



DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL RESEARCH AND MATERIEL COMMAND  
504 SCOTT STREET  
FORT DETRICK, MD 21702-5012

MCMR-ZB-DRC

MEMORANDUM THRU Commanding General, U.S. Army Medical Research and Materiel Command, Fort Detrick, MD 21702-5012

FOR Commander, U.S. Army Human Resources Command, AHRC-OPL-R,  
1600 Spearhead Division Avenue, Fort Knox, KY 40122-5209

SUBJECT: Request for Voluntary Retirement, REF: COL John Doe, 70K, MS, United States Army Medical Research and Materiel Command

1. Under the provisions of law cited in AR 600-8-24, paragraph 6-14, I request that I be released from active duty and assignment on 31 July 2007 and placed on the retired list on 1 August 2007 or as soon thereafter as practicable. I will have completed over 20 years of active service on the requested retirement date.

2. Assignment status: US Army Medical Research and Materiel Command, Fort Detrick, MD.

3. Authorized place of retirement: Fort Detrick, MD.

4. Location of choice transfer activity: not applicable.

5. I have been counseled as specified by AR 635-10, Section II, paragraph 2-4. I fully understand the provisions of AR 635-10, Section IV, paragraph 2-11 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 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.

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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 myself and my spouse 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:

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. As of the date of this application, I have \_\_\_ days accrued leave. I **do or do not** plan to take transition leave.

11. I understand the provisions of AR 600-8-24, table 6-1 or 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 COL. 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.

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12. This application is not submitted in lieu of complying with PCS instructions.

13. 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.

14. My current duty telephone numbers are as follows:

DSN: 343-0000/ Commercial: (301)619-0000

15. A fax machine is available at the following numbers:

DSN: 343-0000 /Commercial (301)619-0000

Your name

Rank (spelled out), Corps (MS, MC, etc.)

SSN

