

# REQUEST FOR RESERVE COMPONENT ASSIGNMENT ORDERS

For use of this form, see AR 601-280; the proponent agency is ODCSPER

## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 5, USC, Section 301.  
**PRINCIPAL PURPOSE:** Explain obligation and participation requirements.  
**ROUTINE USES:** Confirmation of obligation and participation requirements and request for assignments to a Reserve Component unit.  
**DISCLOSURE:** Disclosure of any information on this form is voluntary; however, failure to answer all questions may result in denial of enlistment or transfer to a Reserve Component.

## SECTION I - INFORMATION TO BE COMPLETED BY RC CAREER COUNSELOR

1. TYPE OF ENLISTMENT  USAR  ARNG  ENLISTMENT INTO THE USAR WITH ASSIGNMENT INTO THE IRR

2. I, \_\_\_\_\_ RANK \_\_\_\_\_ SSN \_\_\_\_\_,

upon completion of my active service, unless sooner authorized, have voluntarily accepted an assignment to the following unit:

PARA \_\_\_\_\_ LINE \_\_\_\_\_ UIC \_\_\_\_\_

UNIT ADDRESS (Street, City, State, ZIP Code) \_\_\_\_\_

VACANCY CTRL NO \_\_\_\_\_ PMOS \_\_\_\_\_ SMOS \_\_\_\_\_ ASGMT MOS \_\_\_\_\_

## SECTION II - GENERAL INFORMATION

3. DEROS (YYYYMMDD)	4. TERM LEAVE DATE (YYYYMMDD)	5. ETS (YYYYMMDD)	6. REMAINING MSO/TERM OF SVC
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7. A unit sponsor has been assigned to greet and assist you in joining your new unit when you arrive at your separation address. Your sponsor is:

a. NAME AND RANK	b. ADDRESS	c. PHONE NUMBER
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## SECTION III - SOLDIER'S STATEMENT OF UNDERSTANDING

8. I understand that as a member of an ARNG unit or USAR Troop Program Unit (TPU), I will be required to:

- Report to my unit within 30 days of my ETS and attend the next scheduled assembly/drill with my assigned unit.
- Attend one period of annual training each year of not less than 15 days, unless excused by proper authority.

## SECTION IV - ENLISTMENT DOCUMENTATION REQUEST

9. Request copies of the following documents from the OMPF of the above named soldier:

<input type="checkbox"/> DD Form 214	<input type="checkbox"/> SF Form 88	<input type="checkbox"/> DA Form 1811
<input type="checkbox"/> DA Form 2	<input type="checkbox"/> DA Form 2-1	<input type="checkbox"/> SF Form 93

## SECTION V - AUTHENTICATION

10. INSTALLATION	11. CAREER COUNSELOR'S SIGNATURE	12. DATE (YYYYMMDD)
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13. SOLDIER'S SIGNATURE	14. HOME ADDRESS	15. PHONE NUMBER
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**TRANSITION POINT: MAIL DOCUMENTS TO ARMY AREA OR STATE AG, IAW CURRENT REGULATIONS.**