

**OVERSEAS
DATE OF LOSS (DLOS)
SHEET**

DLOS DATE: _____ (DATE YOU WILL SIGN OUT OF FORT JACKSON)

Read each item. **Complete the statement(s) that pertain to you.** Fill in the blank(s) (if needed). **Initial at the end of each statement you complete.**

() I will apply for **retirement in lieu of PCS**. I understand that if I select this option that I must apply to retire within six months of notification of this assignment. ____

() I will comply with these PCS assignment instructions. ____

() I will serve the accompanied tour for _____ months. ____

() I will serve the unaccompanied tour for _____ months. ____

() I elect TDY Option _____. (Complete TDY Option Statement)

() I accept/decline this Airborne assignment. (If declining Airborne, request termination of Airborne status IAW AR 614-200 immediately through your S1.)

() I request _____ days PCS leave.

ALASKA ONLY: DRIVE OR GOVERNMENT TRANSPORT (SELECT ONE)

DESIGNATED PLACE MOVE OF FAMILY MEMBERS: _____
CITY AND STATE

WORK PHONE: _____ CONTACT PHONE: _____

PRINT NAME: _____ SIGNATURE: _____

DATE: _____ E-MAIL ADDRESS: _____

WITNESS: _____ DATE: _____