

This is a web-optimized version of this form.

Download the original, full version:

[www.usa-federal-forms.com/download.html](http://www.usa-federal-forms.com/download.html)

Convert any form into fillable, savable:

[www.fillable.com](http://www.fillable.com)

Learn how to use fillable, savable forms:

Demos: [www.fillable.com/demos.html](http://www.fillable.com/demos.html)

Examples: [www.fillable.com/examples.html](http://www.fillable.com/examples.html)

Browse/search 10's of 1000's of U.S. federal forms converted into fillable, savable:

[www.usa-federal-forms.com](http://www.usa-federal-forms.com)

## REQUEST FOR RESERVIST VOLUNTARY RETRAINING

### PRIVACY ACT STATEMENT

*AUTHORITIES: 10 U.S.C. 8013, Secretary of the Air Force: Powers and duties; delegated by; compensation, 44 U.S.C. 3101, Records management by agency heads; general duties, and Executive Order 9397.*

*PRINCIPAL PURPOSE: To assist personnel officials in evaluating and making a decision on a retraining request. Use of SSN is necessary to make positive identification.*

*ROUTINE USES: None*

*DISCLOSURE IS VOLUNTARY: However, failure to provide required information could result in denial of required retraining which could further result in discharge from the Reserves.*

### I. GENERAL INFORMATION

FROM: (Last Name, First, Initial)	GRADE	SSN	UNIT OF ASSIGNMENT
TO:			
I REQUEST RETRAINING INTO AFSC _____ . I AM AVAILABLE TO ATTEND FORMAL TECHNICAL SCHOOL FROM _____ TO _____ , AND CERTIFY THAT I HAVE AT LEAST 36 MONTHS REMAINING ON MY CURRENT ENLISTMENT.			
SIGNATURE			DATE

### II. UNIT ORDERLY ROOM CURRENT INFORMATION

PAFSC	CAFSC	DAFSC	2AFSC	TSC								
DUTY EFFECTIVE DATE	DUTY TITLE		DATE ENLISTED	NUMBER OF YEARS								
SECURITY CLEARANCE	UNIT PAS CODE	APTITUDE SCORES			PHYSICAL PROFILE							
		M.	A.	G.	E.	P	U	L	H	E	S	X
ORDERLY ROOM COORDINATOR									DATE			

### III. MPF PERSONNEL EMPLOYMENT PROJECTED RETRAINING INFORMATION

UNIT	DAFSC	AUTHORIZED GRADE	FAC	POSITION NUMBER		
RETRAINING OUT OF AFSC		RETRAINING TO AFSC		MEETS AFRES/CV MANNING POLICY		
<input type="checkbox"/> OVERAGE	<input type="checkbox"/> BALANCED*	<input type="checkbox"/> SHORTAGE	<input type="checkbox"/> CRITICAL /SHORT	<input type="checkbox"/> AUTHORIZED OVERAGE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RECOMMEND			<input type="checkbox"/> POSITION HAS BEEN TENTATIVELY BLOCKED			
<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL					
NOTE: * MANNING POLICY AUTHORIZES RETRAINING ACTIONS INTO AFSCS MANNED AT LESS THAN 100 PERCENT OR INTO AN AFS SPECIALITY WHICH IS AUTHORIZED TO HAVE OVERAGES. CREATING A SHORTAGE AFS BY RETRAINING OUT OF A BALANCED AFS IS NOT IN ACCORDANCE WITH POLICY.						
MPF COORDINATOR				DATE		

### IV. MPF CAREER ENHANCEMENT

MEMBER	<input type="checkbox"/> IS	- RETRAINING INTO A BONUS AFSC.	NOTE: RETRAINING FROM A BONUS AFSC REQUIRES A CONTINUATION WAIVER FROM HQ AFRES/DPM.
	<input type="checkbox"/> IS NOT		
<input type="checkbox"/> I HAVE REVIEWED THIS APPLICATION AND VERIFIED THAT MEMBER HAS SUFFICIENT RETAINABILITY.			
CAREER ENHANCEMENT COORDINATOR			DATE

### V. REVIEW BY MEMBERS CURRENT COMMANDER

<input type="checkbox"/>	AIRMAN'S BEHAVIOR, ATTITUDE, AND RECORD OF PERFORMANCE INDICATE A HIGH PROBABILITY OF SUCCESS IN THE RETRAINING PROGRAM AND SUBSEQUENT DUTY ASSIGNMENT.	
<input type="checkbox"/>	MEMBER IS IN COMPLIANCE WITH PROVISIONS CONTAINED IN AFIs 36-2903 AND 40-502.	
COMMENTS		
TYPED NAME, GRADE, AND POSITION TITLE	SIGNATURE	DATE