



REENLISTMENT WORKSHEET

PERSONAL DATA PRIVACY ACT OF 1974 (5. U.S.C. 552a)

PRIVACY ACT NOTICE: Authority: 10 USC 9012 & 8973 Principal Purpose & Routine uses – for the preparation of enlistment documents. Disclosure is voluntary; failure to complete applicable items may result in reenlistment documents not being accomplished.



PART I – MEMBER

Complete this worksheet and return it to the Unit/Group Career Advisor (on UTAs) or to the Wing Career Advisor (non-UTAs).

- I am requesting reenlistment based on the following selected reason(s):
- I am within 6 months of ETS and not receiving a bonus
- I am within 30 days of ETS and currently receiving a bonus
- I am within 36 months of ETS, and have retrained into a bonus AFSC, and achieved a 3-level
- To take part in the ART/AGR Program
- To take part in the Reserve GI Bill benefits
- For the Years, Months, and Days to reach High Year Tenure (HYT) Date
- To acquire retainability for active duty tour or deployment

First Name: _____ DODI Number : _____
 Full Middle Name: _____ Pay Grade: _____
 Last Name: _____ Place of Reenlistment: (Mil Installation, City, State): _____
 Suffixes: _____ Base: _____ City: _____ State: _____

Current Address:
 Street: _____ City: _____
 County: _____ State: _____ Zip Code: _____

Date of Reenlistment: _____ Years reenlisting: 2, 3, 4, 5, 6 Date of Birth: _____
 Current ETS: _____ New ETS: _____ HYT Date: _____ Citizenship Status: _____
 Officer conducting oath: Rank _____, FULL Name _____, Unit _____, MAJCOM _____
 Members Unit: _____ AFSC at time of Reenlistment: _____ Paydate: _____
 Members Status: TR ART AGR Is this your first re-enlistment?

Members Signature: _____ Date Signed: _____

PART II QUALIFICATIONS:

Medical Clearance:

Please note that all reenlistment worksheets should be sent to the medical documents org box: 507MDS.SGA.MedicalDocuments@us.af.mil
 Expires after: _____ UTA 507 MDS REP NAME & Signature: _____ Date Signed: _____

Fitness Monitor:

Test Date: _____ Score: _____% Fitness Level: _____ Next Test Date (UNSATS ONLY): _____
 Fitness Monitor Name & Signature or SQ/CC if reenlisting while UNSAT: _____ Date Signed: _____

1st Sergeant: NAME & Signature: _____ Date Signed: _____

Legal Requirement: IAW AFI 51-201, Member has been briefed on Article 137

Legal Rep name & signature: _____ Date Signed: _____

Commander: Name and Signature: _____ Date Signed: _____

*Note: If member does not meet fitness standards, they may be ineligible to reenlist. However, commanders may authorize a 7-12 month extension of current enlistment to allow a member to meet standards. CC's can authorize reenlistment for non-current fitness.

*Note: If member is denied reenlistment; an AF 418 denial of reenlistment form and process is required

PART III CAREER ASSISTANCE ADVISOR (CAA):

Current ETS: _____ New ETS: _____ HYT Date: _____ Is the new ETS before HYT: Yes
 SRP Reenlistment Eligibility Code: _____ US Citizen: _____ If no, not eligible

Bonus Check:

- Members Status: TR, ART, AGR
- Less than 5 Unexcused Absences in the last 12 months:
- Has less than 20 years of service based on pay date
- Is reenlisting into a bonus DAFSC for 3 to 6 years
- Is reenlisting within 6 months of ETS, within 30 days if not on a bonus, or within 36 months if cross-trained into bonus DAFSC
- Reenlisting in a tax free zone? If yes, all payments are tax-free

Career Advisor Signature: _____ Date Signed: _____

