

OATH OF EXTENSION OF ENLISTMENT OR REENLISTMENT

For use of this form, see AR 140-111 (USAR), and NGR 600-200 (ARNG)
the proponent agencies are DCS, G-1 and Chief, National Guard Bureau.

DATA REQUIRED BY THE PRIVACY ACT 1974 (5 USC 552a)

AUTHORITY: Title 10, USC, Sec 509, Title 32, USC Sec 302(c), and Executive Order 9397
PRINCIPLE PURPOSE(S): To be used when a member of the ARNG or USAR extends a current enlistment/reenlistment agreement (Chapter 7 NGR 600-200/Chapter 3, AR 140-111)
ROUTINE USES: Confirmation of obligation and participation requirements, and as a basis for non-participation action if the individual fails to meet participation requirements.
DISCLOSURE: If member refuses to provide the requested information and sign the form, the member will be released upon normal ETS date. A copy of this form will be retained by the individual.

EXTENSION PROCESSING DATA**1. THIS IS AN EXTENSION OF ENLISTMENT/REENLISTMENT OF A CURRENT MEMBER OF**

- ARMY NATIONAL GUARD AND A RESERVE OF THE ARMY A TROOP PROGRAM UNIT OF THE US ARMY RESERVE USAR-ACTIVE GUARD/RESERVE
 INDIVIDUAL READY RESERVE INDIVIDUAL MOBILIZATION AUGMENTEE

2. NAME (Last, First, MI)**3. GRADE****4. DATE** (YYYYMMDD)**5. UNIT OF ASSIGNMENT** (Include unit designation, address, UIC and ZIP Code)**6. CURRENT (Latest) DD FORM 4-SERIES**

- a. DATE (YYYYMMDD) _____ b. TERM OF SERVICE (Years) _____
c. NUMBER OF EXTENSIONS PREVIOUSLY GRANTED TO CURRENT DD FORM 4 _____
d. ETS _____ e. BASIC PAY ENTRY DATE (YYYYMMDD) _____

7. PROVISIONS AND COMPUTATION OF THIS EXTENSION

- | | (Day) | (Month) | (Year(s)) |
|---|-------|---------|-----------|
| a. CURRENT ETS (Extracted from item 6d above) | _____ | _____ | _____ |
| b. PERIOD OF THIS EXTENSION | _____ | _____ | _____ |
| c. NEW ETS (Sum of a and b above) | _____ | _____ | _____ |

8. AUTHORITY AND REASON FOR THIS EXTENSION

TABLE _____ RULE _____ (AR 140-111) (NGR 600-200)

OATH OF EXTENSION

I do hereby acknowledge this _____ day of _____, _____, that I have voluntarily extended my current enlistment/reenlistment agreement of _____ day of _____, _____, for the period indicated in item 7b above. I agree to remain a member of the (Army National Guard of _____ and as a Reserve of the Army) (United States Army Reserve) during the entire period of this extension. I understand this extension will establish my Expiration Term of Service (ETS) date as shown in item 7c.

SIGNATURE

DATE (YYYYMMDD)

OFFICER CERTIFICATION

I certify that the above Oath of Extension was subscribed and duly sworn before me on this _____ day of _____, _____.

TYPED NAME, GRADE, AND BRANCH OF COMMISSIONED OFFICER*

SIGNATURE OF COMMISSIONED OFFICER*

* Or warrant officer, or any other person so designated to administer oaths under State law, for member of the Army National Guard

NOTE

ARNG: Original to soldier, 1 copy to State AG (Title 10 AGR Soldiers are responsible for sending a copy to State AG for PERMS).
USAR: (Unit member) Original to appropriate Regional Readiness Command (RRC) to HRC-St. Louis, AHRC-CIS-PP, 1 Reserve Way, St. Louis, MO 63132-5200, 1 copy attached to current DD Form 4-series and filed in MPRJ, 1 copy to Defense Joint Military Systems (DJMS), 1 copy for unit member.
(IRR or IMA member) Original to HRC-St. Louis, AHRC-EPS-F, 1 Reserve Way, St. Louis, MO 63132-5200, 1 copy for IRR or IMA member.
(AGR member) Original to HRC-St. Louis, AHRC-ARE-ME, 1 Reserve Way, St. Louis, Mo 63132-5200, 1 copy for AGR member.