

**SEPERATION REQUEST-RETENTION MANAGEMENT PROGRAM**  
(ATTACH COPY TO REQUEST FOR DISCHARGE)

**TO BE COMPLETED BY UNIT**

UNIT: \_\_\_\_\_ LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

**INDIVIDUAL TO BE SEPARATED**

\_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MI) (SSN) (RANK)

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PEBD: \_\_\_\_\_ ETS: \_\_\_\_\_

AUTHORITY: \_\_\_\_\_ REASON: \_\_\_\_\_

**NARRATIVE DESCRIPTION OF FACTS / CIRCUMSTANCES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY UNIT IF UNSATISFACTORY PARTICIPATION (ONLY)**

Number of AWOLS \_\_\_\_ AWOL letter returned (YES) (NO) REDUCTION SPECIAL ORDER NO. \_\_\_\_

AND DATE (if applicable) \_\_\_\_\_

ATTEMPTED CONTRACTS (date, item, by whom): (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_

**NOTE: THIS FORM MUST BE ATTACHED TO ALL REQUEST FOR DISCHARGE PACKETS**

BATTALION REENLISTMENT NCO (79D30) \_\_\_\_\_  
(SIGNATURE)

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FULL TIME RETENTION NCO (79D40) \_\_\_\_\_  
(SIGNATURE)

RECOMMEND APPROVAL \_\_\_\_\_ RECOMMEND DISAPPROVAL \_\_\_\_\_

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AWOLS VERIFIED: (YES) (NO) SM REQUESTED ASSISTANCE (YES) (NO)

FIRST LINE SUPERVISOR CONTACTED: \_\_\_\_\_

DCN CONTROL NO.

DATE ISSUED: \_\_\_\_\_