

MRD OR AGE RETENTION REQUEST CHECKLIST

NAME: _____ **GRADE:** _____
HOME PHONE: _____ **CELL PHONE:** _____
EMAIL ADDRESS: _____
UNIT: _____ **UIC:** _____ **IPPSA POSN #:** _____
PARA/LINE: _____ **UNIT POC/PHONE:** _____
TYPE REQUEST: _____ **CURRENT MRD:** _____ **AGE:** _____
MSC POC/PHONE: _____

<u>REQUIRED ITEMS:</u>	<u>WORKCENTER</u>	<u>COMMENTS/NOTES</u>	<u>INITIALS</u>
Individual's MRD Extension Request	INDIVIDUAL	Officer will provide a detailed memorandum stating reasons for requesting retention beyond MRD.	
Unit Command Endorsement	MSC S1	Command Endorsement For MRD Retention through Chain of Command	
Updated Officer Record Brief (ORB)	MSC/BN S1	Must be certified by unit admin personnel and validated by the Officer.	
RPAM Statement	MSC/BN S1	Must be included in packet	
*USPFO Memorandum *Title 10 orders	MSC/BN S1	(Required ONLY for USPFO Retention MRDs)	
**Technician Service Computation Verification Data	MSC/BN S1	(Required ONLY for Technicians requesting MRD extension based on technician service)	
Previous MRD Retention memorandum	MSC/BN S1	Provide previous approvals if this is not the Officers initial Waiver request	
TAG Endorsement	G1	Memorandum will be completed at OPB to be included with packet	

Send packet in a single scanned .pdf file via IPPSA Administrative Corrections PAR