

# EXTENSION PROCESSING WORKSHEET

Authority: 10 U.S.C. 8012, 8261; 44 U.S.C. 3103; EO 9397. Implemented by **AFI 36-2606**. United States Air Force Reserve (USAFR) Reenlistment and Retention Programs. **PRINCIPAL PURPOSES:** Used to process a member's request for enlistment extension in the Air Force Reserves. **ROUTINE USES:** Information is used to complete necessary computer transactions. Also used to complete AF Form 1411, Extension or Cancellation of Extensions of Enlistment in the Regular Air Force (REGAF)/ Air Force Reserve (AF Reserve)/ Air National Guard (ANG).. SSN used for positive identification. **DISCLOSURE IS VOLUNTARY:** However, if the information is not provided, the extension may not be processed. This worksheet is affected by the Privacy Act of 1974.

NAME (LAST, FIRST, MI)	RANK/GRADE	SSAN	STATUS (Highlight or Circle One)  ART    AGR    TR
UNIT	NUMBER OF MONTHS EXTENDING	NUMBER OF PREVIOUS EXTENSIONS (ON CURRENT CONTRACT)	TOTAL MONTHS OF EXTENSIONS ON THIS CONTRACT (INCLUDING THIS ONE) *May not exceed 48 mos

REASON FOR EXTENSION (Please choose only one)	<input type="checkbox"/> Promotion to MSgt, SMSgt or CMSgt <input type="checkbox"/> Approved for Retraining <input type="checkbox"/> Retainability to attend Formal School/PME <input type="checkbox"/> GI Bill Requirements/Transfer Education Benefits <input type="checkbox"/> Retirement/Extension to HYT <input type="checkbox"/> Pending MEB/PEB Determination <input type="checkbox"/> Retainability for Deployment/AEF <input type="checkbox"/> Fitness (Full Name of Unit Commander: _____) <input type="checkbox"/> Best Interest of the Air Force (List Reason: _____) *Req Approval <input type="checkbox"/> Found temporarily medically unfit. Profile 4, limiting condition code 31, 37, 81, cannot perform duty for pay or points. Extend to expiration of medical profile.
---	---

REENLISTMENT ELIGIBILITY CODE	<b>5A</b> is eligible to reenlist <b>5B</b> has been selected, undecided about reenlistment <b>5C</b> is ineligible, due to poor fitness score <b>5E</b> has been denied reenlistment based on unsatisfactory participation/performance, attitude, military bearing, or behavior (AF Form 418, required) <b>5F</b> is a Non-US Citizen and failed to obtain us citizenship in first enlistment <b>5I</b> is under consideration for administrative discharge (see note 2) <b>5K</b> has applied for or approved for retirement or is within 23 months of mandatory retirement <b>5L</b> has been selected, declined reenlistment <b>5M</b> is undergoing Article 15 action <b>5Q</b> is awaiting AFRC/SG consideration of a physical disqualification <b>5S</b> is eligible for extension of High Year Tenure Date (HYTD) <b>5T</b> is approved for extension of HYTD <b>YY</b> Blank – Eligible but not yet selected <b>OTHER:</b> _____
-------------------------------	--

CURRENT ETS: \_\_\_\_\_ CURRENT DOE: \_\_\_\_\_ Term Of Enlistment: \_\_\_\_\_ YRS \_\_\_\_\_ MTHS

NEW ETS: \_\_\_\_\_ TAFMSD: \_\_\_\_\_ HYT: \_\_\_\_\_ PAYDATE: \_\_\_\_\_

UNIT COMMANDER (Name/Rank): \_\_\_\_\_

<b>STATEMENT OF UNDERSTANDING</b>	<b>INITIALS</b>
I understand I may elect to reenlist (if eligible) no earlier than 6 months prior to entering my extension	
I understand that if the reason for my extension is cancelled, I have 30 days to cancel my extension	

**SIGNATURE OF MEMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_