maximum Penalty under UCMJ is Death or Confinement for 1 year or more?		NO	YES	NA
(b)	Have you committed an Offense that involved Moral Turpitude regardless of the sentence received?		NO	YES	NA
20.	Operators License. Do you possess a valid driver's license? State: _____ Expiration Date: (yyyymmdd)	Rule T	YES	NO	NA
21.	Financial. Do you consider yourself financially stable? Can you meet all of your debt obligations with an Active Duty income? Have not filed a petition for bankruptcy within the past 5 years?	Rule U	YES	NO	W
			YES	NO	W
22.	Family Members. Do you meet the family member requirements of Chapter 2, AR 601-1?	Rule V	YES	NO	W
23.	Parenthood. Are you a sole parent?	Rule W	NO	YES	NA
24.	Army Family Program. Is your spouse an Active Duty or Reserve Component Service Member?	Rule X	NO	YES	W
25.	Family Problems. Do you have any major marital, emotional, or major medical problems (to include immediate family) that would hamper duty performance?	Rule Y	NO	YES	NA
26.	Drug and Alcohol Dependency. Are you currently or previously (last 12 months) enrolled in a drug and/or alcohol dependency intervention program of any type?	Rule Z	NO	YES	NA
27.	Military Appearance. Do you possess excellent military appearance and bearing and have no obvious distracting physical characteristics, abnormalities, or mannerisms?	Rule AA	YES	NO	NA
28.	Recommendation. Are you able to receive a letter of recommendation from a field grade officer (MSC Commander Representative)?	Rule ZZ	YES	NO	NA

The following information is about my Active Duty Spouse. I understand there is no guarantee of Joint Domicile.

NAME:	_____	RANK:	_____
SSN:	_____	Branch of Service:	_____

" I certify that I am not currently or previously (in the past 12 months) enrolled in a drug and / or alcohol dependency intervention program of any type." "I certify that I have not, nor am I currently used / using any illegal drugs."
"I certify that I do not have tattoos that are contrary to the Department of the Army policy."

PRINT NAME	APPLICANT'S SIGNATURE	DATE:
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Enlisted soldiers who have been recommended for entry will be accessed at the grade boarded. Enlisted soldiers who accept a promotion after submitting their packet must update their packet prior to acceptance into the AGR program.

"I certify that the above information is true and accurate to the best of my knowledge."

PRINT NAME	APPLICANT'S SIGNATURE	DATE:
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Sample memorandum - Letter of Acknowledgement of Service Obligation Extension

MEMORANDUM FOR Chief, OCAR Retention and Transition Division (ATTN: DAAR-RTD), 1401
Deshler Street SW, Fort McPherson, Georgia 30330

SUBJECT: Acknowledgement of Service Obligation Extension

1. In accordance with Army Regulation 601-1, 2 March 1992, Assignment of Enlisted Personnel to the US Army Recruiting Command and Army Regulation 140-111, 24 January 2003, US Army Reserve Reenlistment Program.
2. I understand that I am required to have 36 months of service remaining on my enlistment contract before reporting for my initial active duty tour as a U.S. Army Reserve Active Guard and Reserve Recruiter.
3. Upon arrival at the Army Recruiting Course at Fort Jackson, South Carolina I will be required to extend my current enlistment contract to establish a simultaneous End Term of Service (ETS) and Released from Active Duty (REFRAD) date.
4. If I fail to execute this extension of my enlistment contract, I understand that I will be removed from active duty and transferred to the Individual Ready Reserve (IRR).
5. The point of contact for this action is (RSC/DRC ARMY RESERVE AGR Recruiter Point of Contact) at (Phone Number and electronic mail address).

I.M. GOOD
Rank, U.S. Army

Sample Memorandum - Letter of Acknowledgement of Loss of Benefits

MEMORANDUM FOR Chief, OCAR Retention and Transition Division (ATTN: DAAR-RTD), 1401
Deshler Street SW, Fort McPherson, Georgia 30330

SUBJECT: Acknowledgement of Loss of Benefits

1. In accordance with: AR 135-18, 19 June 1996, The Active Guard Reserve (AGR) Program; AR 140-30, 01 September 1994, Active Duty in Support of the United States Army Reserve and Active Guard Reserve Management Program; AR 140-111, 24 January 2003, US Army Reserve Reenlistment Program; and AR 135-7.
2. I understand, in accordance with the above listed regulations that I am currently serving an obligated period of service pursuant to receipt of a enlistment or re-enlistment bonus IAW AR 135-7.
3. I acknowledge that I have been counseled and understand that upon acceptance into the Army Reserve AGR Program and re-classification that I will become ineligible for future benefit payments.
4. The point of contact for this action is (RSC/DRC ARMY RESERVE AGR Recruiter Point of Contact) at (Phone Number and electronic mail address).

I.M. GOOD
Rank, U.S. Army
AGR Recruiter Applicant