



DEPARTMENT OF THE ARMY
FULL NAME OF YOUR CURRENT UNIT
COMPLETE ADDRESS

Office Symbol

DATE

MEMORANDUM THRU (Channels--see paragraph 3-4)

FOR: CDR, HRC (AHRC-OPD-A), 200 Stovall Street, Alexandria, VA
22332-0478

SUBJECT: Unqualified Resignation

1. I, **(name, grade, branch, SSN)**, tender my unqualified resignation from the Army under the provisions of AR 600-8-24, chapter 3, **(add appropriate section)**, to be effective **(date)** or as soon as practicable thereafter.
2. I am not under a suspension of favorable personnel action, under investigations, pending charges, or being considered for elimination.
3. I **(have/ have not)** fulfilled my Active Duty Service Obligations (ADSOs) as specified in AR 135-100.
4. I desire to tender my resignation because **(reason (s))**.
5. I understand that my resignation, if accepted, will be under Honorable conditions and that I will be furnished an Honorable or General Discharge Certificate as determined by Headquarters Department of the Army.
6. Present duty station **(address) (assignment and/or attachment, if any)**.
7. I **(do/do not)** desire separation overseas. **(Applicable only if currently serving in an overseas area.)**
8. I **(do/do not)** desire appointment in the U.S. Army Reserve. I also understand that if I have not completed my statutory 8-year Military Service Obligation (MSO), I will be transferred to the IRR to complete that obligation. **(For regular army officers only. if affirmative, include the following information):**
 - a. Basic pay entry date.
 - b. Permanent home address **(complete)**.

c. I **(have/have not)** previously held a Reserve commission.

9. I **(will/will not)** accept release from active duty in lieu of resignation. **(For non-Regular Army officers only.)**

10. As of the date of this application, I have **(number)** days accrued leave. I **(do/do not)** plan to take transition leave. If applicable, complete the following: I plan to take **(number)** days leave.

11. I understand that if I participated in certain advanced education programs, (including, but not limited to Tuition Assistance, Degree Completion Program, and Cooperative Degree Program), I may be required to reimburse the United States Government as stated in written agreement made by me with the United States Government under law and regulations.

12. I understand that my resignation is voluntary and that I am not entitled to separation pay.

13. My mailing address immediately after the date of separation will be **(address)**.

3 ENCLS (Signature block)

1. Counseling of Victims of Sexual Assault

2. Counseling *(if required)*

3. Reserve Component Briefing

(LETTERHEAD)

Office Symbol

DATE

MEMORANDUM FOR (Soldier's name, SSN, grade, unit)

SUBJECT: Victim of Sexual Assault Statement for Administrative Separation

1. DOD Instruction 645.02 and AR 600-20, Chapter 8, Sexual Assault Prevention and response Program Procedures requires Soldiers being administratively separated to sign a statement answering the following questions:

(a). Did you file an unrestricted report of a sexual assault in which you were a victim within the past 24 months? Please circle and initial:

YES

NO

(b). If the answer to (a above) is YES, do you believe that this separation action is a direct or indirect result of your sexual assault, or your reporting of the sexual assault? Please circle and initial:

YES

NO

(Signature block)

O6 COUNSELING

3-5 c. The first colonel in the officer's chain of command or supervision will counsel the officer (except for chaplains, judge advocates, and AMEDD personnel) with less than 10 years AFCS when they submit an unqualified resignation.

(LETTERHEAD)

Office symbol

Date

MEMORANDUM THRU

MEMORANDUM THRU (Channels)

FOR Commander, U.S. Army Human Resources Command - Alexandria
(AHRC-OPD-A), 200 Stovall Street, Alexandria, VA 22332-0413

SUBJECT: Unqualified Resignation

5. Recommend approval of **(name, grade, branch, SSN)**, request for unqualified resignation and assurance of an Honorable Discharge Certificate with an effective date of **(date of discharge)** or as soon as practicable thereafter.
2. I have counseled **(insert name)**, IAW AR 600-8-24, Para 1-12.
 5. **(Add reason for resignation)**.
 - b. The services of **(insert name)** have been such as to entitle him to be released from AD under honorable conditions.
 - c. **(Insert name)** is not flagged or under investigation or charges, awaiting result of trial, being considered for administrative elimination, absent without leave or in the hands of civil authorities, or in default with respect to public property or public funds, pending review by a medical board or PEB proceedings, currently undergoing a course of instruction resulting in an ADSO, and has no active duty service commitment or ADSO.

OFFICE SYMBOL

SUBJECT: Unqualified Resignation

d. Recommendation for approval or disapproval and character of service. Include complete justification when approval is recommended and the officer has not fulfilled an ADSO. Also include justification for disapproval.

e. I have counseled **(insert name)** concerning his opportunities available in the Army investment in the Army.

f. I advised him to accept an appointment in the USAR upon resignation from the Regular Army.

5. My mailing address immediately after the date of separation will be **(address)**.

(Signature block)

ENCL 2 IF REQUIRED

DEPARTMENT OF THE ARMY
Commander, Combined Arms Center
Post Reenlistment Office
841 McClellan Avenue, Building 89
Fort Leavenworth, Kansas 66027-1373

ATZL-CGR

DATE

MEMORANDUM FOR RECORD

SUBJECT: Reserve Component Briefing

1. The following officer received an Initial Reserve Component Briefing:

NAME (LAST, FIRST, MI)	RANK	SSN	ETS DATE	MSO	DATE
------------------------	------	-----	----------	-----	------

2. The following topics were covered during this briefing:
_____ (Officer Initials)

- MSO Requirements
- Further Service in a Reserve Component
- Potential Stabilization and Eligibility
- Potential Bonus and eligible requirements
- MSO Reduction and eligible requirements
- Additional topics (TRI-CARE, OES, Retirement, Drill and AT, Pay, etc.)

3. The officer was also informed of the requirements for a follow-up counseling upon Resignation Approval.
4. POC this memorandum is Mr. Hector Torres Sr. at (913) 684-4156 or hector.torressr@us.army.mil.

HECTOR TORRES SR.
RCCC, IIF DATA, SOLUTIONS