

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

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

Read each item.

Complete each statement, filling in the blanks where indicated, or use NA if the statement does NOT pertain to you.

Initial required at the end of each statement.

() 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 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.

WORK PHONE: _____ CONTACT PHONE: _____

PRINT NAME: _____ SIGNATURE: _____

DATE: _____ E-MAIL ADDRESS: _____

WITNESS: _____ DATE: _____