

OATH OF EXTENSION OF ENLISTMENT OR REENLISTMENT

For use of this form, see AR 140-111 (USAR), and NGR 600-200 (ARNG) the proponent agencies are DCS, G-1 and Chief, National Guard Bureau.

DATA REQUIRED BY THE PRIVACY ACT 1974 (5 USC 552a)

AUTHORITY: Title 10, USC, Sec 509, Title 32, USC Sec 302(c).
PRINCIPLE PURPOSE(s): To be used when a member of the ARNG or USAR extends a current enlistment/reenlistment agreement (NGR 600-200/Chapter 3, AR 140-111)
ROUTINE USES: Confirmation of obligation and participation requirements, and as a basis for non-participation action if the individual fails to meet participation requirements.
DISCLOSURE: Voluntary, however if member refuses to provide the requested information and sign the form, the member will be released upon normal ETS date. A copy of this form will be retained by the individual.

EXTENSION PROCESSING DATA

1. THIS IS AN EXTENSION OF ENLISTMENT/REENLISTMENT OF A CURRENT MEMBER OF

- ARMY NATIONAL GUARD AND A RESERVE OF THE ARMY A TROOP PROGRAM UNIT OF THE US ARMY RESERVE USAR-ACTIVE GUARD/RESERVE
 INDIVIDUAL READY RESERVE INDIVIDUAL MOBILIZATION AUGMENTEE

2. NAME (Last, First, MI)

3. GRADE

4. DATE (YYYYMMDD)

5. UNIT OF ASSIGNMENT (Include unit designation, address, UIC and ZIP Code)

6. CURRENT (Latest) DD FORM 4 - SERIES

- a. DATE (YYYYMMDD) _____ b. TERM OF SERVICE (Years) _____
c. NUMBER OF EXTENSIONS PREVIOUSLY GRANTED TO CURRENT DD FORM 4 _____
d. ETS _____ e. BASIC PAY ENTRY DATE (YYYYMMDD) _____

7. PROVISIONS AND COMPUTATION OF THIS EXTENSION

- | | (Day) | (Month) | (Year(s)) |
|---|-------|---------|-----------|
| a. CURRENT ETS (Extracted from item 6d above) | _____ | _____ | _____ |
| b. PERIOD OF THIS EXTENSION | _____ | _____ | _____ |
| c. NEW ETS (Sum of a and b above) | _____ | _____ | _____ |

8. AUTHORITY AND REASON FOR THIS EXTENSION

TABLE _____ RULE _____ (AR 140-111) (NGR 600-200)

OATH OF EXTENSION

I do hereby acknowledge this _____ day of _____, _____, that I have voluntarily extended my current enlistment/reenlistment agreement of _____ day of _____, _____, for the period indicated in item 7b above. I agree to remain a member of the (Army National Guard of _____ and as a Reserve of the Army) (United States Army Reserve) during the entire period of this extension. I understand this extension will establish my Expiration Term of Service (ETS) date as shown in item 7c.

SIGNATURE

DATE (YYYYMMDD)

OFFICER CERTIFICATION

I certify that the above Oath of Extension was subscribed and duly sworn before me on this _____ day of _____, _____

TYPED NAME, GRADE, AND BRANCH OF COMMISSIONED OFFICER*

SIGNATURE OF COMMISSIONED OFFICER*

* Or warrant officer, or any other person so designated to administer oaths under State law, for member of the Army National Guard

NOTE:

ARNG: Original to soldier, 1 copy to State AG (Title 10 AGR Soldiers are responsible for sending a copy to State AG for PERMS).

USAR: (Unit member) Original to appropriate Regional Support Command (RSC) to HRC-Ft. Knox, AHRC-EPF-RR, 1600 Spearhead Division Avenue, Ft. Knox, KY 40122, 1 copy attached to current DD Form 4-series and filed in AMHRR, 1 copy to Defense Joint Military Systems (DJMS), copy for unit member.

(IRR or IMA member) Original to HRC-Ft. Knox, AHRC-EPF-RR, 1600 Spearhead Division Avenue, Ft. Knox, KY 401221 copy for IRR or IMA member.

(AGR member) Original to HRC-Ft. Knox, AHRC-EPF-RR, 1600 Spearhead Division Avenue, Ft. Knox, KY 401221, 1 copy for AGR member.