

**NOTIFICATION OF INITIATION OF INVOLUNTARY REASSIGNMENT, REATTACHMENT,
AND/OR RECLASSIFICATION**

(For use of this form see AR 601-1)

NAME:	RANK:	Last 4-digits of SSN:	PMOS:
UNIT:			RA/AGR:

I am recommending you for involuntary action under the provisions of AR 601-1, chapter 5, as shown below.

ACTION

Reassignment (RA) <input type="checkbox"/>	Reattachment (AGR) <input type="checkbox"/>	Reclassification (PMOS 79R Only) <input type="checkbox"/>	Removal of SQI "4" (Non-PMOS 79R) <input type="checkbox"/>
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CATEGORY OF INVOLUNTARY REASSIGNMENT OR REATTACHMENT (SELECT ONE)

Unqualified (AR 601-1, para 5-4) <input type="checkbox"/>	Ineffective (AR 601-1, para 5-5) <input type="checkbox"/>	Unsuitable (AR 601-1, para 5-6) <input type="checkbox"/>
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Involuntary Without Prejudice (AR 601-1, para 5-11)

DETERMINATION OF CONTINUATION OF RECRUITING AND RECRUITING-RELATED DUTIES (SELECT ONE)

You will continue to perform recruiting and recruiting-related duties until your departure.

You are suspended from performing recruiting and recruiting-related duties. Your entitlement to special duty assignment pay (SDAP) is terminated effective _____ (date) in accordance with AR 614-200.

The basis for this action is:

Documentation for this action is attached at page _____ through page _____ .

RELEASE FROM ACTIVE DUTY FOR THE CONVENIENCE OF THE GOVERNMENT (ONLY APPLIES TO INITIAL TOUR AGR RECRUITERS)

APPLIES DOES NOT APPLY

Under the provisions of AR 635-200, chapter 5, I am notifying you of your possible release from active duty for the convenience of the Government. The reason for this proposed action is your involuntary reattachment from recruiting duty. This is a release from active duty only. If it is approved, you will be transferred to the Individual Ready Reserve to complete your contractual obligation. Your characterization of service will be honorable. You have the right to consult with military counsel and/or civilian counsel at no expense to the Government within your 10-day acknowledgment period. Contact the trial defense service at your nearest Army installation for assignment of military assistance. You may submit written documents/statements in your behalf. You are not entitled to a hearing before an administrative separation board. You may request to undergo a complete medical examination in accordance with AR 40-501. Your local commander will arrange for you to undergo this examination. You must sign the acknowledgment statement and the Privacy Act Notice (USAREC Form YYYY) within 10 calendar days from the date of this action. Any document/statement you submit must reach me within 10 calendar days after you receive this action, unless you request and receive an extension for good cause shown. You may request a 5-day extension if necessary. Unless an extension is granted, failure to respond within 10 calendar days will constitute a waiver of the rights explained above. I will provide clerical assistance if you require it. The 10-day acknowledgment period (and 5-day extension, if granted) will run concurrently with your rebuttal period.

FOR ALL SOLDIERS

In accordance with AR 600-37, paragraph 3-6, I am giving you an opportunity to review the comments and documents related to you, attached to this form. You must sign the acknowledgment statement, indicating that you have reviewed this form and all attachments. I will provide you with a copy of this form and all attachments. You have 10 calendar days to respond to this action. You may request a 5-day extension if needed. I will ensure you have clerical assistance if you need it to prepare your response. After reviewing and considering any statements you provide to rebut this action, I will decide whether or not to forward this action to the approval authority. I will notify you of my decision.

NAME AND TITLE:	SIGNATURE:	DATE:
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