

**STATEMENT OF OPTIONS, QUALITATIVE MANAGEMENT PROGRAM (QMP)**

For use of this form, see AR 635-200; the proponent agency is ODCSPER

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Section 301, Title 5, USC.  
**PRINCIPAL PURPOSE:** To determine and select option after selection for denial of continued service under the QMP.  
**ROUTINE USES:** To ensure that soldier's option statement is properly identified with records.  
**DISCLOSURE:** Disclosure is voluntary; however, failure to furnish information could adversely affect soldier.

**RESPONSIBILITIES:**

1. **COMMANDER (LTC or higher):**
  - a. Present QMP notification memorandum to soldier, counsel him/her, and complete Part B of this form.
  - b. Comply with administrative instructions accompanying the QMP notification memorandum.
2. **SOLDIER:** Choose an option among those shown in Part A of this form.

**PART A - SOLDIER**

I was notified on \_\_\_\_\_ (date) that I have been denied continued service under the QMP. I have carefully read, have been counseled, and understand the options available to me. I have chosen the following option as indicated by my initials on the line below.

- \_\_\_\_\_ 1. I will submit an appeal. I understand that I must submit the appeal to my chain of command within 60 days if I am Regular Army, or 90 days if I am USAR AGR., of completing this form. If I have less than 120 days to ETS, I may extend my enlistment a sufficient period to allow processing of my appeal. I also understand that, unless the ETS or retirement provisions outlined below are applicable, I will be involuntarily discharged, without entitlement to a hearing by a local separation board, 90 days after I receive pre-separation counseling if my appeal is denied, or I fail to submit my appeal (without compelling justification) to my chain of command by the prescribed suspense date.
- \_\_\_\_\_ 2. I will not submit an appeal. I understand that I will be involuntarily discharged, without entitlement to a hearing by a local separation board, 90 days after I receive pre-separation counseling or at ETS if I have less than 120 days to ETS.
- \_\_\_\_\_ 3. I request voluntary discharge. I understand that this request, once submitted, cannot be withdrawn, and that my discharge will occur within 90 days after I receive pre-separation counseling.
- \_\_\_\_\_ 4. I had 20 or more years of active Federal service on the date I received the QMP notification memorandum. I will apply for voluntary retirement. I understand that my retirement must occur not earlier than 90 days, nor later than 180 days, from the date I selected this option.
- \_\_\_\_\_ 5. I had 17 years 9 months or more of active Federal service on the date I received the QMP notification memorandum. I will apply for retirement, to be effective no later than the first day of the month following the month in which I complete 20 years of active Federal service. I understand that, if my ETS occurs prior to the 20-year point, I am entitled to extend my enlistment a sufficient period to attain retirement eligibility.
- \_\_\_\_\_ 6. I have more than 20 years of qualifying service for nonregular retirement as computed under 10 USC 12732. I request release from active duty with a concurrent transfer to the Retired Reserve. I understand that I will be released from active duty 90 days from the date of my pre-separation counseling.
- \_\_\_\_\_ 7. I had 17 years 9 months or more of qualifying service for nonregular retirement as computed under 10 USC 12732 on the date I received the QMP notification memorandum. I understand that if my ETS occurs prior to the 20-year point, I am entitled to extend my enlistment a sufficient period to attain nonregular retirement eligibility. Once the 20-year point is attained, I will request release from active duty with concurrent transfer to the Retired Reserve. I understand that I will be released from active duty 90 days from the date of my pre-separation counseling.

SOLDIER'S PRINTED NAME AND SIGNATURE

SSN

DATE

**PART B - COMMANDER'S STATEMENT**

On \_\_\_\_\_ (date) I presented the QMP notification memorandum to the soldier and counseled him/her on the ramifications and options available. I have chosen the following option as indicated by my initials on the line below.

- \_\_\_\_\_ 1. I will submit an appeal on behalf of the soldier based on my determination that he/she merits retention because of current performance and potential. I understand that my appeal is separate from any appeal submitted by the soldier, and that I must submit the appeal within 120 days of the date I presented the QMP notification memorandum.
- \_\_\_\_\_ 2. I will not submit an appeal on behalf of the soldier.

COMMANDER'S PRINTED NAME AND SIGNATURE

RANK/BRANCH

DATE