

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

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

PRIVACY ACT STATEMENT

AUTHORITY: Section 301, Title 5 USC, and Section 3013, Title 10 USC.

PURPOSE: To be used by the commander exercising separation authority to determine approval or disapproval of involuntary reassignment or reattachment and identify the Soldier's options as pertains to the rights available to him or her in contemplated administrative separation cases.

ROUTINE USES: Blanket routine use as described in AR 340-21, The Army Privacy Program, paragraph 3-2.

DISCLOSURE: Disclosure is voluntary; however, failure to provide the information may result in delay in personnel actions.

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

FOR INEFFECTIVE, UNQUALIFIED, AND UNSUITABLE CATEGORIES

In accordance with AR 600-37, I have read the basic forms, correspondence, and attachments. I understand the allegations. My choice regarding a statement is indicated below.

I elect not to make a statement.

I elect to submit a statement. My statement and/or related documents are found at page _____ through page _____ .

My assignment preferences and qualifications and/or limitations are found at page _____ through page _____ .

SIGNATURE:	DATE:
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FOR INVOLUNTARY REASSIGNMENT OR REATTACHMENT (AND RECLASSIFICATION) WITHOUT PREJUDICE

I have read the basic forms, correspondence, and attachments. I understand my pending involuntary reassignment or reattachment, and request for SQI removal or involuntary reclassification.

I elect not to make a statement.

I elect to submit a statement. My statement and/or related documents are found at page _____ through page _____ .

My assignment preferences and qualifications and/or limitations are found at page _____ through page _____ .

SIGNATURE:	DATE:
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**RELEASE FROM ACTIVE DUTY FOR THE CONVENIENCE OF THE GOVERNMENT (ONLY APPLIES TO INITIAL TOUR AGR RECRUITERS)
APPLIES DOES NOT APPLY**

My commander has advised me of the basis for the contemplated action to release me from active duty under AR 635-200, chapter 5, and its effects, and of the rights available to me and the effect of any action taken by me in waiving my rights. I acknowledge receipt of the release notification and all related documents. I understand that I am not entitled to have my case heard by an administrative separation board.

I request waive consulting military counsel or a civilian counsel at my own expense.

I will will not make a statement in my own behalf.

I understand that I have 10 calendar days after receipt of notification documents to make a written response to this proposed action, if any. I understand that my commander must receive my written response to this proposed action within the allowable timeframe. I understand that failure to respond in an allowable timeframe waives my right to respond. I have retained a copy of all applicable forms and documents.

SIGNATURE:	DATE:
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