

STANDARDIZED REENLISTMENT 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:	
Requested Date to Reenlist. See Item E below: Desired reenlistment date cannot be within 2 weeks of turn in.		Desired Term of Enlistment (See Item C below):	
Leave Election - I elect the following option (select one):			
<input type="checkbox"/> Cash settlement of all my leave <input type="checkbox"/> Cash settlement of _____ days <input type="checkbox"/> Carry forward all my leave			
Reenlistment Reason (select one):			
FOR FIRST TERM SERVICE MEMBERS (Note: There is no exception. Service member must meet the required months to reenlist.)			
<input type="checkbox"/> First Term, 4-year enlistee <u>after completing 36</u> consecutive consecutive months on the current enlistment and has an approved CJR (Table 5.1, Rule 1)		<input type="checkbox"/> First Term, 6-year enlistee <u>after completing 60</u> consecutive months on the current enlistment and has an approved CJR (Table 5.1, Rule 2)	
FOR SECOND TERM AND CAREER SERVICE MEMBERS			
<input type="checkbox"/> to obtain retainability for promotion to E-7, E-8, or E-9 (Table 5.1, Rule 3)		<input type="checkbox"/> to get required retainability for service schools (Table 5.1, Rule 4)	
<input type="checkbox"/> to obtain required retainability for PCS, PCA or TDY assignment, to include deployments (Table 5.1, Rule 5)		<input type="checkbox"/> to obtain required retainability for Post 9/11 GI Bill or Continuation Pay under BRS (Table 5.1, Rule 6)	
<input type="checkbox"/> BOP (if applicable): to obtain required retainability for completion of an extension to an overseas tour or provide 12 months service retainability after arrival of command-sponsored family members at an overseas location (Table 5.1, Rule 7)		<input type="checkbox"/> within the one year period before ETS (Table 5.1, Rule 8)	
<input type="checkbox"/> within the 15-month period before an established (or requested) DEROS if the service member requires additional retainability (Table 5.1, Rule 9)		<input type="checkbox"/> within the 15-month period before DOS if the service member has elected (or is maintaining) an indefinite DEROS (Table 5.7, Rule 10)	
*** You must complete the Article 137 briefing prior to sending the reenlistment worksheet back to MPF*** This briefing is conducted via: https://lms-jets.cce.af.mil/moodle/enroll/index.php?id=9742 AF Portal> MyLearning> Search Article 137 Briefing> Enroll Me. Provide MPF with certificate along with reenlistment worksheet.			
Counseling Statements			
a. I understand I may sell leave on my reenlistment; not to exceed 60 days total in my career. b. I have been counseled regarding my bonus entitlement & obligated service, as well as termination & recoupment policies. c. I understand my authorized term of reenlistment will be in whole years & months or indefinite (required if eligible). The minimum number of years I can reenlist for is 4, unless I am restricted by HYT/obligated service. The authorized years & months of my reenlistment is determined by any amount of obligated service I have remaining from any current reenlistment/extension(s) that I have executed. I also understand that any authorized SRB will be calculated only on the whole years I may reenlist for [not less than three (3) years & not more than six (6) years] & that my reenlistment cannot exceed my HYT, plus 1 month or not exceed 96 months (term of enlistment & obligated service combined). The MPF will outline/counsel me on the minimum/maximum years I can reenlist for. d. I understand if I intend to reenlist immediately after separation, I hereby authorize my retention in service for a period not to exceed 7 calendar days beyond my date of separation, to complete separation processing, should I, immediately before or after separation date & before reenlistment decline to reenlist. e. I understand that I must reenlist at my home station, unless deployed & I must not be on leave, in a leave or separation status on the date of my reenlistment. Additionally, I understand if I am returning from a leave status, I may not reenlist on the day following my leave end date. If I am determined to be on leave or in a leave status on my reenlistment date, I will be required to execute a new reenlistment contract when not on leave.			
I have read and understand the reenlistment counseling statements above and I understand the timelines, entitlements and limitations. I have initiated this request for reenlistment and certify the reason for the reenlistment true and correct. I also understand this worksheet will be used to document and execute the DAF Form 901/DD Form 4, and that it is my responsibility to ensure the forms are correct before I sign/accept the terms/conditions.			
Service Member's Signature/CAC			Date
BELOW FOR MPF USE ONLY			
Obligated service Months:	Auth TOE Options: (circle one or more)	Service Members TOE Election: (circle one)	Auth SRB Zone / Multiplier: UCMJ brief conducted on
	3 4 5 6	3 4 5 6	_____ or certification attached.