



STATE OF MARYLAND
MILITARY DEPARTMENT
FIFTH REGIMENT ARMORY
BALTIMORE, MARYLAND 21201-2288

MDNG-AG-HRO (310-1q)

15 April 2005

HRO POLICY/GUIDANCE LETTER #43

SUBJECT: Retirement from the Active Guard Reserve (AGR) Program
Officer/Enlisted

SEE DISTRIBUTION

1. REFERENCE:

- a. AR 635-100 (Officer)
- b. AR 635-101 (Warrant Officer)
- c. AR 635-200 (Enlisted)
- d. AR 135-18
- e. AR 630-5
- f. NGR 600-5
- g. Section 502(f), Title 32, United States Code

2. APPLICATION: This policy letter applies to officers and enlisted members who are on AGR tours under the provisions of Section 502(f), Title 32, United States Code.

3. PURPOSE: To establish policies and guidelines regarding retirement from the AGR Program. **Retirements can now be completed at Fort Meade or Aberdeen Proving Grounds, Maryland.**

4. GOAL: The goal of this policy is to keep the AGR force informed on the current policy and procedures regarding their retirement needs.

This HRO Policy/Guidance Letter supersedes HRO Policy/Guidance Letter #43 dated 1 May 2001, same subject.

MDNG-AG-HRO (HRO POLICY/GUIDANCE LETTER #43)

SUBJECT: Retirement from the Active Guard Reserve (AGR) Program
Officer/Enlisted

5. The provisions outlined below are National Guard Bureau (NGB) policy and will be incorporated in appropriate National Guard regulations as these publications are revised and updated.

a. The HRO will notify, by letter, all AGR soldiers with 18 years active federal service. This letter will include basic retirement information and processing requirements needed in the future.

b. AGR Enlisted soldiers will retire after completing 20 years Active Service unless extended by proper authority. Enlisted soldiers will retire in the grade held on the date of retirement if the grade has been held for a minimum of 2 years. Those who are eligible under 10 USC 3964 will be advanced to the highest grade held satisfactorily on active duty when their active duty plus retired service equals 30 years. Enlisted soldiers will not be extended beyond age 60. Upon approval for active service beyond 20 years, mandatory enlisted retirement will occur as stated:

E-5 and below	20 yrs of AFS
E-6	22 yrs of AFS
E-7	24 yrs of AFS
E-8	27 yrs of AFS
E-9	30 yrs of AFS

c. AGR Commissioned and Warrant Officers will retire after completing 20 years Active Federal Service unless extended by proper authority. Officers requesting retirement will retire in the grade held at the time of retirement. For officers retiring at the grade of LTC/05 or higher, the grade must be held for 3 years from the date of promotion unless the officer is involuntarily retired, per NGR(AR) 600-5, AR 135-18.

d. Requests for retirement will always occur at the end of the month, i.e. 30Jun01, 31Jul01 etc., unless otherwise stipulated by the Retirement Section at Fort George G. Meade.

e. Soldiers who are promoted to the grade of SFC, MSG/1SG, or sergeant major (SGM)/command sergeant major (CSM) incur a 2-year service obligation (AR 600-8-19). This obligation will be from the effective date of promotion. It must be completed before voluntary retirement. There are some exclusions to the 2 year service obligation. Refer to AR 635-200 chapter 12-8 paragraph d2 for these exclusions.

MDNG-AG-HRO (HRO POLICY/GUIDANCE LETTER #43)

SUBJECT: Retirement from the Active Guard Reserve (AGR) Program
Officer/Enlisted

6. REQUESTING RETIREMENT: AGR officer and enlisted soldiers requesting retirement must submit the following items thru The Adjutant General, who is the approving authority, to the HRO. Items must arrive together as a retirement package in order to be processed:

a. Submit thru channels, an SF 52 (Request for Personnel Action), requesting retirement (Encl 1).

b. DA Form 201 File will be retrieved from the PSB by HRO personnel.

c. NGB Form 23A (Automated Retirement Points Credit Sheet), which can be obtained from SIDPERS.

d. Copies of all AGR tour continuation orders and DD 214's from active duty.

e. Request for 20 days Permissive Leave will be granted by the Commander for the purpose of job hunting and house hunting if necessary. Permissive Leave, if granted, may be consecutive days or broken into separate increments and will be completed prior to the start of Transitional Leave. If the permissive leave is done in increments, there must be a work day after the permissive leave ends and transition leave begins. If Permissive Leave is used on 20 consecutive days, the transition leave will begin at 0001 hours and end at 2400 hours and Transitional Leave will begin at 0001 hours. No work day between is required. Request for Permissive Leave and Transition leave must be prepared on DA 31 and approved by **LTC/05 or higher.** (Encl 3)

7. POC, MAJ Mindy Freed (410) 576-6114 or MSG Marie Plummer (410) 576-6111.

FOR THE COMMANDER:

3 Encls

1. SF 52

2. DA 4187 (Retirement data)

3. DA 31 (Leave request)



ANNETTE M. DEENER

COL, GS, MDARNG

Human Personnel Officer

DISTRIBUTION:

All Full-Time Support Managers/
Supervisors (Army Only)

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)

1. Actions Requested Request for Retirement	2. Request Number
3. For Additional Information Call (Name and Telephone Number) John Doe (410) 111-2222	4. Proposed Effective Date 30 Sep 2005
5. Action Requested By (Typed Name, Title, Signature, and Request Date) John Doe, Supply Sgt, 1 Jul 2005	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Bart Simpson, S1, 1 Jul 2005

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) DOE, John	2. Social Security Number 123-45-6789	3. Date of Birth 1 Jan 1982	4. Effective Date 30 Sep 2005
FIRST ACTION		SECOND ACTION	
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number

15. TO: Position Title and Number

8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay				
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization					

EMPLOYEE DATA

23. Veterans Preference 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	24. Tenure 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF YES <input type="checkbox"/> NO <input type="checkbox"/>
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part-Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City - County - State or Overseas Location)	

40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1 - USA 8 - Other	50. Veterans Status	51. Supervisory Status

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature		Approval Date

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

☐ YES ☐ NO

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue

regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations.
Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

Request retirement from the AGR program effective 30 September 2005

I can be reached at the following phone numbers:

Home (410) XXX-XXXX

Work (410) XXX-YYYY

Cell (410) XXX ZZZZ

I wish to have my retirement processing conducted at
Fort George G. Meade, Maryland
or

Aberdeen Proving Grounds, Maryland

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
30 Sep 05	Soldier must sign	1 Jul 05	XXX XXXXXXXXXX ST XXXXXXXX, MD XXXXX

PART F - Remarks for SF 50

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)
HRO, AGR Branch
ATTN: MSG Plummer

2. TO (Include ZIP Code)
Retirement Services
Ft Meade, MD or
APG, MD

3. FROM (Include ZIP Code)
XXX XXXXXX XXXXXX

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)
XXXXXXXXXX, XXXXX X.

5. GRADE OR RANK/PMOS/AOC
XXX

6. SOCIAL SECURITY NUMBER
XXX-XX-XXXX

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
 _____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)
Soldier must sign

10. DATE (YYYYMMDD)
XXXX XX XX

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

The above indicated soldier will be requesting retirement effective 30 September 2005. Soldier will be taking permissive leave from _____ to _____
 _____ (20 days). Transmition leave will begin on _____
 thru 30 September 2005. (xx days)

SFC XXXXXXXX can be reached at the following number:
 HOME: (XXX)XXX-XXXX OFFICE: (XXX)XXX-XXXX CEL (XXX)XXX-XXXX

Soldier will be retirng from: Ft Meade, MD or APG, MD

Retirement address will be: XXXX XXXXXXXXX XXX
 XXXXXXXXXX, MD XXXXX

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

MARIE PLUMMER

ENCL 2

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER	
This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is ODCSPER. (See Instructions on Reverse)					
PART - I					
2. NAME (Last, First, Middle Initial) XXXXXXXX, XXXXXXXX		3. SSN XXX-XX-XXXX		4. RANK XXX/XX	
5. DATE XX MMM XXXX					
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 111 XXXXXXXX XXX XXXXXX, MD XXXXX 410 XXX XXXX		7. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO. XXX XXXXXXXX Co XXX XXXX Street XXXXXXXXXXXX, MD XXXXX	
9. NUMBER DAYS LEAVE					
a. ACCRUED 56	b. REQUESTED 56	c. ADVANCED 0	d. EXCESS 0	10. DATES a. FROM 6 Aug 2005 b. TO 30 Sep 2005	
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY MUST BE APPROVED BY LTC/05 OR HIGHER	
14. DEPARTURE					
a. DATE 6Aug 2005	b. TIME 0001 hrs	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY MARIE PLUMMER, MSG. Sr AGR PSNCO			
15. DEPARTURE					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. DEPARTURE					
a. DATE 30 Sep 2005	b. TIME 2400 hrs	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY MARIE PLUMMER, MSG. Sr AGR PSNCO			
17. REMARKS Permissive TDY is 18 Jul 2005 - 5 Aug 2005 (20 days) or Permissive TDY is 30 Jun 2005 / 5-8 Jul 05 / 12-15 Jul 05 / 19-22 Jul 05 / 26-29 Jul 05 / 2-4 Aug 05 (20 days) Chargeable leave is from 6Aug 2005 to 30 Sep 2005					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extensions to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD		22. ARRIVED APOE (return only)	
23. ARRIVED HOME UNIT					
PART III - DEPENDENT TRAVEL AUTHORIZATION					
24. 25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)	b. RELATIONSHIP		c. DATES OF BIRTH (Children)		d. PASSPORT NUMBER
PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION					
26. DESIGNATION AND LOCATION OF HEADQUARTERS			27. ACCOUNTING CITATION		
28. DATE ISSUED			29. TRAVEL ORDER NUMBER		30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

ENCL 3