## STATEMENT OF UNDERSTANDING FOR EXCESS/OVERGRADE CONDITION

The proponent agency is ANG/DPR. The prescribing directive is ANGI 36-2101.

As applicable, this form must be completed and submitted with an AF 2096.

## PRIVACY ACT STATEMENT

1. AUTHORITY: 32 USC Section 502(d)(1), and Executive Order 9397.

2. PURPOSE: Used to document the placement of an Air National Guard member into an excess or overgrade condition. This form will be placed in the member's personnel record.

3. ROUTINE USES: None.

4. DISCLOSURE: Voluntary; However, failure to provide your social security number may result in delayed notification of the assignment process.

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A. INDIVIDUAL IDENTIFICATION				
NAME:	SSN:	GRADE:	UNIT:	
B. EXCESS OR OVERGRADE ASSIGNMENT INFORMATION				
DAFSC:	UMD GRADE:		POSITION NUMBER:	
EXCESS OR OVERGRADE CODE:	IAW ANGI 36-2101, APPLICAE	BLE TABLE & RULE:	EFFECTIVE DATE:	EXPIRATION DATE:
C. EXCESS/OVERGRADE ASSIGNMENT INFORMATION (MEMBER MUST INITIAL APPLICABLE CONDITION CODE BLOCK BELOW)				
Image: Second				
D. CERTIFICATION				
I certify, that I was briefed concerning my newly assigned Condition Code (Excess and/or Overgrade Code) and was counseled by my unit commander concerning the significance of this code, its expiration date and, as a consequence, the impact it can potentially have on my Air National Guard career.				
SIGNATURE OF MEMBER:			DATE:	
SIGNATURE OF UNIT COMMANDER:			DATE:	
SIGNATURE OF MPF REPRESENTATIVE:			DATE OF N	/ILPDS UPDATE:
COPIES: ORIGINAL - UNIT FILE, 1 - MEMBER				
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