

# **EXTENSION WORKSHEET**

<u>GRADE/RANK:</u>	<u>NAME (Last, First, Middle):</u>		
<u>UNIT:</u>	<u>DSN:</u>	<u>Date of Separation:</u>	<u>Commander Name:</u>

## **EXTENSION COUNSELING**

**INITIAL NEXT TO ITEMS:**

\_\_\_\_\_ Extensions are **limited to the minimum number of months needed** to achieve the intended purpose. (Unless you have an SRB Zone A)

\_\_\_\_\_ Voluntary extensions for all Airmen are limited to a **maximum of 48 months per enlistment** not to exceed HYT.

\_\_\_\_\_ If Airmen is serving SRB AFSC, Airmen may extend for 36 or 48 months to qualify for an authorized SRB even though less retainability is required. **Airmen will not receive SRB until Airmen enters the extension.**

\_\_\_\_\_ I have been counseled regarding my SRB entitlement & obligated service, as well as termination and recoupment policies.

\_\_\_\_\_ Airman may request cancellation of the extension if the reason for the extension has been cancelled. Airman must request cancellation **within 30 days** of receiving the notice that the reason no longer exist.

\_\_\_\_\_ Extensions **cannot be cancelled** if the Airman entered extension, extended under Table 6.2 rule 28, extended for TEB and later decide to revoke, extended for elective surgery, extended for an assignment and departed, or if the duration of the obligation is changed by the Air Force.

### **REASONS FOR EXTENSION (You MUST provide source document, If Applicable)**

- PCS, TDY, deployment retainability.** (Number of months needed \_\_\_\_\_)
- Personal Convenience, Able to use once per enlistment** (Up to 12 mths FTA and 24 mths Career Amn and CANNOT cancel)
- Qualify for transfer of benefits under the Post 9/11 GI Bill** (Confirmation from AFPC or MTFrequired)
- Retainability for promotion to the grade of MSgt, SMSgt or CMSgt**
- Separate in the month during HYT Plus 1 Month** (must be A1C, SrA, or SSgt, and within two years of HYT)
- Retirement Reasons** (AFI 36-2606 Table 6.2, Rules 3-8)
- Approved Training or Retraining** (Training RIP Required)
- Remain on Active Duty pending completion of MEB or Medical Hold** (Proof from AFPC or Medical Req)
- Others** (refer to AFI 36-2606 Table 6.2. Please provide the rule.) \_\_\_\_\_

<u><b>LEAVE SELECTION</b></u>	N/A, Not First Extension on current enlistment
I elect the following leave sell option on my 1 <sup>st</sup> extension (initial next to only one):	
<input type="checkbox"/> Carry forward all my leave	<input type="checkbox"/> Cash settle for all Accrued Leave
<input type="checkbox"/> Cash settle for _____ days	

**I understand the procedures, entitlements and limitations. I understand it is my responsibility to initiate a request for extension and SRB authorization, if applicable. By signing this form I agree that I understand that if I reenlist or extend less than 45 days from my DOS, I could incur pay problem that may take 1-2 months to be corrected.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_