

REQUEST FOR RESERVE COMPONENT ASSIGNMENT OR ATTACHMENT For use of this form, see AR 140-10: the proponent agency is DCS, G-1.				DATE (YYYYMMDD) 20111203	
1. TO: COMMANDER, HUMAN RESOURCES COMMAND ATTN: IMA PROGRAM 1600 SPEARHEAD DIVISION AVE FORT KNOX, KY 40121			2. FROM: COMMANDER U.S. ARMY JAPAN / APAJ-RC APO AP 96343		
PRIVACY ACT STATEMENT Authority for collecting personal information and social security number is 10 U.S.C. 3012. Disclosure by member is mandatory. Principal purpose is to transfer Reservist between units. Routine uses: To document transfer and attachment actions. The SSN is used for maintenance of records and compiling statistics.					
3. NAME AND CURRENT ADDRESS DOE, JOHN E. 123 EASY ST SMALLVILLE, OH 01234				a. SSN 000-00-0000	
				b. HOME TELEPHONE NUMBER (Area Code) (202)555-1212	
				c. OFFICE TELEPHONE NUMBER (Area Code) (202)555-2323	
d. GRADE 03	e. DOR 01JAN2010	f. BRANCH IN	g. SSI/PMOS 11A	h. PEBD 19930101	
i. RYE 25MAR	j. ETS 20210101	k. SEX M	l. HEIGHT & WEIGHT 6'0/ 185	m. DOB 28JUL2011	
n. TYPED NAME, GRADE AND SIGNATURE OF RESERVIST				DATE (YYYYMMDD) 20111203	
4. ACTION <input checked="" type="checkbox"/> a. VOL ASGMT <input type="checkbox"/> b. ATTACHMENT <input type="checkbox"/> c. RELIEVED FROM ATTACHMENT					
d. EFFECTIVE DATE (YYYYMMDD) 20111203			e. AUTHORITY AND REASON FOR TRANSFER AR 140-145, CHAP 3-1, Voluntary Reassignment		
5. REQUEST ASSIGNMENT / ATTACHMENT / TRANSFER TO: UIC W0ATAA HQ U.S. ARMY JAPAN, Unit 45005 CAMP ZAMA, JAPAN APO, AP 96343				a. AUTOVON NUMBER 315-263-8510	
				b. INPUT STATION NUMBER	
				c. UNIT PAYROLL NUMBER	
d. TOE / TD MOBTDA	e. PARA 111	f. LINE 11	g. POSITION TITLE OPERATIONS OFF	h. DUTY MOS 11A	i. GRADE AUTHORIZED 03
j. TYPED NAME, GRADE, TITLE AND SIGNATURE OF GAINING UNIT CDR				DATE (YYYYMMDD)	
6. UNIT RELIEVED FROM ASSIGNMENT / ATTACHMENT UIC U.S. Army Reserve Command (IRR - Control Group) ATT: ARPC-OPC-C 1600 Spearhead Division Avenue Ft Knox, KY 40122				a. AUTOVON NUMBER	
				b. INPUT STATION NUMBER	
				c. UNIT PAYROLL NUMBER	
d. TYPED NAME, GRADE, SIGNATURE OF LOSING UNIT COMMANDER				DATE (YYYYMMDD)	
7. INCLOSURES <input type="checkbox"/> a. ORDER <input type="checkbox"/> b. DD FORM 4 <input type="checkbox"/> c. DD FORM 214 <input type="checkbox"/> d. MPRJ <input type="checkbox"/> e. OTHER					
8. REMARKS					