REQUEST FOR RESERVE COMPONENT ASSIGNMENT OR ATTACHMENT

For use of this form, see AR 140-10: the proponent agency is DCS, G-1.

DATE *(YYYYMMDD)*

1. TO:

2. FROM:

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 10147, Ready Reserve: training requirements; 10 USC 12103, Reserve components: terms 12301; 10 USC 12303, Ready Reserve: members not assigned to, or participating satisfactorily in, units; 10 USC 12304, Selected reserve and certain Individual Ready Reserve members; order to active duty other than during war or national emergency; and Army Regulation 140-10, Assignments, Attachments, Details, and Transfers.

PRINCIPAL PURPOSE: To explain your military obligation, the methods of fulfilling that obligation, and participation requirements, and confirmation of obligation requirements. For additional information see the System of Records Notice APS A0600-8-104 AHRC https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/Army/A006-8-104-AHRC.pdf.

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate or delay the transfer and/or attachment process.

3. NAME AND CURRENT ADDRESS

a. DOD ID

b. HOME TELEPHONE NUMBER *(Area Code)*

c. OFFICE TELEPHONE NUMBER *(Area Code)*

d. GRADE	e. DOR	f. BRANCH	g. SSI/PMOS	h. PEBD
i. RYE	j . ETS	k. SEX	l. HEIGHT & WEIGHT	m. DOB *(YYYYMMDD)*

n. TYPED NAME. GRADE AND SIGNATURE OF RESERVIST

o. DATE *(YYYYMMDD)*

4. ACTION

☐ a. VOL ASGMT ☐ b. ATTACHMENT ☐ c. RELIEVED FROM ATTACHMENT

d. EFFECTIVE DATE *(YYYYMMDD)*

e. AUTHORITY AND REASON FOR TRANSFER

5. REQUEST ASSIGNMENT / ATTACHMENT / TRANSFER TO: UIC _____

a. AUTOVON NUMBER

b. INPUT STATION NUMBER

c. UNIT PAYROLL NUMBER

d. POSN	e. PARA	f. LINE	g. POSITION TITLE	h. DUTY MOS	i. GRADE AUTHORIZED

j . TYPED NAME, GRADE, TITLE AND SIGNATURE OF GAINING UNIT CDR

k. DATE *(YYYYMMDD)*

6. UNIT RELIEVED FROM ASSIGNMENT / ATTACHMENT UIC _____

a. AUTOVON NUMBER

b. INPUT STATION NUMBER

c. UNIT PAYROLL NUMBER

d. TYPED NAME, GRADE, SIGNATURE OF LOSING UNIT COMMANDER

e. DATE *(YYYYMMDD)*

7. ENCLOSURES

☐ a. ORDER ☐ b. DD FORM 4 ☐ c. DD FORM 214 ☐ d. MPRJ ☐ e. OTHER _____

8. REMARKS