

AF MARS PERSONNEL ACTION NOTIFICATION

TO:	FROM:	Effective Date:
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ASSIGNMENT ACTION

<input type="checkbox"/> Membership <input type="checkbox"/> Appointment <input type="checkbox"/> Renewal <input type="checkbox"/> Termination	Your membership in the AF MARS program has been approved/modified as indicated and you are assigned as follows:
NET: _____ FREQUENCY: _____	NET MANAGER (full name and address)
EMISSION: _____ MAXIMUM POWER: _____	

NET OPERATING SCHEDULE:

ZULU TIME			LOCAL STANDARD TIME		
START:	END:	WEEKDAYS:	START:	END:	WEEKDAYS:

* TERMINATION / Disenrollment ACTION

<input type="checkbox"/>	INACTIVE STATUS AUTHORIZED UNTIL: _____ (not to exceed six months)
<input type="checkbox"/>	MEMBERSHIP IN THE AIR FORCE MARS PROGRAM HAS BEEN TERMINATED FOR THE FOLLOWING CAUSE(S). RETURN FORM AF3666 TO YOUR STATE MARS DIRECTOR. *
<input type="checkbox"/>	FAILURE TO MEET MINIMUM PARTICIPATION REQUIREMENTS +
<input type="checkbox"/>	EXPIRATION OF LICENSE
<input type="checkbox"/>	FAILURE TO Report CHANGE OF ADDRESS OR OTHER INFORMATION CURRENTLY ON FILE
<input type="checkbox"/>	FAILURE TO REPLY TO OFFICIAL COORESPONDENCE
<input type="checkbox"/>	RESIGNATION HAS BEEN ACCEPTED
<input type="checkbox"/>	MEMBER IS DECEASED (SK)

AFI 33-106 provides for reinstatement of cancelled AF MARS members upon written request to the appropriate State MARS Director, provided sufficient justification is furnished. If you feel that cancellation action is not warranted because of extenuating circumstance, administrative error or other reasons, you must send your State MARS Director a written request for reinstatement within 30 days of receipt of this notification. Members that resign must wait one year before reinstatement. Members terminated for cause must wait two years before being considered for reinstatement. Members terminated for major cause must wait five years before being considered for reinstatement.

*TERMINATION FOR CAUSE, requires HQ AFCA authentication + Military overseas exempt

ADDITIONAL COMMENTS:

COPIES TO:

AUTHENTICATION

TYPED NAME AND GRADE:	SIGNATURE: