

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 for collecting personal information and social security number is 10 U.S.C. 3012. Disclosure by member is mandatory. Principal purpose is to transfer Reservist between units. Routine uses: To document transfer and attachment actions. The SSN is used for maintenance of records and compiling statistics.

3. NAME AND CURRENT ADDRESS

a. SSN

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

n. TYPED NAME, GRADE AND SIGNATURE OF RESERVIST

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. TOE / TD

e. PARA

f. LINE

g. POSITION TITLE

h. DUTY MOS

i. GRADE AUTHORIZED

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

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

DATE (YYYYMMDD)

7. INCLOSURES

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

8. REMARKS