

SAMPLE TERA RETIREMENT REQUEST

(LETTERHEAD)

Office Symbol

Date:

MEMORANDUM THRU

Commander **(Company Level, Battalion Level)**

Garrison Director of Human Resources, United States Army Garrison-Hawaii, (IMHW-HRM),
Schofield Barracks, HI 96857-5000

FOR Commander, U.S. Army Human Resources Command (AHRC-OPL-R), 1600
Spearhead Division Avenue, Fort Knox, KY 40122

SUBJECT: Request for Voluntary Retirement under the Temporary Early Retirement
Authority (TERA)

1. Under the provisions of law cited in AR 600-8-24, paragraph 6, I request that I be released from active duty and assignment on **(last day of the month which retirement would otherwise be effective)** and placed on the retired list on **(first day of the following month)** or as soon thereafter as practicable, and that I be transferred to the Retired Reserve immediately on retirement **(Regular Army officers omit last phrase)**. I will have completed over **(number)** years of active service on the requested retirement date.
2. Assignment status: **(Enter organization and station to which currently assigned and duty station to which attached, if any) (i.e., Headquarters, U. S. Army Pacific, Hawaii, Fort Shafter, HI 96858)**
3. Authorized place of retirement: U.S. Army Transition Point (W3RB1A) Schofield Barracks, HI 96857-5000
4. Location of choice transfer activity: **(Members electing to be processed for retirement at a transfer activity other than Schofield Barracks, HI, enter the appropriate transfer activity, otherwise enter "not applicable.")**
5. I have been counseled as specified by AR 635-10, paragraph 2-10. I fully understand the provisions of AR 635-10, chapter 2, concerning entitlement to per diem, travel, and transportation allowances based on retirement at a location of choice transfer activity.
6. I have read AR 600-8-24, paragraphs 6-6 and 6-7. I am responsible for ensuring that a physical examination is completed not earlier than 4 months nor later than 1 month prior to my approved retirement date or start date of transition leave, whichever is earlier (subject physical to be arranged through coordination with my unit of assignment). I am aware that the purpose of this examination is to ensure that my medical records reflect as accurately as possible my state of health on retirement and to protect my interest and those of the

Office Symbol

SUBJECT: Request for Voluntary Retirement under the Temporary Early Retirement Authority (TERA)

Government. I also understand that my retirement will take effect on the requested date and that I will not be held on active duty to complete this examination.

7. In accordance with title 10, United States Code, I understand that - -

a. Enrollment in the Survivor Benefit Plan (SBP) is the only way that I may continue a portion of my retirement pay to my family at my death.

b. I must receive SBP counseling for my spouse and myself no less than 30 days before retirement.

c. I will be enrolled in full SBP coverage if I fail to elect otherwise in writing before my retirement.

d. I cannot elect less than full spouse SBP without my spouse's written agreement. I received a spousal concurrence for this purpose in conjunction with this application/letter. I realize there are other forms that must be completed during SBP counseling.

e. Failure to return the completed spousal concurrence statement to the proper officials prior to my retirement packet being sent to the Defense Finance & Accounting Service will result in my being irrevocably and irreversibly enrolled in SBP at full cost.

8. Address on retirement: **(enter a reliable forwarding address for mail)**

9. I am familiar with AR 600-8-24, paragraph 6-22 and understand that if the Secretary of the Army accepts this application, it may not be withdrawn except for extreme compassionate reasons or for the definitely established convenience of the Government.

10. I **(am/am not)** requesting a waiver of **(no of months)** months in accordance with AR 600-8-24. Para 6-16, of my time on station or time in grade active duty service obligation.

11. As of the date of this application, I have **(number)** days of accrued leave. I **(do/do not)** plan to take transition leave. **(If applicable, complete the following:)** I plan to take **(number)** days leave. I am requesting **(20/30)** days Permissive TDY.

12. I understand the provisions of AR 600-8-24, paragraph 6-1 and 6-2, pertaining to determination of my retired grade. Considering those provisions and after a review of my records, I believe that I am entitled to retire in the grade of **(grade)**. I understand that final determination of my retired grade will be made by HQDA and that I will be informed if I am not entitled to retire in the grade I have specified in this paragraph.

13. This application **(is/is not)** submitted in lieu of complying with PCS instructions.

14. I understand that if I participated in certain advanced education programs, I may be required to reimburse the U.S. Government as stated in written agreement made by me with the U.S. Government under law and regulations.

Office Symbol

SUBJECT: Request for Voluntary Retirement under the Temporary Early Retirement Authority (TERA)

15. I have been advised not to make any firm or final commitments associated with retirement – to include jobs, housing, schooling or movement of family members or household goods, until the Commanding General of Human Resources Command approves my request.

16. My current duty telephone numbers are as follows: **DSN: (000-0000) Commercial: (000) 000-0000.**

17. A fax machine is available at the following: **DSN: (000-0000) Commercial: (000) 000-0000.**

First Name, MI, Last Name
Rank, Branch
SSN

SAMPLE FORMAT OF A RECOMMENDING TERA MEMORANDUM

(LETTER HEAD)

(Office Symbol)

(Date)

Memorandum THRU Director, Human Resources, United States Army Garrison-Hawaii,
(IMHW-HRM), Schofield Barracks, HI 96857-5000

FOR Commander, U.S. Army Human Resources Command, 1600 Spearhead Division
Avenue, (HRC-OPL-R), Ft. Knox, KY 40122

SUBJECT: Request for Voluntary Retirement under the Temporary Early Retirement
Authority (TERA) – (Rank, First Name, MI, Last Name)

1. Recommend (**approval/disapproval**) (must justify disapproval) of the request for voluntary retirement under the Temporary Early Retirement Authority (TERA).
2. Officer have been advised not to make any firm or final commitments associated with retirement – to include jobs, housing, schooling or movement of family members or household goods, until the Commanding General of Human Resources Command approves the request.
3. POC for this action is the undersigned at **(808) 000-0000**.

(O-6 Command Level)
SIGNATURE BLOCK
RANK, BRANCH
Commanding

SAMPLE FORMAT OF ADSO WAIVER

(LETTER HEAD)

(Office Symbol)

(Date)

MEMORANDUM FOR: Commander, U S Army Human Resources Command (AHRC-OPL-R), 1600 Spearhead Division Avenue, Fort Knox, Kentucky 40122

SUBJECT: Request for Waiver of Active Duty Service Obligation **(type of waiver)**
(name/rank/branch/last 4)

1. I **(name/rank/branch/last 4)**, hereby request a waiver for my **(type of waiver)** for the following reason, **(Extenuating Reason)**, IAW AR 600-8-24.
2. I am willing to repay any recoupment amount incurred as a result of this ADSO.
3. The point of contact for this action is the undersigned at DSN: **(000-0000)** Commercial: **((000) 000-0000)** or **(Email address)**.

First Name, MI, Last Name
Rank, Branch
SSN

SAMPLE FORMAT DATE CHANGE FOR PENDING/APPROVED RETIREMENT

(LETTER HEAD)

(Office Symbol)

(Date)

MEMORANDUM THRU **(Endorsement of first O6/GS15 in Chain of Command)**

FOR: Commander, U S Army Human Resources Command (AHRC-OPL-R), 1600
Spearhead Division Avenue, Fort Knox, Kentucky 40122

SUBJECT: Request for Date Change of Previously Approved/Pending Retirement on
(name/rank/branch/last 4)

1. I **(name/rank/branch/last 4)**, hereby request to voluntary change my effective retirement date from **(previous approved date)** to **(amended retirement date)** for the following reason, **(Reason)**, IAW AR 600-8-24, paragraph 6-21.

2. The point of contact for this action is the undersigned at DSN: **(000-0000)** or **(Email address)**.

First Name, MI, Last Name
Rank, Branch
SSN

Commander, Battalion Level, address

Signature/ **(name/rank)** Concur/Nonconcur Date: _____

Additional Comments: _____

Commander, Brigade Level, address

Signature/ **(name/rank)** Concur/Nonconcur Date: _____

Additional Comments: _____

SAMPLE FORMAT OF WITHDRAWL OF APPROVED/PENDING RETIREMENT

(LETTER HEAD)

(Office Symbol)

(Date)

MEMORANDUM THRU

Assigned Unit

Garrison Director of Human Resources, United States Army Garrison-Hawaii, (IMHW-HRM),
Schofield Barracks, HI 96857-5000

FOR Commander, U.S. Army Human Resources Command (AHRC-OPL-R), 1600
Spearhead Division Avenue, Fort Knox, KY 40122

SUBJECT: Withdrawal of Previously Approved/Pending Retirement Request

1. I, **(name, rank, branch, SSN)**, hereby request to voluntary withdrawal my previously submitted/approved retirement request **for (Previous Requested/Approved Date)** based upon the following reason, **(Reason)**, IAW AR 600-8-24, Paragraph 6-21.
2. The point of contact for this action is the undersigned at **(Phone Number)** and **(E-mail Address)**.

First Name, MI, Last Name
Rank, Branch
SSN

Commander, Battalion Level, address

Signature/ **(name/rank)** Concur/Nonconcur Date: _____
Additional Comments: _____

Commander, Brigade Level, address

Signature/ **(name/rank)** Concur/Nonconcur Date: _____
Additional Comments: _____
