ARNG Active Guard/Reserve (AGR) TOUR CONTINUATION REQUEST

PRIVACY ACT STATEMENT

1. **Authority:** 32 USC 502(f), NGR 600-5 and AR 135-18.

2. **Principle Purposes:** To provide information for use in determining eligibility/qualifications for continued AGR service.

3. **Routine Uses:** Disclosure by you of your Social Security (SSN) is mandatory to obtain the services, benefits, or processes that you seek. The SSN is used as an identifier throughout your Military career. The information gathered through the use of the SSN will be used only as necessary in personnel administration processes carried out in accordance with established regulations of systems or records.

4. **Effect:** Individuals not providing information will not receive an appropriate evaluation.

		DATE:
NAME:	SSN:	GRADE:
HOME ADDRESS: (Has address changed?)		
UNIT OF ASSIGNMENT:	WORK PHONE:	

Initial Appropriate Box Below:

	I voluntarily request that my current AGR tour be continued. I understand that if this request is approved, the length of the continuation will be IAW AR 135-18, para 2-9.
	I voluntarily request that my current AGR tour be allowed to expire. I do not wish to continue in the AGR program.

Do you wish to cash out any leave at this time?

If yes, how many days?

SIGNATURE:

II. MILITARY ASSIGNMENT INFORMATION

PARA/LIN:	DMOS:	MOSQ: Yes/No	AUTH GRADE:

POSITION TITLE:

III. SUPERVISOR INFORMATION

Supervisor Name:

Does soldier's performance meet position requirements?

Was counseling required for negligent performance of duty?**

Were letters of reprimand or admonishment given?**

Is soldier flagged?**

Does soldier have a current physical?**

Does soldier have a permanent/temporary profile?**

****Attach copies of the following as applicable:**

_____ DA Form 4836 (Oath of Extension of Enlistment or Reenlistment)
_____ DA Form 3349 (Physical Profile)
_____ Standard Form 88/93 (Report of Medical Examination/Report of Medical History)
_____ DA Form 268 (Report to Suspend Favorable Personnel Actions (FLAG))
_____ Counseling Statements/Letters of Reprimand
_____ DA Form 4187 (For Cashing Out Accrued Leave)

IV. APPROVAL OF REQUEST(mark yes or no and enter continuation code)

YES	NO	CC*	Write Name	SIGNATURE	DATE
			Supervisor		
			AO		
			Chief of Staff (Off)		
			State CSM (Enl)		
			HRO		

***Continuation Codes:**

a. Continue soldier in the AGR program for 1 year.
b. Continue soldier in the AGR program for maximum allowable time (up to 6 years).
c. Do not continue soldier in the AGR program.