

TIS WAIVER EXAMPLE

ABCD-EFG

Current Date

MEMORANDUM FOR COMMANDER, HQ USAREC ATTN: RCHS-SVD-PA 1307 Third Avenue, Fort Knox, KY 40121-2726

FOR Staff Sergeant Jane Q Doe, SSN 123-45-6789, U.S. Army Medical Department Activity, Fort Jackson, SC 29207

SUBJECT: Interservice Physician Assistant Program Application Time in Service Wavier Request

1. In accordance with AR 601-20, AR 135-100 and AR 135-101 I request a waiver for time in service (**less than 3/over 8**) years as of 1 January of the year course instruction would begin. Please consider this waiver so that I may be considered to attend the Interservice Physician Assistant Program. My basic active service date (BASD) is **01 July 2003**. I will have **9 years 6 months** as of 1 January **of the FY the course of instruction would begin**.
2. I can be reached at the following address: 1234 Main St, Hometown, US 12345; DSN **123-4567**, commercial **(123) 456-7890**, or e-mail **JaneQDoe.mil@mail.mil**.

JANE Q DOE  
SSG, USA  
Combat Medic