

STANDARDIZED EXTENSION WORKSHEET

Grade:	Name (Last First MI):		
DOD ID #:	Unit:	Duty Phone:	Control AFSC/SFSC:
Commander/Civilian Director/Section Commander Grade/Name:		CSS Name, Email Address and DSN:	
I have previously extended on this enlistment: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Leave Election: I select the following option (select one). See counseling statement a below. <input type="checkbox"/> Cash settlement of all my leave <input type="checkbox"/> Cash settlement of _____ days <input type="checkbox"/> Carry forward all my leave			
EXTENSION REASON (SELECT ONE).			
THE MPF WILL VALIDATE THE EXTENSION REQUIREMENT AND ENSURE THE EXTENSION COMPILES WITH AND MEETS ALL REQUIREMENTS AS OUTLINED IN DAFI 36-2606, Table 6.2.			
<input type="checkbox"/> (1) to obtain retainability for promotion to E-7, E-8, or E-9 ***You must have your new date of rank to extend under this reason.***	<input type="checkbox"/> (3) to retire the first day of the month following HYT date, adjusted HYT date, or age 62		
<input type="checkbox"/> (4) to retire not later than the 1 st day of the month following completion of 20 years TAFMS (for reasons other than HYT). Note: You must be ineligible to reenlist due to age 62; or non- selected under SRP	<input type="checkbox"/> (5) to retire not later than the 1 st day of the month following completion of 20 years TAFMS (for reasons other than HYT). Note: You must have elected retirement instead of PCS, training, or retraining & completed at least 19, but fewer than 20 years TAFMS, on notification date. Extension may <u>not</u> exceed 12 months		
<input type="checkbox"/> (6) to retire not later than the 1 st day of the month following completion of 20 years TAFMS (for reasons other than HYT). Note: You must be ineligible to reenlist & rules 4 & 5 do not apply. You must be within 2 years of attaining minimum retirement eligibility. May <u>not</u> extend under this rule if you have refused service-directed retainability	<input type="checkbox"/> (7) to retire in lieu of PCS assignment. Note: You must have elected retirement before the 1 st day of the 7 th month following PCS notification. May not be used if assigned overseas or serving on maximum CONUS stabilized tour		
<input type="checkbox"/> (8) to retire during a requested extension period. Note: You have at least 19 years TAFMS, eligible to apply for retirement, & the requested extension period does not exceed 12 months	<input type="checkbox"/> (9) to remain in the RegAF/USSF pending completion of MEB/PEB, medical hold or Limited Assignment Status (RE code 4K). Note: You must have a memo from AFPC Medical Standards which outline the extension length. Limit extensions to period outlined in the memo, not to exceed 24 months		
<input type="checkbox"/> (10) to permit government medical care due to pregnancy (Service member or spouse) or serious injury/illness Note: You must not have complete 20 years TAFMS on current enlistment. Pregnancy extension are limited to delivery date, plus 2 months	<input type="checkbox"/> (11) to obtain retainability for a CONUS or overseas PCS, PCA, or TDY, (to include deployment); or to qualify for an SRB in conjunction with an assignment. Note: Placement on AAC is not a extension reason		
<input type="checkbox"/> (13) to obtain retainability for command sponsorship at an overseas location	<input type="checkbox"/> (14) to obtain retainability for an overseas tour extension or to maintain indefinite DEROS		
<input type="checkbox"/> (15) to participate in a program leading to commission, approved education program or to qualify for PME	<input type="checkbox"/> (16a) to obtain retainability for training/formal school		
<input type="checkbox"/> (16b) to obtain retainability for approved retraining or On-the-Job Training	<input type="checkbox"/> (17) to complete the Control Roster Observation		
<input type="checkbox"/> (18) to attain a passing fitness score & the service member is coded IAW Table 5.5 Item 9	<input type="checkbox"/> (19) to complete ADAPT Program		

(20) to complete period of probation and rehabilitation	(21) to complete suspended punishment pursuant to Art 15
<input type="checkbox"/> (22) to complete an investigation by military or civilian authorities, or await disposition of civilian criminal court charges, or await the outcome of an involuntary separation action, or complete disposition of criminal proceedings by a Foreign Jurisdiction. Note: Limit extension to period outlined by base legal office	<input type="checkbox"/> (23) process a SRP appeal, lengthy service member determinations, await decision of Air Force Clemency and Parole Board IAW AFMAN 31-115V1, Department of the Air Force Corrections System or await SecAF decision
<input type="checkbox"/> (24) to process an extension of enlistment appeal (cancellation or disapproval)	<input type="checkbox"/> (25) to attain US citizenship or to meet retainability requirement for Security Clearance IAW Department of Defense Manual (DoDM) 5200.02 AFMAN 16-1405, Air Force Personnel Security Program
<input type="checkbox"/> (26) to process for separation following demotion	<input type="checkbox"/> (27) to separate on date which HYT occurs. Note: You do not serve the entire extension period and will be separated on HYT date
<input type="checkbox"/> (28b) to obtain retainability for 12 Outstanding Service member of the Year	<input type="checkbox"/> (28c) to obtain retainability for any reason (personal convenience). Note: FTA/FTG must have CJR & may request a one-time extension for 12 months only, if it is their 1 st extension. (Exception: FTA/FTG who previously extended under Rules 9, 12, 13 or 14 are authorized to extend under this rule; 2 nd term/career personnel must be reenlistment eligible & may request a one-time extension (up to 24 months) per enlistment 2nd Term Airman Only: Request to be extended for _____ months.
<input type="checkbox"/> (29) to qualify for transfer of benefits under the Post-9/11 GI Bill and the service member has served at least 6 years TAFMS and has eligible dependents in Defense Enrollment Eligibility Reporting System or to qualify for Continuation Pay under the Blended Retirement System the service member has served at least 8 years TAFMS and not more than 12 years TAFMS	

Counseling Statements

- a. I understand I may sell leave only on my first extension and only up to 60 days during my career and my leave is sold once enter this extension. If I change my election, I must notify the Reenlistments office any time prior to the 10 calendar days period before entering the extension. I further understand my leave sell will not occur and I will not be paid until I enter this extension.
- b. I understand I may only extend the minimum number of months required to meet the retainability requirement; however, if my AFSC/SFSC is on the list, I may be able to extend for a longer period (36-48 months) to qualify for SRB even though less retainability is required when the extension is IAW DAFI 36-2606, Table 6.2, Rules 12, 13, 14, and 29.
- c. I understand my SRB entitlement (if eligible) is based on the date I sign the extension and the zone is determined based on when I enter the extension and I understand I must extend in one increment between 36 and 48 months to qualify for an SRB.
- d. I understand that once I execute this extension, under Table 6.2, Rules 23, 25, 28b, 28c 28d or 29 I cannot cancel it. Exception: If I extended as a nominee for the 12 Outstanding Service Member of the Year and not selected.
- e. I understand that I may be eligible to reenlist but have elected to extend instead and If I change my mind, the extension will be counted as obligated service.
- f. I understand that I may request cancellation of extension initiated only under DAFI 36-2606, Rules 12 – 16, if the reason for the extension was cancelled, or no longer exist or otherwise restricted by DAFI.

I have read and understand the extension counseling statements above and I understand the timelines, entitlements and limitations. I have initiated this request for extension and certify the reason for the extension true and correct. I also understand this worksheet will be used to document and execute the DAF Form 1411 and that it is my responsibility to ensure the DAF Form 1411 is correct before I sign and accept the terms and conditions.

Service Member's Signature/CAC	Date
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MPF USE ONLY

Authorized Extension Months:	Authorized SRB Zone / Multiplier when entering extension (if applicable):	Review on PRDA/MiIPDS conducted. # of previous extensions: # total months not including this request:
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